1. Title of the practice

INTESYS Project

2. Organisation responsible for the practice

Calouste Gulbenkian Foundation, Portugal

3. Contact person(s)

Name / E-mail: Assunção Folque, Coordinator, Calouste Gulbenkian Foundation
mfolque@gulbenkian.pt

4. Summary of the practice

Co-financed by the Erasmus + program, the INTESYS project brings together nine partners from four European countries to implement and respond to the European Reference Framework for Quality in Childhood Education (2014) by promoting more integrated services.

The Portuguese pilot is being developed in Lisbon and its main focus is the integration of early childhood education and care (ECEC) services between different sectors, developing a whole ecosystem approach and vision regarding services for children and families.

The approach includes:

- Involvement of different services: care, education, health, social assistance, employment, culture, integration of migrants
- Supporting the transition between services from antenatal, to day care, kindergarten and school

To do this the following actions were carried out:

- The mapping of services for families and children at the local level
- Promotion of interaction between local services in relevant areas for families and children
- Creation of an ecosystem vision, holistic and centred on children, families, professionals, services and community
- Development and adoption of shared quality indicators and principles on ECEC services and integration services / sectors
- Development of inter-institutional and multidisciplinary action plans to support children and their families, integrating different services and sectors
- Strengthening the capacity of professionals

The project in Lisbon is supported through a council of partners involved in the implementation of the project, and an advisory council, composed of public bodies from different sectors.

5. National/regional/local context of the practice

INTESYS is a pilot project using European funding. It is being piloted in four countries (Belgium, Italy, Slovenia and Portugal) and aims to produce recommendations for the implementation of new national and international policies based on the lessons learned.
In Portugal, the Aga Kan Foundation, in partnership with the Calouste Gulbenkian Foundation, coordinates a group of eight children's services in the city of Lisbon, tests this intervention model with the main focus on integrating education and childhood care among different sectors.

6. Staff involved
Professionals from different services: care, education, health, social assistance to the family, employment, culture, integration of migrants

7. Target group
Pregnant mothers and children aged 0 – 6

8. Aims of the practice
The project in Lisbon aims to overcome a number of challenges, including:

- Early childhood education and care services (ECEC) and family support services work in silos, with insufficient coordination and a lack of integrated services
- A lack of structured transitional measures for families
- Quality levels vary considerably in ECEC services

The project aims to promote holistic and child-centered approaches to ECEC.

This new approach contributes to better results to ensure that children and families in vulnerable situations have access to quality services (education, health, well-being, etc.), access to social and professional services across the different ages for children and between different levels of governance.

9. Issues for social services

<table>
<thead>
<tr>
<th>Service Integration/ Cooperation across services</th>
<th>Service Planning</th>
<th>Contracting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology</td>
<td>Skills development (of the workforce)</td>
<td>Quality of services X</td>
</tr>
<tr>
<td>Others: ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Status

<table>
<thead>
<tr>
<th>Pilot project (ongoing)</th>
<th>X</th>
<th>Project (ongoing)</th>
<th>Implemented practice (restricted areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot project (terminated)</td>
<td></td>
<td>Project (terminated)</td>
<td>Widely spread practice/rolled out</td>
</tr>
</tbody>
</table>

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- **Micro level practice**: practice that involves individuals at local level
- **Meso level practice**: practice that involves organisations or communities
- **Macro level practice**: practice that involves large population groups

Meso: The practice involves a wide group of local partners in Lisbon.

### 12. Leadership and management of the practice

*Description of the leadership of the practice, considering the following criteria:*

- **Collaborative management**: shared between large partnerships, often of central, regional and local representation
- **Organisational management**: by one organisation
- **Professional management**: managed by a single person
- **Shared management**: shared with no defined leadership

Collaborative: The Aga Kan Foundation, in partnership with the Calouste Gulbenkian Foundation, coordinates a group of eight children’s services in the city of Lisbon.

### 13. Engaging stakeholders in the practice

*Description of the engagement of stakeholders, considering the following criteria:*

- **Individual practice**: individuals have sought practice change
- **Network approach**: one or more organisations develop a network
- **Collaborative approach**: large collaboration with relevant stakeholders

Network approach: Through a council of partners, a network of different organisations is created.

### 14. Involvement of service users and their families

*Description of the involvement of service users, considering the following criteria:*

- **Team involvement**: service users and carers were part of the practice team
- **Consultative**: a consultative body of users was set up for an ongoing dialogue and feedback
- **Involvement in care**: person-centred approaches to care/support

The Local Advisory Council included the representation of parents and families. In this way the families were directly involved in the implementation of local projects, with activities and procedures being planned with them and the services involved.

### 15. Costs and resources needed for implementation

*Description of how the practice is financed, considering the following criteria:*

- **Within existing resources**: staff time and other resources are provided ‘in-house’
- **Staffing costs**: costs for staff investment
- **Joint/Pooled budgets**: two or more agencies pool budgets to fund services
- **Funded project**: external investment

Project co-financed by the European Union and the public and private entities involved.

### 16. Evaluation approaches

*Description of the evaluation method of the practice, considering the following criteria:*

- **Multi-method**: use of both a qualitative and a quantitative approach
- **Single method**: qualitative or quantitative approach
- **Audit**: looks at data sources such as existing medical records, and/or other routinely collected service data.
- **Informal**: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- **No evaluation**
### An evaluation is planned

The project is subject to ongoing evaluation, which measures results against a number of categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements in the competences of the professionals</td>
<td></td>
</tr>
<tr>
<td>The views of parents on the service provided to them by professionals</td>
<td></td>
</tr>
<tr>
<td>The views of parents on the implementation of a more child-centred approach</td>
<td></td>
</tr>
</tbody>
</table>

Each of these are sub-divided into specific indicators/criteria.

### 17. Measurable effects of the practice and what it has achieved for...

<table>
<thead>
<tr>
<th>Role</th>
<th>Improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>Parents shared their views that that the following improvements had been for them and their families:</td>
</tr>
<tr>
<td></td>
<td>• More aware of available services</td>
</tr>
<tr>
<td></td>
<td>• Directed to useful services by professionals</td>
</tr>
<tr>
<td></td>
<td>• Involved in services on the basis of my strengths and capabilities</td>
</tr>
<tr>
<td></td>
<td>• Relationships facilitated with other parents</td>
</tr>
<tr>
<td></td>
<td>• My family’s concerns listened to</td>
</tr>
<tr>
<td></td>
<td>• Supported in educating my child</td>
</tr>
<tr>
<td></td>
<td>• My child is at the centre of support and interventions</td>
</tr>
<tr>
<td></td>
<td>• Needs of my child identified</td>
</tr>
<tr>
<td>Formal care givers</td>
<td>The ability of professionals was measured to have improved on several criteria following the project:</td>
</tr>
<tr>
<td></td>
<td>• Ability to carry out joint actions with other professionals</td>
</tr>
<tr>
<td></td>
<td>• Ability to cooperate with other professionals</td>
</tr>
<tr>
<td></td>
<td>• Ability to listen to other professionals</td>
</tr>
<tr>
<td></td>
<td>• Ability to share information</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of the role played by others</td>
</tr>
<tr>
<td>Informal carers</td>
<td></td>
</tr>
<tr>
<td>Organisations</td>
<td>Cooperation has improved between the different services, enabling better transitions for families between services.</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

### 18. Anticipated or ‘aspirational’ effects of the practice and what it has achieved for...

This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

<table>
<thead>
<tr>
<th>Role</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>By overcoming fragmented services, a more integrated approach ensures better quality services for children and families from pregnancy through to school.</td>
</tr>
<tr>
<td>Formal care givers</td>
<td></td>
</tr>
</tbody>
</table>
Informal carers

Organisations
Recommendations and guidance will be issued to amend legislation and improve institutional procedures – enabling more integrated ways of working.

Other

19. How the practice has changed the way the service is provided (lessons learned)

Developing coordination between services to provide more integrated support requires time, leadership and the clear sharing of competencies between organisations.

Once in place, multi-disciplinary professionals and teams are better able to manage more complex problems.

20. Sustainability of the practice

Description of whether the practice is sustainable, considering the following criteria:

- Potential for sustainability: practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- Organic sustainability: service users have been empowered to take the practice forward
- Established: the project has been operational for several years

N/A

21. Transferability of the practice

Description of whether the practice has been transferred, considering the following criteria:

- Transferred: transfer to other regions, countries, service user groups, etc.
- Potential for transferability: there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

A draft toolkit has been published to disseminate the results of the project, in addition to a number of conferences to share the findings.

The toolkit contains guidance that could allow other social services to implement similar methodologies in their own contexts. It is currently a draft version and will be finalised with the collection of the results from the different pilot projects.

**Toolkit:** Towards Integrated Early Childhood Education and Care Systems – Building the Foundations