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INTEGRATING EARLY CHILDHOOD SERVICE DELIVERY: RATIONALE AND PRINCIPLES

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OUTLINE

- Rationale for integrated services
- Forms of collaboration and integration
- Integrating early childhood services
- Guiding principles for integrated children's services
- Resources



PROBLEMS IN MEETING CHILD AND FAMILY NEEDS VIA CURRENT SYSTEM



CHALLENGES CURRENTLY FACING SERVICES FOR CHILDREN AND FAMILIES

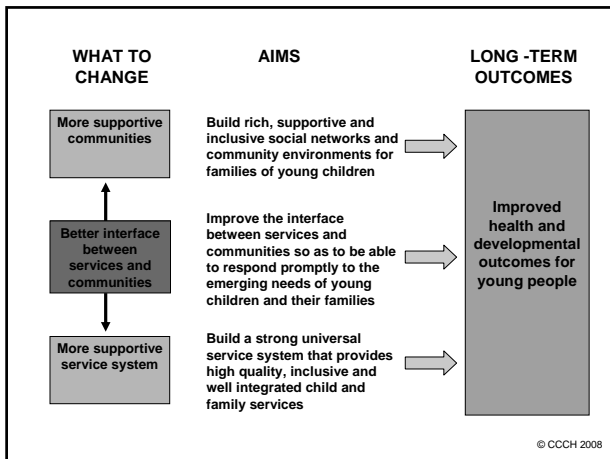
- The service system is having difficulty providing support to all families who are eligible
- Services cannot meet all the needs of families that they do serve - no single service is capable of meeting the complex needs of many families
- Families have difficulty finding out about and accessing the services they need
- Services are often not well integrated with one another and are therefore unable to provide cohesive support to families
- Services have difficulty tailoring their services to meet the diverse needs of families

CHALLENGES CURRENTLY FACING SERVICES FOR CHILDREN AND FAMILIES (cont)

- Many families are isolated and lack supportive personal networks - extended family, friends or other families of young children
- Services are typically focused on and/or funded on the basis of outputs rather than outcomes, and therefore tend to persist with service delivery methods that may not be optimally effective
- Services are typically treatment-oriented rather than prevention- or promotion-focused, and therefore cannot respond promptly to emerging child and family needs
- Child care and early childhood education services are funded and run separately

CHALLENGES CURRENTLY FACING SERVICES FOR CHILDREN AND FAMILIES (cont)

- Government departments, research disciplines and service sectors tend to work in 'silos'
- Responsibility for provision of services to children and their families is spread across three levels of government - federal, state, and local - with different planning processes and funding priorities
- Most specialist intervention services are already underfunded, and it is looking increasingly unlikely that they can ever be fully funded in their present forms



Effective solutions never come from separate programs or services tackling the problems in isolation from the surrounding community. They come from integrated, wraparound, linked efforts across a whole range of community agencies aimed at improving the quality of life and support.

Halfon (2005)

INTEGRATING EARLY CHILDHOOD SERVICES



DEFINING SERVICE INTEGRATION

Service integration is best understood as an ecological 'Integrated Children's System' that is centred on the child and their family, served through service coordination, and supported through integrated organisations and agencies.

Siraj-Blatchford & Siraj-Blatchford (2009)

FORMS OF COLLABORATION / INTEGRATION

- Policy (or whole-of-government) integration
- Regional and local planning integration
- Service delivery integration
- Teamwork integration

All forms of collaboration are needed for successful collaboration and integration of services.

FORMS OF COLLABORATION / INTEGRATION (cont)

- **Policy (or whole-of-government) integration** – involves working collaboratively across departments, portfolios or levels of government to address complex issues which cross individual agency boundaries.
- Another whole-of-government approach takes the form of integrating responsibility for related policy area within a single government department (eg. DEECD)
- Similar moves to locate early childhood and schools in the one department have recently been made in the UK, New Zealand and Sweden.

FORMS OF COLLABORATION / INTEGRATION (cont)

Regional and local planning integration

- This may involve new governance structures, planning and management committees, or interagency working groups.
- Local examples of this form of planning integration include the work of the East Gippsland Early Years Committee and the Shepparton Best Start Partnership.

FORMS OF COLLABORATION / INTEGRATION (cont)

Service delivery integration

- At the direct service level, integration can take many forms.
- These are often depicted as falling along a continuum from coexistence to integration:
coexistence – cooperation – coordination – collaboration – integration
- They may also take the form of 'virtual' service integration or actual / co-located integration

CONTINUUM OF COLLABORATION / INTEGRATION

- **Coexistence** involves services operating independently of one another and with no sharing of information or resources
- **Cooperation** involves a low-intensity, low-commitment relationship in which the parties retain their individual autonomy but agree to share information (eg. networking)
- **Coordination** involves a medium-intensity, medium-commitment relationship in which the parties retain their individual autonomy but agree to some joint planning and coordination for a particular time-limited project or service (eg. regional referral committee)
- **Collaboration** involves a high-intensity, high-commitment relationship in which the parties unite under a single auspice to share resources and jointly plan and deliver particular services
- **Integration** involves a complete merging of services to form a new entity

SERVICE COORDINATION GRID

	COEXISTENCE	COOPERATION	COORDINATION	COLLABORATION	INTEGRATION
'Virtual' model	Services operate independently, are located separately, and have no formal or informal links	Services operate independently and are located separately, but meet to network and share information	Services operate independently and are located separately, but coordinate to provide multi-agency services to families with multiple needs	Services operate independently and are located separately, but pool resources to provide a multi-disciplinary / multi-agency service	Services combine to form a single entity providing integrated interdisciplinary services but operating from a variety of locations
Co-located model	Services operate independently and have no formal or informal links, but are co-located	Services operate independently, but are co-located and meet to network and share information	Services operate independently, but are co-located and coordinate to provide multi-agency services to families with multiple needs	Services operate independently, but are co-located and pool resources to provide a multi-disciplinary / multi-agency service	Services combine to form a single entity operating from a single location and providing integrated interdisciplinary centre-based services

FORMS OF COLLABORATION / (cont)

Teamwork

Different forms of teamwork have been identified:

- **Multidisciplinary teamwork:** several professionals or professional disciplines work in parallel to meet the needs of the child and family, with limited interaction and exchange of information and expertise
- **Interdisciplinary teamwork:** several professionals or professional disciplines coordinate their services to the child and family, but with limited crossing of disciplinary boundaries
- **Transdisciplinary teamwork:** several professionals or professional disciplines provide an integrated service to the child and family, with one professional acting as a conduit of services for the team

FORMS OF LINKAGE ACROSS DIFFERENT SYSTEMIC LEVELS

	COEXISTENCE	COOPERATION	COORDINATION	COLLABORATION	INTEGRATION
Whole of government level	Departments plan and fund services autonomously, with no reference to each other	Departments meet to share information about policies and services but do not do any joint policy development or planning	Departments develop joint plans to address particular needs and coordinate efforts to address these needs	Departments develop joint plans to address particular needs and pool resources to fund particular initiatives	A whole-of-government policy and funding framework is developed and guides the work of all departments
Regional / community level	Different levels of government, departments and non-government services plan and deliver services without reference to one another	Different levels of government, departments and non-government services meet to share information but do not plan or deliver services jointly	Different levels of government, departments and non-government services develop joint plans and coordinate efforts to address identified local needs	Different levels of government, departments and non-government services develop joint plans and pool resources to address identified local needs	A comprehensive community-based or regional vision and action plan is developed, backed by a formalised commitment from all stakeholders
Service level	Services operate independently and have no formal or informal links	Services operate independently but meet to network and share information	Services operate independently but coordinate to provide multi-agency services to families with multiple needs	Services operate independently but pool resources to provide a multi-disciplinary / multi-agency service	Services combine to form a single entity (eg. children's centre) providing integrated child and family services
Teamwork level	Multidisciplinary teamwork model	Multidisciplinary teamwork model	Interdisciplinary teamwork model	Interdisciplinary teamwork model	Transdisciplinary teamwork and key worker models

GUIDING PRINCIPLES FOR INTEGRATED CHILDREN'S SERVICES



GUIDING PRINCIPLES FOR THE ESTABLISHMENT AND OPERATION OF INTEGRATED CHILDREN'S CENTRES

- **Principle 1** – Governance and planning is informed and inclusive
- **Principle 2** – Service philosophy and provision is driven by the needs of children and their families
- **Principle 3** – Child, family and community participation is actively promoted and supported
- **Principle 4** – Professional practice is based on respectful relationships
- **Principle 5** – Children's centre practice and programs are evaluated and reviewed

PRINCIPLE 1 - GOVERNANCE AND PLANNING IS INFORMED AND INCLUSIVE

- **Local planning processes.** Planning processes for the new children's centres are informed by local government strategic planning activities.
- **Regional or state planning processes.** Planning processes for the new children's centres are informed by regional and state government strategic planning activities
- **Physical or virtual location of the children's centre.** The children's centre forms part of a precinct of services for children and families either co-located in the same building, built in the same area of land or as a virtual member of a children's precinct
- **An Integrated Service Model** informed the design and location of the Centre

PRINCIPLE 1 (cont)

- **Management/practitioner involvement in the planning and design processes.** Staff members from involved services and schools are actively consulted and involved in the design and planning processes
- **Land availability and suitability.** The land size allocated for the development is adequate in meeting the needs of the service model
- **An integrated governance model.** Centres have a governance structure that has control over a pooled budget and a mandate and accountability to provide management, planning and administration and ensure the delivery of comprehensive services and supports. Principles of integrated working are embedded into all policy and practice documents and are communicated to all staff and parents.

PRINCIPLE 1 (cont)

- **Commitment to integrated service model.** All those involved in the governance of the Centre as well as other service and community stakeholders are strongly committed to the integrated service model.
- **Parental involvement in governance and planning.** Services should be planned in partnership with parents who, if given the opportunity, can be highly perceptive about their own needs
- **Logic modelling.** Staff have a clear understanding of how the services provided achieve the desired outcomes.
- **Centre accessibility.** Centres are easily accessible to parents, both in the physical / geographical sense and the psychosocial sense.

PRINCIPLE 2 - SERVICE PHILOSOPHY AND PROVISION IS DRIVEN BY THE NEEDS OF CHILDREN AND THEIR FAMILIES

- **Clarity of focus.** Centres develop a clear understanding and agreement as to who is the principle focus of Centre activities, and how the sometimes competing needs of children, parents and families are to be met.
- **Outcomes-based approach.** Staff and parents develop agreements as to what outcomes the Centre should be seeking to achieve, and staff keep these outcomes in mind at all times when designing and implementing programs.
- **Common service philosophy.** All services and service providers share a common philosophy regarding staff relationships with children and families. This should incorporate family-centred and strength-based approaches.

PRINCIPLE 2 (cont)

- **Universal and inclusive service provision.** The core services provided by Centres are universal (i.e. available to all children and families), and Centres adopt an inclusive and non-stigmatising approach to programming and planning.
- **Sensitivity to diversity.** The Centre's services are sensitive and responsive to family and community cultural, ethnic, and socio-economic diversity.
- **Service networks.** Each Centre is part of a comprehensive integrated local service system that is able to address individual child and family needs.
- **Services for children.** Centres provide children with stimulating and safe learning environments and a wide variety of learning and social experiences.

PRINCIPLE 2 (cont)

- **Co-location of services.** The services to be integrated are housed in the same premises or neighbourhood if possible.
- **Early care and learning.** Centres seek to integrate child care and kindergarten practices into a seamless early learning and care approach.
- **Evidence-based practice.** Both the manner in which services are provided as well as what form the services take are based on the best available evidence.
- **Services for families.** Families have available to them a range of support and intervention programs and services, including parenting programs.

PRINCIPLE 2 (cont)

- **Provision of information.** Centres ensure that parents are fully informed about the services and facilities that are available to them, both within the Centre and outside.
- **Service accessibility.** Access to the different services and programs provided by the Centre is made as simple as possible including outreach capacity.
- **Referral to and from other services.** There are standardised referral processes for referrals into or out of the service. Consent from parents for information sharing and providing feedback to referrers is an integral part of the process.
- **Information sharing.** Upon obtaining consent from families at the start and through any intervention, there is effective information sharing within the integrated team and with relevant external services.

PRINCIPLE 3 - CHILD, FAMILY AND COMMUNITY PARTICIPATION IS ACTIVELY PROMOTED AND SUPPORTED

- **Engagement with children.** Relationships with children are characterised by a fundamental respect for each child, and recognition of the importance of them building attachments with staff/professionals.
- **Child-centred practice.** Work with children is based on the core principles of child-centred practice, including responsiveness and building on children's strengths and interests.
- **Family and community priorities.** Programs and services are based upon the needs and priorities of families and communities.

PRINCIPLE 3 (cont)

- **Parent-to-parent contact.** Centres provide a range of opportunities for families to meet other families, and promote the development of supportive social networks.
- **Protection from harm.** The social and physical environment will be designed to protect children from harm.
- **Engagement with families.** The commitment and consistency with which staff engage with families is critical. The starting point of this relationship is a fundamental respect for families, which is reflected in policies as well as practices.
- **Family-centred practice.** Work with families is based on the core principles of family-centred practice, including building partnerships with parents, basing services on family priorities, and recognising and building on family strengths and competencies.

PRINCIPLE 3 (cont)

- **Family care giving practices.** Wherever possible, family care giving priorities and practices should be incorporated into the Centre's care, so that the child and family see the Centre as a natural extension of the home.
- **Family-friendly environment.** The Centre provides a welcoming and family-friendly physical and social environment.
- **Monitoring children's development.** Staff help parents monitor children's developmental progress and well-being, and take parental concerns about their children seriously.
- **Reaching marginalised families.** Special efforts (including outreach) are made to reach and engage marginalised families, such as those with limited social networks and few experiences of working positively with child and family services.

PRINCIPLE 3 (cont)

- **Skills for engaging children.** Staff are provided with training and ongoing support in the core skills needed to work effectively with children.
- **Skills for engaging parents.** Staff are provided with training and ongoing support in the core skills needed to work effectively with parents, including relationship building, partnership building, family-centred practice and strength-based approaches.
- **Monitoring child and family needs.** Staff are provided with training in helping parents monitor their children's development and in discussing parenting and family issues.

PRINCIPLE 3 (cont)

- **Community consultation and involvement.** The local community (including residents, interest groups,) should be regularly consulted about community service needs and directly involved in the planning, design and governance of Children's Centre services.
- **Community use of facilities.** The Centre's facilities are available for use by parent and community groups.

PRINCIPLE 4 - PROFESSIONAL PRACTICE IS BASED ON RESPECTFUL RELATIONSHIPS

- **Effective leadership.** Strong leadership is critical to making integrated service provision a success. Leaders need to be able to inspire and support all staff through a process of change. Effective leaders also need to be able to work across traditional divides and create new solutions to service delivery challenges.
- **Relationships between team members.** Effective integrated working is founded on and sustained by strong professional relationships between staff. Training and support should focus on building and maintaining such relationships.
- **Positive organisational climate.** The Centre manager and senior staff seek to build a positive organisational climate based on mutual respect and effective communication with staff, parents and other stakeholders

PRINCIPLE 4 (cont)

- **Models of teamwork.** Teamwork is based on an inter-disciplinary teamwork model, with trans-disciplinary and key worker models used for selected families.
- **Commitment to integrated service model.** Staff selection and training is based on ensuring that staff are committed to the integrated service model.
- **Pre- and post-establishment training.** To ensure the successful establishment of new Centres, the staff involved are provided with support and training in integrated service delivery (including teamwork).
- **Cross-disciplinary training.** Training in core skills and knowledge areas is conducted on a cross-disciplinary basis.

PRINCIPLE 4 (cont)

- **Induction of new staff.** There are induction processes designed to support new staff in becoming effective members of the integrated service team.
- **Professional development for leaders.** Leadership of an integrated service is a challenging role, and ongoing support and professional development for managers is needed.
- **Industrial issues.** Staffing conditions and responsibilities reflect the operations of the centre rather than an historical approach.
- **Clarification of staff roles.** Delivering programs within an integrated service model is challenging for managers, administrators and service delivery staff used to working within traditional stand-alone service formats, and clear descriptions of their new roles within an integrated service need to be developed.

PRINCIPLE 5 - CHILDREN'S CENTRE PRACTICE AND PROGRAMS ARE EVALUATED AND REVIEWED

- **Process evaluation.** Centres seek ongoing feedback from families and other centre services to establish whether the services are being delivered as planned and in a manner that is consistent with best practice. This is used to adjust services so as to better meet child and family needs.
- **Impact evaluation.** Centres seek to measure the impact of the services on children, families, and service providers to establish the extent to which the intended outcomes are being achieved.
- **Process of regular review.** Process and impact evaluation data are used as the basis for regular reviews of the Centre's outcomes, objectives and services.
- **Quality improvement and assurance.** There is a clear focus on improving the quality and effectiveness of the services and a continuous quality improvement process.

RESOURCES



BEST PRACTICE PRINCIPLES: *EVALUATION AND REVIEW*

- Centre for Community Child Health (2008). ***Evaluation of Victorian Children's Centres - Literature Review***
<http://www.education.vic.gov.au/ecsmanagement/integratedservices/research/litreview.htm>
- Iram Siraj-Blatchford & John Siraj-Blatchford (2009). ***Improving development outcomes for children through effective practice in integrating early years services.*** London, UK: The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).
http://www.c4eo.org.uk/themes/earlyyears/effectivepractice/files/c4eo_effective_practice_kr_1.pdf

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