



Report ISSA preconference

Integrated services in the early years – towards an international platform for exchange



vbjk

Centre for Innovation
in the Early Years
Centre d'Innovation de
la Petite Enfance

Kind & Gezin



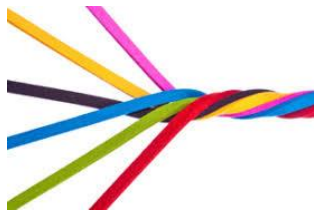
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Some words in advance

On 3/10/2017 VBJK, EXPOO and Kind & Gezin, supported by ISSA, organized the preconference "Integrated services in the early years – towards an international platform for exchange".

Before the summer holidays in 2017 VBJK, EXPOO and Kind en Gezin started dreaming about this day. We dreamt about an international platform on integrated services. We dreamt about a day full of inspiration and discussion on the strengths, the opportunities and maybe also the pitfalls of integrated working. We had the wildest ideas And thanks to the support of ISSA these wild dreams became a reality on 3/10/2017.



The **main topic** of the preconference was: Integrated working among organizations working with and for families. This is a hot topic, both for policy makers, researchers as for practitioners.

Integrated working offers many opportunities. Addressing fragmentation, a higher accessibility to services for families, sharing expertise between professionals, finding better responses to actual needs ... are just some examples.

However, at the same time, there are also challenges. Everybody who is involved in integrated services knows it's not self-evident, and there are many crucial preconditions, such as time, financial resources, leadership,

The main theme for this preconference was **accessibility**

- Vision – How do the different partners define accessibility? What's their vision? What's the added value of working in an integrated way in order to strengthen accessibility?
- Thresholds – What are possible thresholds that families in the different countries cope with? What could be the added value of integrated work in dealing with these thresholds?
- Inspiration - How do the different partners cope with these thresholds? What are inspiring practices in the different countries?



The goals of the preconference was to inspire, to discuss with each other, to exchange, to strengthen professional expertise on integrated working, to amaze each other ...

In order to do so we came up with the following program :

Overview of the day	
9.30-10.00	Welcome and introduction
10.00-12.30	Off we go... Study visits to: <ul style="list-style-type: none"> - Family centre De Sloep - Family centre Inloopteam Brugse Poort - Family centre Destelbergen Villa Tuur - Parentingshop Opvoedingswinkel Gent¹ - Integrated Health Centre Ledeberg
12.30-13.00	Lunch
13.00-14.00	Some examples from the participants
14.00-16.30	Thematic working groups: <ul style="list-style-type: none"> - Impressions of the study visits - Discussions on the main topics of the day: integrated working and accessibility
16.30-17.00	What's next ... (optional)

In total, almost 70 participants subscribed for the preconference. Almost 70 participants from all over the world, almost 70 participants with different professional backgrounds... Almost 70 participants with a lot of expertise on integrated working. Almost 70 participants, more than we ever expected.

We want to thank them all for their active presence at the preconference. And off course we want to thank ISSA for the possibility to organize this inspirational day.

¹ This study visit was cancelled

1 The study visits

We were welcome to visit a diversity of organizations.

1. 3 family centres: De Sloep, Inloopteam Brugse Poort, Villa Tuur Destelbergen
2. Parenting shop: Opvoedingswinkel Gent
3. Integrated Health Centre Ledeborg

The aim of the study visits was to inspire and to stimulate the exchange of expertise.

In this part we describe each of the study visits.

But before you can discover these examples of integrated working, we explicitly want to thank each organization which inspired us. We also want to thank Caroline Boudry of VBJK for the lovely pictures.

1.1 De Sloep

De Sloep in a nutshell

De SLOEP, a family Centre in Ghent (since 1996) welcomes over 1,000 families from over 50 different origins. De SLOEP offers individual social/pedagogical, administrative and juridical advice to families with young children. In combination with parent groups, meeting places, a consultation office for newborns (birth–3) and a prenatal service, De SLOEP is an integrated service. De SLOEP also collaborates with other organizations in order to enhance accessibility to health services, and the labour and housing market. So both material and immaterial support is provided, which is helpful and meaningful from the family's perspective. Critical success factors include: having a low threshold; a wide network of partners; having extensive knowledge of ECEC, diversity, juridical and administrative expertise; and political lobbying.

Pictures of De Sloep





De Sloep presents itself



ISSA Conference 2017 *Lokal responses , global advances: towards competent early childhood systems*

DE SLOEP vzw ...
A possible
Early Childhood Approach
In Ghent

De SLOEP vzw

Target group:
(deprived) families with children
between the ages 0 months to 6 years
and vulnerable pregnant families

Territory:
Surrounding neighbourhoods
marked by a high rate of families living in
poverty or immigrant families

De SLOEP vzw

Target group in numbers:
Children in (families) in Poverty/Deprivation

Province Oost-Vlaanderen: 11,17%
City of Ghent: 22,7%
Ghent North East: 47,5%

* births between 2011-2013, and ... growing

De SLOEP vzw

Target group in numbers:
Children in (families) in Poverty/Deprivation
Risks

For Migrant families : 35%
Non EU Mother: 60%

* births in 2011-2013, and ... growing

De SLOEP vzw

Target group in numbers:
Children in (families) in Poverty/Deprivation

2016 in De SLOEP
Over 1088 different families
Individual Aid: 790 families
Group Sessions: 424 families

De SLOEP vzw

Key Principles

- ✓ Focus on Neighbourhood
- ✓ Explicit choice for threshold 0
 - ✓ Integrated services
- ✓ Balance between professionalised and socialised care and aid
- ✓ Up to date knowledge and permanent innovation
- ✓ Fight against (child)poverty



Consultation Office en Prenatal Support Service

Consultation Office Child and Family provides in preventive follow-up of health, education and development of children between 0 – 3 years

Prenatal Support Service provides in advice and support on practical, health and psychological issues during the pregnancy i.a.w. Child and Family

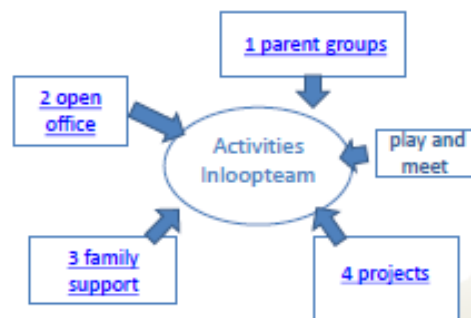


Inloopteam

- ♦ Integrated
- ♦ Low threshold
- ♦ Education and upbringing
- ♦ Supportservice

Open house for all parents where they are welcome with any question

Support families in education, upbringing, development and health of the children



Open office

What?

Families have access to support and advice on demand, based on any question/any story

Low threshold and integrated service



Family support 'trajectories'

Methods

- ◆ question clarification
- ◆ mediation
- ◆ signpost -refer
- ◆ follow-up
- ◆ care coordination



Parent groups

Processgroups:

- ◆ long term
- ◆ learning network
- ◆ demand driven

Thematic groups:

- ◆ short term
- ◆ theme-related
- ◆ multilingual => facilitation



Parent groups

Advantages of working in groups

- ◆ less bias and prejudice
- ◆ sharing of experience
- ◆ recognition and solidarity
- ◆ breaking social isolation
- ◆ acknowledgment of societal causes

=> Empowerment

Parent groups

Current groups:

- ◆ mothergroup
- ◆ Fathergroup Varietas
- ◆ Babytalk
- ◆ Toddlerchat
- ◆ Ready for school
- ◆ Playgroups for parents and children



Projects

- ◆ Djuma: get-together of parents on Friday
- ◆ Go-Between: bridging social welfare and labourmarket
- ◆ 2 get there: coaching volunteers to mentor young people on there way to work
- ◆ Dynamo: more than sports
- ◆ Social guides
- ◆ Instapwonen



Play and meet

- ◆ A place where parents and young children can come together

◆ children

- Opportunities to play with other children
- Seperation of mother and child experiences
- Experiencing the world

◆ parents

- Informal conversations between parents are often experienced as a big support (equality)
- A peacefull and quit environment

De SLOEP Critical factors of success

- ◆ Integrated services, variety in themes, in target group, in methods.
- ◆ Creating a welcoming atmosphere
- ◆ Thinking out of the box, try to adjust the service to the people and not the way around
- ◆ networkmodel implies intersectoral cooperation
- ◆ Inclusion of parent in social welfare system as long-term effect of provision on the child

De SLOEP Critical factors of success

- ◆ Implies knowledge of different areas of life
- ◆ Social work implies administrative and juridical work
- ◆ Must be part of a comprehensive social welfare policy
- ⇒ Impact on policy by lobbywork
- ⇒ Liaison with academic research

De SLOEP: figures that speak

- ◆ *1996 on demand of neighbourhood with O&E
- ◆ 2017: 20 teammembers of which 9 (=6,7 FTE) on pay-roll De SLOEP
- ◆ 40 volunteers
- ◆ Over 1000 different families/year
- ◆ Every day from 9 to 5 and later ...
- ◆ 300.000 – 350.000 €/year

De SLOEP

Stay in touch!

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- ◆ +32 9 234 38 58
- ◆ President: Nadia Merchiers
- ◆ Coordinator: Samira Castermans



Pictures of the study visit



1.2 Inloopteam Brugse Poort

Inloopteam Brugse Poort in a nutshell

Inloopteam Brugse Poort is a family centre for vulnerable families with children (0-6) providing preventive family support. Inloopteam Brugse Poort support the vulnerable families through

- a general reception where parents can ask questions, tell their story. If necessary, the Inloopteam will refer to other services
- a reception for pregnant families
- meetingplace Mamuti for children (0-3) and parents
- process groups – sharing experiences on raising children
- Dutch language groups
- Creative groups (such as sewing, knitting)
- baby massage
- sport for child and parent, healthy food, ...
- second hand shop
- ...

Pictures of Inloopteam Brugse poort





Inloopteam Brugse poort presents itself

**“Drop-in”Team-
Inloopteam
Child and Prevention**

concept

- * 2002
- under the supervision of Child and Family
- Preventive family support
- 15 walk-in teams in Flanders in areas with high poverty rate

Our team:

- Inloopteam Child and Prevention (Ghent): 4 professionals
: 1 coordinator and 4 social workers

Target Group

- Socially vulnerable families with children between 0 and 6 years old
- Pregnant women and their partners

In 3 neighbourhoods : Brugse Poort, Bloemekenswijk, Rabot

**Working Field: 3 neighbourhoods
Brugse Poort**

Bloemekenswijk

Rabot

Characteristics of these neighbourhoods

- ▶ Superdiversity
- ▶ High population density
- ▶ High natality
- ▶ High amount of disadvantaged people (41% of the population in the Brugse Poort according to Child and Family)
- ▶ Poor living conditions: housing, lack of accommodations
- ▶ Lack of schools and child care services
- ▶ Low accessibility to health care services
- ▶ Lack of open space
- ▶

Family context of our target group

- ▶ Multi problem
- ▶ Poverty
- ▶ Limited mobility
- ▶ Background of migration
- ▶ Limited social network - isolation
- ▶ Position of women: lack of development opportunities

Our house

We co-house and work intensively together with the organisation 'Child and Family'

- ▶ Prenatal services with medical consultation: guidance of socially vulnerable (pregnant) women
- ▶ Consultations at infant welfare clinic
- ▶ The Inloopteam

Our house... in the middle of the street



Inloopteam: what we do

preventive parenting and family support

- ▶ 2 'reception' moments in the consultation office where people drop in with any kind of questions
- ▶ group- based activities

Inloopteam: what we do

- ▶ meeting place "Mamuti"
- ▶ family support
 - individual family support
 - referrals to other social services
 - mediation

Inloopteam: what we do

- ▶ signaling structural problems or deficiencies in care to policy makers
- ▶ strenghtening social networks of families
- ▶ collaboration with other organizations to guarantee better support and to increase take-up of social benefits

2 times a week:

- ▶ the Walk-in team provides a warm welcome for parents with any kind of questions.

We support families to take up of their rights in:

- Access to education
- Access to childcare
- Access to health services
- Access to social security
- Acces to material /financial rights

Group-based activities

- ▶ A Dutch conversation group
- ▶ Creative group- talents of women
- ▶ Prenatal group
- ▶ Baby massages
- ▶ Summerclass
- ▶ Group sessions about health themes

Often in collaboration with other organisations



Mamuti

- for children between 0 and 3 years old
- accompanied by their parents, grandparents....
- parents don't have to speak Dutch
- Every Tuesday morning
- Children can play and meet other children
- Children learn to deal with boundaries, simple rules which will enable them to do better at school
- parents can play with their children in a safe environment
- the meeting place stimulates social networks between parents



Individual family support

- ▶ motivate parents to participate at activities
- ▶ respond to questions and deal with wider family problems
- ▶ especially emotional support, listening to parents
- ▶ additional home visits

Referrals to social services

- ▶ if the support the family needs is beyond the mandate and capabilities of the Walk-in team
- ▶ intensive contacts with other social services

Mediation

- ▶ when the relationship between families and social services and other organisations is difficult
- ▶ the inloopteam as go-between

Care coordination

- finetune the support a family needs
- round table discussions with other social services
- Parents are present

Other activities

- ▶ Excursions during the holidays, visiting parks and events (as one of the examples of participation to leisure and cultural activities)
- ▶ Second-hand clothing sale (as one of the examples of material support)



Projects

AMIF project around parent involvement and toddler participation

Principles

- Families are recognized and supported in their strengths
- approachable / an easy entry
- Empowerment (T.Van Regenmortel)
- Presence Theory (A.Baart)
- A holistic approach
- Paying attention to structural dimensions
- Participation



Principles of empowerment

- ▶ a bottom-up approach
- ▶ the Inloopteam enhances the knowledge, skills and confidence of parents
- ▶ parents stay responsible for the upbringing and education of their children
- ▶ the Inloopteam supports the development of social networks

Principles of empowerment

- ▶ parents have different needs and desires regarding the type and intensity of support
- ▶ The Inloopteam responds to parents' questions
- ▶ the Inloopteam encourages parental self-reliance

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Join us on facebook:

www.facebook.com/kinderpreventie/

Pictures of the study visit



1.3 Huis van het Kind Destelbergen - Villa Tuur

Villa Tuur in a nutshell

Villa Tuur is the brand new family center in Destelbergen. It combines the library, the consultation office for young children (0-3) and the childcare centre. Next to this physical one stop shop, Villa Tuur is a collaboration between more than 30 organisations in the field of family support, such as public welfare office, youth services, schools, ...

Pictures of Villa Tuur





Villa Tuur presents itself



Content

- Villa Tuur: our story
- Villa Tuur: our co-operations
- Villa Tuur: our focus on accessibilty

Our story



-Statistics-

- Number of inhabitants

2012	2013	2014	2015	2016	
17.780	17.792	17.849	17.854	17.977	

- Number of newborns

2012	2013	2014	2015	2016
189	167	148	154	152

- Number of inhabitants divided by age

	2012	2013	2014	2015	2016
0 – 12 jaar	2380	2451	2481	2464	2467
13 – 18 jaar	1164	1095	1078	1080	1099
19 – 24 jaar	1269	1257	1224	1188	1175

- Number of children in each family

	2012	2013	2014	2015	2016
1 kind	1301	1300	1273	1214	1238
2 kinderen	1169	1176	1158	1173	1180
3 kinderen	360	354	358	355	347
4 kinderen	73	71	75	74	75
5 kinderen	9	7	8	7	7
6 kinderen	3	3	2	0	1
7 kinderen	0	0	0	1	0
8 kinderen	0	0	0	0	1
Totaal:	2915	2911	2874	2824	2849
Aantal huishoudens	7516	7558	7615	7660	7746

- Single parents

Met 1 kind	140
Met 2 kinderen	114
Met 3 kinderen	23
Met 4 kinderen	4
Totaal	281

Totaal	179
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Algemeen totaal	460
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- Other nationalities

2012	2013	2014	2015	2016
62	66	68	68	67

1. Bulgarije	108	4. Portugal	48
2. Nederland	99	5. Polen	45
3. Turkije	59		

- Destelbergen

2010	2011	2012	2013	2014	2015	2016
1.3%	2.3%	3.3%	5.0%	3.5%	4.7%	3.9%

- East Flanders

		2012	2013	2014	2015	2016
		9.80%	11.17%	11.59%	11.95%	12.11%

‘Think before you act’

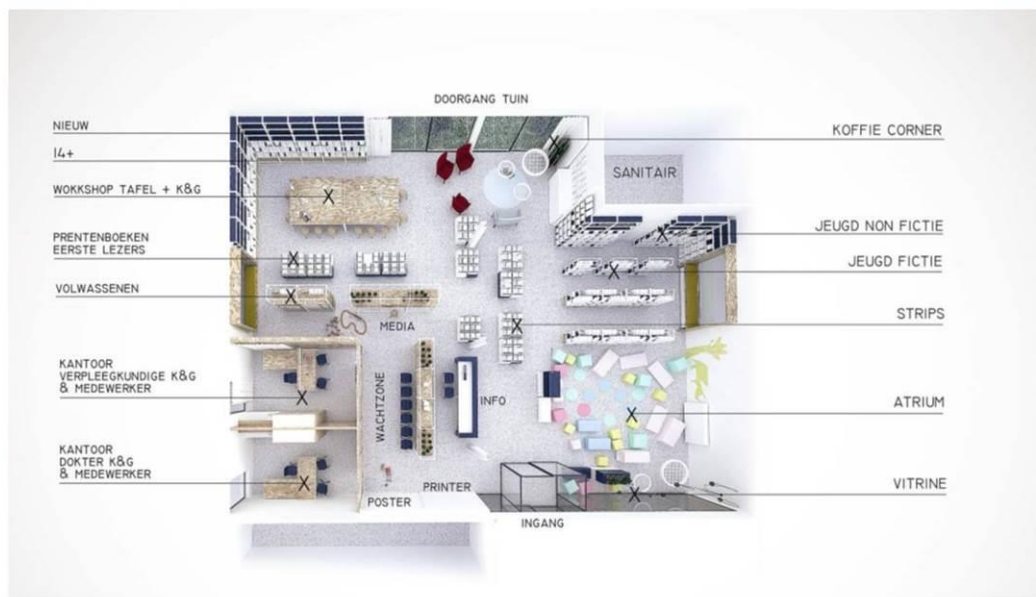


Our mission

- Maximum health and well-being
- Co-operate in building an environment in which everyone can feel good and where it's safe to grow up and develop
- Preventative healthcare / support on education / social cohesion

Our vision

- Offer the opportunity to children to grow up healthy, happy and safe
- Positive approach / offering information / exchanging experiences
- Demand-oriented/ participatory / empowering



Work in progress



Opening weekend



Our co-operations

- Residents
- Steering committee
- Network

Our residents





Our steering committee

- Strategic expansion
- Promoting co-operation opportunities
- Organizing activities
- Co-operation in the realization of activities

Our network





Our focus on accessibility

Our strenghts:

- Attractive setting
- Free or low-budget activities
- Combination of groups
- Co-operation with sociale services to reach out for people in minority groups (promotion, integration coach)



Our challenges:

- Reaching all parents
- Reaching older children

Future plans

- workshops/ lectures on how to reach people of minority groups
- Making the service of the social service more known
- Inscription moments for youth-and sportcamps



Pictures of the study visit







1.4 Wijkgezondheidscentrum (WGC) Botermarkt

WGC Botermarkt in a nutshell

Community Health Centre Botermarkt, a not-for-profit organization, wants to contribute to high quality, accessible primary health care for all the citizens living in Gent Zuid. The centre wants to contribute to an open, socially just society, based on solidarity. Essential characteristics are:

- primary health care, putting the patient at the centre of the holistic approach.
- prevention of disease and health promotion
- accessibility (geographical, cultural, financial,...); for the financial accessibility we use a capitation system without co-payment
- interdisciplinary cooperation in one building, including: family physicians, nurses, social workers, dieticians, dentists, receptionists, health promoters and ancillary staff
- community-oriented approach: contributing to healthy life circumstances through health promotion and participation in local initiatives. The local welfare platform Gentbrugge-Ledeberg is here an important tool and has been created by and is still led by the Community Health Centre.
- quality
- starting from a pluralistic perspective

Pictures of WGC Botermarkt – project Ratatouille





WGC Botermarkt presents itself

WELCOME
@
Community Health Centre
Botermarkt

Hundelgemsesteenweg 145
9050 Ledeborg
www.wgcbotermarkt.be Tel 0032 9 232 32 33
Info@wgcbotermarkt.be Fax 0032 9 230 51 89

Ever heard about a ...
Community Health Care Centre?

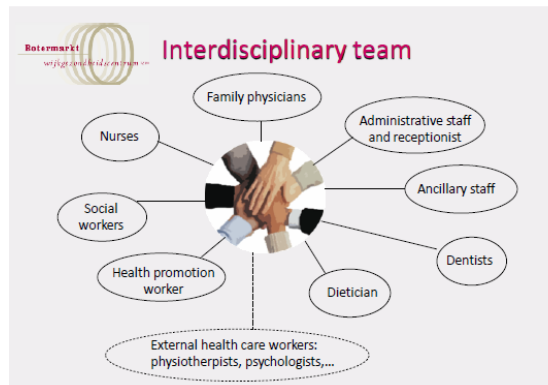
A Community Health Care Centre is...

An accessible, interdisciplinary
primary health care centre,
community-oriented,
in a needs-based capitation system

Accessible
ambulatory & approachable



no physical, administrative, financial, cultural,... barriers



Community-oriented

EVERYONE
living in the region can be inscribed.
(regardless of culture, religion, social status, ...)

⇒ Territorial criteria
⇒ Not categorical



**Integrated needs-based
capitation**

Contract between
health care workers
and insurance companies
in the framework of the
National Social Security System
(RIZIV-INAMI)

- COMMITMENT WITH INSURANCE COMPAGNIES :**
- A patient-list system with a monthly fixed amount of money, specific for each centre paid by the insurance companies, covering family medicine and nursing care
 - Amount is based on a yearly "snap shot" of the patient population, indicating the needs (age, gender, social determinants, morbidity ...)
 - Based on solidarity

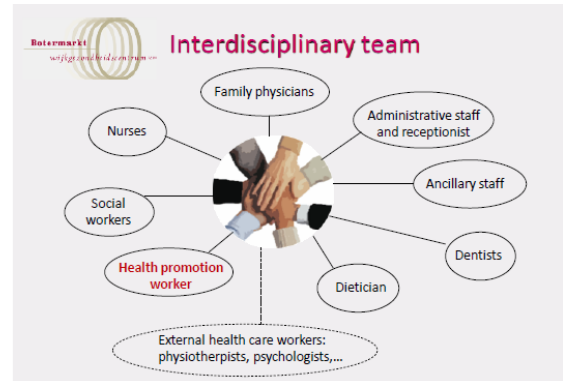
- 3 disciplines :**
1. FAMILY PHYSICIANS
 2. NURSES
 3. PHYSIOTHERAPISTS
-

COMMITMENT FOR PATIENTS :

- Free access to service for patients on the list (service for family medicine + nursing / physiotherapist)
- Patients are only allowed to contact providers from the health care centre for family medicine and nursing care

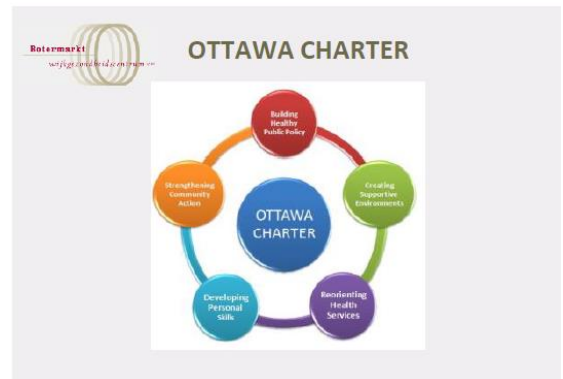
Shared Electronic Patient Record

TOUR



Illness prevention & health promotion

- Individual illness prevention
- Group-based illness prevention
- Health promotion



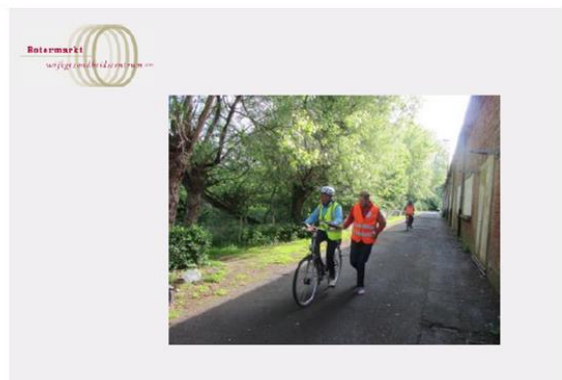
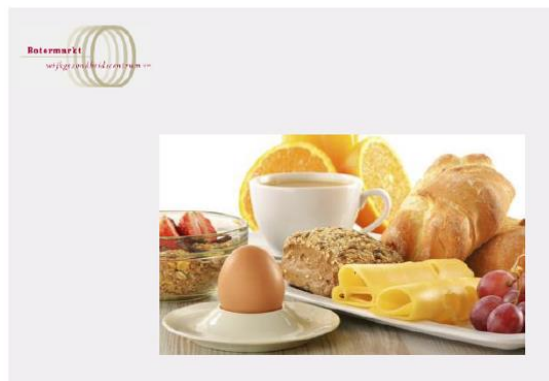
Local Welfare Meetings

- 1986: first community welfare meeting in Ledeberg
- > 40 community workers from different organisations
- 3 times a year-meetings and subgroups
- in order to work together on a local level to tackle poverty

Goals

- Networking
- Obtaining local congruence on welfare themes
- Sharing warning signs on the local level and tackling them by working together, making new initiatives,...
- Signalising to policy makers
- Sharing information
- Sharing expertise
- Education





Rotamarkt
we zijn er voor iedereen

Goals

1. To improve **long-term outcomes** in health, learning and well-being ...



Rotamarkt
we zijn er voor iedereen

Goals

2. To create conditions to support parents in fulfilling their responsibilities and realizing their aspirations for their children.



Rotamarkt
we zijn er voor iedereen

Goals

3. To improve **accessibility and relevance of services** for children and parents.



Rotamarkt
we zijn er voor iedereen

Goals


4. To create new **social network**



Rotamarkt
we zijn er voor iedereen

Ratatouille... an integrated project

- Professional integration (sharing expertise & responsibilities): health community centre Ledeberg, parenting shop & VCOK, training centre for childcare and education
- Intermediaries: schools, consultation office, sports, general practitioners, student counselling centre, community centre (social workers, family physicians, dietists...).
- Local partnerships: community health centre (kinesists, dentists, tobacco specialist, ...) library, spel-o-theek, child care centre 'De Kereltjes', sport & free time services (children's choir, bike rental service, playgrounds)



Rotamarkt
we zijn er voor iedereen

Accessibility

COMPREHENSIBILITY

- Open, respectful and clear communication
- Adjusted communication
- Interpreters (Slovak, English, Turkish, ...)




Rotamarkt
we zijn er voor iedereen

Accessibility

RELIABLE

- Warm welcome
- Intake & introductory moment
- Role of the intermediary
- Safety of working in group



Rotamarkt
we zijn er voor iedereen

Accessibility

USABILITY

- Child care centre
- Timing adjusted to personal & parental life
- Low-threshold and useful information



Accessibility

ACCESSIBLE & PAYABLE

- Free offer
- Accessible by public transport

Ratatouille
Van 1400 tot 1420 (verhaal rond het)
Waar?
Langestraat 109 - 3015 LC ROTTERDAM

Dag	Titel	Verder	Omschrijving
Di	9 mei	Staan gezonde verstand	Gezondheid, kennis, opvoeding
Do	14 mei	Het ontbijt	Organisatie, administratie
Do	23 mei	De Doodskunst	Waarom is de doodswacht zo belangrijk?
Do	30 mei	Marine inachtig & groen	Marine, natuur, groen, bosbouw
Di	25 juni	Winkelen en etekken	Koopkracht, de tijd

Logo's: vcoK, Rotterdam, WOC Rotterdam 180331-04-15

Thresholds

- Language barriere
- Different cultural habits
- Time-intensive
- Importance of motivated partners
- Scope of partners
- Work in progress...

1.5 Parenting shop – Opvoedingswinkel Gent²

Questions about parenting? Come to the parenting shop.

Parenting is something you do every day, it is fun and challenging. Still, that does not mean it is easy.

Every parent has moments of doubt, can feel insecure and as questions about bringing up children and youngsters.

Most of the time you can turn to your friend, family or school with those questions, but the parenting shop is there for you too, if you need some extra support.

We offer:

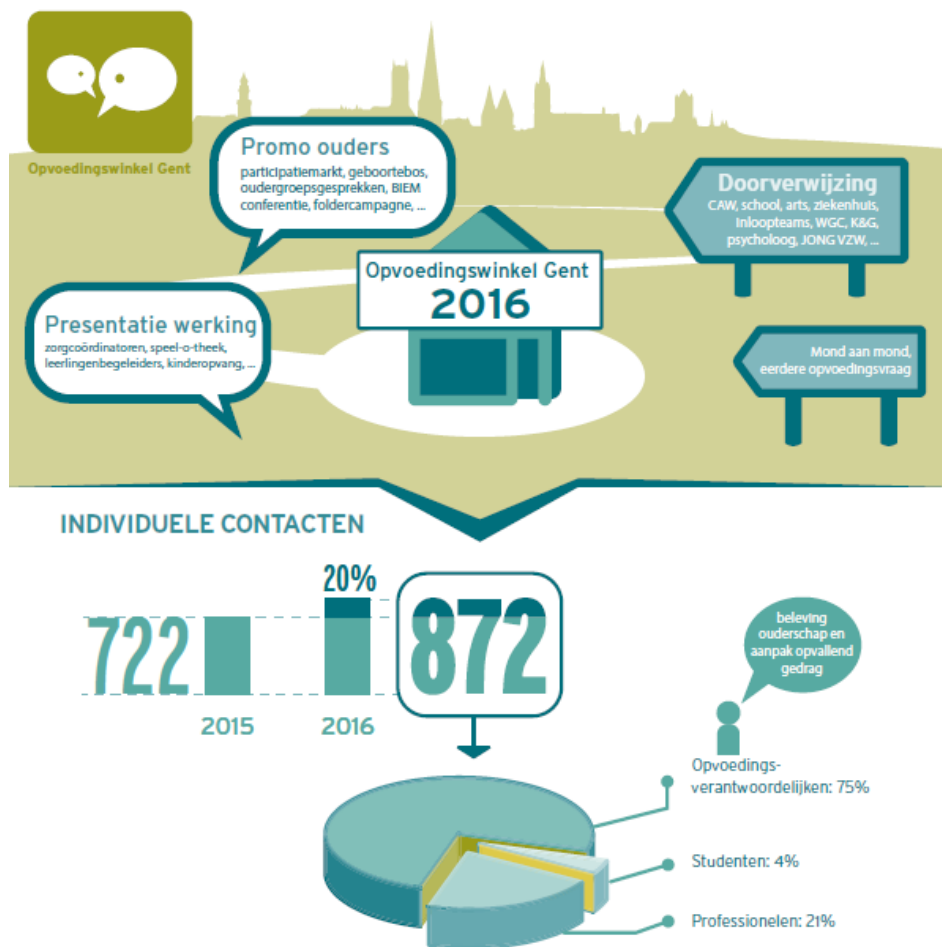
- A sympathetic ear
- Information about parenting
- A clear overview of the parent counseling services available in Ghent
- Advice suited to your needs

Pictures of Parenting shop - Opvoedingswinkel Gent

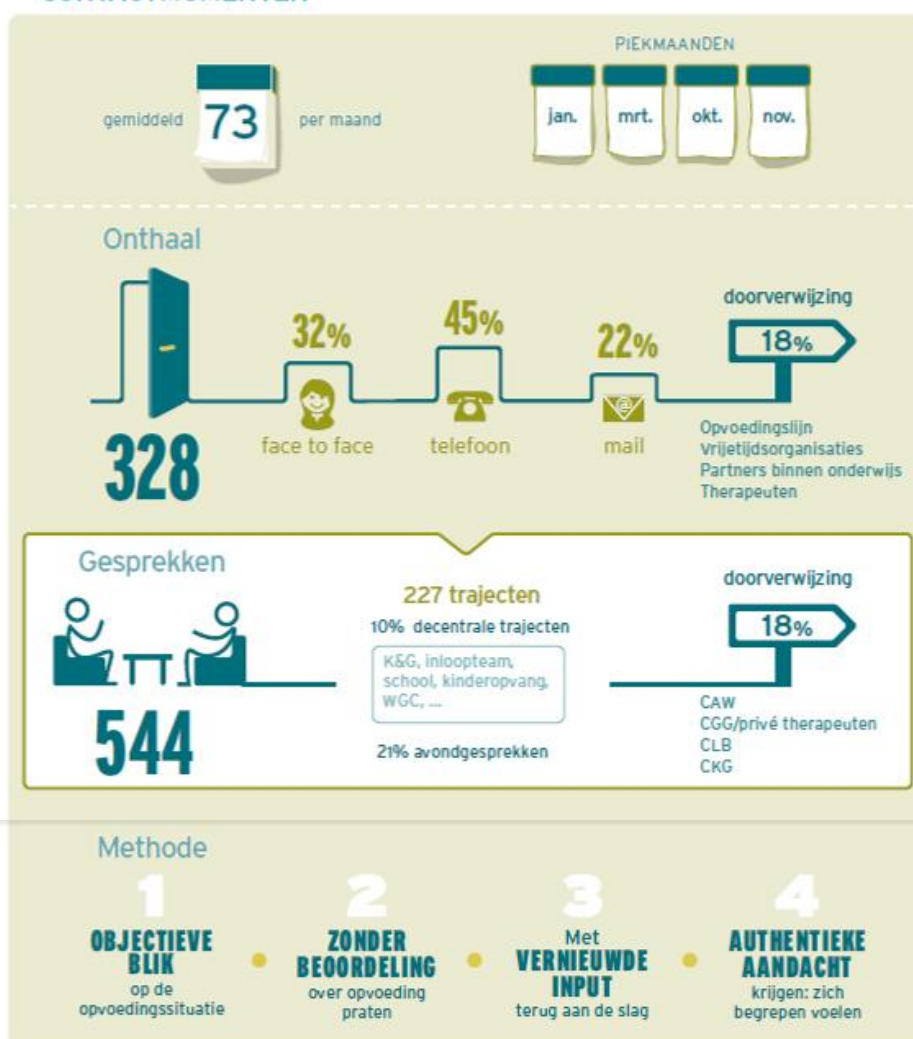


² This study visit was cancelled

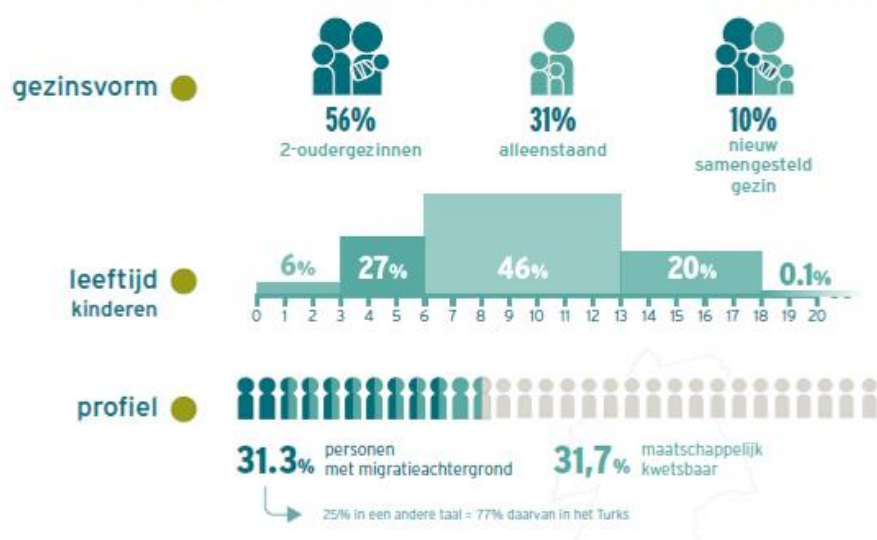
Parenting shop – Opvoedingswinkel Gent presents itself

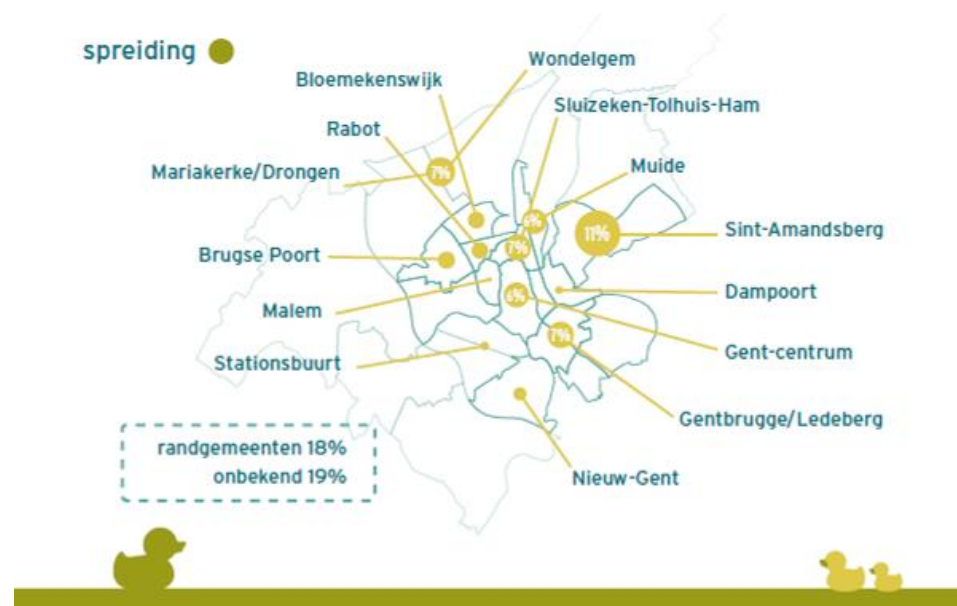


CONTACTMOMENTEN



WELKE OUDERS KOMEN





Education questions



Opvoedingswinkel Gent

"My son only wants to eat French fries ..."

"Is it bad that our daughter is sitting on the computer for a long time?"

"With my ex-partner, the children can do everything, but I want strict limits."

"We often quarrel with our 15-year-old teenager, she has no respect and poses unrealistic wishes."

"When discipline my 6-year, he laughs at me, how do I stay in charge?"

"Sometimes it is not possible to get him into bed alone; he comes back down again and again."

"It's hard to get everything organized as a single parent and still enjoy parenting..."

"I would love to have some rest in the house with my bossy and busy toddler!"

Education prcess

Parent-children environment

Intuition

Role as an educator

Natural qualities

challenges

customized

OUT OF BALANCE?

PARENTING SUPPORT

SEARCH for answers and information:

- Playtime and meeting other parents
- Warm welcome, question clarification & info, directions
- Outpatient or mobile guidance
- Customized advice

own network of professional support?

Parenting shop/education shop

- A place
- ALL parents and other parenting figures
- Children from 0 to 18 years
- In and around Ghent
- Big and small questions about parenting/education and development

We offer

- Information/library
 - ⇒ leaflets, books, game material, tools
- Conversation/counseling session
 - ⇒ Listening ear, customized pedagogical trajectory
- Referral
 - ⇒ Other lifedomains, training sessions, courses, more intensive support ...

PSYCHOPEDAGOGISCHE COUNCELING

Focus on the parent (his/her experience/point of view)
Short-term: 1 of multiple sessions (max 5.)
Participative discussion model: demand-oriented, empowerment, voluntary
Context-oriented
Child's need (help in translating behavior)
Solution oriented
Without the presence of children

Visitors/profile

Cf. infographic

Added value

- STEERING OUT of the family context
- NEUTRAL POINT OF VIEW on the (parenting) situation
- NO JUDGEMENT
- RENEWED INPUT
- AUTHENTIC ATTENTION

TOEGANKELIJKHEID

- = financial: free of charge
- = physical: central and decentralized
- = judgementfree: political, cultural, socially neutral
- = approach: various methods
- = scheduling: daytime or evening
- = language: native language, interpreter if necessary
- = ownership: non-binding & anonymous

PRAKTISCH



collaboration

- 2008 start up: collaboration platform - local organisations
 - ⇒ Resources K&G (Flemish government)
 - ⇒ Ghent city council
 - ⇒ Department education
- 2016: huizen van het kind
 - ⇒ Department of social welfare
 - ⇒ Network platform
- Urban-wide theme Flemish and local story
- Basic idea: 'support needs differ between parents/family's'
 - ⇒ Network HVK connects support organisations
 - ⇒ Rapport signs for support needs and fill lacunae together

Education shop in hvk

- Workinggroup teens
- WG reception
- WG meeting places

2 International examples

It was our aim to inspire during the preconference. Not only by visiting Flemish examples of integrated working. 4 international participants also discussed their practice. We could discover examples from Canada (Lisandre Bergeron-Morin), Finland (Ulla Lindqvist), Slovenia (Eva Strmljan Kreslin Mala Ulica) and The Netherlands (Caroline Vink, Nederlands Jeugd Instituut).

2.1 Canada



TO BREAK DOWN SILOS TO ENHANCE
ACCESSIBILITY TO PROFESSIONAL
SERVICES IN EARLY CHILDHOOD
A story from Kamouraska, Québec

Lisandre Bergeron-Morin
Speech-Language therapist
Université Laval, Québec, Canada

Partners :

Centre intégré
de santé
et des services sociaux
du Bas-Saint-Laurent
Québec

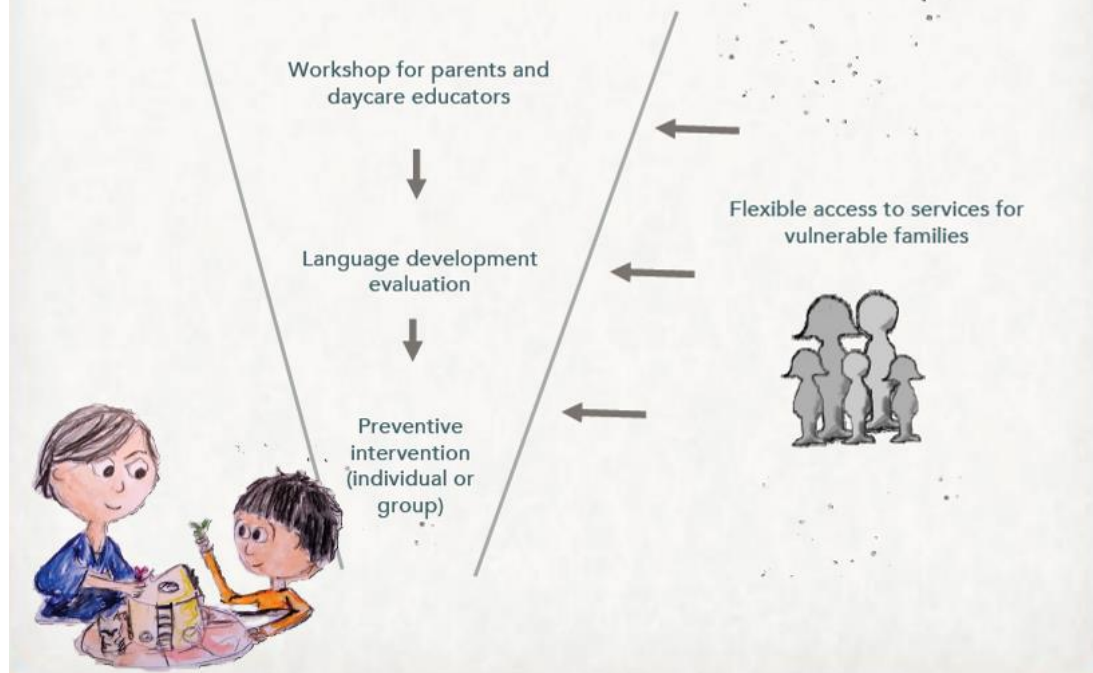
CPE Pitatou

Maison de la famille
du Kamouraska

Qualité des
contextes éducatifs
de la petite enfance

Fransoie

DIFFERENT WAYS IN NO WAITING LIST



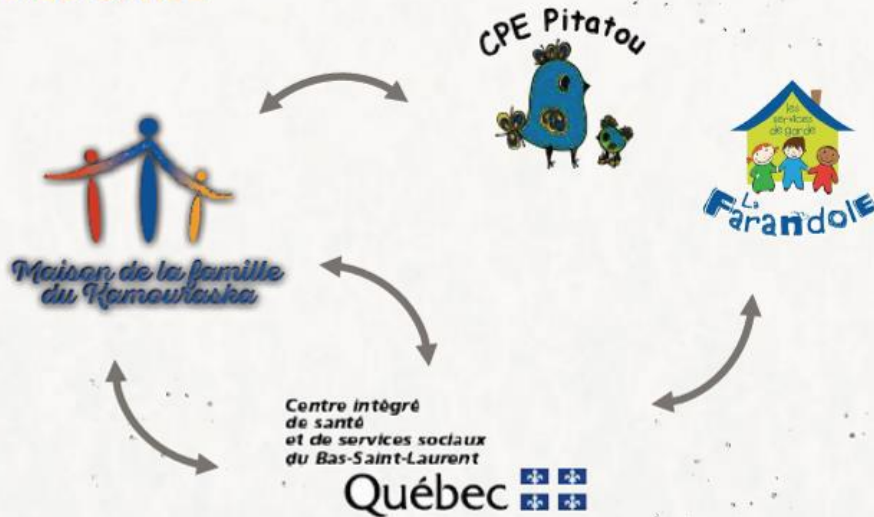
DIFFERENT WAYS IN FLEXIBLE SCHEDULE HUMAN NO WAITING LIST PROXIMITY NON-JUDGMENTAL COMPREHENSIBLE TRUSTING RELATIONSHIPS



Flexible access to services for vulnerable families



DIFFERENT WAYS IN FLEXIBLE SCHEDULE HUMAN
 NO WAITING LIST PROXIMITY NON-JUDGMENTAL
 COMPREHENSIBLE TRUSTING RELATIONSHIP
 CO-WORKING
 SHARED SPACE



TO BREAK DOWN ORGANISATIONS SILOS

DIFFERENT WAYS IN FLEXIBLE SCHEDULE HUMAN
 NO WAITING LIST PROXIMITY NON-JUDGMENTAL
 COMPREHENSIBLE TRUSTING RELATIONSHIP
 CO-WORKING
 SHARED SPACE

TRANSITIONS?

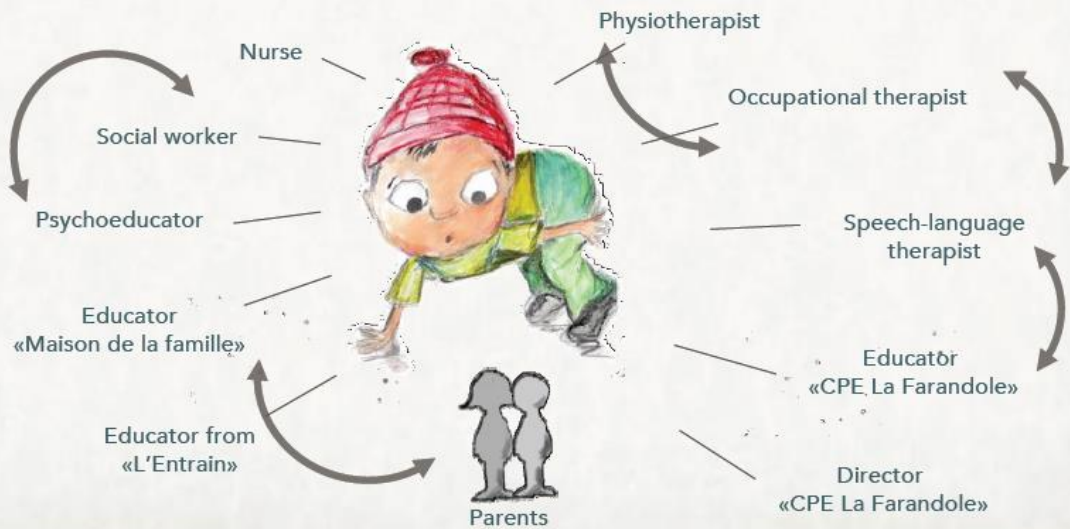
With school system (on 5 years old)?

With rehabilitation health services?

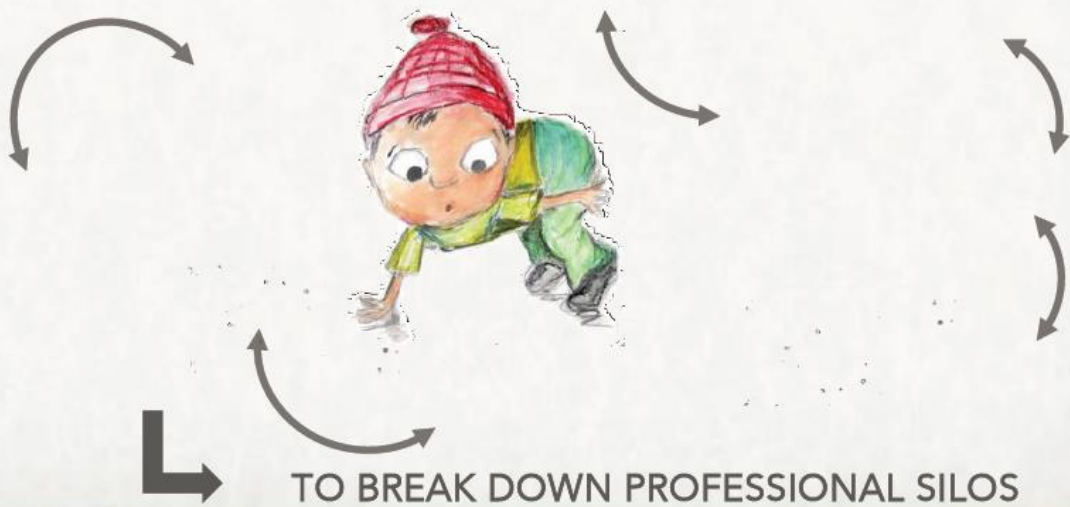


TO BREAK DOWN ORGANISATIONS SILOS

DIFFERENT WAYS IN FLEXIBLE SCHEDULE HUMAN
 NO WAITING LIST PROXIMITY NON-JUDGMENTAL
 COMPREHENSIBLE TRUSTING RELATIONSHIP
 CO-WORKING TRANSDISCIPLINARITY
 SHARED SPACE



DIFFERENT WAYS IN FLEXIBLE SCHEDULE HUMAN
 NO WAITING LIST PROXIMITY NON-JUDGMENTAL
 COMPREHENSIBLE TRUSTING RELATIONSHIP
 CO-WORKING TRANSDISCIPLINARITY
 SHARED SPACE





FLEXIBILITY

HETEROGENEITY

Thanks to Annick, Julie,
Amélie, Eve, Thérèse and
Marie-Pier for the
brainstorming!



Lisandre Bergeron-Morin
Lisandre.bergeron-morin.1@ulaval.ca

2.2 Finland



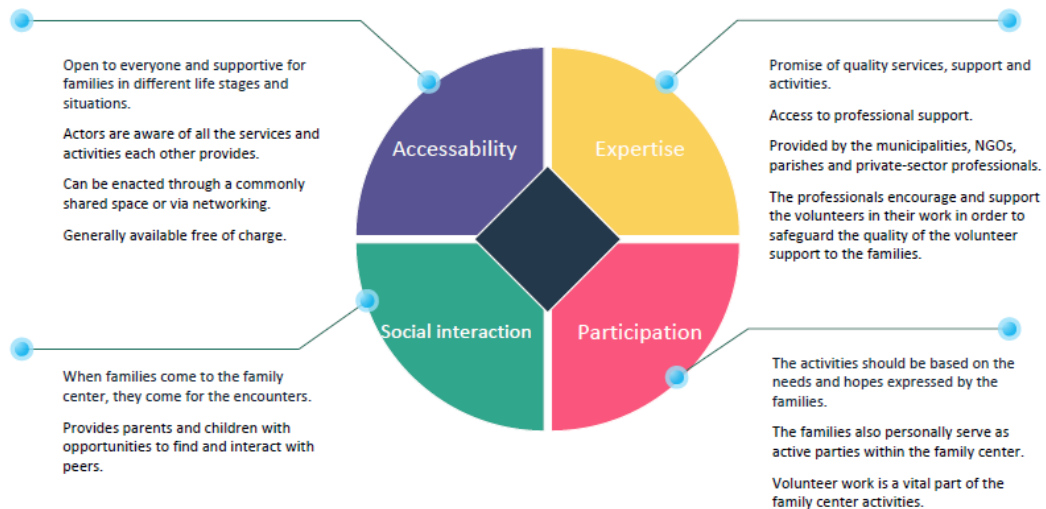
LASTENSUOJELUN KESKUSLIITTO
CENTRAL UNION FOR CHILD WELFARE

Family Centers in Finland

Family centres will coordinate the public health, social and educational services intended for children and families into a network that also includes the services and activities offered by NGOs and parishes and by voluntary stakeholders. Family centres shall also function as doors to specialised services.

Author: Ulla Lindqvist, design: Erkka Rautio

Cornerstones



Who are involved?



Child and family



Maternity and child health clinics



Social services



Early childhood education and early support



Non-Governmental Organisations (NGO)

+ Specialized services

What does NGOs do?



Engagement of NGOs in family centers has a strong linkage to involvement of parents, provision of low-threshold services and peer support activities.

Examples of support and activities	UNIVERSAL	EARLY SUPPORT	INTENSIVE
Individual families	Doula-support Mother or father mentor	Home help for single parent	Family work
Specific groups	"Baby comes home" - lectures Children's groups	Baby-parent interaction supporting groups Peer groups	Family rehabilitation e.g. "day groups"
Community level	Family cafés, family houses Voluntary work	Family houses	Cooperation in family centers
Online	Shared information	Closed chats	Internet appointments

The role and activities of NGOs in the family center

From the perspective of the NGOs, the family center activities in Finland are built upon existing public services provided for children and families with children. The activities are realized on the basis of local needs and resources. They are implemented through collaboration with families, NGOs and parishes in accordance with agreed principles. NGOs can provide a concrete means of support for children and parents universally, proactively and intensively. Support and activities are provided for individual families, specific groups and through the "the online family center". The concrete support is offered by professional personnel as well as by volunteers and peers.

The cornerstones of the family center activities are accessibility, social interaction, participation and expertise. The focus of the activities is always children and families. They express their needs and hopes and the different relevant actors work together to benefit the children and families they serve. The primary purpose of the family centers is to provide an open and low-threshold center that functions as a daily meeting site for children and families with children, thereby promoting the creation of a local community and the provision of local information. The center endeavors to make everyone feel welcome.

Accessibility refers to the fact that the family center is open to everyone and supportive for families in different life stages and situations. One aspect of accessibility is the assurance that the different actors are aware of all the services and activities each other provides. Accessibility can be enacted through a commonly shared space or via networking. Another essential factor is that the support is generally available free of charge.

Social interaction is based on the idea that when families come to the family center, they come for the encounters. The family center provides parents and children with opportunities to find and interact with peers at, for example, the family café, in parent-baby groups, in peer support groups or at various events.

At the family center, the implementation of participation is fundamental. The activities should be based on the needs and hopes expressed by the families. The families also personally serve

as active parties within the family center. The family center is not simply a meeting place for families with children, but also for other adults who are part of their support network. Volunteer work is a vital part of the family center activities.

Expertise refers to our promise to families to provide quality services, support and activities. Families have access to professional support through the family center. The practical services and support are provided by the municipalities, NGOs, parishes and private-sector professionals. The professionals at the family center encourage and support the volunteers in their work in order to safeguard the quality of the volunteer support to the families.

Video on Family centre in Finland: <https://www.youtube.com/watch?v=p9qY5LNSwTM>

Ulla Lindqvist
Program Manager
M.Ed., Lic.Soc.Sci, social worker, psychotherapist
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Central Union for Child Welfare
Finland

2.3 *Slovenia*



FAMILY CENTRE MALA ULICA

FAMILY CENTRE MALA ULICA

Family centre mala ulica (Little Street) is the first family centre in Slovenia, established in January 2013. An old building, owned by the City of Ljubljana, used to be a public bath (1890). Then it housed several restaurants, but last tenants left in 2007. The renovation of this interesting building with two wings and a two-storey round tower was finished in 2012.

The architects were well aware of children's needs and requirements: the place is equipped attractively, with many small and cosy spaces (e.g. children's flat with a kitchen and a bathroom, a labyrinth etc.), a library, a table, a special space for babies etc. In spring 2014 we opened an outdoor playground as well, which is divided in two parts – one for babies and toddlers and the other for pre-schoolers.

The jewel of the garden is definitely a vertical garden, a green wall where several plants and herbs grow.

PLACE FOR PARENTS

The Family centre is an important place for parents, especially mothers, for whom we have morning programme, e.g. post-birth gym for mothers with babies, a baby-sign workshop, discussions with a psychologist, a baby-massage workshop etc.

Informal gatherings, exchanging experiences and simply meeting other mothers is probably even more important than the official programme – the mothers leave in Slovenia later 12 months and mothers often feel quite alone with their babies, while fathers/partners are at work.

SUMMER CAMP

During the school holidays we offer a summer-day camp for children from 6 to 10 years. We host over 500 children at three locations in the family centre, in the city forest and at urban gardens (forest pedagogy).

CITY OF LJUBLJANA

In Ljubljana the old meets the new, and it seems that history has spent all of the settlement's five millennia preparing it to become the nation's capital. It has managed to retain traces from all the periods of its rich history, from the legacy of the Roman Empire, through to the Renaissance, Baroque and Art Nouveau periods seen in the house fronts and ornate drawings of the city centre, the romantic bridges spanning the Ljubljana river, the tiled roofs and the Tivoli park, reaching deep into the city centre. The eastern and western cultures as well as the Italian concept of art, combined with the sculptural aesthetics of the Central European cathedrals meet here.

The city owes its present appearance partly to the Italian Baroque and partly to Art Nouveau, which is the style of numerous buildings erected immediately after the earthquake in 1895. In the first half of the 20th century modern Ljubljana was shaped by the strong personal style of Jože Plečnik, a great European architect and a modernist follower, as well as by the creations of other acknowledged young architects. All the different facets of Ljubljana blend harmoniously into a single image.

The modern and lively city of Ljubljana is a place where people often return to, due to their work or pleasant memories of their previous visits. Ljubljana may be similar to numerous other pleasant European cities – yet it is also different – and if you want to be fully assured that it is an interesting, beautiful and friendly place, just ask the locals – they love it. And with a name which, according to one theory, means "beloved". How could they do otherwise? The first impression a visitor gets of Ljubljana is that it is a city with an exceptionally youthful vibe. It is a home to over 50,000 students giving it a special vigour.

Today, scientists are drawn to the city because of its high-calibre institutions and the University, renowned artists come to its world-famous graphic biennial, the Academy of art and countless art galleries, international businessmen, economists and experts from all fields frequently attend the city's many business and congressional meetings, exhibitions and trade fairs.

www.ljubljana.si

architects: Maljica Pinter, Erika Kuhar
photo: Bral Bužja, Virginie Viret



SAFE AND CREATIVE PLACE

The main aim of the Family centre is to offer a safe and creative place indoors and outdoors, where kids can play with their parents or peers, attend creative workshops, puppet shows or story-telling sessions. The workshops for kids and the story-telling sessions are held every day in the afternoon, while during the weekends and public holidays they are held at least four a day or even more often. At least three different activities for children are offered every afternoon, and five at weekend days.



THE INCREDIBLE YEARS

Since 2014 we offer »The Incredible Years« programme, a series of evidence-based, evidence-based programs for parents and children, which is supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional and academic competence.

MEETING POINT FOR YOUNG FAMILIES

Very quickly after the opening the Family centre became an important meeting point for young families. We host more than 28,000 visitors yearly. The Family centre is open every day, including public holidays, from 10 a.m. to 7 p.m. (on weekends and holidays until 6 p.m.).



2.4 The Netherlands



For more information see: <https://www.nji.nl/nl/Over-het-Nederlands-Jeugdinstituut/Het-Nederlands-Jeugdinstituut-Medewerkers/Vink,-Caroline>

2.5 *Pictures of the exchange on international examples*



3 Discussion tables



In the afternoon we took time to discuss the Flemish and the international practices and to share expertise. We reflected on the study visits and on the main topics of the day (i.e. integrated working and accessibility).

These were the guiding questions:

Reflections on the study visit

How did you experience the visit?

What inspired you? What triggered you? What stands out?

What's similar in your country? What's different?

Which suggestions do you have for the organization you visited?

Discussion on the main topics of the day: integrated working and accessibility

Integrated working

What are the main strengths of integrated working?

What are the main thresholds of integrated working? How do you cope with them?

What are the crucial key factors of integrated working? How are they organized in your country?

How do you involve children and parents in the integrated services?

What are the main aspects of a shared vision on integrated working?

How can you evaluate and monitor integrated working?

Accessibility

Discuss the 5 dimensions of accessibility: comprehensibility, usefulness, availability, affordability, accessibility (see document).

How do you cope with the 5 dimensions of accessibility?

How do you cope with certain exclusion mechanisms?

Outreaching – Why? How?

Coping multilingualism?

What are the main aspects of a shared vision on accessibility in the context of integrated working?

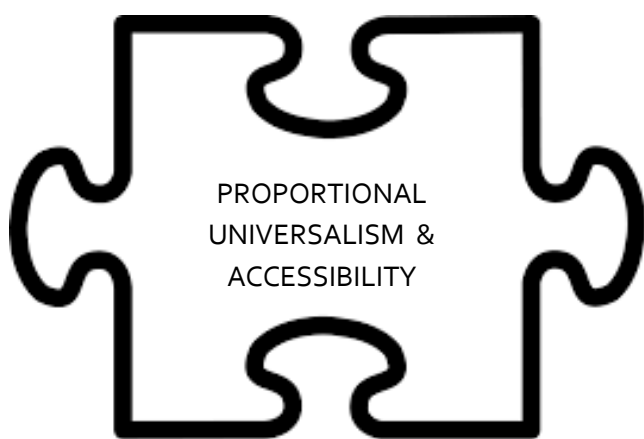
How can you evaluate and monitor accessibility in the context of integrated working?

Targeted or universalism – defining your target groups or not?

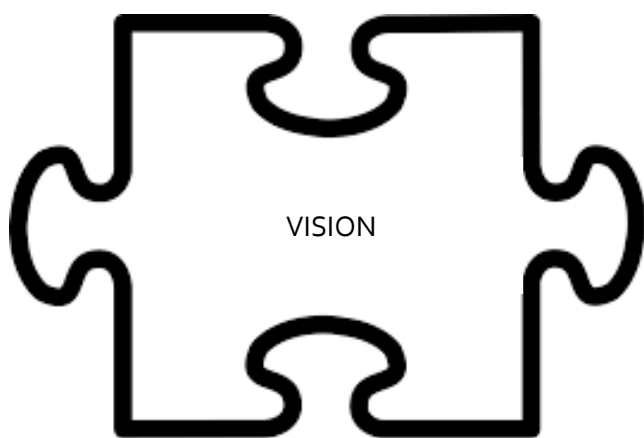
The main results of the discussions were written down in puzzle pieces.



To capture, we discovered some main points in the puzzle pieces. You can find it below.

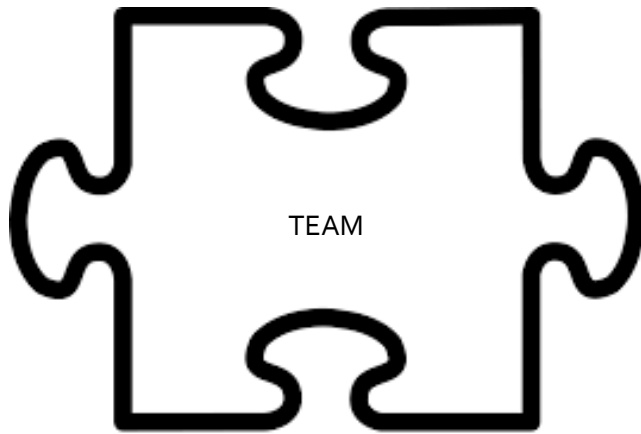


Where do we lose families?
Accessibility & simplicity
Not being labeled
Feeling safe
Integration with or without inclusion



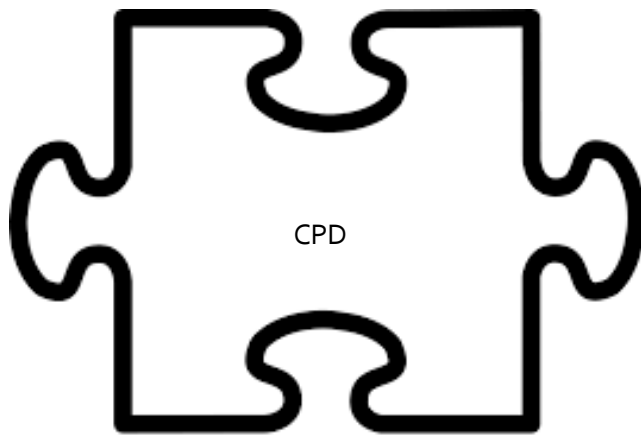
FAMILY = CORE
Needs / desires of the target group
Who's health centre is it?
Integration based on family's needs
Integrated policy that puts the interest of the child in the centre

SHARED VISION
Shared vision & concept
Inspiration "European Quality Framework" ECEC
Innovation



PROFESSIONALS

Multidisciplinary approach
Partnership
Trust, building trust
Openness
Learning in both ways, mutuality, co-learning, 2-way learning

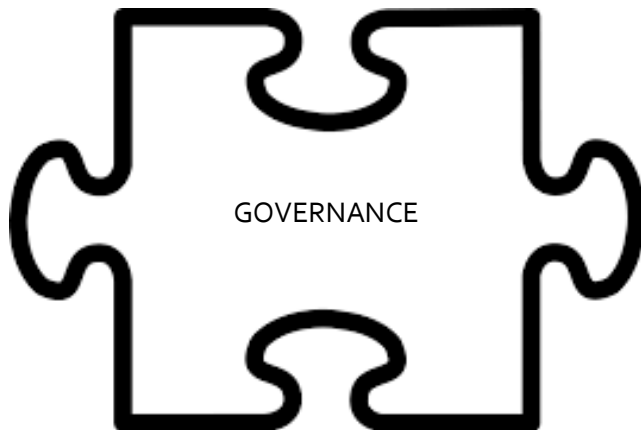


LEADERSHIP

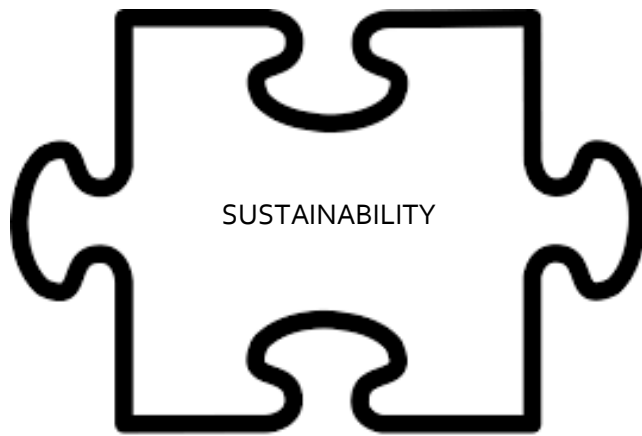
Need for an overview (coordinating organization) to see gaps in the network-service
Coordination
Continuous Learning and Development
Importance of professional development and reflection
Need for critical friend
Support in leadership



Not only quantitative, also (very important) qualitative
Impact for children & families
Monitoring on all different levels



Policy
Cooperation on local level can change higher policy in intersectoral cooperation



Natural networks in communities
Integration of formal, non-formal, and informal services
Outreach → community work
Connection with community level (eg. Connection between preventive health care and library = amazing)

4. The end?



And then there was the end of the day ...

In general, the participants valued the study visits and the exchanges with an international audience.

We asked the participants which core message they will tell their colleagues?

These were their answers:

- National networks is the best way to build foundations of the integrated support;
- Integrated services is a key success factor for child's protection and raising of child's potential
- Focus on families needs;
- Put the needs of families at the center of your professional concerns;
- Integration is about shared vision and flexibility;
- In order to work sustainable integrated services need a shared vision and concept as well as a solid funding;
- With the right approach everything is possible;
- Although we still see many challenges, we are on the right track;
- Be careful with your values when you judge a service or family;
- Be open for new practices and curiosity.

To end this report, we want to thank



All participants for joining the preconference;
The Flemish organizations that we visited: they showed us inspirational examples of integrated working;
The international examples, for sharing their thoughts with us;

Caroline Boudry for the beautiful pictures of the day;
And of course ISSA for the possibility to organize the preconference.

We hope that this preconference was not a one shot, but instead a new beginning of an international platform on integrated working in ECEC.

5. Appendix

a. List of subscribed participants

First Name	Family Name	Email	Institution	Country
Gerda	Sula	gerdasula@yahoo.com	University of Tirana/ Step by Step Center	Albania
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Donald	Wertlieb		Tufts University	USA

b. Information on Family centres in Flanders (Huizen van het Kind)

Huizen van het Kind

(Family Centres in Flanders and Brussels)



Their ambition.

Focusing on the health and well-being of families, their children and youngsters is an important task in society. Various local authorities, professions, field organisations, volunteers and citizens take this task to heart each day.

The Huizen van het Kind are there to concentrate the strengths even more in order to better support families.

This document consists of two parts.

In **part one** we focus on some core ideas about the Huizen van het Kind. We show the added value of the Huizen van het Kind at the local level.

In **part two** we deal with the rules and regulations with respect to the Huizen van het Kind.

Part 1: Core Ideas

Local collaboration for the benefit of families

A Huis van het Kind is a collaboration among a number of organisations that provides multidisciplinary, integrated and appropriate services in support of (future) families with children and youngsters.

"At a Huis van het Kind many people and organisations collaborate. In this way they are just as diverse and unique as the families they support."

Each Huis van het Kind is accessible and can be recognised by each of its target groups, they are (future) parents, other caregivers, children and youngsters.

The challenge that prompts partners to come together at a Huis van het Kind is: "How can we together support (future) families as well as possible?" That is a huge challenge with many possible answers. That is why a framework has been created with a minimum of rules thus allowing for local solutions.

*"The challenge and the number of possible answers are great.
But fortunately the rules and regulations allow enough room to find the correct answer at the local level."*

The local answers always depend on many factors. What organisations are active? What are the local needs and opportunities the organisations can work with? And in particular: what is the added value of the collaboration among so many different organisations?

Added value through collaboration

Thus, the crucial question is how can a variety of organisations create added value together? The goal is not collaboration for the sake of collaboration. The goal is a collaboration whereby diverse partners strengthen one another making their own contributions in order to create a stronger whole. In other words, there must be an added value for families, first and foremost.

Each Huis van het Kind should create added value in a different way because their contribution depends on the local needs and opportunities, and local organisations.

"At the Huis van het Kind diverse partners collaborate: local authorities, local organisations and families. Here collaboration is much more than only 'working' and 'together'.

It is about a joint effort.

Thinking and doing together.

And above all, supplementing one another by making a contribution you are good at. Only in this way one will exceed one's own strength, and together added value is created for others and for one another."

How is added value created for all families?

1. Local needs - local opportunities

The aim to best support families means that a Huis van het Kind must cater to the needs and requirements of families, and to what families experience as support. To be close to the families is crucial. This also goes for allowing them to participate, also as far as the design is concerned.

"Each Huis van het Kind has the same commitment but has a different approach because that takes account of local needs and requirements."

Besides, a Huis van het Kind intends to make further use of the opportunities and possibilities that were created over the years at the local level. The good practices that, in the meantime, were developed in Flanders, show that those Huizen van het Kind connect with the local reality. Therefore, it is the explicit intention to continue building on previous efforts and to optimise the current efforts. In this connection the following questions are asked: what collaborations already exist?; Where do families go to already?; Can we make services more accessible? What challenges can we deal with together?

*"At the Huis van het Kind we cherish what is already working.
At the same time we explore what can be done better tomorrow."*

2. Improving accessibility and visibility

At this moment the service for families is too fragmented which complicates the accessibility and visibility of the service for families.

With regard to Huizen van het Kind organisations should seek to better know what each of them can offer. In this way they will be able to support families more effectively, to match the services to the needs, and offer integrated support. Furthermore, it is also important to ask the following questions. For whom are the current services accessible? For whom are they not? Are there any target groups that are left out? Are there any exclusion mechanisms at work?

In order to make the services more visible, it is important that there is one label and one logo for all Huizen van het Kind. In this way the services in Flanders will become more visible. Thus, organisations will be able to let families know at the local level that their services are interconnected. At the same time and within this framework it is also important that each organisation can keep its own profile.

The services that organisations at a Huis van het Kind offer concern a basic set of services to support children, youngsters, (future) parents and other caregivers. That is why accessibility and removing barriers are crucial.

*"A Huis van het Kind is visible and accessible.
Thus, anybody may find his/her way.
Thus, anybody may just step in."*

*"A Huis van het Kind can accommodate many organisations.
Each with their own expertise, experience and strength.
Together they support families."*

3. Offering integrated services

The support that families need cannot be divided into strict themes. For example, information for a caregiver about healthy food. Actually that is an answer to a health-related question. At the same time that information is only useful if children are also encouraged to eat healthy effectively. It should also be noted that healthy food is often more expensive (possible barrier to families having financial problems). And information about healthy food should also go with the emphasis on the importance of sufficient exercise and sport to be taken up by these families. Besides, the individual needs of the family members are often very much interrelated. Thus, good childcare and entertaining childcare during holidays are important for the parent as well as the child.

Without coordination service providers may involuntarily thwart one another, cause confusion for a family or offset the added value of good collaboration. The Huizen van het Kind offer an integrated package of services in order to support families and the individual members of a family.

How the services of the different organisations will be coordinated, always depends on the current need and how families wish to be supported. In this way added value is created at a very personal level.

*"At the Huis van het Kind the needs of the parents, the children as well as the contextual situation of the family require an equal amount of attention.
Because within a family each member is equally important: all members and everything are interdependent, a family is never detached from its context.
To give proper support to families it is important to provide integrated services.
This involves a broad approach to a need or requirement."*

Integrated services and the relief for deprived children

Internationally, an integrated approach is regarded as a good practice in the fight against child poverty. After all, the fight against child poverty requires a joint undertaking from different policy domains and from different organisations.

In themselves the Huizen van het Kind are not the answer in the fight against (child) poverty but they are indeed able to make an important contribution because the services at a Huis van het Kind are focused on supporting the strength of all (future) families with children and youngsters, and children and youngsters themselves, and because the integrated services provided at a Huis van het Kind can better meet the need or requirement of a family in a socially vulnerable situation, because often and at the same time they have needs in diverse domains. Thus, a Huis van het Kind as a whole can be more than the sum of the individual parts.

"As far as a Huis van het Kind is concerned the whole is more than the sum of the individual parts. Together they achieve more in the fight against child poverty than each organisation separately."

4. Matching demand

Sometimes families are currently supported by different organisations. The Huizen van het Kind offer an opportunity to match the existing services to the local needs. Local requests for help usually reach the local organisations indeed, but the families are better off with a comprehensive answer. In that way local organisations will not focus on the same thing but will combine their expertise and strengths to meet local needs integrally and efficiently. By offering integrated services at a Huis van het Kind the matching of services will be facilitated.

*"Collaboration means combining efforts: by all kinds of organisations, the parents or other caregivers and the children.
In this way situations may be handled integrally and tailor-made."*

5. Offering added value to all families

It is the ambition of the Huizen van het Kind to offer added value to all children and youngsters, (future) parents and other caregivers. This means that a family should not have any problem going to a Huis van het Kind. In addition, this means that a family will find support there in proportion to its need or requirement. Finally, this means that the services are accessible and create added value for parents, caregivers or children with a specific need for support. Only in this way the services of the Huizen van het Kind will be available to anybody.

The principle to provide services to anybody that take account of a specific need or requirement and that are proportionate, is also called progressive or proportional universalism.

Also this principle of a policy for anyone, with specific attention for those with more needs, contributes towards the fight against child poverty. In that way it wants to flexibly respond to a variety of needs and requirements that diverse families have.

*"A Huis van het Kind is there for anyone, in proportion to the individual need.
For many that is sometimes, for some people that is a lot. "*

6. The added value for organisations

The organisations that collaborate at the Huizen van het Kind want to create added value for families. As far as they are concerned the added value can be the result of:

- more familiarity with what each of the local organisations can offer
- exchange of competences and expertise
- using assets more efficiently
- achieving goals that cannot be done individually

"Collaboration creates added value for others but also for yourself."

In conclusion

The Huizen van het Kind are there for families in any possible forms, for all (future) parents and other caregivers, for all children and youngsters, within any context. At a Huis van het Kind local authorities and organisations work together with families. Together they are committed to the support all families as well as possible.

They are doing this by:

- *making the services visible and accessible for anyone;*
- *integrating the services to enable working integrally;*
- *offering services that match local needs and requirements.*

In order to achieve this a local Huis van het Kind builds further on the opportunities and possibilities of the local reality, and the strengths innate to the families and their context.

Together they support families in their strength.

Part 2: Rules and regulations

A. Huizen van het Kind: what, why, for whom, with whom, how?

In view of the rules and regulations this section explains what a Huis van het Kind is, why it is there, what partners are involved, what it is doing, and how the field of operation is defined.

The decree of 29 November 2013 concerning the organisation of preventive family support applies and went into effect on 1 April 2014.

What is a Huis van het Kind?

A Huis van het Kind:

- is a local collaboration among various actors
- is there for families: (future) parents, caregivers, children and youngsters
- offers integrated and efficient services for the preventive support of families
- is a municipal or intermunicipal undertaking (it can also be organized at a intramunicipal level)
- is a unit that offers services that match the needs and requirements of local users and actors
- is an organisation that operates on the basis of certain principles and that aims at certain goals

- is an organisation that, fundamentally as well as organisationally, aims at maximising preventive support for families.

The decree lays down the framework for the Huizen van het Kind. It applies to the collaboration among actors from the domain of preventive family support insofar as they organise the services at a Huis van het Kind operating in Flanders and Brussels.

What are the objectives that the Government of Flanders wants to achieve with the Huizen van het Kind?

The domain of preventive family support should contribute towards the strengthening of the rights and interests of children, and strives to promote the well-being of future parents and families with children and youngsters by supporting them in the field of welfare and health. Primarily this should be realised by:

1. giving suitable support to future parents, families, their children and youngsters in the field of health, development and the upbringing of their growing children;
2. promoting and supporting the social, informal networks around families and their children and youngsters;
3. detecting at an early stage, any risks, problems with the health, development, upbringing and education of children, and following up on these and/or making referrals;
4. preventing children from contracting infectious diseases, through vaccinations, among other things;
5. supporting vulnerable future parents and families with children and youngsters in the fight against child poverty;
6. making eligible persons susceptible to, and promoting supportive measures to future parents and families with children and youngsters, and contributing towards a family-friendly climate in society in general.

Through the Huizen van het Kind it is endeavoured to better realise these objectives by bringing actors together. In that way preventive family support will be maximised as for content and organisation.

Furthermore, the Government of Flanders determines what it wants to realise through the Huizen van het Kind with respect to the individual user and with respect to the actors.

Realisation with respect to the individual user by:

1. Making the whole of measures and offered services concerning preventive family support at a Huis van het Kind accessible for all families to the maximum extent, and matching the services to the demands and needs of the users.
2. Bringing the measures and offered services within the reach of socially vulnerable families.
3. Making the offered facilities accessible for all professionals who work with families in the field of preventive family support.
4. Facilitating the matching of care to needs.

Realisation with respect to the actors of preventive family support by:

1. Striving for the improvement of the competence of the actors involved by also exchanging knowledge and expertise.

2. Increasing efficiency through maximising the effectiveness of the means that each actor involved uses for the communication, coordination and infrastructure, and by combining strengths where possible.

For whose benefit are the Huizen van het Kind?

At the Huizen van het Kind care is given to children and youngsters, (future) parents and other caregivers.

Naturally, all these groups cannot be reached immediately. At the local level this can be realised with respect for the specific pace of the collaboration.

The rules and regulations indicate that the range of ages for each Huis van het Kind depend on the demands that the Huis van het Kind receives, and that the offered services to be organised should match the local reality.

Who is doing what at a Huis van het Kind?

Initiative

The initiative for organising a Huis van het Kind can be taken by a local authority as well as a local actor working in the domain of preventive family support. If local actors do not take the initiative, then the local authority will do so.

Local authority

At the Huizen van het Kind there is always collaboration with local authorities. This can take shape in different ways, connecting with the local reality.

It is thereby of importance that the Huizen van het Kind are in line with local social policy as defined by the local authority. After all, the local authorities are important coordinators with respect to the local policy for families, and in this way existing structures and policy options can be further built on.

Local actors

Organisations/ actors bring in services and expertise and commit themselves to the objectives of the Huizen van het Kind. The rules and regulations make it clear that preventive family support is not only realised through formal support but also through the interaction with informal support. In that way the socialisation of the provision of care also takes place at a Huis van het Kind. The voluntary commitment also plays an important role here.

Each organisation/ actor may voluntarily commit itself to the collaboration called 'Huis van het Kind'. The actors wishing to provide services based on the rules and regulations must join the Huizen van het Kind. Furthermore, also the preventive medical consultations and consultations performed by the regional team members of Kind en Gezin (Child and Family) [covering the whole population] for families with young children, are also integrated.

(Future) parents and other educators, children and young persons

The absolute starting point of each Huis van het Kind is the needs, demands and strengths of future parents, parents, educators, children and young persons. Besides, it is important that each of these groups feels that it is involved in the Huizen van het Kind. After all, a Huis van het Kind must be accessible, and its offered services must match the local needs. Therefore, the decree dictates the participation of the user.

What do they offer?

A Huis van het Kind stands for integrated service to families. A Huis van het Kind brings together diverse services and facilities in the field of preventive family support.

These services and facilities are based on the principle of progressive universalism. This means:

A. Offering a basic set of services and facilities to each child and each family

This basic set of services and facilities has at least the following pillars:

1. Preventive healthcare, including vaccinations, early detection of health risks and health problems and health-promoting actions;
2. Upbringing-related support, in the rules and regulations defined as 'accessible, layered support for educators in the upbringing of children and youngsters';
3. Activities for promoting meetings and social cohesion, for supporting social networks that play a supportive role for families, and for facilitating the creation of a social mix that reflects the local population.

B. Integrating supplementary offered services in this basic set of offered services and facilities thus matching the needs of specific families

In that way universal service, for all children and youngsters, and all (future) parents and other caregivers is intended.

Where do they offer these? Defining the field of operation

The field of operation is defined by the municipal boundaries. If it would not be interesting locally to use the municipality as the field of operation, one may also opt for operating on a smaller scale (intramunicipal) or on a larger scale (intermunicipal).

The decree dictates that each Huis van het Kind has a unique field of operation. This means that the fields of operation of the different Huizen van het Kind may not overlap.

Although the field of operation of a Huis van het Kind may be defined, families decide for themselves whether they will use any offered services. They are also free to choose on which Huis van het Kind they wish to rely.

c. Accessibility and integrated services : looking for inspiring practices.

Integrated services as a universal provision puts children and their families in the centre. It questions its comprehensibility, usefulness, availability, affordability and accessibility towards the diversity of children and families. The following text, retrieved from the article by Vandebroek and Lazzari (2014) on the accessibility of early childhood education and care, gives some explanation on the five dimensions of accessibility, as defined by Vandebroek and Lazzari.

Comprehensibility

This criterion refers to the extent to which the meaning of provisions is matched with the meanings that parents attribute to these provisions. This implies that values, beliefs and educational practices of the provision need to be negotiated with families and local communities. (Vandebroek, 2011).

Usefulness

Services also need to be useful, meaning that families experience the service as supportive and attuned to their demands. Firstly this refers to practical issues, such as opening hours, considering the fact that immigrant families are more often employed in low-skilled, low-paid jobs with irregular hours (Del Boca, 2010; Wall and José, 2002). Second it also means that the ways in which provisions are run must make sense to the different parents and local communities.

Availability

As families living in poverty are often less mobile than more affluent families, it is crucial that high quality services are located where poor families and ethnic minority families reside. This is not to say that ECEC provision is to be targeted to families 'at risk'. On the contrary, structural provision addressing the general population (but with specific attention for the specific needs of families) are more successful than targeted provision (OECD 2006). In other words, policies based on a (children's) rights perspective are more effective than policies based on a needs (or risk) framework.

However, in cases of shortages, policymakers may decide to first invest in poorer areas, such as, the significant investment in Sure Start Children's Centres in England.

Affordability

In countries where public funding for ECEC is structurally available, provision is usually free, or parental fees are scaled according to income and are therefore more affordable (Del Boca 2010). However, the criterion of affordability refers not only to material resources but also to more 'symbolic' forms of payment. For instance, when provision is targeted at specific populations 'at risk', parents from the group have to pay a symbolic price, such as being labelled or giving up part of their privacy, in order to show that they are entitled to the targeted provision (e.g. by proving they are 'in need').

Accessibility

Availability and affordability do not necessarily make provision accessible, as multiple obstacles may exclude children from poor and immigrant families, for example, language barriers, knowledge of bureaucratic procedures, waiting lists, or priorities set by management. ECEC access policies should be planned at the local level, starting from the analysis of barriers that prevent disadvantaged children and families from availing of ECEC provision. This may entail

greater outreach to families whose presence tends to be less visible in the local community (Bennett 2012; Broadhead, Meleady and Delgado 2008).

Questions to feed the reflection

- In which way accessibility is put into practice ? What stands out ? In which way this practice differs from your own practice ?
- In which way the organisation tends to meet the needs, demands and diversity of the families and children they are working for?
- Which efforts are made to reach and meet underprivileged families ?
- Which thresholds are familiar to you ?
- What makes this organisation strong on accessibility ? What's inspiring you and what would you take with you to your own practice ?

d. ID's of the participants

Ulla Lindqvist
Name: Central Union for Child Welfare in Finland
Legal background (public, private, profit, non-profit, ...): NGO
Services provided: <ul style="list-style-type: none"> • exerts influence on legislation by issuing opinions and statements and on general attitudes by providing information and campaigning • improves the knowledge of professionals by organising training and carrying out and commissioning surveys and studies • coordinates programmes and projects • cooperates with member NGOs and stakeholders • cooperates with the media • publishes Lapsen Maailma (Child's World) monthly magazine
Partnerships (to deliver services): The mission of the CUCW is to develop child welfare and to promote cooperation between non-governmental organisations, municipalities and state authorities. The CUCW has 92 organisational members and 38 municipal members.
Target groups: non-governmental organisations, municipalities and state authorities.
Which slogan or image best represents your mission and vision of the organization We bring people together!

SERVICES in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.
What is the core of the service: To develop NGO's partnership in Finnish family centers. We have a project called: Families to the Center! Developing and coordinating project of NGO's. (Funding is under construction!) From the perspective of the NGOs, the family center activities in Finland are built upon existing public services provided for children and families with children. The activities are realized on the basis of local needs and resources. They are implemented through collaboration with families, NGOs and parishes in accordance with agreed principles.
Number and Qualification of staff: 2-3 persons working in this project in CUCW with 53 NGO's with their workers in Finland
Main target groups: <ul style="list-style-type: none"> • non-governmental organisations, municipalities and state authorities • development projects in this field • children, youth, parents and families in different life stages and situations.
Number of clients per year: NA
Type of service (centre based, outreaching, ...) - Intensity and duration: NGOs can provide a concrete means of support for children and parents universally, proactively and intensively. Support and activities are provided for individual families, specific groups, whole community and through the "the online family center". The concrete support is offered by professional personnel as well as by volunteers and peers.
Is the service evaluated? Is there a follow up? Are there other results published?

From the perspective of the NGOs, the family center activities in Finland are built upon existing public services provided for children and families with children.

What makes your service strong? What's the power of success?

The focus of the activities is always children and families. They express their needs and hopes and the different relevant actors work together to benefit the children and families they serve. The primary purpose of the family centers is to provide an open and low-threshold center that functions as a daily meeting site for children and families with children, thereby promoting the creation of a local community and the provision of local information.

The activities are realized on the basis of local needs and resources. They are implemented through collaboration with families, NGOs and parishes in accordance with agreed principles.

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

Accessibility refers to the fact that the family center is open to everyone and supportive for families in different life stages and situations. One aspect of accessibility is the assurance that the different actors are aware of all the services and activities each other provides. Accessibility can be enacted through a commonly shared space or via networking. Another essential factor is that the support is generally available free of charge.

How is the service adapted to meet the needs of the multi-cultural society?

Family centers are multiprofessional service centers, which provide services such as maternity and child health clinics, family work, early childhood education. Strengthening support for parenting and the couple relationship, services for divorcing families and immigrant families is considered important. Family centers provide also digital service possibilities, activities of organisations (NGOs), parishes and peer support services.

How is the service adapted to meet the needs of underprivileged families?

Basic services have a central role in ensuring and strengthening resources and protective factors of children and families. Diverse families with different needs are met, identified and provided help in the basic services. Family center is based on the idea of integrating universal service provision and early support and treatment services. Family center will meet the needs of all children and families at the low-threshold, timely and according to emerging needs, likewise identified risks.

What are the 3 main challenges for your organization with regard to increase accessibility?

1. To build truly low-threshold family center where everyone feels themselves welcome
2. To keep the participation of families in the center of family centers.
3. To create flexible structure that supports families also in the evenings and weekends.

Hapaot Center
Legal background (public, private, profit, non-profit, ...): municipality center
<p>Services provided: Activities of the Pa'ot Center include:</p> <p>Enrichment:</p> <ul style="list-style-type: none"> • Individual training programs in the homes: individual developmental training for parents and children, including programs for babies, and parental programs - a training program for parents of children aged 1-2. • Training programs in groups for parents and children: - "Good beginning:" A program for babies, directed towards groups of parents of children aged 2-3. Currently, there are three groups and one for new immigrants. <p>Also offered are special courses for children aged 3-5 (2 groups).</p> <p>Activities:</p> <ul style="list-style-type: none"> • Fun-games and a lending library: Parents arrive independently for fun and games where they can borrow books and receive guidance on different matters. • Infant nursery school (Kat Gan): A kindergarten for children aged 2-3, who do not attend any other educational framework. The kindergarten operates two groups, for 15 children each, who attend the kindergarten three times a week each. • Baby-sitting course: The course is intended for youth and teachers about children's development and how to take care of them. The objective of the course is to expose the youth to relevant and significant information and enable them to work in this during their summer vacation in the day care centers in the town. • Birth preparation course: In cooperation with the Ministry of Health and the "Pa'ot" Center. The course deals with pregnancy development, the process of birth, and taking care of the baby in his first few days of life. • Programs in the day care centers: There are three day-care centers in Tirat Carmel: "Emuna", "Na'amat" and "Matnas". In the framework of these centers, the following programs are operated by the "Pa'ot" Center team: • Thinking skill program: under the auspices of the Division of Pre-School Education in the Ministry of Education. The program aims at instilling cognitive concepts in children in small groups. • Operating groups of children in movement and music. • Training nursery school teachers. <p>Therapies:</p> <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech Therapy • Family therapy • Emotional therapy <p>All therapies include locating and treating the developmental problems of children who need help. They are conducted in the kindergartens, the Pa'ot Center, or in the homes, either in groups or privately on a one on one basis.</p>
Partnerships (to deliver services):

Welfare services, Health services, government programs, foundations and N.G.Oes

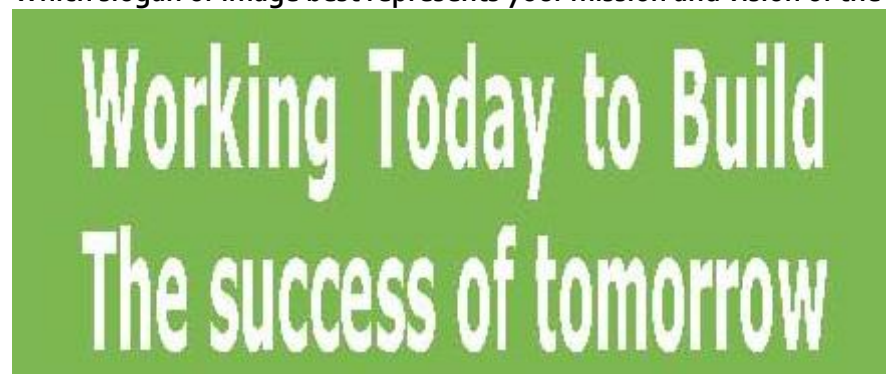
Target groups:

Making Quality Visible

The vision: quality developmental Environment for every child.

The goal: to advance the developmental achievements of children in their early childhood, in order to grant them optimal social integration and realization of their personal and educational potential.

Which slogan or image best represents your mission and vision of the organization



SERVICES

in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.

What is the core of the service: TREATMENT TO FAMILIES AND THEIR CHILDREN AT RISK.

Number and Qualification of staff: 70

Main target groups: EARLY CHILDHOOD

Number of clients per year: 1000

Type of service (centre based, outreaching, ...) - Intensity and duration:

AT LIST ONCE A WEEK ALL OF THE POSSIBILITIES AT LIST: center based, outreaching: IN THE HEALTH SERVICES, DAYCARE CENTERS, KINDERGARTENS, FAMILIES HOMES,

Is the service evaluated? Is there a follow up? Are there other results published?

ALL THE TIME. SOME ARE PUBLISHED FOR THE PUBLIC

What makes your service strong? What's the power of success?

KNOWING THAT WE ARE DOING THE RIGHT THING AND A LOT OF SUPPORT FROM THE MUNICIPALITY

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

WE HAVE MANY PARTNERS AND WE ARE VERY OPEN TO EVERYONE. WE HAVE COMMUNITY PROGRAMS BESIDE TEARTMENT PROGRAMS.

<p>How is the service adapted to meet the needs of the multi-cultural society?</p> <p>WE HAVE A MULTI- CULTURE STAFF AND WE LEARN A LOT TO BE ABLE TO AJUST</p>
<p>How is the service adapted to meet the needs of underprivileged families?</p> <p>THIS IS OUR MAIN AIM! WE HAVE A LOT EXPIRENCE IT IS A LONG PAPER TO WRITE. WE ARE DOING MANY EFFORTS TO MET, TO HONOR THEM AND TO GET CLOSE TO THEM. WE HAVE PROFFESIONALS WHO DO IT.</p>
<p>What are the 3 main challenges for your organization with regard to increase accessibility?</p> <p>TO BE ABLE TO SAY THAT WE KNOW ABOUT EVERY BABY AT RISK AND THAT WE CAN KEEP ALL FAMILIES TOGETHER.</p>

Educational Research Institute, Step by Step Centre for Quality in Education	
Legal background (public, private, profit, non-profit, ...): Public Research Institute	
<p>Services provided: Step by Step Centre for Quality in Education (referred to from here as the Center), operating within the Educational Research Institute (ERI). The Center's programs are based on principles of democratic civil society, children's rights and child centered approaches, contemporary knowledge of child development and learning abilities and knowledge about implementing changes into the educational system. Main Center's activities are focused on <i>ongoing professional development</i> and <i>assuring high quality programs in preschools and elementary schools</i> for all children; <i>trainings</i> for preschool and school teachers, school counselors and principals and connecting them in <i>professional learning communities and networks</i>. The Center has been involved in programs and projects targeted to <i>assuring equal opportunities and development of child-centered approaches for vulnerable children</i> and their parents, particular Romani. Centre established a Network of pre-school teachers, primary school teachers, pre-schools and primary schools (all together 1000 professionals), where the main focus is on assuring quality of early childhood education and continuous professional development of staff. The network also provides Centre with opportunity to implement majority of its innovative projects and involve practitioners in participatory research activities</p> <p>Public services</p> <ul style="list-style-type: none"> • Special initiatives to address issues with Roma children, refugee children, children with special needs and groups with limited access to services due to poverty or discrimination; • Coordination of networks or consortiums of preschools, schools, model training centers, universities involved in making child-centered education reforms in Slovenia. 	
<p>Partnerships (to deliver services): Preschools, primary schools in Slovenia (we manage a Network of preschools and primary schools- approximately 1200 professionals), different stakeholders in local communities where Romani population live. In this framework we are active in three municipalities, where we have initiated development of local action teams, which consists of different stakeholders in local community (health care institution, social care services, municipality...).</p>	
<p>Target groups: ECEC professionals, primary school professionals, children 0-10, parents</p>	
<p>Which slogan or image best represents your mission and vision of the organization Quality and Equality for all.</p>	

<p>SERVICES in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.</p>
<p>What is the core of the service: To research, develop, initiate, implement, evaluate and promote various activities in the educational field, which support educational reform processes in public schools in Slovenia. Through these activities we aim to ensure equal opportunities in education for all children, involve families and community members in the educational process and support processes of quality improvement in ECEC. Working on developing integrated system/programs/ for supporting vulnerable children</p>
<p>Number and Qualification of staff:</p>

<p>Jerneja Jager, Phd, Director of the Centre (currently on maternity leave)</p> <p>Mateja Režek , MA, Acting Head of the Centre, Researcher</p> <p>Petra Zgonec, Researcher</p> <p>Urša Novak. Researcher</p> <p>Petra Bozovičar, Researcher</p> <p>Mateja Mlinar, Researcher</p>
Main target groups: Romani children and their parents
Number of clients per year: Romani population in 2 municipalities
Type of service (centre based, outreaching, ...) - Intensity and duration: Both, supporting ECEC services and local action teams for outreach services
Is the service evaluated? Is there a follow up? Are there other results published? Service is evaluated within the project in the framework of which is being implemented.
What makes your service strong? What's the power of success? We are the only one working on the field, encouraging bonding different stakeholders, advocating for right for quality services for all children.

ACCESSIBILITY
How are you working on accessibility (financial/available/usable/...)? Raising awareness of preschools and other local stakeholders of importance to integrate romani and other vulnerable children into preschool programs.
How is the service adapted to meet the needs of the multi-cultural society? Service is being developed in order to meet the needs of Romani population. Romani representative is part of the local action team.
How is the service adapted to meet the needs of underprivileged families? Service is being developed in order to meet the needs of Romani population. Romani representative is part of the local action team.
What are the 3 main challenges for your organization with regard to increase accessibility? <ol style="list-style-type: none"> 1. Building common understanding among different stakeholders of importance of integrated system, 2. fighting prejudice and stereotypes, 3. not being present locally (Our Centre is located in different city, not in municipalities where we have established local action teams)

For Our Children Foundation
Legal background (public, private, profit, non-profit, ...): Non-governmental organisation
Services provided: Prevention of the abandonment of babies and their placement in social institutions; Reintegration of children from social institutions into their biological families or family type environment; Foster care; Early childhood intervention for children aged 0-3 years; Residential care for children deprived of parental care aged 0-3 years; Piloting of integrated practices in health and social care settings for children in the early age; Supporting parents/caregivers/foster parents
Partnerships (to deliver services): Institutional partners – Ministry of Health, Agency for Social Assistance, Municipality of Sofia, Municipality of Plovdiv, etc. International Foster Care Association – IFCO and Core Assets Public health care settings Other community-based services Corporate and individual donors
Target groups: Children in the early age (0-7 years): especially children at risk, children in foster care, children with disabilities, and their families/caregivers– biological, foster, adopters.
Which slogan or image best represents your mission and vision of the organization Development and happy childhood for the most vulnerable children in Bulgaria

SERVICES in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.
What is the core of the service: For Our Children Foundation actively works on a project called “Care in the Early Age”, implemented since 2016 and funded by OAK Foundation, which aims to improve the policies and practices related to early childhood development and well-being of children in the early age (0-7 years) in Bulgaria through advocacy for ECD, research on ECD practices and policies and direct fieldwork with children, families and experts from social and health care settings. The fieldwork is focused on delivering integrated outreach services in several health (neonatal and paediatric units) and social care (residential type and foster care centre) settings with the goal of increasing the quality of care and enhancing children’s development and their social inclusion. We have established partnerships with various health and social care settings and planned an individual programme of activities depending on their profile. Our mobile multidisciplinary team of experts works directly with children and their families, but also with the social and health care professionals with the aim of building parents’ and specialists’ capacity for developmental care, improving the interaction between specialists and parents and facilitating the adoption of a rights-based and family-based approach in the care settings. Activities include: organising trainings for specialists (on topics such as “Multidisciplinary model of working with children and families”) and for parents (“Healthy diet for children in the early age”), including international experts and trainers; organising events for sharing good practices; organising discussions for parents/specialists; organising discussion groups of parents and health care specialists that work together for the introduction of innovative practices in the care

<p>settings; consultations for professionals and parents; supervision. Direct work with children includes early intervention, rehabilitation, socialisation activities, developmental activities, psychological consultations, etc. All activities have the ultimate goal of establishing and developing an integrated medico-social approach to the care of children aged 0-7.</p> <p>For Our Children Foundation also works on the development of a modern Complex for Early Childhood Development that will provide integrated social and medical services for children aged 0 to 7 years and their families. The Complex is currently under development and will be located in the former building of a Home for Medical and Social Care for Children (0-3 years), after all children were successfully transferred to alternative forms of care – adoptive family, foster family, residential service with constant medical care (for children with severe disabilities), or the Foundation’s residential care setting (Children’s House). The Complex will offer a range of integrated social, educational and health services for children and families.</p> <p>We are attending the ISSA 2017 Conference with the main goal of enriching our knowledge in the development and management of integrated services. We are currently in the phase of designing and piloting integrated services in the field of ECD in Bulgaria.</p>
<p>Number and Qualification of staff:</p> <p>The multidisciplinary team of experts consists of seven experts: two rehabilitators, two psychologists, specialist Early Childhood Intervention, two specialists Early Childhood Development.</p> <p>The staff of the Complex for Early Childhood Development will be in place once we open the service.</p>
<p>Main target groups:</p> <p>Children in the early age (0-3 and 3-7 years), especially children at risk and children with disabilities</p> <p>Biological, adoptive and foster families</p> <p>Healthcare specialists and professionals in social services for children</p>
<p>Number of clients per year:</p> <p>For the first six months of 2017, the fieldwork as part of the “Care in the Early Age” project has supported 458 children, parents and specialists (148 children, 245 parents and 56 specialists) in Sofia and Plovdiv. Our prediction is that by the end of the year we would reach at least 920 clients.</p> <p>The Complex for ECD has the aim of reaching 400 children per year.</p>
<p>Type of service (centre based, outreaching, ...) - Intensity and duration:</p> <p>The “Care in the Early Age” project’s fieldwork is an outreach service.</p> <p>The Complex for ECD will be centre-based and will combine outreach services (such as early intervention, prevention of abandonment, etc.)</p>
<p>Is the service evaluated? Is there a follow up? Are there other results published?</p> <p>The “Care in the Early Age” project includes internal and external monitoring and evaluation, which includes the fieldwork activities. Internal monitoring includes a list of key performance indicators (KPI) that are regularly tracked. External evaluation is implemented by an independent evaluator through a variety of methods: interviews with the core project and the multidisciplinary team, field visits and observation, interviews with specialists from the care settings; attendance of events and trainings; access to all relevant project documentation; analysis of feedback forms and questionnaires filled in by service clients. At the end of the project, there will be an evaluation report that will analyse the impact of the project activities, including the fieldwork services.</p>
<p>What makes your service strong? What is the power of success?</p> <p>The “Care in the Early Age” project’s fieldwork is a very flexible service and this is what we</p>

consider its main strength: our team of experts is multidisciplinary and mobile; it works flexibly with the staff teams of the different care settings. In spite of setting and following a fixed programme for every care setting, we first analysed each care setting's needs (through questionnaires, interviews with staff members, observation, etc.). As a result, every care setting has its own individual plan, based on the setting's specific conditions and context. The plans are revised on annual basis so that they are adapted to the changing needs.

Another strength of our fieldwork that can be pointed out is its diversity – it is targeted to different groups – biological and foster/adoptive parents, on one hand, health and social care setting's staff members, on the other, and vulnerable children in the early age with different needs (children in foster care, children in hospitals that suffer medical treatment, children in residential care, children with disabilities or developmental delay). Our activities also include improving the physical environment of the care settings we work with. We believe these aspects altogether will lead to bigger improvements in the quality of the given services and more positive changes in the practices of care.

As for the Complex for ECD, it is still in process of development. Once the service opens and starts functioning, its evaluation will show its major strengths and identify weaknesses.

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

The project activities are funded by the OAK Foundation and are completely free of charge for the end users – the children and families, as well as for the care settings' staff.

As this is a pilot service, it is carried out only on the territory of the health and social care settings with which we have established partnership for the field work activities within the project – these are so far five care settings (three health care and two social services), situated in two municipalities in Bulgaria – Sofia and Plovdiv.

How is the service adapted to meet the needs of the multi-cultural society?

The multidisciplinary team adapts an individual approach to every client. This includes taking in consideration culture-related specifics as well. Typically, our clients consist of Bulgarian (predominantly), Roma and Turkish population.

How is the service adapted to meet the needs of underprivileged families?

The fieldwork activities are designed and planned to support children in the early age (0-7 years), their families and caregivers, and the staff around them in several care settings. Although our effort is to offer support to as many families and children within the care units we work with as possible, our team always tries to put the most effort in those families that are most vulnerable (especially when it comes to children at risk, children with disabilities, children with developmental delays) - the underprivileged families are those who need our support the most. We work in neonatal units with new-borns with disabilities and new-borns abandoned at the maternity ward under protection, we work with Roma families, and families with low income and/or with many children, and other underprivileged families.

What are the 3 main challenges for your organization with regard to increase accessibility?

- Scarce financial resources
- Lack of integrated policy for ECD on the national level
- Lack of awareness of the importance of ECD and ECD services in the Bulgarian community in general

Vilnius Special Educational Needs kindergarten and Social Care Services "Čiauškutis"	
Legal background (public, private, profit, non-profit, ...): Public institution	
Services provided: Early childhood education and pre-primary school; social care services for children with disabilities up to age 12	
Partnerships (to deliver services): Our institution functions in close collaboration with Vilnius Child Development Center, Vilnius Pedagogical-Psychological Services and other educational institutions around the country and abroad in order to share professional experiences and best practices.	
Target groups: Children of 2- 8 years of age at the kindergarten and pre-primary setting; Children up to 12years old at the social care services centre Parents and families of children with developmental delays and disorders	
Which slogan or image best represents your mission and vision of the organization	
	<p>Accessibility of quality early childhood education and care services is a first step leading us towards inclusion and ensuring equal opportunities for every child in modern society.</p>

SERVICES
in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting
What is the core of the service: To deliver quality early childhood education to children with developmental delays and disorders, also to provide individual specialist support and intervention according to children's needs.
Number and Qualification of staff: 126 members of staff, 80 of which are highly specialised professionals, e.g. ECE and primary teachers, SEN teachers, psychologists, social skills teachers, medical staff. We also employ 46 support staff, e.g. individual care assistants, teacher assistants, catering staff, etc.
Main target groups: Children of 2- 8 years of age at the kindergarten and pre-primary setting; Children up to 12years old at the social care services centre
Number of clients per year: We serve 175 children and their families each year.
Type of service (centre based, outreaching, ...) - Intensity and duration: Our service is setting based, i.e. kindergarten and social care service centre. Children attend the kindergarten weekdays from 7am-7pm; Social service centre is open weekdays from 9am-6pm; at this centre children receive up to 16hours of services per week during the school year, and up to 40hours per week during the summer holidays depending on individual recommendations.
Is the service evaluated? Is there a follow up? Are there other results published? As of the end of 2017 our services will take part in "Quality improvement of social services according to EQUASS quality evaluation system" project.
What makes your service strong? What's the power of success? The strength of our services lies with our staff team and their continuously increasing ability to

deliver quality provision to our clients and their families. Our staff members are enthusiastic and creative. Their competencies in work with SEN children reflect in everyday application of the person-centred approach, research based practices and effective teaching methods. Team work and consistent improvement of quality of education and support services are at the base of the success of our organisation.

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

Our organisation is a state-run institution; therefore the services are free, or available at very low cost, to the families. Access to our services for those in need is ensured through Vilnius City Council Kindergarten or Social care application process.

Moreover, accessibility to ECE is further improved by employment of individual education and health support plans and innovative, research based approaches and methods. Our continuous collaboration with outside consultants, volunteers, and participation in numerous projects nationwide and internationally also contributes to improving accessibility of our services to the families of children with special educational and developmental needs in the city of Vilnius.

How is the service adapted to meet the needs of the multi-cultural society?

Several of our ECE program goals are directly preparing the children to live in the multi-cultural society: learning about ourselves and people around us, being proud of our heritage and keeping interest in the heritage of other nations, learning tolerance, experiencing and being interested in other cultures, languages and religions. This is implemented through variety of means, e.g. group lessons, cultural events, outings, guest teachers or activity leaders, festivities and participation in international projects (E-Twinning).

What is more, our organisations holds European Volunteer Service accreditation, which allows us to welcome international volunteers at our kindergarten and social care centre.

How is the service adapted to meet the needs of underprivileged families?

Vilnius city council provides variety of means aimed at underprivileged families.

What are the 3 main challenges for your organization with regard to increase accessibility?

In terms of increasing accessibility to those in need of specialised services, we face these challenges:

- Quality professional development: continuous staff training in current advances of teaching and working with children with SEN and developmental disorders and their families
- Active inclusion of parents and families in children's education process
- Continuously improving and adapting kindergarten and social care centre facilities and space, and expanding methodological and material resource centre

Ana del Barrio Training & Consulting / MUTANT / The Netherlands
Legal background (public, private, profit, non-profit, ...): Non-profit consultancy
Services provided: Training & Consulting in ECEC: initial and continuous professional development; capacity building; respect for diversity and equality training; action-research
Partnerships (to deliver services): DECET / ISSA
Target groups: Management, staff and practitioners in ECEC services. ECEC Teachers initial training
Which slogan or image best represents your mission and vision of the organization Working on quality in ECEC is working on respect for diversity and equality

SERVICES in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.
What is the core of the service: See above
Number and Qualification of staff: 1 development psychologist/senior trainer
Main target groups: See above
Number of clients per year: NA
Type of service (centre based, outreaching, ...) - Intensity and duration: Centre based and outreaching. Training: 1-3 days. Action-research: 1-3 years
Is the service evaluated? Is there a follow up? Are there other results published? Trainings are always evaluated. Action-research project results are published. Ana del Barrio has contributed to the following publications: - <i>High Five Quality Scan</i> . Instrument for reflection and evaluation based on the European Quality Framework (2017) - <i>In 5 Steps to quality</i> . Training package based on the European Quality Framework (2017) - <i>Young citizens and Think big, act small. Childcare centers as a place for democracy</i> (2013); - <i>Together different. Diversity Framework in ECEC 0-13 years</i> (2012); - <i>Diversity and social inclusion. Exploring competences for professional practice in ECEC</i> (2011) - <i>Permanent learning in teams. From self-reflection to team reflection</i> (2010). For more information please refer to my website: www.anadelbarrio.nl
What makes your service strong? Knowledge of diversity and professional development in ECEC provisions and education. More than 20 years (inter)national field experience.
What's the power of success?

See above

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

Offering the new training In 5 Steps to Quality and the Hive Five Quality Scan, both based on the European Quality Framework
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How is the service adapted to meet the needs of the multi-cultural society?
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How is the service adapted to meet the needs of underprivileged families?
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What are the 3 main challenges for your organization with regard to increase accessibility?
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| <ul style="list-style-type: none">• Lack of awareness in ECEC provisions and initial training about the importance of working on social Inclusion and equality to improve quality and to stimulate social cohesion• Lack of knowledge about who benefits working on respect for diversity and therefore lack of interest on the theme social inclusion in ECEC |
|---|

Community Foundation “Step by Step”
Legal background (public, private, profit, non-profit, ...): Non Governmental Organization (NGO)
Services provided: Support professionals in increasing knowledge and skills in quality and equity in Early Childhood and develop advocacy initiatives to influence policy and practice.
Partnerships (to deliver services): pre-primary schools, educational centers, colleges and pedagogical institutions, community organizations for vulnerable part of population whose children are not able to visit schools, family resource centers.
Target groups: children, parents, caregivers and teachers, members of community, medical people, deputies, business.
Which slogan or image best represents your mission and vision of the organization Together we are better.

SERVICES in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.
What is the core of the service: share , find good ideas, understand what is my own gap and at last to exclaim – it is great, thank you!
Number and Qualification of staff: 4 Professionals – 2 Assistant -1, volunteer - 1
Main target groups: caregivers, educators, parents, community members
Number of clients per year: 70- 100
Type of service (centre based, outreaching, ...) - Intensity and duration: seminars, workshops, consultation, duration from 3-10 days
Is the service evaluated? Is there a follow up? Are there other results published? After providing seminar there is follow up workshops and evaluation is obligatory process. Mentors provide technical assistance to increase quality in the work to identify instruments and tools which strengthen skills to forward professional competencies. Attention of using ISSA professional development tool is important because it gives good results: teachers demonstrate high level of practice according indicators of quality, provide advocacy for quality in early childhood development involving families and community. Information publish in magazine “Doschkolnik” and local newspaper “Bulletedn”
What makes your service strong? <ol style="list-style-type: none"> 1. Implementation the assessment tool for improving quality serves better for the children and their families. 2. address the needs and develop life-learning skills, self cooperation with colleagues, peers, parents and community members. 3. partnerships strengthen understanding of the growing professional level and need mobilize the leadership skills. 4. Open discussions of obstacles and solving problems in partnership
What’s the power of success? Different stakeholders inform about the need for quality and engage in the dialogue about

quality and understanding how it can be improved. National standards of education system support initiatives of expertise and experience in quality and equity.

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

Partnerships with ministry agencies, educational institutions are engaged in different ways in dialogue about quality and implementation of our initiatives around the country starting the transition period. We have partnerships at the institutional, pre and in service training institutions, different educational institutions, authorities. We cooperate with colleges, schools to strengthen a shared understanding of what quality means and how it can be improved. Principles of Quality implemented after seminars, workshops and our services are covered mostly by local government. Individuals and private people interested in are also welcome. Our brochures are disseminated widely and ISSA QP are encouraged and supported in the country. We are open to cooperate with all interested people to improve the quality of practice in early childhood services.

A number of experienced people in the regions supported financially before and cooperate with our organization as volunteers at the present time. They were certified as trainers, mentors and consultants.

How is the service adapted to meet the needs of the multi-cultural society?

1. As an assessment tool for improving quality
2. Assessing progress
3. Planning

How is the service adapted to meet the needs of underprivileged families?

We try to do our best – for example involve administration of local government to set up mini centers for families in the empty space at schools, provide the teachers, specialists, psychologists with knowledge of communication, relationships, identify topics to effectively work. Families develop skills to handle information and knowledge of the early child development and need to strengthen their voice. Of course there are a lot of difficulties but it is necessary to go forward.

What are the 3 main challenges for your organization with regard to increase accessibility?

1. indifferent attitude of key people.
2. depression of underprivileged families
3. a lack of financial resources always lead to the question “to be or not to be”

Nataliya Datchenko
Legal background (public, private, profit, non-profit, ...): MBA in Information Management, Masters in Public Administration. Education Officer in UN Children's Fund, Ukraine Trainer on Youth Development
Services provided: Programmes realization for children protection and development including <ul style="list-style-type: none"> - Sports For Development - Life Skills Education - Early Childhood Development - Protection in emergencies - None-conflict communication, anti-bullying - Mine –risk education
Partnerships (to deliver services): Existing partnerships with education organizations and state management authorities in Eastern Ukraine (current zone of military conflict) Existing partnerships with International, National and Local NGOs providing services in Eastern Ukraine including Step-by-Step, Ukraine (Mrs.Yuliya Nayda), NGO "Triangle", NGO "ADRA" and others
Target groups: Children Teachers School psychologists Parents State servants and local officials NGOs
Which slogan or image best represents your mission and vision of the organization Dignity and Individuality of Each Child to be respected



SERVICES

in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.

What is the core of the service:

- Early Childhood Development
- Protection of children in emergencies

Number and Qualification of staff:

UNICEF is worldwide UN Agencies which has been working for 70 years.
It is 25 years of UNICEF work in Ukraine. There are 150 staff members working in our country team

Main target groups:

children

Number of clients per year:

More then 200 000 children have been reached recently via programme activities in Eastern Ukraine

Type of service (centre based, outreaching, ...) - Intensity and duration:

The United Nations Children's Fund (UNICEF) opened its office in Kyiv in 1997. Since then, the children's agency has been working to improve the lives of children and families throughout Ukraine. With the outset of the conflict in 2014, UNICEF expanded its field presence and established six sub-offices in Eastern Ukraine: in Kramatorsk, Mariupol, Kharkiv, Dnipro, Donetsk and Luhansk.

UNICEF continues to strengthen the resilience of conflict-affected children and provide life-saving support in Ukraine. This includes ensuring access to education, safe learning spaces, community-based protection services and immediate psychosocial support for the most

vulnerable children. By working closely with partner organizations, schools, community centres and through mobile teams, the programme also supports primary health care services in conflict-affected areas. Treatment of adults and children with HIV and prevention of mother-to-child HIV transmission remains a priority. Access to safe drinking water for displaced and host communities is supported through the provision of critical chemicals for treatment plants, including those previously supported by other partners, rehabilitation of infrastructure and the creation of alternative sources. UNICEF promotes infant and young child feeding in emergencies, while improving coordination mechanisms through its leadership in the education and water, sanitation and hygiene (WASH) clusters, the child protection sub-cluster and the nutrition working group. UNICEF also contributes to the health cluster as well as the HIV/AIDS and mine action sub-clusters. Collaboration continues with governments and partners at all levels.

The political situation in Ukraine remains tense. Breaches of the ceasefire agreement occur daily along the contact line, contributing to a volatile security situation. The conflict continues to impact nearly 4.4 million people in

Eastern Ukraine. Immediate humanitarian assistance is required for 3.8 million people, including 1 million children.

Three years after the onset of the conflict, children continue to be affected by the conflict. At least 200,000 are in need of sustained psychosocial support in eastern Ukraine. Services are over stretched and underfunded, dedicated social workers, psychologists and specially trained teachers are working hard to meet the needs of children and their families affected by the conflict. However, as the conflict drags on, additional investments are required to meet these children's needs.

In 2016, UNICEF reached approximately 200,000 children with psychosocial support through community protection centres, mobile teams, teachers and school-based psychologists, but the need for longer-term care is outpacing available resources.

UNICEF is appealing for US\$31.2 million to support children and families affected by the conflict in eastern Ukraine. This includes US \$5.5 million for child protection services and psychosocial support.

Is the service evaluated? Is there a follow up? Are there other results published?

Yes, we have monthly reporting which are published here

https://www.unicef.org/appeals/ukraine_sitreps.html

What makes your service strong?

Professionals. Innovations, global trust and networking, partnerships make UNICEF strong and powerful in advocating for children rights and protection

What's the power of success?

Ability to work under stress and strong believe in meaning of positive action

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

Weekly and monthly reporting, segregated data, assessment and monitoring of programmes, flexibility and ability to take the lessons learnt are essentially important

How is the service adapted to meet the needs of the multi-cultural society?

It is not the point for region where I am currently working

How is the service adapted to meet the needs of underprivileged families?

We consider children from such families to be one of the most vulnerable groups. All programmes are adjusted to care about these children. Firstly, we make deep analysis for identification of those children. Current programmes here are free for children and their families and include humanitarian aid, development of life savings skills, innovations implementation

What are the 3 main challenges for your organization with regard to increase accessibility?

- Multi-functioning
- Working under stress
- Segregated data obtaining

<p style="text-align: center;">Centre local de santé communautaire du Kamouraska (Local Community Health center of Kamouraska) Lisandre Bergeron-Morin</p>
Legal background (public, private, profit, non-profit, ...): Public health service
Services provided: Services from an interdisciplinary team for young's, children and families (evaluation, therapy, workshops, continuous support)
Partnerships (to deliver services): <ul style="list-style-type: none"> • «Maison de la famille», community non-profit organization for families, with special services for families from low socio-economic background. • «Centre de la Petite Enfance (CPE)» : non-profit organization for early childhood education and care • COSMOSS -9 mois-5 ans : consultation table for partners who works with early childhood. Promote concerted projects.
Target groups: Populational approach : to define the needs of the local population, including vulnerable families and children, to propose adapted services to answers those needs and to reach out for under deserved families.
Which slogan or image best represents your mission and vision of the organization Proportionate universalism and prevention.

SERVICES in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.
What is the core of the service: Facilitating accessibility of specialized services for health and development of young children with a preventive and inclusive approach.
Number and Qualification of staff: Nurses (4) social workers (5), psychologists (1), nutritionist (1), speech-language therapist (1), occupational therapist (1), physiotherapist (1), specialized educator (1), familial auxiliary (1).
Main target groups: Universal, with special programs (ex. : intensive support for young mothers, SIPPE) and access facilitations for vulnerable families
Number of clients per year: 100-300 families per year, depending on the service. Ex.: 120 children attended by the speech-language therapy service.
Type of service (centre based, outreaching, ...) - Intensity and duration: Center-based services for universal population, but with different accessible points of service to deserve rural population. Outreaching services for vulnerable families (home-visiting, collaboration with day-care services).
Is the service evaluated? Is there a follow up? Are there other results published? Educative quality of our local non-profit daycare partners (CPE) was positively evaluated, at provincial level, compared to provide daycare (Bigras et al., 2016). Positive developmental effects were observed for vulnerable children until age 12 (Laurin et al., 2015).
What makes your service strong? What's the power of success?

Trans-disciplinary and trans-organizational work.
 A preventive approach, even for specialized services as speech-language therapy and occupational therapy that aims first to inform and support the parents from the moment there are questions and concerns about an aspect of the children development.
 Concern for under deserved populations.

ACCESSIBILITY

How are you working on accessibility (financial/available/usable/...)?

Ease access to some services, without official reference from the doctors needed and without waiting list before the first contact.

«Protocol places» in CPE : fast access, financial support and integration support.

How is the service adapted to meet the needs of the multi-cultural society?

Proactive integration in community familial activities.

How is the service adapted to meet the needs of underprivileged families?

Time allowed to develop confidence relationships.

Flexibility.

What are the 3 main challenges for your organization with regard to increase accessibility?

Tension between local flexibility needed and regional homogeneity request.

Waiting list for some specialized services.

Collaboration more difficult with some partners, including rehabilitation center and schools.

NGO,,KHAM"Delcevo
Legal background (public, private, profit, non-profit, ...): non-profit
Services provided: Education,workshops,door to door visits,advocacy,loby
Partnerships (to deliver services): Kindergarten ,Local Goverment,Ministry of Education,Ministry for labour and Social Afaire
Target groups: Roma community and other marginalized groups(unemployment,disability,youth)
Which slogan or image best represents your mission and vision of the organization Roma community to have equal opportunities like other

SERVICES in case you work in a large organization or in partnerships, you can choose the focus of services which are relevant for this premeeting.
What is the core of the service: Raising avarance about importants of education,free legal support, psiho-social support for Roma parents, informing about regular changes in the law,humanitarian support
Number and Qualification of staff: 23 people Sociologist,Social worker, Psihologist, Economist,Lawer,Pedagogist The rest of the staff are students or with secondary school
Main target groups: Roma parents,Roma children, Institutions on local and national level
Number of clients per year: 450
Type of service (centre based, outreaching, ...) - Intensity and duration: Outreaching during the all period.
Is the service evaluated? Is there a follow up? Are there other results published? We have internal and external evaluation. Also we created Anual Report and Financial report, which is on the web side.We published Anual report every year.
What makes your service strong? Our idea is alwais not to work for community,is to work with community.
What's the power of success? Our power coming from community ,because they participate in selection of priority,realization of activities, and everithing is in relation with there needs.

ACCESSIBILITY
How are you working on accessibility (financial/available/usable/...)? NGO,,KHAM"is establised in 1999 year and until now have implemented more than 80 projects.We are reconnized like Leader nGO in East Maedonia and we have established and regular comunication with the donors and institutions.
How is the service adapted to meet the needs of the multi-cultural society? In all our activities participate and beneficiers from other community ,with other cultural narative.Also 70% of staff in KHAM is Roma,and the other are Macedonian Turkish and Vlah
How is the service adapted to meet the needs of underprivileged families? The community is involved in the begining of the of action ,in the preparation the project.

What are the 3 main challenges for your organization with regard to increase accessibility?
 Lack of capacity of Institutions
 Political influence
 Motivation of community leaders

International Child Development Initiatives – ICDI

Legal background (public, private, profit, non-profit, ...): Non-profit NGO

Services provided:

Training, research, advice and partnership

Partnerships (to deliver services):

Project based in more than 15 countries around the globe

Target groups:

Young children (0-8) and their families/communities

Older children (8-21) and their families/communities

Practitioners

Policy makers

Which slogan or image best represents your mission and vision of the organization

ICDI promotes the psychosocial well-being of children growing up in difficult circumstances. We provide: training, research, advice and partnership.

University of Waikato, Hamilton, New Zealand

Name: Jeanette Clarkin-Phillips

Legal background (public, private, profit, non-profit, ...): Public university

MALA ULICA
Legal background (public, private, profit, non-profit, ...): PUBLIC INSTITUTION
<p>Services provided:</p> <p>The basic goal of the Family Centre is to support families with pre-school children in the broadest sense – to offer a place to play and for children and parents to socialize.</p> <p>We also organize:</p> <ul style="list-style-type: none"> * Creative workshops, events and storytelling on daily basis, * Courses for preparing for childbirth and counselling on child care for young parents, * Parent's education (lectures, parent's trainings, group meetings), * Child care (occasional childcare for preschoolers, summer day camp for school children aged from 6-10).
<p>Partnerships (to deliver services):</p> <p>Mala ulica cooperates with a variety of experts, NGOs and other service providers regarding preschool and school children.</p> <p>In the past two years Mala ulica has been involved in several projects on early child education such as "Parent Trainings – Incredible years", "School for parents" etc. In those projects we cooperate with The Pediatric clinic of Ljubljana, Social work centres, community health centres, Ljubljana's kindergardens, etc.</p> <p>In 2017 we have developed brand new programme together with Pedagogical Institute of Slovenia.</p>
<p>Target groups:</p> <ul style="list-style-type: none"> • preschool children • schoolchildren from 1 – 5 grade of primary school • parents
<p>Which slogan or image best represents your mission and vision of the organization</p> <p>The mission of Mala ulica is to build network of safe and family friendly places for quality free time and to support families with preschool children in a whole.</p>

SERVICES
<p>What is the core of the service:</p> <ul style="list-style-type: none"> • To offer young mothers on maternity leave an environment, where they can visit and communicate with other parents, join lessons on baby care (free lessons on massaging babies, sign language groups etc.) or join in groups of on postnatal exercise; • To offer young families with pre-school children a place where they can play together; • To offer the children to take part in creative workshops; • Creating a central information space, where parents can obtain comprehensive information or advice on any topic that affects children (cultural institutions, counselling centres and other forms of family support); • Organised discussions and classes for parents on bringing up children, training for parenthood and other forms of assistance are an important Family Centre activity. • To offer young parents a few hours' care of pre-school children when the Family Centre is open, especially in exceptional or urgent situations when other forms of child-care (babysitters, grandmothers) are not immediately available; • To offer parents of children in the first triad (6-10 years) quality and comprehensive accessible holiday care during every school holiday; • To offer a location and entertainment for celebrating children's birthdays.

<p>Number and Qualification of staff:</p> <p>Seven (7) employees are employed in Mala ulica Public institute – four project leaders, who run workshops, day summer camp and trainings for children, and three employees in administration/management. Around 25 students and experts are involved in work on a regular basis.</p>
<p>Main target groups:</p> <ul style="list-style-type: none"> • preschool children • schoolchildren from 1 – 5 grade of primary school • parents
<p>Number of clients per year: 28.000</p>
<p>Type of service (centre based, outreaching, ...) - Intensity and duration:</p> <p>Mala ulica was founded by the City of Ljubljana to run family centres in Ljubljana. In 2013 the first Family centre was opened, and there are plans to open centres on new locations.</p>
<p>Is the service evaluated? Is there a follow up? Are there other results published?</p> <p>Services are evaluated by the founder Municipality of Ljubljana. Particular project are evaluated by internal evaluation (eg. Pediatric clinic of Ljubljana, Pedagogical Institute of Slovenia, Familylab...)</p>
<p>What makes your service strong? What's the power of success?</p> <p>Mala ulica provides a safe and friendly environment to young mothers on maternity leave, where they can go with their babies (mainly in the mornings when their partners, relatives and friends are at work), where they can drink coffee, get in touch with other mothers at the same stage and with the same problems, exchange advice and experiences, take part in (in)formal discussions or join different programmes.</p> <p>We offer to young families with one or more pre-school age children a pleasant place where they can play all together or let parents take time to chat while the children take part in workshops that run regularly at the Family Centre.</p> <p>Mala ulica is a friendly environment where parents and children are able to socialise (especially parents who are at home with children who do not go to kindergarten) and to increase social cohesion through socialisation – crossing social and economic strata, a sense of belonging and a desire to participate which strengthens and increases not just the children's social capital, but also their parents'. We do facilitate a better work-life balance for young parents, especially the mother.</p>

<p>ACCESSIBILITY</p>
<p>How are you working on accessibility (financial/available/usable/...)?</p> <p>Entrance fee for one child is at symbolic price of 2 €, family entrance fee is 4 €.</p> <p>Mala ulica is open EVERY DAY:</p> <ul style="list-style-type: none"> - from 10 a.m. till 7. p.m. on working days and - from 10 a.m. till 6. p.m. on weekends and holidays.
<p>How is the service adapted to meet the needs of the multi-cultural society?</p> <p>Mala ulica is a public institution funded by the Municipality of Ljubljana and is therefore multi-cultural oriented, welcoming families from different cultural backgrounds.</p> <p>The Family Centre is also visited by very large numbers of foreigners. Mainly at weekends visitors are predominantly foreigners who live temporarily or permanently in Slovenia.</p> <p>The Family Centre also works with the Asylum Centre and Ljubljana Circuit Court, from where volunteers occasionally bring children residing in the Asylum Centre. We also work with the Society for Non-violent Communication which refers families that are their service users – for contact with the child as a normal family gathering.</p>

How is the service adapted to meet the needs of underprivileged families?

The most important role played by the Family Centre is related to underprivileged families. Single-parent families, immigrant families and low-income families have higher risk factors which manifest themselves in children as low body weight at birth, medical problems, low IQ) and a difficult character. In parents, these factors are seen as psychiatric problems in parents (depression, drug addiction), marital problems, large numbers of children, single parenthood, low income, job stress, unemployment and frequent changes of residence.

In the neighborhood and community these risk factors are reflected in poor housing conditions, exposure to crime, violence and pollution. The Family Centre offers these families the possibility to socialize, establish support networks, point them towards additional assistance and offer a safe place to play and socialize.

Separated fathers that do not live with their children are a particular group within single-parent families. Due to poor housing conditions, residence out of town or other family circumstances they are frequently forced to spend 'contact' time with their children in shopping centres, fast-food restaurants or on the street. The Family Centre offers such fathers, who are not few in number, a safe and pleasant environment for socializing and play with their child.

Mala ulica offers free entrance to all families who ask for it. Underprivileged children also have advantage in entering summer day camps for school children with the cooperation of social work centres and local primary schools.

What are the 3 main challenges for your organization with regard to increase accessibility?

- * how to reach-select underprivileged families in our programmes
- * how to invite underprivileged families in our programmes
- * how to successfully keep underprivileged families in our programmes

National Institute for Health and Welfare (THL) and Child, Adolescent and Family Services Unit (CAFS).
Legal background (public, private, profit, non-profit, ...): Public organization
Services provided: Child, Adolescent and Family Services Unit (CAFS) is situated in THL and carries out research, development activities, official tasks, steering through information and implementation concerning the reform of low threshold child and family services into the family centre service model, including an open meeting place for children and families.
Partnerships (to deliver services): THL serves various partners and stakeholders: the government, ministries, municipals, provincial decision-makers, actors in the social welfare and health sector, organisations, the research community and the public.
Target groups: Decision-makers, managers and professionals in provinces (18) and municipalities (314). Experts, researchers and developers in research organizations and public authorities.
Which slogan or image best represents your mission and vision of the organization Promotion of health and well-being of children and families prevents effectively inequality and social exclusion.

SERVICES
What is the core of the service: Child, Adolescent and Family Services Unit (CAFS), situated in THL is a multidisciplinary research unit with experts on the fields like: family centre services, maternity and child health care services, school and student health care, social services, child protection services as well as special services for children and young people. Unit of CAFS has the responsibility to implement the national reform programme: <i>The programme to address reform in child and family services (2015 -2018)</i> . The aim of the program is to change the operating culture of services by strengthening children's rights, ground a firm base for research on children and families and to develop child- and family-oriented services. Target of the programme is to reorganize all services for children and families by integrating a) low-threshold services, b) specialized services and c) intensive services to larger units and networks.
Number and Qualification of staff: The number of staff in the unit is up to 70 persons. Staff of the unit consists of experts and researchers of child health care, school health care, social services, child welfare and child psychiatric. One third of the staff has a doctor's degree, rest a master's degree with working experience from child and family services.
Main target groups: Main target groups of the implementation of the family centre reform are service managers, superiors, professionals, developers and experts in provinces and municipalities.
Number of clients per year: The family centre service reform is carried out practically all over Finland: in 18 provinces and in over 300 municipalities.
Type of service (centre based, outreaching, ...) - Intensity and duration: THL is not providing family centre services itself, but contributes by offering help in implementation, evaluation and development of the centres. Implementation of family centre

reform includes services like: workshops, consulting, working groups, visits to provinces, surveys and information delivery.
Is the service evaluated? Is there a follow up? Are there other results published? Steps taken in implementation process are reported every month to The Ministry of Social Affairs and Health. Also evaluation study is conducted in the end of the project in 2018.
What makes your service strong? What's the power of success? The programme to address reform in child and family services (2015 -2018) is one of the government's key projects and supported and financed by the Ministry of Social Affairs and Health. Every province has committed to integrate services for children and families into low threshold service networks and service units. Resources have been allocated to carry out reform throughout the country. Monthly –based workshops and seminars make it possible to achieve a shared understanding what are goals, tasks and services of the Finnish family centre model.

ACCESSIBILITY
How are you working on accessibility (financial/available/usable/...)? We are working with the issues of accessibility by investigating a) a structure of family centre service network in provinces and municipalities, b) amount of services available for families, c) quality of services available for families d) geographic location of services d) availability of digital services e) availability of open meeting places in local areas. Accessibility work is carried out in workshops together with family centre professionals from provinces and municipalities.
How is the service adapted to meet the needs of the multi-cultural society? Family centres and open meeting places are seen as one of the key services for immigrant and refugee families and children.
How is the service adapted to meet the needs of underprivileged families? 1. By providing all families basic services without any charge. Every family expecting and nurturing a child is entitled to maternity and child health care services from pre-birth until child turns seven. Open meeting places, family cafes and family house activities are arranged to parents and children free of charge. 2. By identifying and bringing up to discussion concerns and topics of families at early stage and guiding families extra support.
What are the 3 main challenges for your organization with regard to increase accessibility? Challenges concerns: 1. Accessibility of low-threshold early support for vulnerable families. 2. Accessibility of services for families living in rural areas far from city centers. 3. Accessibility of digital services – lack of knowledge, language skills and devices.

THE FINNISH FAMILY CENTRE MODEL
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All families need help and support to care and bring up children. Some families may be burdened by issues like lack of social networks, long-term unemployment, poverty, substance abuse, mental health problems. Basic services have a central role in ensuring and strengthening resources and protective factors of children and families. Diverse families with

different needs are met, identified and provided help in the basic services.

Family center is based on the idea of integrating universal service provision and early support and treatment services. Family center will meet the needs of all children and families at the low-threshold, timely and according to emerging needs, likewise identified risks. Family centers have been developed in Finland since the early 2000s. Despite the relatively long history of family centers there is a variation between municipalities with regard to services, actors and activities of the family centers. Development has proceeded from single, local municipal projects to more comprehensive, nationally steered reform programs.

A key project of the government and the Ministry of Social Affairs and Health is "*The programme to address reform in child and family services*" (2015 -2018). The aim of the programme is to change the operating culture of services by strengthening children's rights and a knowledge-based approach and to develop child- and family-oriented services. One mean is to reorganize all services for children and families by integrating a) low-threshold services, b) specialized services and c) intensive services to larger units. Family centers are multiprofessional service centers, which provide services such as maternity and child health clinics, family work, early childhood education. Strengthening support for parenting and the couple relationship, services for divorcing families and immigrant families is considered important. Family centers provide also digital service possibilities, activities of organisations (NGOs), parishes and peer support services.

As a part of the reform programme *The National Guidelines for Finnish Family Center Model* were launched in 2016. The big vision is to implement Guidelines all over the country. In order to achieve that, totally 18 family center projects in 18 provinces were granted a two-years government subsidy by the Ministry of Social Affairs and Health. Provinces included cover 100 % of all municipalities. In the future, all families - including those with special needs or vulnerable life circumstances – will be met in family centers on equal ground and will be offered both basic and special services as well as information, support and help nearby the child's and adolescents' growth environment.

There is strong evidence that family center model is most likely to succeed when inter-sectoral management is coordinated and there is a coordinator to promote multiprofessional collaboration in teams and networks. Centers with established cooperation practices are more successful in the provision of parental peer support, targeted early support, and information delivery to families. Engagement of NGOs in family centers have a strong linkage to involvement of parents, provision of low-threshold services and peer support activities. The main cornerstones for NGO activities in FC are accessibility to the meeting place, positive social atmosphere, a low-threshold entry and expertise of personnel.

The goals of a family centre model functioning as a local service are:

1. Ensuring the resources of all children and families to be strengthened and their participation to be improved.
2. Enabling help and support at an earlier stage.
3. Building child and family-oriented services that foster the wellbeing and health,

including the mental health, of children and families, as well as their growth and development and provide early support and care.

4. Coordinating public social, health and education services, services of organizations and parishes, and volunteers and providing meeting places that are open to everyone.

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The German Youth Institute

The German Youth Institute (Deutsches Jugendinstitut e.V., DJI) is one of Germany's largest social science institutes focusing on research and development related to childhood, youth and families. Moreover, it is concerned with the political and practical areas related to these fields of investigation.

The German Youth Institute is based in Munich with a branch office in Halle/Saale. Founded in 1963, it is supported through a non-profit association whose members stem from the political and academic spheres, as well as from other associations and institutions dedicated to the support of children, youth and families. Its institutional budget is primarily funded by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), and, to a lesser degree, by the German federal states (Länder). Additional financial contributions are made by the Federal Ministry of Education and Research (BMBF) as part of the Ministry's project funding, and by various foundations, the European Commission and institutions for the promotion of research.

Further information can be found online: <https://www.dji.de/en/the-dji.html>

The International Center Early Childhood Education and Care (ICEC)

The International Center Early Childhood Education and Care (ICEC) was established at the Department of Children and Childcare at the German Youth Institute in 2012. Conceived as a Joint Research Center, the ICEC bundles the field of academic research with scientific policy consultation. The focus is laid on questions of governance and quality development in early childhood education and care (ECEC) systems. The Centre strives to bridge national and international debates in ECEC and encourages the exchange of perspectives on specific topics. In its work, the ICEC aims to identify good practices and to provide impulses for the development of the field of ECEC. In conjunction with this aim, the ICEC is actively involved in international panels and networks in the field of early childhood education and care. Currently, ICEC has three main strands of research:

1. Quality development and assurance in selected ECEC systems: In many countries approaches to quality regulation and assurance have been put into practice in different ways. The ICEC has carried out a comparative analysis of the quality assurance systems in Australia, Sweden, Slovenia, Luxemburg, the Netherlands, Belgium, Denmark and Germany. As a result, an overview is given on the relevant framework conditions of each ECEC system and the implemented quality assurance system, the stakeholders and institutions involved as well as the methods and practices most common. Furthermore, the challenges and obstacles with regard to the aspiration of assuring and developing quality have been identified. The country reports, as well as the results of the analysis, are published in:

Klinkhammer, Nicole/Schäfer, Britta/Harring, Dana/Gwinner, Anne (Ed.) (2017):
Monitoring Quality in Early Childhood Education and Care. Approaches and
experiences from selected countries. München

Download:

https://www.dji.de/fileadmin/user_upload/bibs2017/Monitoring_Sammelband_E_final.pdf

2. Social Inequality and Cultural Diversity in ECEC systems: While there is international consent that access barriers related to social inequality need to be reduced, significant cross-country differences persist, when it comes to access and participation of different social and cultural groups. In January 2017, ICEC launched a cross-national, comparative research project that focuses on the accessibility of ECEC in Germany, Sweden, and Canada. Through case studies conducted in these countries the study aims to answer research questions related to both access *to* and *participation in* ECEC. The focus of the study is on necessary policy framework conditions, both nationally and locally, to ensure equal opportunities for children from all social and cultural backgrounds. The researchers are interested in the way ECEC governance is embedded in wider social and policy contexts in order to better understand '*what works where and under what conditions*'.
3. ECEC staff: The OECD is launching an international survey at early childhood staff level Germany participates in. The "TALIS Starting Strong Survey" collects self-reported data from pedagogical staff and ECEC centre leaders to internationally compare pedagogical practices and beliefs, working conditions, job satisfaction and a wide range of other themes. Besides being responsible for conducting the Survey in Germany, ICEC focuses on research questions related to the way work is organised in international ECEC settings and how cross-national differences are related to work conditions and the job satisfaction of pedagogical staff and centre leaders.

The ICEC is funded by the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth.

Further information can be found online: <https://www.dji.de/en/the-dji/projects/projekte/international-center-early-childhood-education-and-care-icec.html>

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