

Partnerships in early childhood services:

Why we need them, how to build them, and who we should build them with

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Abstract

A key theme of this Conference is *Let's work together*, which is a call to develop partnerships with families, cultural groups, and communities. This paper will explore why we need partnerships, what they involve, and who we should be partnering.

Why do we need partnerships? There are several persuasive reasons. One is that the current system for delivering services to young children and families no longer works well enough. This means that we need new ways of delivering services, and these will require everyone's input to devise and implement. There is also evidence suggesting that better outcomes can be achieved through partnerships. What is involved in partnering? Among other things, effective partnerships are based on agreement about common goals, and recognition and valuing of the unique contribution and strengths of the partner. They are also require mutual trust and true sharing of decision making. Who do we need partnerships with? The Conference theme suggests that we should be seeking partnerships with families, cultural groups and communities. In addition, we need to think about partnerships with other services and with government. And last but certainly not least, we should be building partnerships with children themselves.

Finally, the other two Conference themes - *Let's learn together* and *Let's do it* – will be considered briefly, and implications for the future of early childhood and family support services outlined.

INTRODUCTION

A key theme of this Conference is *Let's work together*, which is a call to develop partnerships with families, cultural groups, and communities. This paper focuses on that theme, with a brief look at the other two main themes at the conclusion.

In addressing the theme of working together, we will explore

- why we need partnerships,
- what they involve, and
- who we should be partnering.

WHY DO WE NEED PARTNERSHIPS?

In order to understand why we need to be working in partnerships, we need to understand the broader context of social and economic change and the challenges

that these pose for all human services. We also need to take account of recent key findings about child development and family functioning.

Key social and economic changes:

The key changes that have occurred over the past two or three decades include:

- Significant changes in families and family circumstances over the past two or three decades
- Difficulties that the existing service system has in providing integrated services to families with complex needs.
- Worsening developmental outcomes for adolescents and young adults, which have prompted renewed efforts to understand the factors that promote or undermine optimal functioning in children and families.

Each of these is considered in more detail below.

Changes in families

Regarding **structure**, families have changed significantly over the past two or three decades - they are more varied in their structure, and more diverse culturally and ethnically:

- families are smaller
- childlessness is increasing
- mother's age at first birth is increasing
- more single parents
- more blended families
- more same sex couple families
- more shared custody arrangements

Regarding **cultural and ethnic diversity**, there has been an ongoing influx of migrants and refugees from an ever-widening range of countries, ethnic groups and religions. This contributes to Australia becoming an ever less and less homogeneous society.

Changes in family circumstances

The circumstances in which families are raising young children have also changed:

- more parents are working
- more mothers with babies are working
- more parents are doing shift work and working non-standard hours
- more parents are working longer hours
- more families are jobless
- more children are being raised in poverty

Other key social changes include:

- There has been a partial erosion of traditional family and neighbourhood support networks, due to factors such as increased family mobility and the search for affordable housing
- There has been an increase in the number of parents whose own experiences of being parented were compromised, and who therefore have difficulty parenting their own children
- All these factors have contributed to an increase in the number of families with complex needs
- These social changes have also contributed to an undermining of confidence among parents in their ability to raise their children well
- There is no longer a social consensus about the right way to bring up children, or even that there is a single right way
- Overall, parenting young children has become a more complex and more stressful business for many families

Challenges currently facing services for children and families

As a result of these and other factors, early childhood and family support services are struggling to meet the needs of young children and families. The main challenges and problems are as follows:

- First, the service system is having difficulty providing support to all families who are eligible
- Second, 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
 - these unmet needs may loom larger in the lives of parents than the needs of the child with a developmental or mental health problem.
- Third, families have difficulty finding out about and accessing the services they need
- Fourth, services are often not well integrated with one another and are therefore unable to provide cohesive support to families
- Fifth, services have difficulty tailoring their services to meet the diverse needs of families
- Sixth, services are typically treatment-oriented rather than prevention- or promotion-focused, and therefore cannot respond promptly to emerging child and family needs
- Seventh, the service system does not maintain continuous contact with families of young children during the early years
- Eighth, many families are isolated and lack supportive personal networks - extended family, friends or other families of young children
- Ninth, the early childhood field is undervalued and underfunded, and has difficulty attracting and retaining staff

- Tenth, many people working with children and families have not had opportunities to learn about recent early childhood research findings
- Finally, many people working with children and families have not been trained in ways of working with families

In addition, there are some more general systemic issues that undermine the effectiveness of early childhood and other human services:

- Government departments, research disciplines and service sectors tend to work in 'silos' – that is, they plan, fund and deliver services independently of one another. This is despite strong evidence for the benefits of a coordinated approach to service delivery.
- The early childhood sector does not present a united front - there is a tendency for particular service types to seek their own preservation at the expense of working collectively towards better outcomes for children and families through improvements in the overall system
- Responsibility for provision of services to young children and their families is spread across three levels of government - federal, state, and local - with different planning processes and funding priorities
- Governments are more concerned about promoting general economic growth than reducing economic disparities. This is despite evidence that wider social inequalities are linked with poorer developmental outcomes.
- Governments spend a disproportionate amount on services for adults and the aged, in comparison to the very young, despite the greater developmental importance of the early years and the greater likelihood of young children living in poverty

Concern about worsening developmental outcomes

Another important consideration is the evidence of worsening (or unacceptably high) developmental outcomes for adolescents and young adults in most developed nations, including Australia. These outcomes cover the full range of health and well being, as follows:

- **Mental health** - eg. depression, suicide, drug dependence
- **Physical health** - eg. obesity, diabetes, heart disease
- **Academic achievement** - eg. literacy levels, retention rates, educational outcomes
- **Social adjustment** - eg. employment, juvenile crime

This phenomenon has been dubbed 'modernity's paradox' (Keating and Hertzman, 1999):

'A puzzling paradox confronts observers of modern society. We are witnesses to a dramatic expansion of market-based economies whose capacity for wealth generation is awesome in comparison to both the distant and the

recent past. At the same time, there is a growing perception of substantial threats to the health and well-being of today's children and youth in the very societies that benefit most from this abundance.'

The developmental pathways that lead to each of these outcomes can be traced back to early childhood, leading to a growing interest in forms of early intervention.

All the poor developmental outcomes identified have associated social and financial costs that cumulatively represent a considerable drain on societal resources

New understandings about child development and family functioning

In addition to the three factors so far mentioned – changes in families and family circumstances, challenges faced by human services, and worsening developmental outcomes – we need to look briefly at recent findings about child development and family functioning. We have learned a huge amount about these in recent years, but we will focus on just two key findings here.

■ ***First, both child development and family functioning are shaped by the ongoing interplay among sources of vulnerability or risk and sources of resilience or protection***

- These are multiplicative rather than additive in their effects
- Exposure to adverse conditions does not inevitably damage individuals or thwart development
- Risk and protective factors tend to be pervasive – a person confronting adversity in one context is also likely to be facing it in others as well.
- Behaviour or experiences at one age predispose to the occurrence of risk or protective factors at a later age.
- The implication of these findings is that we need a coordinated systemic strategy to minimise child, family and community risk factors, and to promote protective factors in the lives of young children and their families

■ ***Second, personal support networks have major effects on the well-being of children and families***

- Parents with adequate social support networks are less likely to have low birth weight babies, to abuse their children, or to have mental or physical health problems
- Social support mostly influences child functioning by strengthening parents' ability to raise their children effectively
- Informal support has a greater influence on the personal functioning of parents than formal support
- Whether professional support is as effective as informal social support depends upon the nature of the relationship with the professionals - the more the professionals are seen as part of the family's informal network, the more effective they will be

- The implication of these findings is that one of the key ways in which we can promote family functioning is to help them develop or strengthen their personal support networks.

Implications of these factors for early child and family services

- We need to build stronger personal and community support networks for all families of young children
- We need a more integrated community-based infrastructure geared to the needs of families with young children
- We need services that are truly integrated (not just better linked or coordinated), easy to access, and responsive to emerging child and family needs
- We need a philosophy and way of delivering services that is common to all forms and levels of service

This gives us the direction in which we need to move, but it does not tell us what we need to do to get there, or what a more holistic and integrated child and family service system would look like. Governments around the world are grappling with these same issues, and experimenting with a range of new 'joined up' models of service.

However, despite the many uncertainties that we face, there are some things that we can be sure about: In developing and implementing new and more effective ways of delivering services,

- everyone's input will be needed, including those for whom the services are intended
- service providers and service recipients will need to collaborate
- service providers will need to work together much more closely

In short, we need a new paradigm of service delivery based on partnerships.

WHAT IS INVOLVED IN PARTNERING?

According to Anne Stonehouse (2001), the characteristics of effective partnerships include:

- mutual respect
- trust
- sensitivity to the perspective of the other, or empathy
- on-going open 'both ways' communication
- a common goal that is clear and agreed on, namely the child's well-being
- teamwork, the absence of rivalry or competition
- recognition and valuing of the unique contribution and strengths of the partner
- shared decision making

These characteristics apply to all forms of partnership, including to those between parents and professionals in children's services as much as those that characterise a successful business or personal partnership.

The sharing of decision making is a challenge since it involves sharing power, and that prospect can evoke some primitive fears. Erickson and Kurtz-Reimer (1999) discuss **three myths about power** and three alternative constructions:

- Myth 1: That power is to be avoided because it is evil and always corrupts, with those in power inevitably using it to block changes that will benefit others.

Alternative view: That we cannot realise our values and goals without power, and families need opportunities to exercise power in order to meet their goals

- Myth 2: That there is a finite amount of power, so that the more one person or group has, the less there is for others.

Alternative view: That power is the capacity to do things, and this can develop for many people simultaneously: 'It is a paradox that power that is withheld will shrink, while power that is shared will expand.'

- Myth 3: That power is unilateral, with one person or group in control over others and able to get others to do what want

Alternative view: That power is reciprocal, existing in relationships, with the actions of each party affecting the other and neither being completely powerless.

In analysing the types of relationships that can exist between parents and professionals, Turnbull, Turbiville and Turnbull (2000) identify **three types of power relationships**:

- **Power-over relationships** - professionals exert decision-making control over parents through perceived higher competence, professionalised communication, and control over environmental resources
- **Power-with relationships** - collaborative decision-making is used among parents and professionals through perceived equal competence, contextual communication, and sharing of environmental resources
- **Power-through relationships** - synergistic decision-making among family members, professionals, friends, and community citizens through perceived group competence, 'mind and heart' communication, and the creation of new and preferred environmental resources

Power-through relationships result in **collective empowerment**, which is a process whereby all participants increase their capacity and mastery over the resources needed to achieve mutually desired outcomes. Not only do all partners gain power, but the very nature of the power generated by the partnership is also transformed: power is no longer simply about controlling events and processes, but is also about capacity building: participants gain in competence, abilities, resource acquisition, and

capabilities, all without taking any power from others. Collaboration is mutually beneficial - it is the most effective way of being a professional.

WHO DO WE NEED PARTNERSHIPS WITH?

The Conference theme suggests that we should be seeking partnerships with families, cultural groups and communities. In addition, we need to think about partnerships with other services and with government. And last but certainly not least, we should be building partnerships with children themselves.

Partnerships with parents and families

In a paper entitled 'Reweaving parents into the fabric of early childhood programs', Douglas Powell (1998) depicts the evolving nature of the relationship between early childhood staff and parents in terms of a metaphor:

'Imagine an early childhood program as a woven fabric made of three different colours of threads representing children, parents, and staff respectively. A common pattern weaves the child and the staff threads together, but most or all of the parent threads are woven into a separate section as a parent-involvement component.

Increasingly advanced as a better design is a pattern in which parent threads are interwoven throughout the fabric to represent a more inclusive program approach to working with parents. In an important refinement of this pattern, the separate child and parent threads are replaced by a family thread that is interwoven with staff threads; in this pattern, programs are meant to work with children and parents within their family contexts.' (p. 60)

As Powell indicates, parents have not always been treated as partners. McWilliam, McMillen, Sloper and McMillen (1997) reviewed the evolution of philosophies and practices towards families in US early childhood services, and concluded that there were four prevailing philosophies or views of families:

- **families as victims** – families are seen as victims of poverty, ignorance, and circumstance (although they are also blamed for rearing their children poorly)
- **families as necessary evil** – the goal of the service is the education or care of the child during the day, and families are merely the evening caretakers
- **families as consumers** – families are seen as quasi-employers, and the job of the service providers is to keep them satisfied with the service
- **families as partners** – the service providers and parents make decisions together, and share their complementary expertise openly

Across many human services, a paradigm shift to true collaboration with families is gradually occurring. This involves a shift from provider-driven to family-driven models of service delivery. Osher and Osher (2002) see the differences between these two approaches as follows:

	Assumptions	Family / Provider Roles	Focus of Assessment
<i>Provider-driven systems</i>	Service providers and agencies are expected to fix problems in the child or family.	Providers are viewed as experts with the knowledge and skills to deliver interventions competently. Clients defer to the expertise of professionals.	Treatment needs are assessed and goals set according to the problems presented.
<i>Family-driven systems</i>	A strengths-focused ecological approach guides development of strategies to support the family in the community.	Families are viewed as having expert knowledge to contribute and participate fully in treatment decisions.	Assessment and goal setting is based on the strengths, hopes, and preferences of the child and family.

The emerging paradigm is ***family-centred practice***

- Family-centred practice is a way of working that has a powerful rationale and proven benefits for children with additional needs and their families
- How services are delivered is as important as what is delivered
- Family-centred practice is not just a specialist approach for working with families of children with additional needs, but a universal approach applicable across a wide range of human services

Partnerships with communities

The arguments for working with families in a family-centred way can be matched by arguments that we should be working with communities in a community-centred way.

Key features of community-centred practice:

- Service delivery is based on a partnership between professional services and communities
- Decision-making is shared between communities and professional services
- Services are tailored to meet the needs and priorities of particular communities
- Professionals work with communities to identify and build on community strengths
- A capacity-building and empowerment approach is used to help communities develop solutions to their own problems
- Local resources are mobilised to meet local needs, and new resources developed
- Services are available to all children and families as the need arises
- Professionals collaborate to provide an integrated and holistic system of child and family support services

Llewellyn-Jones (2001) has recently reviewed the literature on community participation in health promotion, concluding that:

- there is strong evidence that involvement of community members in health promotion activities creates more effective outcomes;
- health professionals need to give up their authority and share their sources of power, knowledge and skills;
- health professionals need to accept the agenda set by the community and to take on roles that facilitate and mobilise community action;
- health professionals need to acquire the skills to facilitate effective community participation;
- organisations should be committed to community participation and reflect this in the allocation of resources;
- community structures and values that inhibit or facilitate participation need to be identified;
- social trust is essential for community cooperation and mobilisation; and
- community capacity should be developed and fostered.

Schorr (1997) is another who has argued that community participation is vital for effective service delivery. On the basis of a converging body of knowledge derived from theory, research and practice, Schorr identifies seven attributes of highly effective human services programs, one of which is as follows:

Successful programs deal with families as parts of neighbourhoods and communities. Successful interventions cannot be imposed from without, but respond to the needs identified by the community.

Partnerships with other services and professionals

The grounds for closer relationships between services and professionals have already been outlined:

- The existing system of services does not provide families of young children with an integrated, holistic and easily accessible set of services and supports
- When working with young children and their families, no single individual, discipline, or agency can meet the diverse and complex needs that many families now present
- To meet the needs of children and families, there needs to be new forms of collaboration and partnership between professionals and between services

Partnerships between services

- Partnerships between services can take many forms – from networking through to merging to form a new entity.
- There is evidence that the more services move towards integrated systems in which services are delivered jointly and resources are pooled, the better the results for children and families

- Governments all around the world are exploring ways in which existing resources can be integrated linked and reconfigured to provide 'joined-up' and 'wrap-around' services

Partnerships between professionals

- Professionals need to move away from unidisciplinary and multidisciplinary forms of services towards interdisciplinary and transdisciplinary teamwork
- In transdisciplinary teamwork, all team members (including family members) make decisions and work together
- Intervention is focused on function, not service
- In transdisciplinary teamwork, all team members have to expand their traditional roles and cross professional boundaries
- This involves a sharing and exchange of certain roles and responsibilities, as well as a sharing of information and training.
- Team members continue to be recognised as the authority and resource for their own primary discipline.

Partnerships with government

Can we have partnerships with government? After all, they set the agenda and provide the money, and therefore true equality within the relationship does not seem possible. This is true of the way that most governments currently do business. But the implications of the big picture that we have looked at are that this will need to change if we are to get better results for children and families. Moreover, the principles of family-centred practice and community-centred practice apply just as much to governments as they do to community-based services.

On the grounds that existing human services system is unresponsive, stigmatising and ineffective, there has been growing calls for the reinvention of human services and of the way governments do business. (Adams and Nelson, 1995; Edgar, 2001). Edgar (2001) proposes reconceptualising 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'.

What this would involve is a combination of top-down guidelines and locally autonomous decision-making about how these guidelines would be implemented. This is what the UK Sure Start program calls 'tight-loose controls' – tight on the framework and guidelines, but loose on the form of implementation. A key feature of this approach is local family and community participation in defining service needs and programs of action, based on existing resources and community strengths.

Adams and Nelson (1995) ask what the system might look like if services were actually delivered along such lines:

‘What would it be like if services were designed to strengthen rather than substitute for the caring capacity of families and communities? What if services were shaped by and available to all citizens in their communities, so people could get a little help when they needed it, without always having to fit into a narrow category or be formally processed as "clients"? What if services were geared to recognising and building on the strengths and resources of families and communities, rather than focusing on their deficits?’

There are many organizations potentially involved in the implementing any policy or private, and with different professional orientations. Dokecki and Heflinger (1989) note that these organizations

‘are not neatly and hierarchically arranged, but rather they are what political scientists call "loosely coupled," and it is never easy to get loosely coupled organisations to coordinate efficiently and effectively.’ (p. 61).

In such circumstances, how can a law or policy be implemented effectively? Dokecki and Heflinger (1989) contrast forward mapping and backward mapping approaches. They suggest that implementation is usually tackled from the top down, that is, by forward mapping. An alternative approach, dubbed backward mapping by Elmore (1979-1980) is to decide what a policy is supposed to achieve at the ground level, at what Lipsky (1980) calls the street level:

‘Having carefully specified these street-level policy outcomes, the implementation analytic task is to map backward from the loosely coupled organizations involved in the policy system to determine what must be in place or occur at successively higher levels of the system. It is as if we turn the policy telescope around and look through the lens at the other end. The resulting vista is unusual, but important.’ (p. 61)

Dokecki and Heflinger (1989) see backward mapping and forward mapping as complementary, not competing, approaches:

‘In all our top-down concerns with the machinations of the policy and service delivery systems, however, our focus on what is really at stake [in implementing any new policy or law] must be kept intact: strengthening families – because they are the most crucial element in the social ecology of young children with handicapping conditions.’ (p. 81)

Partnerships between governments. Finally, in considering the role of governments, we might also consider the nature of the relationships between governments in an increasingly globalised and enmeshed world. Many of the pressing problems that face the world today – terrorism, refugees, trade, environment, and health – can only be addressed collectively. Therefore, governments need to establish partnerships with other governments. Greenspan and Shanker (2002) have outlined a framework for international collaboration, based on a psychology of global interdependence.

Partnerships with children

What kind of partnerships can we have with children, and when can we start?

- **Children as partners from birth.** New born children are ready and able to enter into meaningful exchanges and interactions. See Murray and Andrews (2001) - *Your Social Baby* (Melbourne: ACER).
- **Children as shapers of the environment.** One of the fundamental features of children's development is that they affect their environment as well as being affected by it, therefore playing an active part in their own development (Siegel, 1999; Shonkoff and Phillips, 2000; Thompson, 2001).

'The development of the mind has been described as having "recursive" features. That is, what an individual's mind presents to the world can reinforce the very things that are presented. A typical environmental / parental response to a child's behavioral output may reinforce that behavior. Therefore, the child plays a part in shaping the experiences to which the child's mind must adapt. In this way, behavior itself alters genetic expression, which then creates behavior.' (Siegel, 1999, p. 19)

The implication of this is that we should recognise the active role children play in shaping their environment, and their potential role as partners.

- **Children as active learners.** Golbeck (2001) has reviewed research on preschool children's learning and development in preschool settings, and found that child-centred approaches have been shown to have long-term positive effects. These allow the child to regulate the pace of learning and may also be based on child-initiated learning. Golbeck concludes that the most effective model of instruction is one that child-regulated and teacher-guided.

In a study of the long-term effects of different preschool curriculum models, Marcon (2002) found that children's later school success appears to have been enhanced by more active, child-initiated early learning experiences. Their progress may have been slowed by overly academic preschool experiences that introduced formalized learning experiences too early for most children's developmental status.

- **Children as active participants in decision-making.** As children get older, they are progressively more able to be involved in active decision-making. There have been increasing calls for children to be more involved in decisions that affect their lives. These include children with diverse needs, such as children in care (Cashmore, 2002) and children with disabilities (CanChild, 2002)

UNICEF's *State of the World's Children 2003* report (Bellamy, 2003) focuses on the importance of child participation. The report argues that engaging children and young people and including them in the decision-making processes and in the prevention efforts that affect their lives, is essential to addressing these problems. Child participation involves encouraging and enabling children to make their views known on the issues that affect them. Put into practice, participation is adults listening to children - to all their multiple and varied ways of communicating. It ensures their freedom to express themselves and takes their views into account when coming to decisions that affect them. Engaging children

in dialogue and exchange allows them to learn constructive ways of influencing the world around them. UNICEF believes that authentic and meaningful child participation requires a radical shift in adult thinking and behaviour - from an exclusionary to an inclusionary approach to children and their capabilities. The drive to participate is innate in every human being and promoting meaningful and quality participation of children and adolescents is essential to ensuring their growth and development. Children have proved that when they are involved, they can make a difference in the world around them. They have ideas, experience and insights that enrich adult understanding and make a positive contribution to adult actions.

Save the Children is another international organisation that has outlined ways of involving children and young people in decisions affecting their lives, and specifically in the development of National Plans of Action for Children (NPAs) (Save the Children, 2002). Drawing up these NPAs by the end of 2003 was a commitment made by all governments attending the 2002 UN General Assembly Special Session on Children. Previous NPAs for children that have failed have done so due to a lack of involvement of children and young people and the failure to link the goals of the NPAs to the human rights of children.

Save the Children consulted children and young people around the world and found common areas of agreement. These included:

- they are the people directly targeted by the plans and the most important stakeholders
- they are the people with the most direct experience of the situation of children and they can help governments understand their problems better
- they have a right (contained in Article 12 of the UN Convention on the Rights of the Child) to be consulted on all decisions which affect them
- children and young people can - and want to play a part in supporting implementation of the plan they will improve the effectiveness and impact of the plan
- governments should set up mechanisms and channels to enable them to consider children and young people's views, and should ensure that all children and young people know about them

The NSW Commission for Young People has put together a toolkit that relates to children's participation in planning - *Taking PARTicipation seriously - sharing decision making with kids* - <http://www.kids.nsw.gov.au>

- **Children with disabilities.** What about children with disabilities? Noting that goals for children with disabilities are usually set by parents, teachers and therapists, a research team at the CanChild Centre for Childhood Disability Research at McMaster University in Ontario, Canada, recently set out to find out if such children could identify their own competence in everyday tasks and set goals for themselves in occupational therapy (CanChild, 2002). They developed a system called PEGS (*Perceived Efficacy and Goal Setting for Children with Disabilities*) for examining children's self-ratings and goals, and used it with a

group of 6-9 year old children with developmental disabilities who were receiving occupational therapy services. They found that

- the children were able to assess their own abilities and identify their own goals
- the children perceived themselves as more competent than their parents or teachers do, but they were actually quite accurate about what tasks were harder for them
- the children and adults were in agreement about the children's specific areas of competence
- the children's goals were different from those of the adults, and appeared to be quite stable
- the children liked doing the PEGS, and the parents and other adults were impressed at the children's ability to identify their strengths and weaknesses, and were sometimes surprised to hear what was important to the child

CONCLUSIONS

To summarise the argument presented:

- Judging by the outcomes we are achieving for our children and young people, the way that we currently provide services needs to be rethought and reconfigured
- New forms of service based upon partnerships need to be developed
- We should be seeking partnerships on every level – with government, with other professionals and services, with communities, with families, and with children themselves

This paper has focussed principally of the first of this Conference's themes – *Let's Work Together*. To finish, we will briefly consider the other two Conference themes - *Let's Learn Together* and *Let's Do It*.

- ***Let's Learn Together*** is about supporting the early childhood profession learning together, developing and respecting shared understandings as well as diverse disciplines and theories. In developing new ways of working with each other and with parents and communities, we need to learn together as we go.
- ***Let's Do It*** is about discussing and sharing the practical realities in early childhood services, identifying new developments and refreshing the known and accepted ways of working. The practical implications of the big picture presented in this paper are considerable, and can only be worked through in real settings.

So, let's work together, let's learn together, and let's get out there and do it!

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