



**The Early Years Project:  
Refocusing community based services for young  
children and their families:**

**A Literature Review**

**Plain English Version**

**Prepared by the Centre for Community Child Health,  
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**Please note:** The Glossary of Terms (at the end of this document) provides definitions explaining the way we are using some of the important terms in this document. We also explain in the body of the main document the ways we are using the terms “coordination” and “integration”, but their usage by other authors may be variable.

## **1. EVIDENCE FOR THE IMPORTANCE OF THE EARLY YEARS OF LIFE**

It has been recognised worldwide over the past few years, how development in the early years of life is crucial in setting the stage for later life. Two main areas of research have led to this increased interest and focus around the world:

### **1.1. Brain research with new technology**

There is powerful new evidence from research on the human brain that the early years of development from conception to age six, particularly for the first three years, set the base for competence and coping skills that will affect learning, behaviour and health throughout life (McCain and Mustard, 1999). Good nutrition, nurturing and responsive care-giving in the first years of life, along with good early child development programs, help prepare children for school, and in terms of learning, behaviour and physical and mental health, improve their outcomes in later life.

### **1.2. Research on causes/influences on children’s vulnerability and resilience**

Much of the scientifically persuasive evidence that has emerged in recent years shows, interventions early in life can have long term impacts on crime and other social problems such as substance abuse. Substantial evidence from research and longitudinal studies, help identify the ‘risk and protective factors’ that are related to the later emergence or non-emergence of behaviours classed as ‘offences’ or as ‘antisocial’. Analyses of these studies confirm, adverse outcomes, including school failure, mental health problems, drug use and criminality, can be predisposed by identified risk factors incorporating, genetic and biological characteristics of the child, family characteristics, stressful life events and community or cultural factors. Those working with prevention programs in different fields (eg against drug use, crime, anti-social behaviour, suicide etc.) must now realise that they target the same risk factors but for different problems, and so should be more collaborative (Durlak, 1998). In addition, the same set of protective (or ‘resilience’) factors, including the availability of social support, and connectedness to school and family, is associated with positive outcomes (Scott, 2001).

## **2. WHY DO THINGS DIFFERENTLY?**

Australians have access to affordable and generally good quality, health, educational and other community services for their young children and families. Furthermore, children can be referred to specialised professionals and community agencies within an already established network.

However, there are a number of problems with existing services in Australia (and elsewhere) which include:

- often fragmented service delivery eg different sectors, different funding sources, different professional backgrounds;
- a lack of coordination between services and even within the same program;
- no single service that is continuous for families and their children from infancy to school entry;
- insufficient focus on prevention, early detection and early intervention, with most resources going to families in crisis.

### 3. EVIDENCE FOR COMPREHENSIVE, MORE COORDINATED SERVICE SYSTEMS

In terms of better outcomes for children, families and the broad community, the evidence burgeon, a **comprehensive, more coordinated service system response (at a local community level)** is the most likely way to make a difference. Service delivery should focus on **prevention, early detection and early intervention**. In addition, there is compelling argument that services should embrace **family-centred practice**. It is useful to now consider the evidence for each of these recommended components for this new form of service system.

#### 3.1. Comprehensive and coordinated (or integrated) services

Studies have identified a variety of different models for early childhood intervention service delivery. These range from single, stand-alone programs without links to others, to comprehensive systems for ALL children, provided through a local inter-agency coordinating group (or council) composed of representatives from a broad array of child and family services.

This continuum of service models varies not only in the degree of coordination but also in the populations served and the nature of the services provided. Thus, there are two distinct dimensions along which services (or service systems) may fit:

- a. the dimension of coordination (or linkage), where extreme coordination represents integration, and
- b. the dimension of comprehensiveness.

##### 3.1.a. The dimension of coordination (or linkage)

There is considerable confusion in the way that the terms “coordination” and “integration” are used. Integration can be defined as the state in which all services are linked to one another and using common procedures and practices. It may be useful to consider that links between services can be described as a continuum that ranges from loosely structured linkages (eg the information-sharing and communication level), to moderately structured linkages (ie more coordinated), to highly structured linkages between all services using common procedures and practices (ie integrated). The characteristics of integration include joint planning, training, decision-making, information systems, purchasing, screening and referral, care planning, service delivery, monitoring and feedback (Leutz, 1999). A fully integrated service or system has a single authority, is comprehensive in scope, operates collectively, and addresses client needs in an individualised fashion (Konrad, 1996).

##### 3.1.b. The dimension of comprehensiveness

The dimension of comprehensiveness refers to the extent in which services are able to address all needs of their client children and families. At one extreme, stand-alone programs cater only for children with disabilities and provide a relatively narrow range of disability-focused services, while the opposing extreme, a **comprehensive** system, caters for **all needs of children** and provides a wide range of specialised and natural community programs and resources.

In addition, there is wide support for **universal** services (ie available to all). This movement recognises that all children and families belong to the community, and thus it is the community's responsibility to support and facilitate the development of **all children** and support **all families** in this endeavour. Providing **universal** services will result in four important consequences (Harbin et al, 2000):

1. Children in need will be identified and receive services as soon as possible (**early identification**).
2. Because all children receive services, developmental problems can be minimised or avoided (**prevention**).
3. Any stigma for receiving service is eliminated, because it is viewed as natural for the community to take advantage of resources; help-seeking is their right and to their advantage.
4. This model makes it easier to access natural settings, resources and activities.

Results of an analysis of these different organisational models showed that in general, the more comprehensive and cohesive the system, the better the results for children and families (Harbin and West, 1998). *The more cohesive the system, the broader the array of services and the better the linkages among programs in the public sector, as well as between public and private sectors. In cohesive service system models, staff more readily adopted practices identified as desirable by experts in the field.*

In their authoritative **Handbook of Early Childhood Intervention** (2<sup>nd</sup> Ed.)(2000), Shonkoff and Meisels provide a new definition of early childhood intervention and its goals as follows:

*Early childhood intervention consists of multidisciplinary services provided to children from birth to 5 years of age to promote child health and well-being, enhance emerging competencies, minimize developmental delays, remediate existing or emerging disabilities, prevent functional deterioration, and promote adaptive parenting and overall family functioning. (p.xvii)*

In this comprehensive model, a local coordinating council is considered the lead agency and often contains a broader representation of the community (eg the business sector, community members and city government). In addition to operating as the lead agency for service planning, the coordinating council might also receive funding.

To enable effective and coordinated service systems, they need to be based on a shared understanding within and between services, of:

- what the ultimate aims or outcomes are;
- how these are to be achieved;
- how progress towards the long-term outcomes will be measured.

Prevention approaches, which focus on single areas of functioning, need to be expanded to more comprehensive programs with multiple goals, and involve a number of staff (with varying background training) working more closely together. This is particularly true for very vulnerable families, who frequently have a range of problems that are often greater than simple health or educational difficulties.

A number of professionals are considering the benefits to be gained by, catering for children **at-risk of** delays or disabilities as well as those **with** these conditions, along with all other children through a **single integrated universal system**. Increasingly, it is being argued that children with developmental problems or disabilities have many needs in common with other children and should therefore be regarded as **children** above all. The same applies to the families. Thus, the aims of early childhood services for the community at large apply to **all** children.

This inclusive approach, though alternate in inception, has important consequences for how supports and services are delivered. It is argued that adaptation should be possible to meet additional or specialist needs from within a universal service (eg by greatly extending the role of mainstream services such as schools).

*In order to move to a more integrated system, it will be important to break down the current fragmentation of early childhood services into care, education, play, health, family support... and child protection, and consider how the different functions can be met in a more coordinated way within an overall policy and framework for service to young children. (Statham, 1997:2)*

Achieving true inter-departmental and inter-agency coordination has been difficult. Barriers mentioned include:

- differing models of service eg traditional medical model versus family-centred early intervention approach;
- lack of leadership and involvement of high level decision-makers;
- agency rigidity;
- competition for financial resources;
- bureaucratic rules and regulations (Schorr, 1997).

Studies indicate that what is required **in this comprehensive, more coordinated system model**, is the establishment of an inter-agency entity (or coordinating council) that understands the differences between agencies, but is committed to a deliberate agenda. The success of this broadly represented entity would depend upon a number of factors including:

- involvement of all key people;
- provision of leadership and facilitation;
- development of a shared vision;
- development of a structure and process for joint planning;
- shared knowledge of policies, politics and best practices; and
- successful management of the change process (Harbin, 1996).

### **3.2. Continuous service system**

Halpern (2000) describes the ongoing challenge of developing service systems that are continuous (ie continuously available from birth onwards) or 'seamless', in addition to comprehensive, and providing a continuum of services:

- Continuous or 'seamless' services - based on the principle that there should be no gaps in service from birth to 5 years when children enter school, and services to particular families should evolve in relation to their changing support needs;
- Comprehensive services – based on the principle that vulnerable families have multiple needs and that services, individually or in conjunction, should be able to address them;
- Continuum of local services – based on the principle that, at any time, there should be a variety of types of service available to young families.

### **3.3. At a local community level**

Western societies have become more diverse and more complex, and many forms of government and administration of services are no longer capable of providing families with the supports they need. Don Edgar (2001), in his book "*The Patchwork Nation*", argues that:

*The essence of postmodern society is complexity and diversity, where no lumbering, centrally controlled system can cope. Adaptability is the name of the game... One size will no longer fit all. Government will have to allow for tailor-made solutions to widely different regional circumstances. (p.2)*

This requires re-thinking the role of government as one of “**facilitating** community-building through a range of genuine partnerships with business and community organisations, not as providing (or even purchasing) services top-down” (Edgar, 2001:107). What this would involve is a combination of “top-down” (ie “higher level” federal or state government) guidelines and local decision-making about how these guidelines would be implemented. The Victorian Government now has a Community Building initiative, aimed at improving the ways Government works in partnership with communities to support their hopes and needs. The Office of Community Building has been established in the Department of Premier and Cabinet to strengthen this initiative.

Community building is about participation/empowerment, inclusion/accessibility, tolerance/diversity, and sustainability (Raysmith, 2001). A key feature of this approach is family and community participation in local communities (eg municipalities) to define **their** service needs and desired programs of action, as well as to determine how appropriate existing and new services delivery models are. Recipients of services need to be consulted far more widely than currently occurs in many municipalities. Initiatives involved in community building need to generate social support for families with young children, as substantial research has shown that social support directly influences the well-being of children and families. To quote Don Edgar again:

*Most people ... locate well-being in a sense of belonging, of connectedness, of being part of a whole larger than themselves, whether that is a family, a workplace, a friendship group, a football club or some wider community. (Edgar, 2001:xi)*

This characteristic of communities is known as “**social capital**”, which has been defined by Eva Cox (in 1995) as “*the processes between people which establish networks, norms and social trust and facilitate coordination and cooperation for mutual benefit*”. Research links social capital, and access to it, with direct and indirect benefits for children and families. These benefits include accessible and helpful information networks, improved health, greater well-being, better care for children, and lower crime rates. There is also a correlation between lack of social support and quality of child-rearing, maternal depression, child abuse and neglect.

### **3.4. Focus on prevention, early detection and early intervention**

A number of researchers (Harbin, McWilliam and Gallagher, 2000) and others in early childhood intervention believe that providing **universal** services will result in several important consequences:

- There will be increased prevention because **all** children receive services and so developmental problems can be minimised or avoided. Proven prevention programs are characteristically interdisciplinary by nature; they minimise bureaucratic boundaries; have strong family and community orientation; and they ensure convenient and ready access to a wide array of services.
- There will be **earlier identification** because children displaying signs their needs may not be met will be identified and appropriate care and services initiated.
- This identification will in turn enable **earlier intervention**, and not just in one area of need, the range of services will be far more comprehensive and based on the principle

that, vulnerable families have multiple needs and that services should be able to address them (Halpern, 2000).

### **3.5. Family-centred practice**

Family-centred practice (FCP) is referred to as an essential feature of effective early childhood intervention in a number of the most recent literature reviews of key service delivery principles and recommended practices. These reviews include that of the authoritative American Committee on the Integration of the Science of Early Childhood (Shonkoff and Phillips, 2000).

Family-centred practice (FCP) is increasingly cited as a key strategy known to be effective in supporting families, which describes **how** service providers should relate to parents rather than **what** they should provide. Sophisticated research studies have demonstrated the effectiveness of a family-centred approach in positively influencing both child and family outcomes. FCP involves the receivers of help being offered information about intervention options, sharing decision making, and being directly involved in acting on decisions. It is widely agreed that effective participatory involvement results in (a) parents feeling more in control, and (b) strengthening of parental competencies.

One common theme from the literature is the need for a shared philosophy and operating guidelines across all services. Family-centred practice is considered to fill this need and there is evidence of its positive effects in empowering parents.

#### **4. WAYS OF MOVING TOWARDS MORE COMPREHENSIVE, COORDINATED AND CONTINUOUS MODELS**

Moving towards a more comprehensive and more coordinated early childhood service system is not easy. Hence, most service systems are currently not truly coordinated or integrated. However, several countries are pouring substantial resources into reshaping local services for families and providing more coordinated support. Examples include the Sure Start initiative in the UK; and Proposition-10 (in California), funded by an increase in tobacco taxes, to expand and improve services for young children and families. Proposition-10 has received large infusions of funding eg \$690 million in the 1999-2000 year. This initiative involves optimising each child's preparation for school, and strengthening relationships and building networks between community-based resources. County commissions are responsible for developing strategic plans, and communities are encouraged to engage in broad-based problem-solving approaches. Guiding assumptions include:

- All families need help.
- Multi-stakeholder leadership.

Australia is not nearly this advanced in its acknowledgment of the critical importance of investing in the early years of life, and the need for locally-driven integrated service systems. In the Australian context, re-organising the system would include the following steps:

- The organising focus for services needs to shift to a community level;
- Restructuring needs to be done in conjunction with members of the local community; focusing on 'something for everyone and more for those in special need';
- The network of primary care services should be backed up by a range of more specialised support services which serve a number of neighbourhoods (Vimpani, 1996).

## **5. CONCLUSION**

As a basis for designing social policies based on current child development research, Hertzman (2000) identifies a number of 'strategic conclusions':

- Improving child development will occur by improving the environments in which children grow up. The challenge is one of adopting an environmental perspective when agencies have traditionally understood their role to be the provision of one-on-one client services. The fact that health, well-being and competence all have essentially the same principal determinants means that the aims of a wide variety of government departments can be met through cross-sector action for child development.
- Determinants of child development have an impact at all levels: family, neighbourhood, community and economy. This underlines the importance of a strategy that is cross-sector, multi-level, and has strong local leadership.

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## 7. GLOSSARY OF TERMS

(These definitions clarify how the terms are used throughout this document.)

Community	A group of individuals or families that share certain values, services, institutions, interests, or geographic proximity (Barker, 1991).
Community development	Efforts made by professionals and community residents to enhance the social bonds among members of the community, motivate the citizens for self-help, develop responsible local leadership, and create or revitalize local institutions (Barker, 1991).
Comprehensive	Able to address all needs of children and families (Centre for Community Child Health, 2002)
Coordination	Acting in combined order for the production of a result (The Shorter Oxford English Dictionary, 1973). A more structured form of integration than linkage, but it still operates largely through the separate structures of current systems (Leutz, 1999).
Early childhood intervention	Early childhood intervention consists of multi-disciplinary services provided to children from birth to 5 years of age to promote child health and well-being, enhance emerging competencies, minimize developmental delays, remediate existing or emerging disabilities, prevent functional deterioration, and promote adaptive parenting and overall family functioning (Shonkoff & Meissels, 2000).
Empowerment	The process of helping individuals, families, groups, and communities increase their personal, interpersonal, socioeconomic, and political strength and influence toward improving their circumstances (Barker, 1991).
Family-centred practice	'Family-centred practice, across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses upon the strengths and capabilities of these families' (Allen and Petr, 1996: 68). It involves 4 dimensions of principles, policies and practices: 1. Responding to family priorities; 2. Empowering family members; 3. Employing a holistic (ecological) approach to the family; and 4. Demonstrating insight and sensitivity to families (McWilliam, Tocci & Harbin, (1995), in Harbin, McWilliam & Gallagher, 2000).
Inclusive	Willing and able to cater for the needs of all children, including those with disabilities and from different ethnic and cultural backgrounds (Centre for Community Child Health, 2002).

Integration	<p>The process of bringing together components into a unified whole (Barker, 1991).</p> <p>The state in which all services are linked to one another and using common procedures and practices (Centre for Community Child Health, 2002).</p> <p>On an integration continuum, linkage precedes coordination which precedes full integration (Leutz, 1999).</p>
Intervention	<p>An activity implemented by a professional (or other individual outside the family) intended to deal with a problem affecting health or development (McLoughlin &amp; Nagorcka, 2000).</p>
Risk factors	<p>Biological, psychosocial or environmental factors that increase chance of sub-optimal developmental outcome (Oberklaid, 2000).</p>
Resilience	<p>Successful adaptation following exposure to stressful life events (McLoughlin &amp; Nagorcka, 2000). Good outcome despite vulnerability and presence of risk factors (Oberklaid, 2000).</p>
Prevention	<p>Activities implemented to avoid development of problems before they arise (McLoughlin &amp; Nagorcka, 2000).</p> <p>Involves efforts to deter or forestall the occurrence of disorder, disease or problem. Preventive interventions occur prior to the onset of negative functioning and seek to reduce the incidence or prevalence of negative outcomes (Dunst et al, 1990).</p>
Protective factors	<p>Factors that modify or ameliorate individual's response to factors that predispose to poor outcomes (Oberklaid, 2000).</p>
System	<p>A combination of elements with mutual reciprocity and identifiable <i>boundaries</i> that form a complex or unitary whole. Systems may be physical and mechanical, or combinations of these. Examples of social systems include individual families, groups, a specific <i>social welfare</i> agency, or a nation's entire organizational process of education (Barker, 1991).</p>
Vulnerability	<p>Susceptibility to negative developmental outcomes (McLoughlin &amp; Nagorcka, 2000).</p>

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