Background Paper

An integrated approach to early childhood development

About The Benevolent Society

The Benevolent Society is Australia's oldest charity. Established in 1813 we have been caring for Australians and their communities for nearly 200 years. We are a secular, non-profit, independent organistation working to bring about positive social change in response to community needs. Our purpose is to create caring and inclusive communities and a just society.

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Contents

Executive summary

Major social, demographic and economic changes in Australia over the last 50 years have dramatically altered the conditions in which families are raising children. There is evidence that a significant number of children are facing worsening developmental and social outcomes as a result of this 'social climate change'.

The system of services for children and families is struggling to cope with families' increasingly complex needs in the face of this rapid societal change. Services are fragmented, and the system is difficult for families to understand and access. The service system needs to be reconfigured to better meet families' needs.

Research suggests that, while an integrated service system would not directly improve family functioning and children's wellbeing, it would contribute to those outcomes by improving access to services and enabling early identification of problems.

There are four levels at which integration needs to occur:

Government/policy integration is based on the recognition that the wellbeing of children is not the responsibility of any one department. At this level, policy and planning are integrated across government portfolios, departments and agencies.

Regional and local planning integration involves the establishment of an early years partnership group to drive local integration. Strategies include mapping community assets and needs; developing an integration plan; and simplifying parental access to services through single entry points. An important focus is the linking of specialist services with mainstream or universal services.

Service delivery integration can take the form of 'virtual' or co-located integration. Different forms of service level integration fall along a five-point continuum ranging from coexistence (where services operate independently) to full integration (where services merge completely to form a new entity).

Teamwork integration requires professionals to work in teams with members of different disciplines. Types of team integration range from unidisciplinary teamwork (where one discipline attempts to meet all the needs of families) to transdisciplinary teamwork (where team members share roles and cross discipline boundaries).

Two of the most notable efforts to integrate child and family services are Sure Start in the UK and Toronto First Duty in Canada. Both models bring together a range of services in one centre, including early education and care, parenting support, child and family health services, and help with employment. Evaluations of both models have found benefits for children and families.

There is recognition in Australia of the need for an integrated child and family support system. Over recent years there has been an unprecedented level of collaboration between federal and state governments in developing policies and frameworks for early childhood services. While a comprehensive, integrated child and family support system has yet to be developed, there are some promising initiatives.

At a national level, The Department of Families, Housing, Community Services and Indigenous Affairs established its Communities for Children (C4C) initiative to promote a local partnership approach

to planning and delivering services. Established in 45 sites, the program aims to improve children's health, safety and wellbeing in disadvantaged communities. A local non-government organisation (NGO) works with the community to identify needs and develop appropriate strategies. This NGO acts as a broker, engaging other local organisations to help deliver those strategies. The model aims to increase service coordination and collaboration.

At a regional level, integration initiatives include Families NSW, a service coordination program established in 1998 which attempted to integrate planning at the government level. However, subsequent changes to the program have reduced its effectiveness as a comprehensive regional planning process. Also in NSW, the Schools as Community Centres program runs 51 projects in partnership with families, communities and agencies. It runs supported playgroups and activities relating to early literacy and transition to school.

In Victoria, the Best Start program builds local partnerships between parents, services and government agencies to promote better service coordination and joint strategic planning. The Primary Care Partnerships initiative in Victoria aims to improve integration between services within the primary health care system.

International and Australian experiences of integration provide some evidence of the impact that integration has and how best to achieve it. Evidence of the impact of integration is somewhat limited. Research suggests that it is the quality, rather than type, of integration that matters for improving outcomes. Integrated working only benefits families if it results in higher quality interventions.

There is more evidence about the process of integration, which confirms that it is a challenging process requiring commitment, enthusiasm and careful planning. Research highlights a number of barriers to, and factors that promote, successful collaboration. These include issues relating to management and leadership, financing and resourcing, timeframes, and cultural and ideological differences.

There are a number of 'next steps' that would lead to greater integration of Australia's child and family service system. These include embedding targeted services into mainstream services; early years partnerships that drive local integration; and governance and funding models that enable sustainable partnerships. This paper makes recommendations to governments and service delivery organisations on how best to move towards integration.

1. Introduction

This paper was commissioned by The Benevolent Society (TBS) to provide advice on how to move towards greater integration of the various elements of support and/or services needed by children and their families.

The paper was prepared by Dr. Tim Moore, Senior Research Fellow, with assistance from Alexandra Skinner, Project Officer, from the Centre for Community Child Health (CCCH), Melbourne. Preparation of the paper was based on a number of sources: reviews and syntheses of relevant literature (both peer-reviewed and 'grey' literature); reviews of relevant Australian federal and state policies and initiatives; reviews of relevant international policies and initiatives; and a workshop with TBS managers and policy staff. The paper also draws upon CCCH's considerable experience in supporting the development of integrated early childhood services.

The paper includes: a synthesis of evidence regarding societal change and its impact on children, families and communities; the response of governments to these changes; and what is known about effective services, service systems and government policies. The paper also includes a review of evidence regarding integrated service delivery, service systems and policies, and an analysis of current opportunities in NSW and Queensland for greater service integration.

2. The big picture: climate change and social climate change

The changes that have occurred over the past 50 years have been so rapid and so far-reaching that they have had a dramatic impact on the physical well-being of the planet (in the form of climate change) (Flannery, 2005; Garnaut, 2008; Intergovernmental Panel on Climate Change, 2007; Steffen et al., 2004), as well as on the physical and psychosocial well-being of societies (social climate change)(Moore, 2009).

The effect of these changes can be seen in the health and well-being of children and young people. While most children are doing well, there is evidence of worsening or unacceptably high levels of problems in a minority of children (Bruner, 2004; Eckersley, 2008; Li, McMurray & Stanley, 2008; Perrin et al., 2007; Stanley et al., 2005; Richardson & Prior, 2005). These problems are evident across all aspects of development, health and well-being, including mental health (eg. depression, suicide, drug dependence), physical health (eg. asthma, obesity, diabetes, heart disease), academic achievement (eg. literacy levels, retention rates, educational outcomes), and social adjustment (eg. employment, juvenile crime). These problems are 'disorders of the bioenvironmental interface' (Palfrey et al., 2005) rather than conditions with separate or singular causes, and the developmental pathways that lead to most of these outcomes can be traced back to early childhood. This is reflected in the significant numbers of children who arrive at school poorly equipped to take advantage of the social and learning opportunities that schools provide (Centre for Community Child Health and Telethon Institute for Child Health Research, 2007, 2009).

The profound social changes that have occurred over the past few decades have also altered the circumstances in which families are raising young children – parenting has become more challenging, and the stakes are continuing to rise the more we learn about the importance of the early years and the more we understand about the skills that are needed to function successfully in a complex interconnected world. The current service system was designed at a time when family circumstances were simpler and parenting less challenging, and is struggling to meet all the needs of all families effectively (Moore, 2008).

Specific problems faced by the service system include the following (Moore, 2008):

- the service system is having difficulty providing support to all families who are eligible – there are waiting lists for many services

- services cannot meet all the needs of families that they 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 – there is no single source of information about relevant services

- services are 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 and circumstances of families

- services are typically focused 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

- 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.

As a result of the difficulties that the current system of services is experiencing, many children are not receiving the additional help they need (Sawyer et al., 2000; Sayal, 2006). It is often those with the greatest need that are least likely to be able to access available services (Fonagy, 2001; Offord, 1987; Watson et al., 2005).

Perhaps the most dramatic examples of the problems being experienced by traditional service systems is the crisis facing child protection systems (Scott, 2006; O'Donnell et al., 2008; Allen Consulting Group, 2009). However, all other service sectors are experiencing similar challenges, and for similar reasons.

Accompanying these changes has been the emergence of a class of complex problems affecting children and families that cannot be effectively addressed by individual interventions or forms of service. The poor developmental and social outcomes we are witnessing in our young people need to be understood as the cumulative result of complex interactions between a host of social and other factors (Kearns et al.,

2007). These complex manifestations are sometimes referred to as 'wicked problems', not in the sense of them being evil in some way, but in the sense of them being complex and difficult to solve, and requiring action on multiple fronts and levels (Australian Public Services Commission, 2007; Conklin, 2006; Rittel & Webber, 1973).

In the light of these problems, it has become increasingly obvious that the early childhood and family support system needs to be reconfigured to meet the needs of contemporary families more effectively. The next section outlines the ways in which governments have responded to this challenge.

3. Moving towards integrated service delivery: government policies and initiatives

All developed nations have taken action to address these changed circumstances. Some have been driven by a growing awareness of the ways in which some people within society are failing to benefit from the changed social and economic conditions and are therefore achieving poorer outcomes. This has, in turn, led to general public policy initiatives in Australia and elsewhere to address social exclusion and promote a truly inclusive society.

Other initiatives have focused on the needs of young children and their families, and ways of integrating early childhood and family support services. Sometimes these two goals are addressed within the same initiative. International examples of such responses include the UK's Every Child Matters policy and Sure Start initiatives, and Canada's Toronto First Duty program.

In Australia, there have been a number of federal initiatives over the past decade or so. These include the Stronger Families and Communities strategy (and it's Communities for Children initiative) and the current Government's Early Childhood Development strategy. The Federal Government has also worked with the Council of Australian Governments (COAG) which has endorsed a number of national policies and initiatives aimed at young children and families. All Australian States have also taken action to develop early childhood policies and integrate early childhood services.

The move towards more integrated service delivery has been driven by a growing awareness of how fragmented services for young children and their families are, and how that fragmentation undermines the capacity of the service system to support children and families effectively. All the problems identified earlier – whereby planning, funding and services delivery are managed by different levels of government, different departments and different agencies all operating independently of one another – result in a service system that can be difficult for families to understand and access. The families that are most disadvantaged by this situation are those that are most vulnerable – whether because they lack the skills and confidence to negotiate the system, or because they are unfamiliar with the culture and language, or because they are isolated and lack the social networks that would help them find and use the services that are available, or because they have multiple problems and need help from many sources.

The fragmentation of services is particularly problematic for the families of children below school age because there is no universal service that all families use during these years. All children are known to the service system at birth and at school entry, but the contact they have with early childhood and other services between those two points varies greatly. Some families make regular use of the various health, early childhood and family support services during these years, while others make little or no use of them, even if they have concerns about their children or are experiencing family difficulties (Carbone, Fraser, Ramburuth and Nelms, 2004). In such cases, the service system cannot respond promptly to issues as they arise and may only become involved later when the problems have become more entrenched and severe. The lack of a universally used early childhood service has been one of the problems that moves to integrate services are intended to address.

Besides the moves to integrate services, the various policies and initiatives undertaken by governments in Australia

and elsewhere share a number of common features. These include:

- finding more effective ways of reaching vulnerable children and families
- ensuring that all children arrive at school ready to learn
- shifting services to a promotion / prevention focus
- reducing child protection rates
- monitoring children's development and well-being more effectively
- improving the quality of early childhood services
- increasing the use of evidence-based practices.

Many of these themes can be seen in the recommendations emerging from recent reviews of child protection systems in various jurisdictions (eg. COAG, 2009; Wood, 2008) and other analyses (eg. Allen Consulting Group, 2009; Higgins and Katz, 2008; O'Donnell, Scott and Stanley, 2008; Scott, 2006). These all point to the same set of solutions: a move to preventive practices, a focus on promoting the well-being of all children, and a coordinated approach to addressing problems as they emerge. For instance, the recent Report of the Special Commission of Inquiry into Child Protection Services in NSW supports the premise of shifting child protection to a prevention approach that utilises a range of services to achieve that goal. The report states:

> '… child protection systems should comprise integrated universal, secondary and tertiary services, with universal services comprising the greater proportion. They should be delivered by a mixture of the non-government sector and state agencies, with DoCS being a provider of last resort.' (Wood, 2008)

Similarly, the Council of Australian Governments' new National Framework for Protecting Australia's Children (COAG, 2009) takes the view that protecting children is everyone's business, and that Australia needs to move from seeing 'protecting children' merely as a response to abuse and neglect to one of promoting the safety and well-being of children.

Another common feature of all these policies and initiatives is that none of them have succeeded as yet in making significant improvements in child and family outcomes. One reason for this is that our efforts to alter the circumstances in which families are raising young children are relatively modest so far, and have not been in place long enough to begin to counteract the effects of social climate change. Another reason is that we have not yet clearly identified how to reconfigure the service system so as to support families more effectively. The next section addresses this question.

4. Service systems and government support: what works for children and families

To understand fully how best to support young children and their families, we need to take into account what we know about child development, family functioning, community functioning, direct service delivery, service systems and the role of government. These do not develop or function independently of one another, but constitute different levels of a complex social ecological system in which each level affects and is affected by the levels closest to it (Bronfenbrenner, 1979; Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 1998).

Because the focus of this paper is on how to move towards greater integration of the supports and services needed by children and their families, we will concentrate on the last two of these key elements only: what is known about service systems and about the role of government.

Service systems

What do we know about how best to organise services into a system that effectively supports families of young children in rearing their children as they (and we) would wish? There is a considerable research literature on what makes service systems effective and what problems parents of young children experience in accessing and using services. Based on analyses and research reviews by Allen Consulting Group (2008), Beresford & Hoban (2005), Boston Consulting Group (2008), Centre for Community Child Health (2007, 2008, 2009), Fine et al. (2005), Lewis (2010), Pope & Lewis (2008), Soriano et al. (2008), Watson (2005), and Watson et al. (2005), the key features of effective integrated service systems for vulnerable families are as follows:

- **Universal and inclusive service base.** The core services are available to everyone and designed to be inclusive, non-stigmatising and welcoming. The usual approach to addressing the needs of vulnerable or exceptional families has been a targeted approach which involves supplementing a relatively narrow band of universal services (eg. maternal health services) with a range of targeted programs that provide additional services to individuals, groups or localities identified as being at risk. There are good grounds, both empirical and theoretical, for adopting a universal approach to service provision, strengthening the range of universal services and providing additional services in response-based fashion (according to emerging needs rather than risks).

- **Information provision.** Parents have access to information in various forms regarding the community facilities and professional services that are available.

- **Range of services.** Families have access to a broad range of interventions which include both practical, material services and more complex work (such as enhancing parenting skills), including opportunities to be engaged in their children's learning.

- **Multiple interventions.** Programs using multiple interventions addressing several risk areas work better than those using a single intervention strategy.

- **Service redundancies.** Services are provided in a range of formats and locations to suit the different needs and preferences of diverse groups. Thus, parenting services might be available in formal (eg. Triple P) and informal (eg. facilitated playgroups) formats. Multiple formats are needed because of evidence

to suggest that the most vulnerable families may be deterred from using children's centres if they perceive a critical mass of more affluent, assertive and confident parents to be dominating the use of services.

- **Accessibility.** Services are made as accessible (in all senses, including geographical, cultural and psychological accessibility) as possible. Active assistance (eg. with transport or interpreters) is provided as required.

- **Multiple single entry points.** There are multiple entry points and no 'wrong door': whatever service a child is brought to should either provide help, or help find a more suitable service that is easy to access.

- **'Soft' and 'hard' entry points.** A mix of 'soft' and 'hard' entry points to the service system is provided. Universal services can be used to provide an important soft entry point of first contact, whereby parents can access support to more specialised services.

- **Integrated services.** Some core services are integrated, either as a 'virtual' network or an actual co-located service (as in service hub models and children's centres).

- **Embedded specialist services.** Specialist or targeted services are embedded in universal services (eg. schools, maternal and child health centres, churches, libraries and health clinics).

- **Active / assertive outreach.** There are outreach services designed to find and build relationships with vulnerable and marginalised families, and link them with services that match their needs and preferences.

- **Mentoring.** 'Experienced' parents are recruited to act as mentors for 'new' parents. Mentoring helps to achieve positive outcomes with various client groups, such as young parents and isolated parents.

- **Community-based early years partnerships.** The planning and management of integrated service systems requires the establishment of community-based early years partnerships.

- **Articulation of a shared vision and achievable goals.** It is important to have a strong vision with clear objectives and achievable goals. A shared vision provides a platform for building shared responsibility and accountability between organisations and sectors, providing a base for collective action, planning and service delivery. Problems arise when policy objectives are vague or there are too many goals to be reached in a short time.

- **Facilitation capacity.** Effective service systems usually have an identified person or agency that is funded to facilitate / coordinate collaboration between services, and support the work of early years partnerships.

- **Integrated governance arrangements.** The sustainability of community-based early years partnerships depends upon establishing integrated governance arrangements that involve all stakeholders and provide a structure for leadership and processes for funding and accountability.

- **Building a supportive culture.** Effective integrated systems require a supportive culture based on collaboration between services, mutual respect and trust between professional groups and providers, and shared responsibility for vulnerable families and children.

- **Active community participation.**
  Parents and other community members
  should be active participants in the
  planning, delivery and evaluation of
  integrated services.

- **Commitment and support from senior
  levels of government.** The success of
  integrated service networks depends on
  supporting coordination in the field with
  parallel coordination within government
  and planning bodies.

In addition to these structural properties
of effective integrated service systems, a
number of vital process qualities have been
identified: how services are delivered is as
important as what is delivered. Key process
qualities include:

- **Engagement with parents.** The success
  of integrated services ultimately depends
  upon the level of engagement and the
  quality of the relationships established
  between professionals and parents, at
  both individual and group levels.

- **Partnerships with parents.** Effective
  services work with parents as partners
  using family-centred practice principles.

- **Empowerment of parents.** Effective
  services help parents develop new skills
  and competencies in meeting the needs
  of their children and families, and in
  making full use of early childhood and
  family support services.

With these structural and process features
of effective service systems in mind, what
do we know about the extent to which
early childhood and family support services
in Australia are organised in the ways
that effectively support families in their
childrearing roles?

While Australia has a well-established
tradition of providing early childhood and
family support services, these are not
generally organised into service systems
that have the features listed above. For
a start, the service systems are not truly
universal (in the sense of being available to
all people in all localities) or fully inclusive,
and levels of provision vary between states.
Our service systems also lack single entry
points, outreach services for vulnerable
families, governance structures for early
years partnerships, and funding for a
facilitator role. A good start has been made
on some of the other key features – such as
developing integrated hubs or centres, and
establishing community-based early years
partnerships – but these initiatives have not
yet become a consistent feature of early
years service systems across the country.

Government policies and funding

What contribution can government make to
support families, communities and services
in rearing young children as they would
wish? The overall role of government is
to try and create the conditions that will
enable families to raise their children as
they (and we) would wish. Government's
ability to do this effectively is limited by a
number of factors, the main one being that
governments do not have full control over
all the relevant conditions. This is because
many are emergent conditions – either
emergent group patterns of behavior (eg.
changing birth rates), or conditions that
are side-effects of other policies or social
changes (eg. fragmentation of communities)
– and therefore not always predictable.

However, governments are able to provide
important forms of support that form part
of the conditions under which families

are raising young children. As with direct service delivery, two aspects of government policy development and funding are important: what is delivered and how it is delivered.

Regarding what is delivered, governments can provide direct financial support to families, fund various child and family programs, and shape the way services are delivered through policies, curriculum frameworks, and quality assurance processes. Regarding how government does this, there is evidence that the manner in which government develops and delivers policy and support is important for how effective it is in achieving desired outcomes. In today's rapidly changing world, it is not possible for government to predict all patterns of behaviour or need, and it therefore needs to be constantly working with families, communities and other levels of government, and monitoring social indicators, so as to be able to adjust funding and policies to match emerging conditions. This requires a balance of top-down and bottom-up decision-making processes, and greater devolution of responsibility to local services and communities.

What do we know about the extent to which governments are effectively supporting families, communities and services in enabling families to raise their children as they (and we) would wish?

Australian governments, regardless of political persuasion, have maintained a tradition of providing both direct funding to parents (income tested to ensure most is targeted at lower-income families) as well as funding a range of universal and targeted programs. Over the last few years, there has been an unprecedented level of collaboration between federal and state governments in developing policies and frameworks for early childhood and family support services.

Many of the recent initiatives at both state and federal levels have been place-based, and have allowed a significant measure of local determination of needs and outputs within broad state- or federal-level outcomes frameworks. It will take some time before these initiatives yield measurable benefits for families. Moreover, it remains a challenge for governments to know how to share decision-making and resource allocation with other governments and with communities while maintaining accountability for outcomes and public expenditure.

Conclusions

- In the light of rapid and ongoing social change, it has become increasingly obvious that the early childhood and family support system needs to be reconfigured to meet the needs of contemporary families more effectively.

- There is a considerable research literature on what structural and process qualities make service systems effective – how services are delivered is as important as what is delivered.

- While Australia has a well-established tradition of providing early childhood and family support services, these are not generally organised into service systems that have the structural and process features of the most effective systems.

- Government services need to become more responsive to the emerging needs of children and families, and therefore more flexible.

5. Building an integrated service system: what we can do

Outcomes for children and families are the result of a wide range of factors, both direct and indirect, that interact with one another and cumulatively affect the course of children's development and wellbeing. Similarly, efforts to improve outcomes must involve a wide range of actions and interventions. No single intervention can hope to achieve sustainable improvements on its own.

In Victoria, the Centre for Community Child Health has been working for the past decade on understanding the factors that affect child development, and has developed a model of what needs to be done to improve outcomes for children and to support their families more effectively. This model proposes that action is needed on three fronts simultaneously: building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services (Moore, 2008). Within each of these spheres of action, we can identify a number of strategies or interventions. Each intervention is based on evidence that the issue addressed is of importance for child development and/or family functioning, and that the intervention itself is backed by research evidence and/or strong program logic.

The three spheres of action

Building more supportive communities. As a result of the pervasive economic, social and demographic changes that have occurred over the past few decades, there has been a partial erosion of traditional family and neighbourhood support networks. This has left many parents of young children with relatively poor social support networks and therefore more

vulnerable. There are a number of general strategies for addressing this problem, including providing multiple opportunities for families of young children to meet, ensuring that streets are safe and easily navigable, and ensuring that there is an efficient and affordable local transport system that gives families ready access to services and to places where they meet other families.

Creating a better co-ordinated and more effective service system. In light of the difficulties that services have in meeting all the needs of all families effectively, the service system needs to become better integrated so as to be able to meet the multiple needs of families in a more seamless way. This involves three interlinked elements: building a strong universal service system, backed by a well-integrated tiered system of universal, secondary and tertiary services, strengthening direct services to children, and strengthening support services to families. There are a number of specific interventions within each of these elements.

Improving the interface between communities and services. The existing service systems are unable to respond promptly to the emerging needs of all parents and communities, partly because of the lack of effective channels of communication. For service systems to become more responsive, improved forms of dialogue between communities and services are needed. This needs to occur at all levels, involving service providers in their dealings with individual families, agencies with their client groups, and service systems with whole communities. Specific interventions include providing staff with training in family engagement and relationship-building skills, employing community links workers

to build relationships with marginalised and vulnerable families, and creating opportunities for parents to be actively involved in the planning, delivery and evaluation of the services and facilities they use.

Each of these interventions needs to be included in a comprehensive local plan to address the needs of young children and their families in a particular community. None of the individual interventions on its own will make a significant and sustainable difference to child and family outcomes; they only do so in concert with other forms of action.

We will now explore the second major sphere of action, creating a better co-ordinated and more effective service system in more detail.

Building a better coordinated and more effective service system

Building an integrated service system can begin with small initiatives, such as integrating early education and care services within a long day care program. However, the full benefits of integrated service delivery can only be gained by creating an integrated service system that involves a wide range of services that work directly or indirectly with young children and their families. What follows is a listing of the strategies or interventions that are involved in building an integrated service system. These strategies are taken from a series of guides developed by the Centre for Community Child Health as part of its Platforms Service Development Framework (2009).

As elaborated in these guides, the major strategies involved in building an integrated service system are:

- establishing a community-based early years partnership group to oversee the development of integrated service system

- gaining agreement regarding an overall vision and specific outcomes that the partnership is seeking to achieve

- appointing a community partnership facilitator to help build links between services and support the work of the partnership group

- documenting community demographics, mapping assets and identifying needs

- creating an integrated action and evaluation plan

- simplifying parental access to services by developing common protocols that allow families to gain access to all services through single entry points

- developing ways in which secondary and tertiary services can expand their roles to strengthen the capacity of the universal system to meet the needs of children more effectively

- building the capacity of early childhood and family support staff to work collaboratively with parents in monitoring their children's health and development

- building the capacity of early childhood and family support staff to work collaboratively with parents in identifying emerging parenting and family issues.

If the strategies just outlined are implemented as planned, then we can expect the following immediate benefits and outcomes:

- families will find it easier to access early childhood and family support services

- service providers will be better informed about available services

- services will be more effectively integrated, doing more joint planning and service delivery

- parents will be better informed about available services and facilities

- children's health and developmental problems will be diagnosed earlier

- referral of children with health or developmental problems to specialist services will be prompter

- problems with parenting and family functioning will be recognised earlier

- referral of families experiencing difficulties in parenting and meeting family needs will be prompter.

It should be noted that none of these outcomes involve actual changes in child or family functioning. What integrating services does is to provide children and families with more direct and immediate access to a full range of services, and ensure that the service system responds promptly to emerging child and family problems. These direct outcomes will, in turn, contribute to the broader outcomes relating to child and family functioning that we are ultimately seeking to achieve, namely:

- improvements in the health, wellbeing and development of the children involved

- improvements in their 'school readiness'

- improvements in general family functioning of their families

- improvements in the ability of the families to meet their children's learning and care needs.

Thus, integrating services is a means to an end rather than an end in itself. Moreover, it is important to recognise that integrating services is just one of many other strategies (including other government initiatives) that contribute to these broad outcomes. In evaluating the effectiveness of integrated service systems, it is important to do so in terms of the direct outcomes rather than the broader outcomes regarding child and family functioning.

6. Forms of collaboration and integration

The previous section outlined what is involved in creating an integrated service system for young children and their families. This is one of four different levels at which integration needs to occur: national or whole-of-government level, regional and local planning level, agency or direct service level, and practitioner or teamwork level. For effective integrated services and service systems, all four levels need to be involved.

Policy (or whole-of-government) integration

Sometimes known as 'joined up' government, this involves 'working collaboratively across departments, portfolios or levels of government to address complex issues which cross individual agency boundaries' (State Service Authority, 2007). According to Valentine et al. (2007), the purpose of *policy integration* is to ensure that:

- the program is 'owned' by all the relevant government agencies that have a stake in the wellbeing of children, rather than being seen as the domain of only one department or portfolio

- the tensions which are inherent in any such programs are minimised (for example, to ensure that data on newborns can be shared between health and non-government organisations

- the bureaucratic obstacles to implementation of the program are addressed (for example, that schools can be opened at weekends to house family support programs).

Whole of government approaches are difficult to achieve, needing political will and ongoing high level commitment to have a chance of succeeding (Choi, 2003;

Homel, 2004). As noted in a recent report on joined up government by the State Services Authority in Victoria (State Services Authority, 2007), joined up approaches need to be balanced with portfolio-based, functional accountabilities. Delivering government outcomes therefore requires a mix of the traditional vertical structures of government with cross portfolio approaches.

Another whole-of-government approach takes the form of integrating responsibility for related policy area within a single government department. The most relevant example of this approach is the move to place early childhood education and care services under the auspices of a Department of Education, such as has recently occurred in Victoria and Queensland, as well as in a number of countries including New Zealand and Sweden (Haddad, 2002; Meade & Podmore, 2002; Taguchi & Munkammar, 2003).

Regional and local planning integration

As discussed in the previous section, this level of integration involves the establishment of regional or local interagency planning groups or partnerships to take responsibility for the creation of local integrated service systems. The key aims of an integrated approach to service delivery include reduction of duplication and overlap, accessing limited resources and expanding opportunities, increasing efficiency and effectiveness, organisational legitimacy, resolving intractable social problems (wicked problems) and completing complex projects (Keast & Mandell, 2009).

In forming such early years partnerships, there are two key issues to consider: how

to ensure that all relevant services are involved, and how to link the mainstream or universal services with the various specialist services.

In thinking of the first of these issues – what services need to be involved – it can be important to consider the full range of influences on child and family functioning, and all those involved in addressing those influences. These include:

- mainstream child-focused services such as child care and preschool programs

- health services such as maternal and child health services, GPs, oral health services, nutritionists etc.

- family support services such as parenting programs, welfare and child protection services, financial counseling

- services for families from CALD and refugee backgrounds

- disability services such as early childhood intervention services

- mental health services such as child and adolescent mental health services, family counselling, marital counselling.

Other relevant services include those that address the conditions under which families are raising young children, including housing and homelessness services, employment services, and transport services. In addition, there are often a number of community-based support services provided through cultural groups, faith groups, and volunteer organisations.

The second issue to be considered is how to link the mainstream or universal services with the various specialist services (eg. disability, mental health etc.). In the existing system, these specialist treatment services

are mostly located separately from universal services; there are referral 'bottlenecks' that result in delays in help being provided; and the communication between services tends to be one way. Services are having difficulties meeting the needs of all children and families effectively because they are too dependent upon scarce specialist services. Inevitably, there are delays in children with additional needs receiving the specialist support they need, and many children end up getting little or no help at all (Moore, 2009; Sawyer et al., 2000; Sayal, 2006).

The existing service system of universal, targeted and treatment services needs to be reconfigured as an integrated and tiered system of secondary and tertiary services, built upon a strong base of universal and primary services (CCCH, 2006; Drielsma, 2005; Gallagher et al., 2004; Jordan & Sketchley, 2009; Moore, 2008, 2009; O'Donnell et al., 2008; Perry et al., 2007). There have been numerous descriptions of tiered service systems, usually involving three or four levels (eg. Gascoigne, 2006, 2008; O'Donnell et al., 2008; Zeanah et al., 2004). An integrated tiered system – sometimes referred to as a public health model (Bromfield & Holzer, 2008; Jordan & Sketchley, 2009; O'Donnell et al., 2008 Scott, 2006), and also dubbed progressive universalism (Feinstein et al., 2008) – differs in approach from the current system in a number of important ways. It can respond to emerging problems and conditions, rather than waiting until problems become so entrenched and severe that they are finally eligible for service. It focuses on targeting problems as they emerge through the secondary and tertiary layers, rather than people as risk categories, thus avoiding unnecessary stigmatising. It aims to drive expertise down to universal and secondary services, strengthening their capacity to deliver prevention and early intervention

strategies. It would have outreach bases co-located with universal services to facilitate collaboration and consultant support.

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 (Audit Commission, 1998; Fine et al., 2005; Horwath & Morrison, 2007; Toronto First Duty, 2005; Turnbull & Turnbull, 2000; Valentine et al., 2007). A synthesis of these accounts yields the following five-point continuum:

- *Coexistence* involves services operating independently of one another, 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.

Horwath & Morrison (2007) describe the integrated model as follows:

> *'Integrated services are characterised by a unified management system, pooled funds, common governance, whole systems approach to training, information and finance, single assessment and shared targets….. Partners have a shared responsibility for achieving the service goals through joint commissioning, shared prioritization, service planning and auditing. Joint commissioning can be one of the major levers for integration, service change and improving the delivery of children's services ….. Ultimately, joint commissioning may lead to the merger of one or more agencies, who give up their individual identities for a shared new identity.'*

These various forms of collaboration and integration may take the form of 'virtual' service integration or actual co-located integration. Co-location of services is seen to be desirable for two reasons: because it can promote closer working between the services involved and because it makes it easier for families to access a range of services (the idea of a 'one stop shop'). However, while co-location of services might seem like the ultimate goal of integration, it may not be desirable or feasible in all circumstances. For example, in rural or remote areas the co-location of services might disadvantage those who cannot easily access the chosen location. What would work better for them is 'virtual' service integration – while the services are not co-located, they do operate as a single entity with common protocols and service philosophies.

Teamwork

Integrated services require professionals to work in teams, often with members of different disciplines. For those used to working in traditional ways, multi-agency teamwork can be difficult to achieve (Anning et. al., 2007). Different forms of teamwork have been identified (Anning et al., 2006; Briggs, 1997; Chandler, 2006; Watson et al., 2002; Watson et al., 2000). The four forms of teamwork identified by Briggs (1997) are representative:

- *Unidisciplinary teamwork:* one professional or one professional discipline attempts to serve all the needs of the family and child.

- *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.

In transdisciplinary teamwork, all team members have to expand their traditional roles. 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.

Watson and colleagues (2000, 2002) suggest that transdisciplinary working would be rated most highly by families, but as yet there is no evidence to show how or to what extent these models are implemented in practice and what effects they have on outcomes for children and families. Transdisciplinary teamwork is the preferred model in early childhood intervention services (Davies et al., 2006; Kilgo et al., 2003; McWilliam, 2000; Woodruff and Shelton, 2006). Best practice guidelines for transdisciplinary teamwork have been developed by the US Council for Exceptional Children's Division of Early Childhood (McWilliam, 2000).

Two other teamwork models that are worth noting are the *key worker model* (Drennan et al., 1997; Mukherjee et al., 1999; Sloper et al., 2006) and the *Team Around the Child* model (Davies, 2007; Limbrick, 2004, 2007; Siraj-Blatchford et al., 2007).

Conclusions

- Efforts to improve outcomes for children and families must involve a wide range of actions and interventions; no single intervention can hope to achieve sustainable improvements on its own.

- Action is needed on three fronts simultaneously: building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services.

- For integrated service delivery to become a standard feature of the service system, there needs to be integration of policies, planning and funding at national, state and regional levels. At the regional or local area level, some form of early years partnership to guide the development of integrated services

is needed, preferably with a person or agency acting as broker or facilitator.

• In forming such early years partnerships, there are two key issues to consider: how to ensure that all relevant services are involved, and how to link the mainstream or universal services with the various specialist services.

• The existing service system of universal, targeted and treatment services needs to be reconfigured as an integrated and tiered system of secondary and tertiary services, built upon a strong base of universal and primary services.

7. Existing models of service integration

International models

No country has yet succeeded in integrating all the services that children and families might need (eg. child welfare, child health, child care and education, family support, family therapy, mental health, maternity, alcohol abuse, support for the unemployed etc.). However, there have been some notable efforts to integrate some of these services, including Sure Start in the UK and the Toronto First Duty program in Canada.

Sure Start has been described as the most ambitious early intervention program in the world (Katz & Valentine, 2007). It is the first large-scale comprehensive community initiative to be funded by a central government, and the ongoing evolution of this program highlights a key issue faced by early years programs around the world: how early intervention services can develop from a series of isolated and often short-term programs into a range of services which are as mainstream as schools or hospitals (Katz & Valentine, 2007). Melhuish et al., (2010) note that the investment in Sure Start utterly transformed early-year services while representing a relatively small contribution from the perspective of treasury—just 0.05% of public expenditure. In its latest incarnation, Sure Start Children's Centres are places where children under five years old and their families can receive seamless holistic integrated services and information, and where they can access help from multi-disciplinary teams of professionals. The UK Government is committed to delivering a Sure Start Children's Centre for every community by 2010. Evaluations have been conducted by the National Evaluation of Sure Start team (Anning et al., 2007; National Evaluation of Sure Start, 2008) and summarised by Melhuish et al. (2010) and Schneider et al. (2008). (http://www.dcsf.gov.uk/everychildmatters/about/surestart/surestart/)

Toronto First Duty is a Canadian model that was designed to build a universal platform to improve children's development and societal outcomes. It did this by creating a service delivery system that provides a seamless blend of integrated early learning, care, services, and supports, for all young children and their families in defined communities. This model has been well evaluated and provides a number of valuable indicators regarding the conditions needed for such models to operate effectively (Corter et al., 2006, 2007, 2009). (www.toronto.ca/firstduty)

Australian models

National level
At the national level there has been a much greater focus on early childhood issues and services in recent years. The focus of the current Federal Government's efforts in this area has been its National Early Childhood Development Strategy and the various National Partnership Agreements reached with the Council of Australian Governments. Both the level of activity and the degree of agreement reached are unprecedented. However, there is still no true whole-of-government planning mechanism at the national level, and the Early Childhood Development Strategy itself looks more like a collection of initiatives that are praiseworthy in their own right but are not yet driven by an overall vision of a truly universal, inclusive and comprehensive system (Helyar et al., 2009).

One federal department that has promoted a local partnership approach to planning and service delivery is the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) through its Communities for Children initiative.

Communities for Children.
Communities for Children is part of the FaHSCIA's Family Support Program which provides prevention and early intervention programs to families with children up to 12 years, who are at risk of disadvantage and who remain disconnected from childhood services. Of the 45 current sites funded under the Program, eleven are located in New South Wales and eight in Queensland. A local non-government organisation (Facilitating Partner) in each site acts as broker in engaging smaller local organisations to deliver a range of activities in their communities. Evaluations of the program from 2004-09 (Edwards et al., 2009; Muir et al., 2009) indicate that the Communities for Children program has been successful in increasing service coordination and collaboration, and that there were small but positive flow-on benefits for families, children and communities. However, without ongoing funding, it is unlikely that these service coordination programs or the benefits gained from them will be sustainable.

State and regional levels
At the state level, some states (eg. South Australia, Victoria, Queensland) have addressed the need to integrate services by consolidating early years services into single departments. Several states have also established senior interdepartmental committees to coordinate planning and policy for early childhood services.

At the regional level, there are some well-established strategies for creating partnerships that have been shown to be effective in promoting integrated service planning and delivery. These include New South Wales' Families NSW and its Schools as Community Centres program, and Victoria's Best Start and Primary Care Partnerships models.

Families NSW. This service coordination program commenced in 1998 under the title Families First and was a groundbreaking attempt to integrate planning at a whole-of-government level. Implementation evaluations of Families NSW have been conducted by the Social Policy Research Centre at the University of New South Wales (Fisher et al., 2006; Valentine et al., 2007). These showed that the initiative was slow to get going in some areas, and planning often took longer than anticipated. Ultimately, however, the program was judged to have made 'significant gains towards developing structures and processes to support and extend the service network system that is coordinated and focused on prevention and early intervention support for children and families' (Fisher et al., 2006, p. 19). Subsequent changes in auspicing and functioning of Families NSW appear to have reduced its effectiveness. It now functions as a way of coordinating government services and allocating government funding according to government priorities, and does not involve the non-government sector or consumer representation in the initial high level planning. While the importance of partnerships and collaboration is acknowledged, this appears to mean coordinated planning rather than integrated service delivery. While there is the option of funding being used for service coordination, most

funding is allocated for programs. The evaluation processes in place focus on the efficacy of individual programs in improving indicators, not on improving the conditions under which families are raising young children or on the efficacy of integrated service delivery.

Schools as Community Centres. One of the initiatives operating under the auspice of Families NSW is the Schools as Community Centres (SaCC) program. These support families with young children birth to eight years with a particular focus on the years prior to school entry. Each SaCC project responds to the needs of local families with children by providing a range of activities such as supported playgroups, transition to school, early literacy programs, health and nutrition initiatives and parenting programs. In 2008 across NSW there were 51 SaCC projects. They are delivered in partnership with families, communities, schools and the human services agencies. Local SaCC facilitators, schools and interagency partners plan collaborative initiatives to develop capacity in young children birth to eight years, families and local communities.

Best Start. Commencing in 2001, the Best Start initiative in Victoria supports communities, parents and service providers to improve universal early years services so they are responsive to local needs. It has a strong emphasis on prevention and early intervention and is based on building local partnerships. These partnerships include representatives of local parents, providers of services for young children and their families, the tiers of government, and other key groups who are involved in, and can impact upon,

the day-to-day lives of young children and their families within a community. There are 30 Best Start project sites across the state, six focusing specifically on working with Aboriginal communities. Evaluations indicate that these partnerships have been effective in promoting better service coordination and joint strategic planning (Raban et al., 2006).

Primary Care Partnerships. Another well-established service coordination strategy is Victoria's Primary Care Partnership (PCP) model. Introduced in 2001, PCPs are designed to improve coordination among health services in a catchment and thereby improve health outcomes. Altogether, there are over 800 agencies that have come together in 31 PCPs across Victoria. Evaluations of this strategy have shown that it is successful in promoting significant integration within the primary health care system and this has resulted in improved coordination of services and more positive experiences for consumers with the health system (Australian Institute for Primary Care, 2003, 2005; KPMG, 2005; Walker et al., 2007).

Direct service level
At the *agency or direct service leve*l, most integration initiatives have taken the form of establishing 'one stop shop' child and family centres. Integrated children's centres have been or are in the process of being established in South Australia (20 centres), Victoria (98), Tasmania (11), and Queensland (4). These vary in what services are included and how fully integrated the services are.

Queensland Early Years Centres. TBS is the lead agency in two of Queensland's Early Years Centres. Strategies for integration include a partnership model which involves

funding partner agencies to appoint a staff member to the centre's multidisciplinary team. Another strategy is the development of a three tiered governance model that includes a strategic governance group with senior level representatives from government and non-government agencies; a local advisory group involving representatives from local government and non-government agencies who have direct involvement with the Early Years Centre (e.g. regional director of maternal and child health; local school principle) and a consumer reference group.

The service model includes a range of universal and targeted health, early childhood education and care, and family support services, as well as soft entry outreach programs including mobile playgroups and community engagement activities. The model includes specialist pediatric health services as well as family preservation and reunification services.

Less work has been done on developing tiered service systems that strengthen the relationships between specialist and mainstream services. However, there are some examples of innovative programs that seek to provide assertive outreach or 'soft entry' points for vulnerable or hard to engage families. These include:

Yummy Café. Funded through The Benevolent Society's Communities for Children program, Yummy Café is a community café run by the YWCA which operates as a social enterprise. It is located right in the centre of disadvantaged and more affluent areas so it is well positioned to allow different communities to mix. The café offers low cost healthy food, a space for children to play, and a venue for other Communities for Children projects to run courses and workshops. The café also provides a space for families to meet and connect. The café environment encourages participation because it is informal and families need not feel intimidated. The setting is also appealing as it offers childcare, and a safe play area for children.

SDN Family Resource Centre. Funded through FaHCSIA's Local Answers program, the Family Resource Centre provides information, advice and support for parents with young children aged zero–eight in Sydney's south-west (SDN Children's Services, 2009). Built on a history of service delivery and close working relationships with community partners in the area, and utilising a previously existing Resource Centre (Toy Library) as a foundation, the Centre responds to locally identified needs by providing a non-targeted, non-stigmatising soft entry point as a base on which to build layers of trans-disciplinary support for families. The Centre complements and fully integrates with SDN Resource Centre and other services in the local network to contribute to the provision of inclusive, comprehensive services for children and families. As such, SDN Family Resource Centre represents an integrated model in action. The Centre's services are hierarchically arranged. At the primary or universal level, and open to all members of the community, the Centre *contributes a qualified early childhood education* teacher to the staff of the existing children's Resource Centre (Toy Library). At the targeted or secondary level, the Centre offers *Stay and Play* sessions (facilitated playgroups) where parents and carers focus on playing with children

in a quality play environment, supported by the early childhood education teacher and a family resource worker (social worker). Also at the secondary level are *Parent Groups*, offered in partnership with Relationships Australia, that provide opportunities for parents to come together to focus on issues of concern or to access new information, in the company of staff with whom they have a relationship and who they can trust. At the highest or tertiary level of intervention, *Individual Family Support* delivered by a trans disciplinary team offers intense, individualised, intervention for families with the wide range of challenges that some parents face.

Practitioner level

At the *practitioner or teamwork level*, relatively little work has been reported on how to build integrated interdisciplinary or transdisciplinary teams.

Conclusions

- From this review we can see that there are no Australian initiatives that match the scale of some of the overseas models. The Australian Government's Early Childhood Development strategy, despite having much to recommend it, does not yet match the breadth of vision of the UK's Every Child Matters policy framework or the scope of the Sure Start program. At the state level, no state government has yet articulated a vision of a fully integrated service system as outlined in this paper.

- Nevertheless, there is a widespread recognition that services need to become better integrated, and various national and state policies and funding initiatives have focused on this goal. As a result, there has been a significant increase in on-the-ground efforts to integrate services.

8. Improved service integration: what we have learned

Governments throughout the developed world have moved towards integrating early childhood services. Initially they have done so on the basis of a strong rationale rather than strong evidence. Nevertheless, there is emerging evidence that initiatives to promote greater integration of services can be successful under the right conditions. Well-integrated early childhood services require the development of integrated policies and practices at all levels: whole-of-government, regional, service, and team level. However, it is apparent that, whatever the level of integration, successful collaborations are challenging to achieve and sustain without ongoing support and investment.

Demonstrating that improved collaboration between professionals and greater integration of services have a positive impact on children and families is difficult, because it is neither feasible nor ethical to randomly allocate families to 'joined up' and 'not joined up' services and then compare outcomes (Valentine et al., 2007). Nevertheless, while research evidence is still limited, existing evidence suggests that integrated service delivery can have positive benefits for children, families and professionals. Reviews of the literature on collaboration and partnerships (Centre for Community Child Health, 2008; Fine et al., 2005; Lord et al., 2008; Siraj-Blatchford & Siraj-Blatchford, 2009; Valentine et al., 2007) suggest the following conclusions:

- While partnership working is widely assumed to be a good thing, it can be difficult to put into practice successfully - it requires careful planning, commitment and enthusiasm on the part of partners, the overcoming of organisational, structural and cultural barriers and the development of new skills and ways of working (Percy-Smith, 2005, 2006).

- The evidence suggests that there is confusion among policy makers, service providers and consumers as to what integrated service delivery is intended to achieve and what it means in practice (Siraj-Blatchford & Siraj-Blatchford, 2009). The current guidance and terminology associated with integrated service provision needs greater clarity.

- The quality rather than the type of integration is what matters in terms of improving outcomes (Siraj-Blatchford & Siraj-Blatchford, 2009). Therefore, it is important to develop a clear, shared understanding of what is meant by 'quality' in integrated delivery of early years services and to ensure that services adopt agreed quality standards.

- Effective integrated working is principally based on the personal relationships that are established between workers. While these may be effective in the short run, they may not be sustainable (Department for Children, Schools and Families, 2007).

- Although it is not possible to use the most rigorous research methods to measure outcomes of integrated services (Valentine et al., 2007), there is indirect evidence that multi-agency coordination initiatives can have benefits for children, families and professionals. The evaluations of Sure Start in the UK (Melhuish et al., 2010; National Evaluation of Sure Start, 2008) found some modest benefits for children living in areas where a Sure Start Local Program (usually involving an integrated child and family service hub) operated when compared with children living in similar areas that did not have a service hub. The children showed better

social development, exhibiting more positive social behaviour and greater independence/self-regulation than their non-SSLP counterparts. Evaluations of the Toronto First Duty program (Corter et al., 2006; Toronto First Duty, 2008) also found benefits for the children (they benefited socially and developed pre-academic skills.

- Evidence that families benefit comes from a range of studies (Dunst & Bruder, 2002; Corter et al., 2006; Harbin et al., 2000; Harbin & West, 1998a, 1998b; McGregor et al., 2003; Melhuish et al., 2010; National Audit Office, 2006; National Evaluation of Sure Start, 2008; Robson, 2006). Positive outcomes include better flow of resources, supports, and services, parent satisfaction with provision of needed services, improved well-being and quality of life, and reducing the impact of social isolation. Service integration only benefits children and families if it results in higher quality intervention (Valentine et al., 2007).

- The quality of care services for children is the central and most consistent factor that determines the effects of those services on children. There is evidence that the program quality is higher in integrated programs than in non-integrated programs (Toronto First Duty, 2008).

- There is also evidence that integrated service models have benefits for service providers (Allen et al., 2002; Corter et al., 2006; National Audit Office, 2006; Schrapel, 2004; Toronto First Duty, 2008; Young et al., 2006) and encourage collaborative practice between service providers.

As Fine et al. (2005) note,

' ….it is evident that there is no 'science' of administration, or even a consensus about the 'state of the art' that could provide a fail safe blueprint for the reform of fragmented patterns of service delivery. There is however, a sufficient degree of agreement amongst experts that, properly applied, integration initiatives can bring considerable benefits to those who depend on the assistance provided.'

Another key finding is that service integration only benefits children and families if it results in higher quality intervention (Katz & Valentine, 2007). Children and families are changed by relationships with people who work directly with them, not by the policies or networks or agreements that professionals reach. Unless the policies and practices that are designed to promote service integration and collaboration produce positive changes in the quality of the services that children and families receive, they cannot be expected to show positive changes as a result.

This does not mean that other types of direct interventions such as home-visiting or parent education would necessarily be more effective. As Katz & Valentine (2007) have pointed out, these focus on individual children and families rather than whole communities, and are too costly to implement faithfully on a national scale. Integrated service systems have impacts that are more subtle than the well-known forms of evidence-based intervention, but the effects are potentially much more long-lasting and far-reaching.

Factors that promote or hinder service integration

Overall, there is considerably more evidence regarding the process of multi-agency working than on the outcomes of such collaborations (Sloper, 2004). These process studies have produced consistent findings on the factors that promote or hinder multi-agency collaboration.

Reviews of co-ordinated multi-agency service delivery (Atkinson et al., 2005; McGregor et al., 2003; Siraj-Blatchford & Siraj-Blatchford, 2009; Sloper, 2004; Valentine et al., 2007) have identified the following *barriers to successful multi-agency collaboration:*

- top-down decision making

- too many players and initiatives

- lack of clarity regarding roles and responsibilities

- differences in organisational aims, lack of consensus on aims or overambitious aims

- lack of commitment and support from senior management

- poor communication and information sharing

- inadequate resources and lack of joint budgets

- lack of ongoing training

- lack of leadership

- lack of time for joint working and training

- negative professional stereotypes and lack of trust and understanding between individuals and agencies

- constant reorganisation and frequent staff turnover

- lack of qualified staff

- financial uncertainties

- different professional ideologies and agency cultures.

Reviews of integrated service delivery (Atkinson et al., 2005; Johnson et al., 2003; Pope & Lewis, 2008; Siraj-Blatchford & Siraj-Blatchford, 2009; Sloper, 2004; Toronto First Duty, 2008; Valentine et al, 2007) have identified the following *factors that promote successful multi-agency collaboration:*

- commitment or willingness to be involved

- understanding roles and responsibilities

- having common aims and objectives

- effective communication and information sharing

- strong leadership and a multi-agency steering or management group

- understanding the culture of collaborating agencies

- providing adequate resources for collaboration

- participatory planning processes

- involving the relevant staff and agencies

- sharing and access to funding and resources

- joint training and team building

- appropriate support and supervision for staff.

In addition to these research findings, there have been a number of lessons learned from working with community-based partnerships about the challenges services face when seeking to build stronger linkages between services. Based on extensive experience in working with such

partnerships, the Centre for Community Child Health has identified the following lessons learned:

- partnerships take time to become effective – this is because it takes time to build trust between the individuals and organisations involved

- local leadership is critical – when leadership was lacking, partnerships were weak

- local facilitation is also important – there needs to be someone who is paid to facilitate and support the partnership

- early years partnerships have difficulty shifting from a service-based approach to an outcomes-based approach - the first impulse of services when offered additional money is to want to do more of the same

- early years partnerships also have difficulty developing coherent action plans – they need guidance in identifying general strategies and interventions that will lead to better outcomes

- all partnerships eventually reach a sticking point regarding sustainability – they need to develop need new governance structures to formalise the partnership arrangements

- another sticking point is disseminating the vision and action plan

- selling the partnership / integrated approach 'up' (to the managers of the various agencies and departments that they worked for), 'out' (to colleagues and other agencies not directly involved in the partnership), and 'down' (to consumers and the wider community).

These last two points illustrate a distinction made by Foster-Fishman et al. (2007) between first-order and second-order change. *First-order change* involves making sure things are done right by making incremental improvements within existing modes of practice. *Second-order or radical change* involves a paradigm shift in how a problem is perceived and what strategies are used to address it; how things are done is fundamentally altered. The sticking points that inevitably seem to occur when community-based partnership try to create integrated service systems reflect the difficulty of moving beyond first-order change and adopting a radically different model of working.

Conclusions

- Establishing fully integrated service systems is a challenging task that involves major changes in the way that services and professionals operate. Despite the difficulties involved, there is a strong rationale for seeking greater integration and clear indications of the conditions that need to be met for integration to be achieved.

- The full adoption of integrated service delivery models will ultimately require changes to funding arrangements, position descriptions, and recruitment and ongoing training practices. All those involved, whether as managers or direct service providers, will be required to expand their roles and will need specific training and ongoing support to do so.

9. Priorities and recommendations

From the analysis presented in this paper, it is apparent that current policies and services have not yet adjusted sufficiently to the changed circumstances in which families are raising young children to ensure best outcomes for children. Priorities for action include the following.

Priorities

Regarding developing policies and frameworks to support integrated service systems, the main priorities are to:

- develop more comprehensive national and state policy frameworks to support the creation of truly universal and inclusive service systems for young children and their families

- build a clearer understanding of how to improve the conditions under which families are raising young children and how to support families more effectively in their child-rearing roles.

Regarding promoting integrated service systems, the main priorities are to:

- strengthen universal services and develop models embedding secondary and tertiary services into mainstream services

- build early years partnerships in every region to guide the development of integrated service systems and practices

- develop governance and funding models to ensure the sustainability of such partnerships

- define the role of broker or facilitator for these early years partnerships and develop ways of funding and supporting these positions

- develop a range of 'soft' and 'hard' entry points that provide families with simplified access to a wide range of services.

Regarding filling gaps in services, the main priorities are to:

- build outreach services to engage vulnerable and marginalised families and to link them more effectively with other families and with appropriate services

- develop a wider range of interventions that help families support their children's learning and development more effectively.

In the light of these priorities, the following recommendations address actions that non-government agencies (such as TBS) and others can take to move towards greater integration of the various elements of support and/or services needed by children and their families.

Recommendations

National level actions

At the national policy level, non-government agencies can play an advocacy role, either individually or collectively. The main areas that could be targeted are the need for further work on the national early development agenda (which does not yet provide a strong enough conceptual base on which to build effective integrated service systems) and the need to improve the conditions under which families are raising young children (which have not yet been clearly articulated, nor has the need to improve these conditions been recognised as the most important target of intervention).

Recommendation: the development of a national early childhood agenda that is truly universal, inclusive and comprehensive.

Recommendation: the development of policies and strategies that will improve the core conditions needed by parents to raise their children as they (and we) would wish.

There are some other national initiatives that offer further possibilities for action. These include the national roll-out of the Australian Early Development Index, the Communities for Children initiative, the commitment to Universal Access strategy for preschool education, and the funding of Early Learning and Care Centres.

Australian Early Development Index (AEDI). The AEDI provides aggregate information on the functioning of children in their first year at school for every local community (suburb or small area) in the country. The functioning of the children reflects the extent to which the families and services in a given district provided the children with the experiences and opportunities that would enable them to take advantage of the social and learning opportunities that schools provide. Full results on the first national administration of the AEDI were released in December 2009, and will be followed up by further analyses of small communities in March. These findings will undoubtedly provoke considerable discussion in individual communities as to what can be done to improve outcomes. These discussions should be led by local early years partnership groups where they exist or could act as a stimulus to establish such groups where there are none. Non-government agencies (such as TBS) could play a leadership role in some instances.

Recommendation: Using the release of AEDI results as a trigger for engaging local services in collective discussion and planning, non-government agencies to take the lead in forming local coalitions to develop action plans.

Communities for Children. FaHCSIA's Communities for Children program continues to provide support for a local partnership approach to early years service delivery, and meets more of the criteria for effective integrated service systems than any other Australian initiative. However, the CfC funding is only available in selected communities and, in the sites where it does operate, the collaborative planning processes have yet to be formalised and their sustainability is therefore not assured.

Recommendation: The Federal Government extend the Communities for Children model or its equivalent to all communities.

Recommendation: Non-government agencies to continue to work with Communities for Children early years partnerships where they exist, exploring how these can become a permanent part of an integrated service system.

Early Childhood Education – **Universal Access**. The Australian Government is committed to ensuring that every child has access to a quality early childhood education program in the year before school, and is funding the provision of such programs by a four-year university-trained early childhood teacher for 15 hours a week for all Australian children by 2013. State and local governments are currently grappling with the many logistical and industrial challenges to be met in implementing this program. One aspect that has received little attention so far is the question of how

to ensure that those families who make little or no use of preschool programs at present will be interested and able to make use of the new services when they become available. To achieve the government's aim of full take-up of the new services, there will be a need for outreach services to engage such families and link them with the early childhood programs. There is also likely to be a need for some different service models to be available to ensure that parents can choose which service model suits them best.

Recommendation: Non-government agencies and the Department of Education and Training discuss the development of outreach and linkage services to families who are isolated or not making good use of early childhood services.

Early Learning and Care Centres. The Australian government is investing in the establishment of 38 Early Learning and Care Centres in areas of unmet demand for child care. These centres will provide integrated early learning and care in a long day care setting that takes into account the specific requirements of the local community. While these centres are only designed to meet child care needs and only integrate two forms of early childhood services (child care and early childhood education), there may be the scope during the establishment phase for expanding the range of services involved and making the centres part of a wider integrated services network or even the core of an integrated children's hub.

Recommendation: The Federal Government explore the possibility of expanding some of the new Early Learning and Care Centres into integrated child and family centres.

Regional Development Australia. This recent Australian Government initiative brings together all levels of government to enhance the growth and development of Australia's regions. A national network of 55 RDA committees has been established to achieve this objective. RDA committees will build partnerships between governments, regional development organisations, local businesses, community groups and key regional stakeholders to provide strategic and targeted responses to economic, environmental and social issues affecting the regions of Australia. This initiative represents an attempt to develop an integrated response to regional issues that goes beyond a whole-of-government approach (since it involves more than just government departments) and instead aims at a whole-of-regional service approach. Whether this new structure could provide a platform for integrating services for young children and their families is a tantalising possibility to explored.

Recommendation: Explore the potential of these new regional committees to provide a platform or auspice for integrated early childhood services.

State level actions – New South Wales

New South Wales' long-standing Families NSW initiative highlights the State Government's commitment to integrated service planning (through its long-standing Families NSW initiative). However, the State does not yet have any plans for children's hubs or centres.

Families NSW. In its current form Families NSW does not provide an adequate framework for building truly integrated service systems for young children and their families.

Recommendation: A major review of the aims and functions of Families NSW in light of new imperatives to integrate service systems at local levels (as outlined in this paper).

Schools as Communities Centres. This program, which operates under the auspice of Families NSW, provides a range of early childhood and family services through selected schools. These are delivered in partnership with families, communities, schools and the human services agencies, with local SaCC facilitators acting as the link between the various partner agencies. This model has many of the features of effective integrated service models identified in this paper. However, it is not universally available and current governance structure may limit the extent to which this model can serve as the basis for a fully integrated service system.

Recommendation: A review of the Schools and Communities Centres program as part of a wider Families NSW review in order to reconsider its role and place in a fully integrated service system.

Unlike most other states in Australia, New South Wales has no initiatives that focus on establishing integrated children's service hub or centres. While such hubs or centres are not the only way in which services can be integrated, they are a major feature of service integration efforts in other states and internationally.

Recommendation: NSW government begin investing in integrated children's services hubs and centres.

There are several initiatives that TBS is involved in that might be used as springboards for the development of more integrated service systems. These include

the Brighter Futures program and the Partnerships in Early Childhood program. NSW, and the Early Years Centres in Queensland.

Brighter Futures. Despite being a targeted rather than a universal service model, Brighter Futures incorporates some of the features of effective integrated services that have been identified (eg. single point of entry to a range of services). There may be ways in which the model can be expanded by widening the partnership group, involving more services, and strengthening the links with universal services.

Recommendation: Explore the possibility of expanding the Brighter Futures model so as to strengthen its integration with the universal service system.

Partnerships in Early Childhood (PIEC). The PIEC model developed by TBS incorporates some of the features that have been identified as central to best integrated service delivery. These include embedding specialist support in a universal service (in this case a child care centre) and using child care centres as a bridge to other community services. PIEC offers a suite of activities that respond to the needs of the local community and the needs of the children, families and staff in each centre-based children's service. As in the case of the Brighter Futures model, there may be ways in which the PIEC model can be further developed to strengthen its capacity to function as a central plank of a more comprehensive integrated service system.

Recommendation: Explore ways of developing the Partnerships in Early Childhood model so as to make it part of a more comprehensive integrated service system.

State level actions – Queensland

Queensland's Early Years Strategy provides a range of integrated early intervention and prevention services for families with children zero-eight years of age. Planning for this strategy resulted in the development of an Early Years coalition between the Department of Health, and the Department of Communities, who managed Queensland's child care sector.

Another plank in Queensland's Early Years Strategy was the roll out of a universal preparatory year of education in 2007. This, together with COAG's *Partnership Agreement on Early Childhood Education* which will provide Queensland with $252 million in Commonwealth funding over the next five years for universal access to 15 hours of Kindergarten programs per week, has led to the development of the Office of Early Childhood Education and Care (OECEC) in Queensland's Department of Education and Training in 2009. This office, has subsequently taken responsibility for Queensland's Early Years Strategy, including the regulation of childcare services and management of the Early Years Centres. The office is committed to developing ten integrated Indigenous Child and Family Centres by 2013.

Early Years Centres. These integrated centres were designed to provide a wide range of universal and targeted health, family support and early childhood education and care programs and services. Two were established in 2007 and a third in 2009. The fourth centre will be operational by November 2010. Both the OECEC and TBS have developed evaluation frameworks to track child and family outcomes and identify facilitators of integrated service

delivery. This evaluation should also address the way in which the Centres themselves are linked with the wider system of services, and the extent to which they form an integral part of a fully integrated service system rather than operating as stand-alone set of integrated services.

Recommendation: TBS review the operation of its Early Years Centres in light of best practice principles and practices identified in this paper and disseminate evidence of effective strategies that facilitate integrated service delivery. This can be used to guide future practice within the organisation and more broadly.

It is not clear at this stage if the Queensland Government intends to expand its network of Early Years Centres in the future. If it does, TBS should certainly consider capitalising on its existing experience and expertise and seek to play a leading role in any new centres that may be put to tender.

Recommendation: If further Early Years Centres or other integrated child and family service delivery initiatives are to be established in Queensland, TBS consider acting as the lead agency where feasible.

Workforce / teamwork level actions

At the workforce / teamwork level, integrated service delivery demands new skills of practitioners – relationship-based skills in working in partnership with families, with professionals from other disciplines, and with other agencies. The forms of training that are relevant include Family Partnership training, training in the use of family-centred and strength-based practices, and teamwork skiils.

Recommendation: Non-government agencies review the training and support needs of their staff regarding the skills needed for integrated service delivery, and develop a strategy for meeting these needs.

One proven way of promoting effective interagency and interdisciplinary collaboration is for staff from different agencies and different disciplines to train together. As well as being more efficient and cost-effective (rather than each agency or discipline arranging its own professional development program), it gives professionals a greater understanding of each other's role and skills, and provides a stronger base for future collaboration and teamwork.

Recommendation: Non-government agencies promote the provision of in-service training on a joint interdisciplinary and cross-sectoral basis.

Other areas for action

Other areas in which action is possible include the all-important area of research and the need for a way of supporting the spread of innovations and best practices in integrated service delivery.

Recommendation: Research studies of pilot projects and different models of integrated service delivery.

Recommendation: The establishment of a national research clearinghouse and resource centre or service to support the development of integrated services and service systems.

10. Conclusion

This paper began by considering the impact that social, demographic and technological changes over the past 50 years or so have had on society. These changes have dramatically altered the conditions under which families are raising young children, making the task or parenting more complex and the outcomes more variable. The services and service systems supporting young children and their families were designed at a time when family circumstances were simpler and parenting less challenging, and needs to be reconfigured to meet the needs of contemporary families more effectively.

In tackling this task, we need to understand what children and families need, and how services, service systems and governments can best support families in their parenting role. The paper has focused on one of the major problems with the existing service system – its fragmented nature and the difficulties this creates for families – and on the various efforts to build integrated service systems. However, integrating services should not be regarded as an end in itself, only as means to an end – better outcomes for children and families. In seeking to build integrated service systems, we need to review what services should be integrated in the light of our growing understanding of what children and families need.

The analysis has shown that there are gaps both in the range of services available to children and families and in the mechanisms in place to integrate services. There is scope for non-government agencies to act in filling both these sets of gaps.

At the service delivery level, what is needed are outreach services to engage vulnerable and marginalised families and to link them more effectively with other families and with appropriate services.

At the service system level, there has been a surge in the number of policies and initiatives focusing on the early years, including some designed to promote integrated service delivery. However, these have not yet been backed by a comprehensive plan for reform of the service system based on a coherent model of what children and families need. Moreover, there are considerable differences between states in their understanding of the need to integrate services and their commitment to doing so.

In seeking to support moves towards greater integration of services needed by children and their families, a number of options for non-government agencies such as TBS have been identified. These range from advocacy at national and state levels to building upon existing service models to develop better integrated service systems. Obviously, it is possible to focus solely on the latter, but the sustainability of early years partnerships and the long-term transformation of the service system will ultimately depend upon building a national consensus concerning the importance of integrated service systems and how they can best be structured and supported.

11.References

Allen Consulting Group (2009). **Inverting the Pyramid: Enhancing Systems for Protecting Children.** Woden, ACT: Australian Research Alliance for Children and Youth. http://www.aracy.org.au/cmsdocuments/REP_ Inverting_the_Pyramid_Enhancing_Systems_for_Protecting_Children_2009.pdf

Allen, N.E., Foster-Fishman, P.G. and Salem, D.A. (2002). Interagency teams: A vehicle for service delivery reform. **Journal of Community Psychology**, 3/ (5), 475-497.

Anning, A., Cottrell, D., Frost, N., Green, J. and Robinson, M. (2006). **Developing Multiprofessional Teamwork for Integrated Children's Services.** Maidenhead, Berkshire: Open University Press.

Anning, A. and the National Evaluation of Sure Start (NESS) team (2007). **Understanding Variations in Effectiveness amongst Sure Start Local Programmes: Lessons for Sure Start Children's Centres.** National Evaluation Summary. London, UK: Department for Education and Skills. http://www.dcsf.gov.uk/everychildmatters/_download/?id=4647

Atkinson, M., Doherty, P. and Kinder, K. (2005). Multi-agency working: models, challenges and key factors for success. **Journal of Early Childhood Research**, 3 (1), 7-17.

Audit Commission (1998). **A Fruitful Partnership: Effective Partnership Working**. Audit Commission Management Paper. London, UK: Audit Commission.

Australian Institute for Primary Care (2003). **Australian Institute for Primary Care Evaluation of the Primary Care Partnership Strategy Report.** Bundoora, Victoria: Australian Institute for Primary Care, Latrobe University. http://www.health.vic.gov.au/pcps/downloads/publications/pcp_eval_finalrpt03.pdf

Australian Institute for Primary Care (2005). **An evaluation of the Primary Care Partnership Strategy, October 2005.** Bundoora, Victoria: Australian Institute for Primary Care, Latrobe University. http://www.health.vic.gov.au/pcps/downloads/eval_pcp_strat.pdf

Australian Public Services Commission (2007). **Tackling Wicked Problems: A Public Policy Perspective.** Phillip, ACT: Australian Public Services Commission. http://www.apsc.gov.au/publications07/ wickedproblems.htm

Beresford, P. and Hoban, M. (2005). **Participation in anti-poverty and regeneration work and research: Overcoming barriers and creating opportunities.** York, UK: Joseph Rowntree Foundation.

Boston Consulting Group (2008). **National Early Childhood Development Strategy: Report to the ECD Subgroup of the Productivity Agenda Working Group, COAG.** Sydney and Melbourne, Australia: Boston Consulting Group. http://www.deewr.gov.au/EarlyChildhood/Resources/Documents/National%20E CD%20Strategy%20-%20COAG%20Report%20FINAL%2029%20Sept.pdf

Briggs, M.H. (1997). **Building Early Intervention Teams: Working Together for Children and Families.** Gaithersburg, Maryland: Aspen Publishers.

Bromfield, L. and Holzer, P. (2008). **A national approach for child protection: project report.** Melbourne, Victoria: National Child Protection Clearinghouse, Australian Institute of Family Studies. http://www.aifs.gov.au/institute/pubs/cdsmac/projectreport.pdf

Bronfenbrenner, U. (1979). **The ecology of human development: Experiments by nature and design.** Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. and Ceci, S. J. (1994). Nature-nurture reconceptualisation in developmental perspective: A bioecological model. **Psychological Review, 101**, 568-586.

Bronfenbrenner, U., & Morris, P. (1998). The ecology of developmental processes. In R. M. Lerner (Ed.), **Handbook of child psychology: Vol. 1. Theoretical models of human development.** New York: Wiley.

Bruner, C. (2004). Rethinking the evaluation of family strengthening strategies: Beyond traditional program evaluation models. **The Evaluation Exchange, 10** (2). http://www.gse.harvard.edu/hfrp/eval/issue26/spotlight4.html

Centre for Community Child Health (2006). **Services for young children and families: an integrated approach.** CCCH Policy Brief No. 4. Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital. http://www.rch.org.au/emplibrary/ccch/PB4_Children-family_services.pdf

Centre for Community Child Health (2007). **Effective community-based services.** CCCH Policy Brief No. 6. Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital. http://www.rch.org.au/emplibrary/ccch/PB6_Effective_community_serv.pdf

Centre for Community Child Health (2008). **Evaluation of Victorian Children's Centres: Literature review.** Melbourne, Victoria: Office for Children and Early Childhood Development, Department of Education and Early Childhood Development. http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/integratedservice/childcentrereview.pdf

Centre for Community Child Health (2009). **Integrating services for young children and their families.** CCCH Policy Brief No. 17. Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital. http://www.rch.org.au/emplibrary/ccch/PB_17_FINAL_web.pdf

Centre for Community Child Health (2009). **Platforms: A Service Redevelopment Framework.** Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital.

Centre for Community Child Health and Telethon Institute for Child Health Research (2007). **Australian Early Development Index: Building better communities for children: community results 2004-06.** Australian Government Department of Families, Community Services and Indigenous Affairs, Commonwealth of Australia.

Centre for Community Child Health and Telethon Institute for Child Health Research (2009). **A Snapshot of Early Childhood Development in Australia: Australian Early Development Index (AEDI) National Report 2009. Canberra, ACT:** Australian Government Department of Education, Employment and Workplace Relations.

Chandler, T. (2006). Working in multidisciplinary teams. In G. Pugh and B. Duffy (Eds.). **Contemporary Issues in the Early Years (4th. Ed.).** London, UK: Paul Chapman.

Choi, S.-H. (2003). Cross-sectoral co-ordination in early childhood: Some lessons to learn. **UNESCO Policy Briefs in Early Childhood No. 9**. Paris, France: UNESCO. http://unesdoc.unesco.org/images/0013/001373/137394e.pdf

Conklin, J. (2006). **Dialogue Mapping: Building Shared Understanding of Wicked Problems.** Hoboken, New Jersey: Wiley.

Corter, C., Bertrand, J., Pelletier, J., Griffin, T., McKay, D., Patel, S. and Ioannone, P. (2006). **Evidence-based Understanding of Integrated Foundations for Early Childhood.** Toronto First Duty Phase 1 Summary Report. Toronto, Canada: Toronto First Duty. http://www.toronto.ca/firstduty/TFD_Summary_Report_June06.pdf

Corter, C., Bertrand, J., Pelletier, J., Janmohamed, Z., Brown, D., Arimura, T. and Patel, S. (2007). **Toronto First Duty Phase 2 Research Progress Report: December 2007.** Toronto, Ontario: Atkinson Centre for Society and Child Development, University of Toronto. http://www.toronto.ca/firstduty/tfd_research_progress_report_dec07.pdf

Corter, C., Pelletier, J., Janmohamed, Z., Bertrand, J., Arimura, T., Patel, S., Mir, S., Wilton, A. and Brown, D. (2009). **Toronto First Duty Phase 2, 2006-2008: Final Research Report - June 2009.** Toronto, Ontario: Atkinson Centre for Society and Child Development, University of Toronto. http://www.toronto.ca/firstduty/TFD_phase2_final.pdf

Council of Australian Governments (2009). **Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020.** Canberra, ACT: Commonwealth of Australia. http://www.coag.gov.au/coag_meeting_outcomes/2009-04-30/docs/child_protection_framework.pdf

Davies, S. (2007). **Team Around the Child: Working together in early childhood intervention.** Wagga, NSW: Kurrajong Early Intervention Service.

Department for Children, Schools and Families (2007). **Effective integrated working: Finding of the Concept of Operations study.** London, UK: Department for Children, Schools and Families. http://www.everychildmatters.gov.uk/_files/6D85ED39529E7846D4B9D13604409DB3.pdf

Department for Communities and Local Government (2006). **Moving On: Reconnecting Frequent Movers.** London, UK: Department for Communities and Local Government.

Drielsma, P. (2005). Unpacking the argument for universally designed and delivered-early childhood services. **Developing Practice: The Child, Youth and Family Work Journal, 14** (Summer), 48-57.

Drennan, A., Wagner, T. and Rosenbaum, P. (2005). **The 'Key Worker' Model of Service Delivery.** Keeping Current #1-2005. Hamilton, Ontario: CanChild Centre for Disability Research. http://bluewirecs.tzo.com/canchild/kc/KC2005-1.pdf

Dunst, C.J. and Bruder, M.B. (2002). Valued outcomes of service coordination, early intervention, and natural environments. **Exceptional Children, 68** (3), 361-375.

Eckersley, R. (2008). **Never better — or getting worse? The health and wellbeing of young Australians.** Weston, ACT: Australia 21. http://www.australia21.org.au/pdf/Youth%20Health%20Text%2008.pdf

Edwards, B, Wise, S, Gray, M, Hayes, A, Katz, I, Misson, S, Patulny, R & Muir, K (2009). **Stronger Families in Australia study: the impact of Communities for Children.** Occasional Paper no. 25. Canberra, ACT: Department of Families, Housing, Community Services and Indigenous Affairs. http://www.fahcsia.gov.au/about/publicationsarticles/research/occasional/Documents/op25/op25.pdf

Feinstein, L., Duckworth, K. and Sabates, R. (2008). **Education and the family: Passing success across the generations.** London, UK: Routledge.

Fine, M., Pancharatnam, K. and Thomson, C. (2005). Coordinated and Integrated Human Service Delivery Models. SPRC Report 1/05. Sydney, NSW: Social Policy Research Centre, University of New South Wales. http://www.sprc.unsw.edu.au/reports/SPRCReport1_05.pdf

Fisher, K., Thomson, C. and Valentine, K . (2006). The implementation of Families First NSW: Process lessons from the first four years. **Australian Journal of Early Childhood, 31** (1), 11-19.

Flannery, T. (2005). **The Weather Makers: The History and Future Impact of Climate Change.** Allen Lane.

Fonagy, P. (2001). Early intervention and prevention: The implications for government and the wider community. Paper presented at the Conference on *Attachment and Development – Implications for Clinical Practice*, Sydney, Australia, August 2001.

Foster-Fishman P.G., Nowell, B. and Yang, H. (2007). Putting the system back into systems change: a framework for understanding and changing organisational and community systems. **American Journal of Community Psychology**, 39 (304), 197–215.

Gallagher, J., Clifford, R. M. and Maxwell, K. L. (2004). Getting from here to there: To an ideal early preschool system. **Early Childhood Research and Practice, 6** (1),

Garnaut, R. (2008). **The Garnaut Climate Change Review: Final Report.** Cambridge, UK: Cambridge University Press.

Gascoigne M. (2006). **Supporting children with speech, language and communication needs within integrated children's services.** RCSLT Position Paper. London, UK: Royal College of Speech and Language Therapists.

Gascoigne, M. (2008). Change for children with language and communication needs: creating sustainable integrated services. **Child Language Teaching and Therapy, 24** (2), 133-154.

Haddad, L. (2002). **An integrated approach to early childhood education and care.** UNESCO Early Childhood and Family Policy Series, No. 3. Paris, France: UNESCO. http://unesdoc.unesco.org/images/0012/001279/127983e.pdf

Harbin, G.L., McWilliam, R.M. and Gallagher, J.J. (2000). Services for young children with disabilities and their families. In J.P. Shonkoff and S.J. Meisels (Eds.). **Handbook of Early Childhood Intervention (2nd, Ed,).** Cambridge, UK: Cambridge University Press.

Harbin, G.L. and West, T. (1998a). Early intervention service delivery models and their impact on families. Early Childhood Research Institute on Service Utilization, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, NC.

Harbin, G.L. and West, T. (1998b). Preschool service delivery models. Early Childhood Research Institute on Service Utilization, Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, NC.

Helyar, S., Woodruff, J., Bevan, K., Adamson, E., Skattebol, J., Valentine, K., Brennan, D. and Katz, I. (2009). **Because Children and Families Matter: Delivering on the National Reform Agenda.** Dickson, ACT: UnitingCare Australia and the Social Policy Research Centre. http://unitingcare.org.au/images/stories/resources/because_children_and_families_matter_nov09.pdf

Higgins, D. J. and Katz, I. (2008). Enhancing service systems for protecting children: Promoting child wellbeing and child protection reform in Australia. **Family Matters, 80**, 43–50.

Holzer, P. (2007). **Defining the public health model for the child welfare services context.** NCPC Resource Sheet No. 11. Melbourne, Victoria: National Child Protection Clearinghouse, Australian Institute of Family Studies. http://www.aifs.gov.au/nch/pubs/sheets/rs11/rs11.html

Homel, P. (2004). **The whole of government approach to crime prevention.** AIC Trends and Issues in Crime and Criminal Justice No. 287. Canberra, ACT: Australian Institute of Criminology.

Horwath, J. and Morrison, T. (2007). Collaboration, integration and change in children's services: critical issues and key ingredients. **Child Abuse & Neglect, 31** (1), 55-69.

Intergovernmental Panel on Climate Change (2007). **Fourth Assessment Report on Climate Change.** Geneva, Switzerland: Intergovernmental Panel on Climate Change.

Johnson, L.J., Zorn, D., Tam, B.K.Y., Lamontagne, M. and Johnson, S.A. (2003). Stakeholders' views of factors that impact successful interagency collaboration. **Exceptional Children, 69** (2), 195-209.

Jordan, B. and Sketchley, R. (2009). A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants. **Child Abuse Prevention Issues, No. 30**, 1-26.

Katz, I. and Valentine, K. (2007). **Lessons for Australia from the UK Sure Start Programme.** Sydney, NSW: Social Policy and Research Centre, University of New South Wales.

Kearns, A., Beaty, M. and Barnett, G. (2007). A social-ecological perspective on health in urban environments. **NSW Public Health Bulletin, 18** (3-4), 48-50.

Keast, R. and Mandell, M.P. (2009). **What is collaboration?** Woden, ACT: Australian Research Alliance for Children and Youth. http://www.aracy.org.au/publicationDocuments/resourcing_collaboration_what_is_collaboration_factsheet1.pdf

Kilgo, J.L., Aldridge, J., Denton, B., Vogtel, L., Vincent, J., Burke, C. and Unanue, R. (2003). Transdisciplinary teaming: A vital component of inclusive services. **Focus on Inclusive Education, Vol. 1**, # 1. http://www.udel.edu/bateman/acei/inclusivefall03.htm

KPMG (2005). **Analysis of the Impacts of Service Coordination on Service Capacity in the Primary Health Care Sector.** www.health.vic.gov.au/pcps/downloads/publications/kpmg_execsummary.pdf

Krsevan, K., Dwyer, A.M. and Young, J. (2004). Interagency collaboration: a reflection from Families First. Developing Practice: The Child, Youth and Family Work Journal, 9 (**Autumn), 8-14**

Lewis, J.M. (2010). **Connecting and Cooperating: Social Capital and Public Policy.** Sydney, NSW: UNSW Press.

Li, J., McMurray, A. and Stanley, F. (2008). Modernity's paradox and the structural determinants of child health and wellbeing. **Health Sociology Review, 17** (1), 64-77.

Lord, P., Springate, I., Atkinson, M., Haines, B., Morris, M., O'Donnell, L., Benefield, P., Harper, A. and Sharp, C. (2008). **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_scoping_study.pdf

McGregor, A., Glass, A., Higgins, K., Macdougall, L. and Sutherland, V. (2003). **Developing people – regenerating place: Achieving greater integration for local area regeneration.** York, UK: The Policy Press / The Rowntree Foundation.

McWilliam, R.A. (2000). Recommended practices in interdisciplinary models. In S. Sandall, M.E. McLean and B.J. Smith (Eds.), **DEC Recommended Practices in Early Intervention / Early Childhood Special Education.** Longmont, Colorado: Sopris West.

Meade, A. and Podmore, V.N. (2002). **Early childhood education policy co-ordination under the auspices of the Department / Ministry of Education: a case study of New Zealand.** UNESCO Early Childhood and Family Policy Series, No. 1. Paris, France: UNESCO. http://unesdoc.unesco.org/images/0011/001102/110281e.pdf

Melhuish, E., Belsky, J. and Barnes, J. (2010). Evaluation and value of Sure Start. **Archives of Disease in Childhood, 95**: 159-161. Originally published online October 29, 2009 doi: 10.1136/adc.2009.161018

Moore, T.G. (2008). **Supporting young children and their families: Why we need to rethink services and policies.** *CCCH Working Paper 1 (revised November 2008).* Parkville, Victoria: Centre for Community Child Health. http://www.rch.org.au/emplibrary/ccch/Need_for_change_working_paper.pdf

Moore, T.G. (2008). Rethinking universal and targeted services. CCCH Working Paper 2 (August 2008). Parkville, Victoria: Centre for Community Child Health. http://www.rch.org.au/emplibrary/ccch/Rethinking_universal_target_services.pdf

Moore, T.G. (2009). The inclusion agenda in early childhood services: Evidence, policy and practice. Paper presented at DEECD Shared Learning Forum on Universal Access to Early Childhood Education, Melbourne, 22nd June. http://www.rch.org.au/emplibrary/ccch/TM_UAECE__Shared__Learning__Forum__09.pdf

Moore, T.G. (2009). Social climate change and children: Consequences, causes and cures. Invited presentation given at ARACY Conference, Transforming Australia for our children's future: Making prevention work, Melbourne, 4th September. http://www.aracyconference.org.au/Fri%20IA6%201400%20Moore.pdf

Muir, K., Katz, I., Purcal, C., Patulny, R., Flaxman, S., Abelló, D., Cortis, N., Thomson, C., Oprea, I., Wise, S., Edwards, B., Gray, M. and Hayes, A. (2009). **National evaluation (2004-2008) of the Stronger Families and Communities Strategy 2004-2009.** FaHCSIA Occasional Paper No. 24. Canberra, ACT: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. http://www.fahcsia.gov.au/about/publicationsarticles/research/occasional/Documents/op24/op24.pdf

Mukherjee, S., Beresford, B. and Sloper, P. (1999). **Unlocking Key Working.** Bristol, UK: Policy Press.

National Audit Office (2006). **Sure Start Children's Centres: Report to Parliament.** London, UK: National Audit Office. http://www.nao.org.uk/pn/06-07/0607104.htm

National Evaluation of Sure Start (NESS)(2008). **The Impact of Sure Start Local Programmes on Three Year Olds and Their Families.** NESS Research Report NESS/2008/FR/027. London, UK: Institute for the Study of Children, Families and Social Issues, Birkbeck, University of London. http://www.ness.bbk.ac.uk/documents/activities/impact/41.pdf

O'Donnell, M., Scott, D. and Stanley, F. (2008). Child abuse and neglect — is it time for a public health approach? **Australian and New Zealand Journal of Public Health, 32** (4), 325-330.

Offord, D. R. (1987). Prevention of behavioural and emotional disorders in children. **Journal of Child Psychology and Psychiatry, 28**, 9-19.

Percy-Smith, J. (2005). **What Works In Strategic Partnerships For Children?** Ilford, Essex: Barnado's.

Percy-Smith, J. (2006). What works in strategic partnerships for children: A research review. **Children & Society, 20** (4), 313-323.

Perrin, J.M., Bloom, S.R. and Gortmaker, S.L. (2007). The increase of childhood chronic conditions in the United States. **Journal of the American Medical Association, 297** (24), 2755-2759.

Perry, D.F., Kaufmann, R.K. and Knitzer, J. (Eds.)(2007). **Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems.** Baltimore, Maryland: Paul H. Brookes.

Pope, J. and Lewis, J.M. (2008). Improving partnership governance: Using a network approach to evaluate partnerships in Victoria. **Australian Journal of Public Administration, 67** (4), 443-456.

Raban, B., Nolan, A., Semple, C., Dunt, D., Kelaher, M. and Feldman, P. (2006). **Statewide Evaluation of Best Start: Final Report.** Melbourne, Victoria: University of Melbourne. http://www.beststart.vic.gov.au/docs/2007/bs_eval_report_Sept2006.pdf

Richardson, S. and Prior, M. (Eds.)(2005). **No Time to Lose: The Wellbeing of Australia's Children.** Melbourne, Victoria: Melbourne University Press.

Rittel, H. and Webber, M. (1973). Dilemmas in a general theory of planning. Policy Sciences, 4, 155-169. http://www.uctc.net/mwebber/Rittel+Webber+Dilemmas+General_Theory_of_Planning.pdf

Robson, S. (2006). Parent perspectives on services and relationships in two English early years centres. **Early Child Development and Care, 176** (5), 443-460.

Sawyer, M.G, Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B, Patton, G.C., Prior,

M.R., Raphael, B., Rey, J., Whaites, L.C. and Zubrick, S.R. (2000). **The Mental Health of Young People in Australia: The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing.** Canberra, ACT: Australian Government Publishing Service.

Sayal, K. (2006). Annotation: Pathways to care for children with mental health problems. **Journal of Child Psychology and Psychiatry, 47** (7), 649-659.

Schneider, J., Avis, M. and Leighton, P. (Eds.)(2008). **Supporting Children and Families: Lessons from Sure Start for Evidence-Based Practice in Health, Social Care and Education.** London, UK: Jessica Kingsley.

Schrapel, S. (2004). Interagency collaboration: beyond the mantra. Developing Practice: The Child, Youth and Family Work Journal, 9 **(Autumn), 5-7**

Schroeder, J., Harvey, J., Razaz-Rahmati, N., Corless, G., Negreiros, J., Ford, L., Kershaw, P., Anderson, L., Wiens, M., Vaghri, Z., Stefanowicz, A., Irwin, L.G., and Hertzman, C. (2009). **Creating communities for young children: A toolkit for change.** Vancouver, British Columbia: Human Early Learning Partnership. http://www.earlylearning.ubc.ca/EDI/documents/HELP-Toolkit.pdf

Scott, D. (2006). Towards a public health model of child protection in Australia. **Communities, Children and Families Australia,** 1 (1), 9-16.

SDN Children's Services (2009). **The SDN Family Resource Centre.** Promising Practices Profiles, Communities and Families Clearinghouse Australia. Melbourne, Victoria: Australian Institute of Family Studies. http://www.aifs.gov.au/cafca/ppp/profiles/la_sdn.html

Siraj-Blatchford, I., Clarke, K. and Needham, M. (Eds.)(2007). **The Team Around the Child: Multi-agency working in the early years.** Stoke on Trent, UK: Trentham Books.

Siraj-Blatchford, I. and Siraj-Blatchford, J. (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

Sloper, P. (2004). Facilitators and barriers for co-ordinated multi-agency services. **Child: Care, Health and Development 30** (6), 571-580.

Sloper, P., Greco, V., Beecham, J. and Webb, R. (2006). Key worker services for disabled children: what characteristics of services lead to better outcomes for children and families? **Child: Care, Health and Development, 32** (2), 147-157.

Soriano, G., Clark, H. and Wise, S. (2008). **Promising Practice Profiles Final Report.** Melbourne, Victoria: Australian Institute of Family Studies. http://www.aifs.gov.au/cafca/evaluation/pubs/pppfinalreport.pdf

Stanley, F., Prior, M. and Richardson, S. (2005). **Children of the Lucky Country?** South Yarra, Victoria: Macmillan Australia

State Services Authority (2007). **Victorian approaches to joined up government: an overview.** Melbourne, Victoria: State Service Authority. http://www.ssa.vic.gov.au/CA2571410025903D/WebObj/joined_up_government/$File/joined_up_government.pdf

Steffen, W., Sanderson, A., Jäger, J., Tyson, P.D., Moore III, B., Matson, P.A., Richardson, K., Oldfield, F., Schellnhuber, H.-J., Turner II, B.L. and Wasson, R.J. (2004). **Global Change and the Earth System: A Planet Under Pressure.** Heidelberg, Germany: Springer Verlag.

Taguchi, H.L. and Munkammar, I. (2003). **Consolidating Governmental Early Childhood Education and Care Services under the Ministry of Education and Science: A Swedish Case Study.** UNESCO Early Childhood and Family Policy Series No. 6. Paris, France: UNESCO. http://portal.unesco.org/education/en/ev.php-URL_ID=44234&URL_DO=DO_TOPIC&URL_SECTION=201.html

Toronto First Duty (2005). **First Duty Indicators of Change.** Toronto, Canada: Toronto First Duty. http://www.toronto.ca/firstduty/indicators_oct2005.pdf

Toronto First Duty (2008). **Informing full day learning: Lessons from the TFD research at the Bruce/WoodGreen Early Learning Centre.** Submission to the Early Learning Advisor on Full Day Learning. Toronto, Ontario: Toronto First Duty. http://www.toronto.ca/firstduty/tfd_submission_to_ela.pdf

Turnbull, A.P. and Turnbull, H.R. (2000). **Families, Professionals, and Exceptionality: Collaborating for Empowerment (4th Ed.).** Upper Saddle River, New Jersey: Merrill / Prentice Hall.

Valentine, K., Katz, I. and Griffiths, M. (2007). **Early Childhood Services: Models of Integration and Collaboration.** Perth, Western Australia: Australian Research Alliance for Children and Youth.

Walker, R., Bisset, P. and Adam, J. (2007). Managing risk: Risk perception, trust and control in a Primary Care Partnership. **Social Science & Medicine, 64** (4), 911-923.

Watson, J. (2005). **Active engagement: strategies to increase service participation by vulnerable families.** CPR Discussion Paper. Ashfield, NSW: Centre for Parenting and Research, NSW Department of Community Services. http://www.community.nsw.gov.au/documents/research_active_engagement.pdf

Watson, D., Townsley, R. and Abbott, D. (2002) Exploring multi-agency working in services to disabled children with complex healthcare needs and their families. **Journal of Clinical Nursing, 11**, 367–375.

Watson, D., Townsley, R., Abbott, D. and Latham, P. (2000). **Working Together? Multi-agency Working in Services to Disabled Children with Complex Health Care Needs and Their Families – A Literature Review**. Birmingham, UK: The Handsel Trust.

Watson, J., White, A., Taplin, S. and Huntsman, L. (2005). **Prevention and Early Intervention Literature Review.** Sydney, NSW: NSW Centre for Parenting & Research, Funding & Business Analysis, NSW Department of Community Services.

Wood, J. (2008). **Report of the Special Commission of Inquiry into Child Protection Services in NSW: Volumes 1-3.** Sydney: State of NSW through the Special Commission of Inquiry into Child Protection Services in NSW.

Woodruff, G. and Shelton, T.L. (2006). The transdisciplinary approach. In G.M. Foley and J.D. Hochman (Eds.). **Mental Health in Early Intervention: Achieving Unity in Principles and Practice.** Baltimore, Maryland: Paul H. Brookes.

Young, A., Temple, B., Davies, L., Parkinson, G., Bolton, J., Milborrow, W., Hutcheson, G. and Davis, A. (2006). **Early Support: An Evaluation of Phase 3 of Early Support.** DfES Research Brief No. RB798. London, UK: Department for Education and Skills. http://www.dfes.gov.uk/research/data/uploadfiles/RB798.pdf

Zeanah, P., Nagle, G., Stafford, B., Rice, T. and Farrer, J. (2004). Addressing social-emotional development and infant mental health in early childhood systems: Executive summary. In N. Halfon, T. Rice and M. Inkelas (Eds). **Building State Early Childhood Comprehensive Systems Series, No 12.** California, Los Angeles: National Center for Infant and Early Childhood Health Policy, UCLA Center for Healthier Children, Families and Communities. http://www.healthychild.ucla.edu/Publications/NationalCenterPubs.asp