Interagency working for the provision of early childhood services: two case

studies analysis at Dutch and Greek local level

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Abstract

Multiple agencies offer early childhood services to children and their families. However, because of political, economic or social demands, agencies cannot provide efficiently their services. Research has shown that in order to deal with these demands agencies create partnerships with each other. These partnerships can refer to interagency working which is found in the literature with multiple forms and in different levels. In order to examine and identify some of these forms, this paper examines the role of interagency working in two countries at local level. This study researches the effectiveness factors of interagency working and the barriers of organizations' collaboration regarding the provision of early childhood services. It uses the two case studies method by comparing a Dutch and a Greek case. The Dutch case study was conducted by Utrecht University researchers and is a part of a European project. It examines the collaboration between the ''Centra voor Jeugd en Gezin'' (CJGs), the Buurtteams and the preschool education in two Dutch neighborhoods. The Greek case study is a replication of the Dutch and examines the collaboration between the early childhood services in the department of Social Policy, Solidarity and Public Health of a Greek municipality. Findings show that interagency working has different forms in the two cases. Some of the common effectiveness factors are the strong leadership, the co-location and the engaged professionals. One of the common barriers is the lack of funding as a part of the economic crisis. Lastly, the differences lie to cultural or organizational factors.

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Worldwide there are many programs about services for supporting the

development of children in early years (Penn, 1999). According to Moss & Pence

(1994) early childhood services can differ in the way they are defined. For instance,

such services can be provided to vulnerable groups of children and their families or to

all groups as a universal service. Also, the early childhood services can include a

variety of programs in multiple sectors such as the health, education or social sector.

Further, Moss & Pence (1994) indicate that these services can be beneficial at various

levels: the child, parent, school, community or societal level.

In order to respond to each level's needs organizations create partnerships

with each. This type of partnership may be referred as 'interagency working': the

formal cooperation and communication between a variety of policy services in

designing and implementing an intervention (Owens, 2010). The cooperation can be

either strategic or operational. Existing literature has displayed numerous terms to

describe the partnerships for service provision: Table 1 shows the terminology

Owens (2010) gives to the different ways of agency collaboration.

Terms	Definition
Interagency Working	Multiple agencies working together in a planned and formal way, rather than simply formal networking. This can be at the strategic or operational level. It could involve working in parallel, but it does not involve the combining of systems, processes and teams.

Multi-agency Working	More than one agency working with a client but not necessarily jointly. Multi-agency working may be prompted by joint planning or simply be a form of replication, whereby several agencies work in more or less unplanned way with the same clients.
Joined-up Working	The planning process is deliberately, conceptualized and coordinated by considering the multiple policies and the various agency practices.
Integrated Working	Everyone is working together to support children and youth to improve their lives and meet their needs. It is achieved through formalized collaboration between agencies at all levels. It requires commitment to common goals, strong leadership and management.

Table 1. *Derived from Owens (2010): terminology and definitions.*

Reasons for Interagency Working

There are many reasons for initiating interagency collaboration. In some cases, one agency is not enough to design and implement a program, or the agency does not have the necessary knowledge for this program and there would be a need for collaboration with other agencies (Johnson et al, 2003). Moreover, the lack of funds or time of one agency can be another reason for interagency collaboration. More importantly, Gajda (2004) refers to the integration of services as an imperative in order to deal with important social issues, such as drug dealing or even economic crisis. The organizations should develop interagency strategies to have more effective results, including shared resources, leadership, centralization and communication. Whereas, Grubbs (2000) indicates that the ability of public organizations to achieve their goals depends on their well-established partnerships with other public or governmental organizations.

Interagency working is also forced by political, economic and social demands (Austin, 2000). The political demands can be the continual changes in each country's national government. Citizens lose their trust to the government and turn to different

levels of power such as the local authorities or private organizations which try to collaborate in order to deal with this challenge. The economic demands refer to a lack of resources of some organizations when there is no balance on the allocation of funding. Andreotti and Mingione (2016) also mention that the economic crisis forced the local welfare systems to integration of their services. The local welfare systems are defined as the organizations, public or not and the local authorities that act to support the community's needs. The community's needs are determined by demographic aspects or the population size: taking into account potential demands, the organizations may design and deliver their services. In Figure 1, Andreotti and Mingione (2016) explain the structure and the way the local welfare system works. In the right are presented the organizations and the partnerships that are created for the provision of services, on the left are the vulnerable groups that need such services. However, the development of local welfare systems can produce inequalities between the local services. For this reason, the authors suggest the collaboration with the central governments in order to provide some standards about the social services and their integration.
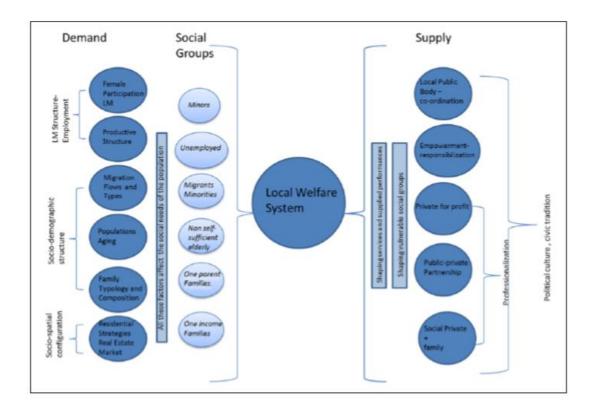
Figure 1. *Structure of local welfare systems. Derived from Andreotti & Mingione (2016).*

Levels of interagency working

Interagency working can range from a low to a high level of collaboration. According to Frost (2005) there are four levels of interagency working: co-operation, collaboration, co-ordination and merger/integration. Co-operation is the lowest level in which organizations or services remain independent and work together for a well-determined amount of time and with specific goals for each partner. In the collaboration level, organizations aim to achieve the same results by planning together and determining their respective roles of in order to avoid overlaps, gaps or barriers. In co-ordination, organizations work on the same issue with shared and agreed goals, have regular meetings and share well defined principles of joint action and decision-making. Finally, the merger/integration level, the strongest one for interagency

working, is determined when all the organizations work as one in order to improve the service provision (Frost, 2005).

Moreover, another five- level distinction about the evaluation of interagency working is suggested by Gajda (2004). These levels are: networking, cooperating, partnering, merging and unifying. Networking concerns the fostering of communication in order to have a strong contact base while there is no need for interpersonal relationships or orientation between the roles of each organization. In cooperating the organizations keep their own identities and they work together for a common action with little interpersonal communication, without a well-defined structure for their cooperation. However, the way cooperation is defined by Gajda (2004) differs from the previously mentioned definition of Frost (2005), yet also describes a low level of integration. The next level is partnering, in which the organizations make use of shared resources and aim for same goals with decision-making strategies and independent leadership in each organization. For merging, the organizations have common and structured leadership and merge their resources in order to achieve their goal. They have a joint orientation and they create interpersonal relationships with regular communication. The highest level is unifying in which the organizations create a new structure under common legislation with hierarchical leadership. They have both formal and informal communication with interpersonal relationships which maybe result to normal interpersonal conflicts . They have both formal and informal regular communication with interpersonal relationships. Compared to the previously discussed interagency scale, this includes the role of leadership and interpersonal communication in the development of integrated services.

Current Study

The current study researches the role and the type or interagency working in two different settings: the Netherlands and Greece by using case studies analysis. The main researching question is "How interagency working is illustrated in the provision of early childhood services: two case studies analysis at Dutch and Greek local level". For each study is further analyzed and compared the effectiveness factors of interagency working, the barriers and how they affect the collaboration procedure of the agencies. The first case study to be examined is one of a Dutch local service system, and the second case study inspected its Greek replication.

<div align="center">**Methodology of Two Case Studies**</div>

Type of research and procedure

The methodological framework is derived from Yin's design and analysis of case studies: the case study is a method used for researching phenomena in their real life context, especially when the limits between phenomena and context are not visible (Yin, 2003). Additionally, the case study method includes various sources, such as direct observation, interviews or document analysis. In this paper as the case is the role of interagency working in the provision of services to children and their families.

Furthermore, a multiple case studies approach is used. The multiple case studies have the same methodological framework as a single case study. However, the additional component of the multiple- case study approach is the cogency and the validity of the results. Yin (2003) indicates that even two cases is better than a single one as there are more sources and the results will be more significant. The method used to design a multiple case study approach is replication: it can have different forms, like having an important finding of an experiment and replicating this finding

through a second or a more experiments, duplicating the same conditions of an experiment to others or duplicating the finding by changing some conditions that seem insignificant (Yin, 2009). So, the first case study that was conducted was the Dutch one and the Greek one is a replication of the first one by duplicating the same conditions. The goal of each case study is to examine how interagency working is illustrated in early years service system to children and their families in municipality level. The replication concerns the selection of the local or municipality level as an important condition and the observation of the same services, also involves the use of the same questionnaire for similar types of informants.

The first case study that will be described in this paper is part of the European ISOTIS project involving fifteen partner universities and is divided into eight Workpackages (WP's). WP6 studies the role of successful interagency working in the provision of services for disadvantaged families. Utrecht University selected the collaboration between the "Centra voor Jeugd en Gezin" (CJG), the Buurtteams and the department of early years education from municipality of Utrecht in two disadvantaged areas of Utrecht, as a case of interagency working (Leseman et al, 2018). The CJGs refer to the centers for youth and family support for the ages 0-18 years, which are managed by the "Wet Publieke Gezondheidszorg". The main tasks of these centers, that are located in many neighborhoods of Dutch cities, are the provision of vaccinations, monitoring of infant's and toddler's development and well-being, and the provision of advice to parents regarding childrearing. The Buurtteams are also located in various neighborhoods and provide services for the same age range as the CJGs. However, they provide more specific care and treatment on demand to families that visit the Buurtteams or they refer the families to more specialized centers. Both organizations have a universal character, which means that they are

accessible for all children and their families. However, people have a different view of the role of each organization. The CJGs have a responsibility for all families whereas the Buurtteams involve more specific cases. The third associate is the early years education, which is implemented by the day-care centers and the primary schools.

The second case study conducted for the purposes of this paper is a replication of the Dutch. The municipality of Kalamaria was selected, which is one of the biggest municipalities of Thessaloniki, the second biggest city in Greece. In the municipality of Kalamaria, the department of Social Policy, Solidarity and Public Health was selected which carries a range of services for children and their families: including primary health care, food and clothes provision, and early years education. The majority of the services are for disadvantaged groups, such as people with low economic status and refugees. These services are managed by policy makers, social workers, psychologists, nurses, doctors, and educators.

Participants

In the first case study in Utrecht eight policy makers, professionals, and parents participated: six of the CJGs, one of Buurtteam and one parent.

For the purposes of the second case study the same questionnaire as for the first one was used, the WP6' questionnaire. It was a semi-structured questionnaire that was in English, so it was translated in Greek. Sixteen interviewees were selected: two policy makers, two directors and twelve front line stuff members (five social workers, one psychologist, one employee of React, three managers and one teacher of the nurseries and one parent) of the department of Social Policy, Solidarity and Public Health and one parent. The way that participants were reached was via a snowball

strategy: the initial selection of a small amount of informants that were involved in the researched case, and from their contacts to reach the required sample (Cohen et al, 2007). Additionally, all the interviewees signed a consent form in order to be aware of the purposes of the case study and to feel secure with the recording method.

Analysis Plan

According to Yin (2003), the purpose of a case study is the analytical generalization and not the statistical generalization by enumeration of the results. Every piece of information is important in order to generalize theories, not just the frequency of the answers or the results in general. Moreover, as multiple sources are used, the analysis is in multiple levels following the steps that Yin (2003) presents: *"the examining, categorizing, tabulating, testing otherwise recombining both quantitative and qualitative evidence to address the initial propositions of a study".*

In the Greek case study, the categorizing process was guided from the Dutch case study report, in order to be comparable. The main topics of analysis are: (1) the reasons why the service system works well, (2) how this affects the integration of the services and (3) the barriers that the municipality or the organizations face in their collaboration or with the families. Specifically for the part of comparison, the analytical technique of cross-case synthesis is employed: the information of the one case study is compared with the information of the second case study in order to be synthesized and provide general insight (Yin, 1981, 2009). Also, this refers to the purpose of the comparison in this paper to synthesize the information for the strategies of interagency working.

Results of the Greek case study

Services to children and their families

The case study was implemented in the department of Social Policy, Solidarity & Public Health. This department has a variety of services of which some are universal and some target disadvantaged groups, such as: welfare allowances , social food store, breadline and clothe Supply, social local pharmacy, local health clinic, "Meal and Care" (breadline), community center, 'Help at home', unemployment line, prosecutor orders for minors, 10 nurseries and a 'React' programme for refugees.

The services examined in this study are the ones offered directly to children aged 0-7 years and their families. The services that the children directly receive are the municipality's nurseries, local health clinic, social pharmacy and prosecutor's orders. Services offered directly through their families are community center, React, social food store, breadline and clothe supply.

Firstly, the role of the nurseries is to offer education and care from the age of 2.5 to 4 years old and from the next school year there will be two classes for toddlers. In order to enter a child in the municipality's nursery parents apply to the nursery that is closest to their house and the nursery further forwards these applications to director of the nurseries. There director proceeds with the selection based on the specific socioeconomic criteria. One front line stuff member noticed:

> *"There are for all, of course there is priority for the vulnerable groups, working mothers and the children enter with social and economic criteria. We accepted them all but the last years we have a few applications that we cannot cover because the number of children has increased that apply has increased…"*

Parents have to pay the amount of 550 euro per year for the nurseries. However, these nurseries are involved in ESPA (NSRF-National Strategic Reference Framework)

which is funded from the European Union. It means that the parents that are beneficiaries do not have to pay the amount.

Also, for the children of this age range the municipality offers the service of the local health clinic the social pharmacy for children that are uninsured or with parents having a low income (4.5000/year). They have the right to go to this clinic by deposit of the required documents. All doctors that offer their services are volunteers. There is one social worker and one nurse that work there permanently on a daily basis. When a patient goes there they can book an appointment with the suitable doctor or in case of emergency with a hospital or another public service that they collaborate with. It often happens for vaccinations of children, workers try to book many appointments on the same day and call the pediatrician to come. However, the volunteer doctors do not have the right to prescribe the medicine or the vaccine. For these cases the workers have to book an appointment with a hospital or with IKA (Social Security Institute) to ask for a prescription. One of the workers in the local health clinic clarifies the role of the clinic:

> *"...we have the patients' cards here and they go to the doctor with that card in which the doctor fills in what happened. If I send you now in the dentist then you can't go again alone without referral and without the card, and if you go alone you will have to pay. So firstly you need to contact us - we are always the mediator."*

According to the official data from the Local Clinic for 2017 there were 765 beneficiaries of primary health care. Further, there were 542 appointments for the volunteer doctors of which the 349 were with the pediatricians. On top of that, Social

Clinic provides some other universal services, blood sugar and blood pressure measurement and injuries' care.

The Social Pharmacy offers pharmaceutical supplies to vulnerable groups. The families that want to be beneficiaries of this service need to deposit the required documents and their file is examined each year. Following the Social Pharmacy regulation it is located in the department of the Social Policy of the municipality of Kalamaria and it is accessible for all people. The required staff is one social worker and one Pharmacist, who are responsible for the drugs' collection, storage and distribution and for the update of the pharmacy's electronic data base. Moreover, the staff have extra networking and reporting responsibilities to other organizations and to residents of Kalamaria.

The prosecutor's orders is another direct service to children. As it is mentioned from one of the informants:

> *"The prosecutor's orders are sent from the prosecutor of the minors' department in order to investigate the living conditions of the children, in cases that there is a complaint of someone for neglect, abuse or any mannerism in the family environment. The last years except for the neglect and abuse they use the prosecutor for couples that are in separation or divorced in order to make a schedule to where the child should stay. For example the weekends in the father's house and if the mother doesn't want that they send us to investigate the living conditions of the father if they are suitable for the child or not."*

The Community center is an organization designed by the Ministry of Employment, Social Insurance and Social Solidarity and established in the

Municipalities. Their funding comes from the European Social Fund as a part of ESPA programs. The Community Center of Kalamaria is a newly constructed organization and it is the first contact of the citizen with the social services of the municipality. One psychologist and two social workers work there. They provide information and referral for the services and welfare allowances that are offered to the citizens. Further they provide advisory service for various issues such as unemployment problems, changes from the economic crisis, family and youth support and organization of informative seminars for the citizens. The Community centers are open for everyone with priority to vulnerable groups and residents of Kalamaria.

The Social Food Store is the provision of food products to vulnerable individuals and families. In order to be beneficiaries of this service the residents of Kalamaria have to deposit the documents to prove that they live in Kalamaria and have low income. Further, clothe supplies are provided to these people and everyday breadline for more than 70 families. As one of the directors describes:

> *"The social food store is a supply that is about the provision of food products, every 15 days to people that have already deposited the required documents… The clothe supply is the same, with second hand clothes and shoes in good condition or new ones from clothe factories that close. The municipality of Kalamaria also cooperates with a company that recycles clothes, so there are bins for clothes in various places, and the company collects these clothes with the responsibility to bring these clothes to the municipality the end of the year."*

Especially for refugees there is a programme called React. The municipality of Kalamaria is one of the partner municipalities that participate in this program. It is

funded by the European Union and by the United Nations. It is provided help to refugees to relocate or stay permanently in Greece by finding and providing a new house to refugees. React provides a new fully equipped house to refugees. The families are selected from the United Nations according to the capacity of the available apartment. A front line stuff member adds:

> *" […] We also inform parents on compulsory education in Greece and how it works here, because most of them asked for asylum. So by living here it is necessary to know how the educational system is set up in order to enroll their children in school immediately. We also care about children vaccination because we have a lot of newborns who start the vaccinations now. We also help them to get AMKA (Social Insurance Number) in order to have access to the pharmacy and other services."*

Existing Collaborations

Each type of service engages in a form of collaboration. Some of them are internal with the other services of the department of Social Policy or with other departments of the municipality whereas some are with external agents. The nurseries cooperate with Hellenic Agency for Local Development and Local Government (EETAA) which is responsible for the selection of children that enter the nurseries with the ESPA program. Further, they cooperate with the department of Education of the municipality for common actions and events, as well as with independent experts, such as pediatricians, musicians, psychologists and speech therapists that are hired for a specific purpose in order to provide their services to the nurseries. Moreover, the nurseries cooperate with the Technological Education Institutes (TEI) of nursery teachers, as some of the graduates pursue an internship in the nurseries. TEI also acts

as a coordinator of some nurseries participating in European educative projects. The managers of the nurseries cooperate with each other for administrative issues regarding their responsibilities to EETAA and for general issues for the operational qualification of the nurseries. However, the main reasons for their cooperation are for administrative issues as he educational programme of each nursery is on the teachers responsibility.

The local clinic and the social pharmacy cooperate with NGOs and with other health services depending on the case. For the children services they often collaborate with the React programme. Whereas the social workers who work for prosecutor's orders cooperate depending on each case, as they do not have regular cooperation with specific agencies. The Community Center as a newly constructed organization tries to create a network with partners in order to make the right referrals for the citizens. However they have regular cooperation with the social workers of the department of Social Policy and the React programme. They also cooperate with NGOs for the sensitization and empowerment of the vulnerable groups. Social Food store, breadline and clothe supply cooperate internally with the services of the Social Policy and public services that concern welfare allowances. The React programme also cooperates with the above mentioned services and with the React programs of partner municipalities.

Collaborations can be categorized in two types: the ones based on regular meeting and the ones that occur per case. The collaborations with the NGOs are usually per case as they are necessary to refer a situation or to create an event together. Despite the per case nature of the collaborations, the meetings can be done very often. As it is described from a stuff member in a nursery:

> *"We don't have specific day meetings, we don't say that once per month every*
> *Thursday that we will meet but we meet very often because there is stuff that*
> *we have to do in the municipality. The managers that have to manage the*
> *stores of the nurseries have to sign the original documents that are in the*
> *municipality, which means that all the managers meet the same day to do that*
> *and we discuss other issues for the nurseries."*

As they are also located in the same building it is easy to cooperate and to meet when needed. As many informants mentioned they started with weekly meetings but this changed because of the workload. A social worker states:

> *"In the beginning we had weekly meetings but now we skipped them. Before*
> *we discussed about the cases and now we can't have these meetings [due to*
> *workload] but we see each other every day and we talk about issues that*
> *concern all the services here. In case that there is one beneficiary of KEA,*
> *he/she will go to the Pharmacy will meet the psychologist and will take*
> *products from the Food Store, so we connect all the services."*

Effectiveness factors

   Leadership and Orientation from the beginning of the year. The orientation refers to the way the employees set goals and design the working plan of the whole year with the managers and the deputy mayor. The strong leadership makes the employees feel secure about the way they work, and this can increase the quality of the services. Also as the employees do not have all the knowledge of the legislation, economics and technology it is better that the leadership is centralized in the municipality. In this way they can focus to their specific job and duties. The strong

leadership is connected with the hierarchical decision making which is illustrated in the Figure 2.
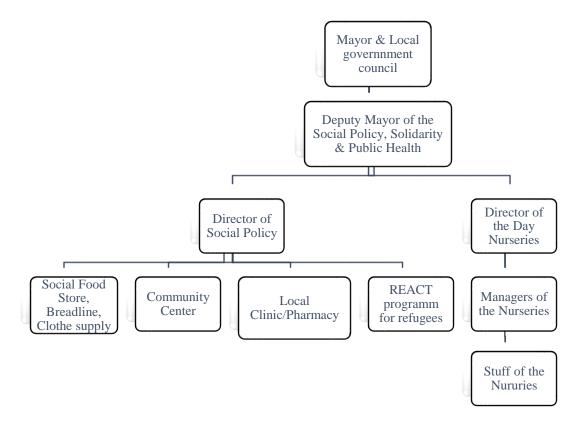
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                    │ Deputy Mayor of the │
                    │ Social Policy, Solidarity │
                    │  & Public Health  │
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Director of Social Policy				Director of the Day Nurseries
Social Food Store, Breadline, Clothe supply	Community Center	Local Clinic/Pharmacy	REACT programm for refugees	Managers of the Nurseries
				Stuff of the Nururies

Figure 2. The structure of the department of Social Policy, Solidarity & Public Health of the municipality of Kalamaria

Personalization of the responsibility. Each employee knows his/her duties from the beginning of the year in order to avoid overlaps. This also helps the managers to know who is responsible for each task and further helps the citizens to find the right person for their request. However, employees mention that even if they have specific duties they collaborate if someone is overloaded for better results in the department. From the view of a policy maker:

> *"Here they all work as one body and they have excellent collaboration.*
>
> *Each of them knows their duties, they talk about their duties with their*
>
> *director. This is a director's responsibility and then I will make*

adjustments by explaining why and then the employee agrees and then the

Mayor's decisions are published because he is the responsible. I want

personalization of the responsibility because if something happens I will

not go to all but to the one who was responsible."

Willingness and engaged professionals. The department of social policy is focused more on the vulnerable groups. For this reason the employees want to offer the vulnerable people their help and services. As a result their work becomes more efficient. Especially in cases of salaries cuts the willingness and the engaged professionals can still improve the function of the department. However, the willingness refers also to the municipality's offer of food supply to people and to the companies that offer some funds or food for the breadline.

Internal cooperation at each level. In every level there are teams of employees. For instance, each nursery has its own educational staff and the collaboration starts by them. By working together, setting goals and taking common decisions they create a friendly environment and understand the meaning of collaboration. As a result they are willing to collaborate with other services of the municipality. One of the front line staff in a nursery states:

"It is more important for each nursery to have internal collaboration

in order to create external collaborations. What we see is because we

work with children we have to be a team and if not this can have bad

results for the children."

Interpersonal Relationships. The majority of the interviewees mentioned that the good interpersonal relationships create a better environment for collaboration. The existing interpersonal relationships can also help the work of the employee as the more you know someone the more you trust them. However, some interviewees

mentioned that although the interpersonal relationships help, they are not the key element for their collaboration with other agencies. So, on the one hand a front line staff member mentions:

> *"The local community of Thessaloniki is small and if you are working in this sector for years you know employees in the same services and they can easily help you.*

And on the other hand another employee states:

> *"It is helpful when you know someone but if I don't know you and explain from which department I come I can ask for your help. Never has someone said no I will not help you."*

Co-location. The majority of the municipality's social services are located in the same building. This further supports the work of the employees as well as the physical accessibility for citizens as they know where to go. The department of social policy is located nearby to the main municipality's building in the center of Kalamaria. The employees indicate that it is easy to refer someone to the next office or you can go to a colleague if there is a need of collaboration. Because of the co-location there is no need for regular meetings with the social services. They meet every day informally and get enough opportunities for communication and integration of their work. As described by an employee:

> *"...the fact that we are close helps a lot. If I want to refer a beneficiary to other social services of the municipality it is easier as they have to go to next door rather than leave the building and not receive what they deserve."*

Discussion and control. Even though there is a hierarchical structure for decision- making there is always a possibility for discussion with each employee for

his/her work with the high levels of hierarchy in order to control and help with the results of his/her project. Additionally, the readiness of the managers or the policy makers to support the personal work of each employee has an empowering function for them. As said by policy maker:

> *"Here the employees understand that they are important. I discuss and control each of them and they know that I am fair with them and if you want to be productive you have to establish peace in the workplace. It is the most important and I know that from my previous experience."*

Barriers and Suggestions

   Economic crisis. The economic crisis in Greece includes a group of barriers that make the provision of services harder. Firstly, one problem is the lack of employees, as there is a decrease of the stuff and many of them run on temporary contracts. In order to deal with this problem the department of social policy found ways to participate in European funding programs (ESPA) that can appoint employees for 3 or more years. Another problem is the lack of funding. There is also a decline of the funds that can be spend by the municipalities. As a result, the municipality has to use the funds in the most efficient and balanced way and find other ways of funding such as European programs or based on donations. It is important to mention that the municipality of Kalamaria spends a big amount of its budget on the social services and on the support to vulnerable groups which is mentioned as an innovative element in the interviews. Additionally, the economic crisis resulted in a decrease of salaries and in an increase in the average years of retirement.

   Lack of networking. Networking is not supported in a statutory frame and depends on the employees' or managers' initiative. As a result there is a lack of connection with external parties and agencies that also support the same groups within

the social policy department, despite individual workers efforts. For some cases the lack of networking creates inequalities between the local services. For instance, the nurseries do not have communication with the Ministry of education, despite the fact that they provide education, because nurseries are part of the social policy department of the municipality which generally belongs to the Ministry of the Interior. As a result the nurseries lack a study curriculum and national level of the early years education.

Bureaucracy and Systemic function. Due to the centralization of the authority at the local level there is an administrative part that employees have to fulfill as a part of their work. For instance the social workers have to add their personal data to the electronic system when they receive a beneficiary. In the past the had to do it by visiting the beneficiary's house and writing a report about the living conditions explaining the reasons why he/she can deserve a social service of the municipality. As a staff member describes:

> *"I think that the previous process was more supportive for the citizens because there were home visits for all the applicants. This doesn't exist now, and it is more procedural now and more bureaucratic: we check if you have the required documents as well as criteria and you enter to the social service system… This change is good for the transparency, and everything is in the electronic base but it costs a lot of our working time."*

Results of the Dutch case study

The results of the Dutch case study focus on the way CJGs are structured and how this affects their collaboration with the Buurtteams, the educational sector and the municipality of Utrecht (Leseman et al, 2018).

Effectiveness factors

Organization characteristics and engaged professionals. The CJGs have a well-defined structure with strong leadership and supervision. Even though the structure of the CJGs is hierarchical there is communication between all levels. The employees have weekly meetings with their managers in which they have good collaboration and communication. The multidisciplinary team of , pediatricians, social workers, policy makers and advisors helps the employees to commit to their social mission and increases the feeling of togetherness in a team of diverse experts.

Outreach, Flexibility and Continuity of the CJGs. The CJGs combine medical and social support to children and their families from age 0 to 18. Firstly, they have a high outreach to all newborn children, as they have an electronic database with the newly born babies. They inform each family about the home visits, the vaccinations, as well as the baby's monitoring and the advisory help to parents. The universal character, supported by national legislation, increases the trust of the parents to continue the visits to the CJGs. Also, the CJGs give to parents the opportunity to design together the plan of their child's monitoring and home visits, which shows the flexibility to each family's needs.

Spider in the Web. The CJGs have a leading role in the web networking with other medical or social services. In other words it is the gateway for parents to the other services. Through CJGs parents get informed about the variety of services by CJGs, of formal services such as the Buurtteams or the preschool educational system and of informal services, such as training activities or neighborhood's NGOs.

Pro-active approach: 'progressive universalism'. The CJGs try to reach out people who are at risk in order to help them with social isolation. As the CJGs have a

database with the newborns for monitoring their development and offer their services

to their parents they can identify groups that are at risk and find strategies to help

them. This approach is also identified in the preschool education and in the pilot stage

in the Buurtteams.

        Balance between medical expert model and social work partnership

model. The CJGs offer both medical services from doctors and they also provide

consultations for parents. They try to create a good communication with parents in

order to facilitate their responsibilities for their children's well-being.

Barriers

        Outreach is not complete. This is a contradictory barrier compared to the

successful features of the CJGs. However, some families resist to have contact with

the CJGs for various reasons, either for ideological reasons or because of rejection of

the community services.

        Changing professional identity and attitude is difficult. This refers to the

medical experts' culture to provide health services and with the transfer to the social

model they have to rebuild their professional identity with consultation skills. On the

other hand the Buurtteam professionals find difficulties in the adjustment of the social

services to a more client oriented service system.

        Lack of funding. The economic crisis is a world -wide phenomenon and this

has affected the national funding of the CJGs, which has decreased. As a result some

services are not offered anymore and there less time is spent per beneficiary. The

services that do not exist anymore are from the family support sector and they were

only offered on demand from the Buurtteams.

Difficult neighborhoods, low attractiveness of the work. Kanaleneiland and Overvecht are two neighborhoods with high poverty rates and vulnerable groups. Despite the various strategies that are used by the CJGs, the neighborhood characteristics make the professionals' work more difficult and result in job vacancies with low attractiveness.

Status of preventive work is not clear. The way prevention is designed by the CJGs and Buurtteams is different and this affects their collaboration. On the one hand the CJGs have a pro-active approach and on the other hand the Buurtteams have a primary preventive approach focused on individual's needs.

Collaboration between the main tracks is not optimal yet. The way the collaboration proceeds between the preschool educational system, the CJGs and the Buurtteams is not clarified yet. Although, their collaboration is determined by legislation for the provision of the health and social services, the way it takes place can create overlaps between the services and can disorient parents.

Discussion

Both cases refer to interagency working at the local level. In the Dutch case the CJGs, the Buurtteams and the preschool educational system have a form of interagency working. This form is connected with the definition of Owens (2010).The agencies work together in a formal way under the youth care legislation. This legislation sets out the way the collaboration should be organized in the provision of social and medical services. These agencies work in parallel for the same purpose: families' wellbeing and each agency has its own team of experts, while these teams are not combined yet. On the other Greek case study shows an example of integrated working, where the services are provided within an integrated system with strong

leadership and management for the wellbeing of the youth and families, according to

Owens (2010) terminology. However, the collaboration does not always take place

always in a formal setting but there is a formal way of decision making which also has

an impact on the collaboration between the services.

      In both cases the main reason for the integration of services refers to efficient

service provision and to families' support and wellbeing. Notwithstanding, in the

Dutch case the CJGs have to collaborate with the other two services because there is a

difference in the services they provide. This can be connected with the theories of

Johnson et al. (2003) and Gajda (2014) that the lack of knowledge or facing society's

problems prompt collaboration between the agencies. For instance, the CJGs cannot

offer individual family support which is offered by the Buurtteams. Or, the CJGs need

the schools' help with the monitoring of children's wellbeing. In the Greek case the

services are integrated as a part of the municipality's social service system and for

utilizing the same funding. As Gajda (2014) mentions, agencies have to share

resources, have common leadership and services need to be centralized in the

department of the social policy. Additionally, the public social and health services of

the municipality of Greece form collaborations with NGOs in order to achieve their

goals and address residents' needs (Grubs, 2000). In both cases the organizations or

the services are forced to collaborate by political, economic and social demands

(Austin, 2000). The economic crisis was a barrier in both case studies and this has an

impact on the lack of funding for the local services. Nonetheless, the level of

economic crisis in Greece is higher and resulted in multiple consequences: decreasing

of the salaries, lack of employees and funding. Also, in Greece the rapid political

changes made people loose their trust in the government and they turn to the local

level for help which can result in the creation of an integrated local welfare system

(Andreotti &Mingione, 2016; Austin, 2000).

One of the main differences between the case studies lies in the social groups

that the services are provided. In the Dutch Case study the services are universal with

some focus on families that are at risk. Whereas in the Greek case study the services

are provided mainly to vulnerable groups. The welfare allowances, the food supply,

the local clinic and pharmacy are for economically disadvantaged people and the

React program is for refuges. While the community center has a universal character

the majority of people who visit it belong to disadvantaged groups. This shows that

the social services in Greece that attract vulnerable groups. People visit the

municipality's social services when they are in need. The local services in Greece

have a national background, but are designed and integrated based on the local needs

(Andreotti & Mingione, 2016). In the Netherlands the universal character of CJGs and

the Buurtteams is created by the national government and has a positive impact on

citizens' beliefs about the role of social and health services. Also, they have the

independence to perform local actions based on the community's needs (Andreotti &

Mingione, 2016). For example, the CJGs offer activities for migrant families in order

to support them with the social isolation.

Furthermore, in both case studies the role of leadership is observed as a

success feature in provision of the services. The strong leadership is also a part of

successful interagency working (Gajda, 2014). Additionally, the engaged employees

in both case studies affect the successful collaboration of the agencies. However, the

leadership in the Dutch case study is a part of the CJGs service provision and not a

part of the collaboration between the CJGs and the other agencies. While, in Greece

the leadership is seen both at the municipality in defining the way of employees'

collaborate and in collaboration with the other agencies.

Another feature of success of the CJGs is the link to the other social services.

CJGs can refer the families to other organizations regarding their needs. The same

service is offered in Kalamaria by the Community Center is the first gateway to the

social services. People visit the Community Center in order to find the appropriate

social service for them. Both the CJGs and the Community Center try to create and

lead the network of the social services in order to be able to guide the citizens.

Although the role of networking is in a low level of interagency working, it is the

starting point of a future collaboration (Gajda, 2004).

Another element of Gajda's (2004) collaboration scale is the interpersonal

communication which is a part of the two highest levels: merging and unifying.

Interpersonal communication can also result to interpersonal conflicts but this is

determined as a normal characteristic of the unifying collaboration. The Greek case

study illustrated the importance of interpersonal relationships as a facilitator of the

collaboration with the other services (internal or external of the municipality). The

informal relationships were not mentioned as a key element of the Dutch case study as

the collaboration of the agencies takes place in a more formal setting. Moreover, co-

location was identified as important in the Greek case study as it provides the

motivation for collaboration and facilitates the beneficiaries. Also, there is no need for

regular meetings as employees meet their colleagues on the daily basis. On the other

hand the CJGs in the Netherlands have all the services in the same department, but

they are independent of the Buurtteams which increases the demand for regular

meetings.

Frost's (2005) interagency working scale identifies two elements of the higher levels: agreed goals and joint decision- making. On the one hand, each partner of the Dutch case study has these elements independently and they face some problems when they have to define their roles in their collaboration. From the national legislation system they have defined goals, but they do not have joint decision-making based on their missions. On the other hand, in the Greek case study the social, health and preschool services included in the municipality are part of a hierarchical structure with agreed goals for all the workers. The decision- making also follow the hierarchical structure as the final decisions are taken by the Mayor and the local council. The hierarchical decision-making of the CJSs and the municipality of Kalamaria facilitate the collaboration of the internal services and increase the professionals' engagement with their mission (Gajda, 2004).

Limitations

This research had a number of limitations. Firstly, there analyzed only two case studies which is a small amount cases and cannot result to strong generalizations. The two-case study method is better that a single one but still it remains in low level. Another limitation was about the replication method, it is difficult to adjust all the conditions of the one case study to the other especially in a different country setting. By using the same method and same researching tools is tried to deal with this limitation. Moreover, as the case studies conducted in different countries the questionnaires and later the presented quotes had to be translated. In the translation maybe some details cannot fully illustrated at first by the interviewee and second by the reader of the paper. As a limitation can considered the lack of the time of the interviewees, some of them set a specific amount of time for the interview. As a

result, some questions skipped or summarized and maybe some of their answers not provide all the information that they could give.

Conclusion

To conclude, both case studies exhibit strengths and weaknesses of interagency working. The exact level of interagency working cannot be defined well as in both case studies organizations have different types of collaboration. For instance, the internal collaboration of the CJGs or Greek municipality's employees is at the highest levels as they have strong leadership, a hierarchical structure, agreed goals and orientation. When the CJGs have to collaborate with the Buurtteams and the preschool education system they face some barriers. So, a central leadership and the creation of interpersonal communication can facilitate their collaboration. Another form of interagency working that was observed in both cases is networking with other social services. However, in the Greek case networking is not a part of the municipality's duties and is up to workers' initiative. Future research can focus on a national network of social services in order to facilitate the municipalities' mission. Concerning the economic barriers observed in both case studies a solution can be the interagency collaboration with agencies of the private or business sector (Grubbs, 2000). This can be a topic for future research: how the collaborations can development through the involvement of public and business agencies. Moreover it is necessary to get examined the role of joint strategic planning in the interagency working by specifying the elements of joint planning to the successful interagency working.

References

Andreotti, A., & Mingione, E. (2016). Local welfare systems in Europe and the

    economic crisis. European Urban and Regional Studies, 23(3), 252-266. doi:

    10.1177/0969776414557191

Austin, J. E. (2000). Strategic collaboration between nonprofits and

    businesses. *Nonprofit and voluntary sector quarterly*, *29*(1_suppl), 69-97.

    doi:10.1177/0899764000291S004

Cohen, L., Manion, L., & Morrison, K. (2007). *Research methods in education*. New

    York: Routledge.

Frost, N. (2005). *Professionalism, partnership and joined up thinking: a research*

    review of front-line working with children and families. Dartington, UK:

    Research in Practice.

Gajda, R. (2004). Utilizing collaboration theory to evaluate strategic alliances. *The*

    American Journal of Evaluation, *25*(1), 65-77.

    doi:10.1016/j.ameval.2003.11.002

Grubbs, J. W. (2000). Can agencies work together? Collaboration in public and

    nonprofit organizations. *Public Administration Review*, *60*(3), 275-280.

    doi:10.1111/0033-3352.0008

Johnson, L. J., Zorn, D., Tam, B. K. Y., Lamontagne, M., & Johnson, S. A. (2003).

    Stakeholders' views of factors that impact successful interagency

    collaboration. *Exceptional Children*, *69*(2), 195-209.

    doi:10.1177/001440290306900205

Leseman, P., Rossum, E., Meijers, C., Takou, R. (2018). Inter-agency service

      coordination to the benefit of disadvantaged young children and their families:

      the Centres for Youth and Family in Utrecht. *Comprehensive review of the*

      literature on inter-agency working with young children, incorporating

      findings from case studies of good practice in interagency working with young

      children and their families within Europe. Retrieved from:

      http://www.isotis.org/wp-content/uploads/2018/06/D6.2.-Review-on-inter-

      agency-working-and-good-practice.pdf

Moss, P., & Pence, A. (Eds.). (1994).*Valuing quality in early childhood services: New*

      approaches to defining quality. London: Sage Publications.

Owens, S. (2010). *An introductory guide to the key terms and interagency initiatives*

      in use in the Children's Services Committees in Ireland. Dublin, Ireland:

      Centre for Effective Services

Penn, H. (1999). *Early childhood services: theory, policy and practice*. UK: McGraw-

      Hill Education

Yin, R. K. (1981). The case study crisis: Some answers. *Administrative science*

      quarterly, *26*(1), 58-65. doi: 10.2307/2392599

Yin, R. K. (2003). *Applications of case study research. Applied social research*

      methods series. Thousand Oaks, CA, London, New Delhi, Singapore: Sage

      Publications.

Yin, R.K. (2009) *Case study research. Design and methods. Fourth Edition*.

      Thousand Oaks, CA, London, New Delhi, Singapore: Sage Publications.