Department of Education and Early Childhood Development

Evaluation of Victorian children's centres

Literature review

Murdoch Childrens Research Institute
Healthier Kids. Healthier Future.

Centre for Community Child Health

The Royal Children's Hospital Melbourne

Victoria
The Place To Be

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Contents

Introduction

This literature review was conducted as Stage 1 of the evaluation of Victorian Department of Education and Early Childhood Development (DEECD) children's centres with the overall aim of identifying best practice approaches to the establishment and operation of children's hubs.

The specific aims of the review are as follows:

- To examine best practice models both nationally and internationally related to the development of integrated children's hubs and identify the framework and principal elements that make them best practice
- To identify examples of innovative centre governance arrangements that promote service integration and include parents in decision-making roles
- To identify the extent to which children's hubs contribute to improved access to early childhood education for children, provide support for families, promote community cohesion and reduce the impact of social isolation
- To identify the barriers that impact on the establishment and operation of integrated services within children's hubs and the enablers that promote integrated service delivery
- To identify the extent to which children's hubs encourage communication between staff and families and collaborative practice between service providers.

Background

Over the past two or three decades, there have been significant changes in the circumstances in which families are raising young children (de Vaus, 2004). These social changes have created problems for the traditional forms of early childhood and family support services in meeting needs of families. These problems take many forms:

- The service system is having difficulty providing support to all families who are eligible.
- Services cannot meet all the needs of families who they do serve – no single service is capable of meeting the complex needs of many families.
- Families have difficulty finding out about and accessing the services they need.
- Services are often not well integrated and are therefore unable to provide cohesive support to families.
- Services have difficulty tailoring their services to meet the diverse needs of families.
- Services are typically focused on and/or funded on the basis of outputs rather than outcomes, and therefore tend to persist with service delivery methods that may not be optimally effective.
- Services are typically treatment oriented rather than prevention or promotion focused, and therefore cannot respond promptly to emerging child and family needs.
- The service system does not maintain continuous contact with families of young children during the early years.
- Many families are isolated and lack supportive personal networks – extended family, friends or other families of young children.
- The early childhood field is undervalued and under-funded, and has difficulty attracting and retaining staff.
- Government departments, research disciplines and service sectors tend to work in 'silos', despite there being strong arguments for greater service integration and a whole-of-government approach to service delivery.
- Responsibility for provision of services to young children and their families is spread across three levels of government – federal, state, and local – with different planning processes and funding priorities.
- Most specialist intervention services are already underfunded, and it is looking increasingly unlikely that they can ever be fully funded in their present forms.

The social changes have also been accompanied by worsening or unacceptable poor developmental outcomes for young people (Stanley, Prior and Richardson, 2005).

These problems are not peculiar to Australia, but are evident in many developed nations. In response to these social changes and worsening outcomes, there has been a general recognition among governments and service providers across the developed world that change is needed, and that the early childhood and family support service system needs to be reconfigured so as to more effectively support young children and their families.

In response to these problems, many governments and jurisdictions have looked at ways of integrating services more effectively. These include initiatives in:

- United Kingdom (Anning, 2005; French, 2007; Hawker, 2006; Percy-Smith, 2005; Siraj-Blatchford, 2007; Tunstill et al., 2006; Worsley, 2007
- United States (Halfon et al., 2004; Lepler et al., 2006; Waddell et al., 2001)
- Canada (Corter et al., 2006)
- Australia (Fine et al., 2005; Valentine et al., 2007).

Before looking at the different integrated service models that have been developed, general issues of collaboration and integration will be reviewed.

Forms of collaboration and integration

Integration can occur at several different levels: policy (or whole-of-government) level, regional planning level, and direct service delivery level.

- ***Policy on whole-of-government integration.*** The State Services Authority (2007) has defined joined-up government as 'working collaboratively across departments, portfolios or levels of government to address complex issues which cross individual agency boundaries'.

According to Valentine, Katz and Griffiths (2007), the purpose of policy integration is to ensure that:

  - The program is 'owned' by all the 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 that 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 accommodate 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 areas within a single government department. An 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). A series of UNESCO-sponsored studies have documented similar moves in New Zealand (Meade and Podmore, 2002), Sweden (Taguchi and Munkammar, 2003), and in a range of developed and developing nations (Haddad, 2002).

- ***Regional and local planning integration.*** This may involve new governance structures, planning and management committees, or inter-agency working groups. Local examples of this form of planning integration include the work of the East Gippsland Early Years Committee and the Shepparton Best Start Partnership.
- ***Service delivery integration.*** At the direct service level, integration can take many forms. These are often depicted as falling along a continuum. For example, Turnbull and Turnbull (2000) identify the following continuum:
  - *Cooperation* involves a low-intensity, low-commitment relationship in which the parties retain their individual autonomy but agree to share information (e.g. 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 (e.g. 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 and Morrison (2007) describe a five-element continuum:

  - *Communication:* individuals from different disciplines talking together.
  - *Cooperation:* low-key joint working on a case-by-case basis.
  - *Coordination:* more formalised joint working, but no sanctions for non-compliance.

– *Coalition:* joint structures sacrificing some autonomy.
– *Integration:* organisations merge to create new joint identity.

Horwath and Morrison describe the integrated model as follows:

'Integrated services are characterized 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.'

The Toronto First Duty *Indicators of Change* (2005) distinguishes between five levels of collaboration:

– coexistence
– coordination
– partial collaboration
– extended collaboration
– integration.

Fine, Pancharatnam and Thomson (2005) describe a four-element continuum in some detail.

In the UK, the Audit Commission (1998) described four different models of partnership:

- *Steering groups without dedicated resources* – where partners come together as a steering group, but the group does not have its own resources and thus decisions are implemented through the individual partners' own agencies.
- *Co-locating staff from partner organisations* – where staff from partner organisations are co-located to work together, but are still employed by their own agency.
- *Formation of a virtual organisation* – where a separate organisation is formed, but without generating a new legal identity. One agency is responsible for employing the staff and managing resources for the new organisation.
- *Formation of a separate legal entity* – where the agencies come together to form a new organisation with an identity separate from that of any of the partners. The new organisation employs its own staff and is particularly suited to large partnerships.

Other accounts of various forms of collaboration and integration focus more on the actual working arrangements.

Autonomy	Cooperative links	Coordination	Integration
Parties/agencies act without reference to each other, although the actions of one may affect the other(s).	Parties establish ongoing ties, but formal surrender of independence not required. A willingness to work together for some common goals. Communication emphasised. Requires goodwill and some mutual understanding.	Planned harmonisation of activities between the separate parties. Duplication of activities and resources is minimised. Requires agreed plans and protocols or appointment of an external coordinator or (case) manager.	Links between the separate parties draw them into a single system. Boundaries between parties begin to dissolve as they become effectively work units or subgroups within a single, larger organisation.

In research conducted by the National Foundation for Educational Research in the UK (Atkinson, Doherty and Kinder, 2005), five models of multi-agency working were identified:

- *Decision-making groups* – to provide a forum whereby professionals from different agencies could meet to discuss issues and to make decisions.
- *Consultation and training* for the professionals from one agency to enhance the expertise of those of another by providing consultation and/or training for them.
- *Centre-based delivery* – to gather a range of expertise together in one place in order to deliver a more coordinated and comprehensive service.
- *Coordinated delivery* – to draw together a number of agencies involved in the delivery of services so that a more coordinated and cohesive response to need could be adopted.
- *Operational-team delivery* – for professionals from different agencies to work together on a day-to-day basis and to form a cohesive multi-agency team that delivered services directly to clients.

Decision-making groups and coordinated delivery were the most frequent types of multi-agency activity encountered within the sample, while operational team delivery was the least frequently encountered. Many initiatives were a conglomerate of these models, although classified according to the central model of service delivery.

According to the UK government's *Every Child Matters* website (**http://www.everychildmatters.gov.uk/deliveringservices/integratedworking/**), there are three general models for delivering multi-agency services:

- *Multi-agency panel* – practitioners remain employed by their home agencies, agreeing to meet as a panel on a regular basis to discuss children and young people with additional needs who would benefit from multi-agency input.
- *Multi-agency team* – this is a more formal arrangement than a multi-agency panel in which practitioners are seconded or recruited into the team, are generally line-managed by the team leader, but retain links with their home agencies through supervision and training.
- *Integrated services* – the key feature of an integrated service is that it acts as a service hub for the community by bringing together a range of services, usually under one roof, where practitioners work in a multi-agency way to deliver integrated support to children and families.

Valentine, Katz and Griffiths (2007) identify four models:

- Co-location of services
- Community outreach from an existing service
- Multi-service centres or community hubs
- The expansion of multi-service agencies and working groups, to include more services or to change the activities of existing services.

On the basis of reviews of collaborative practice in the UK, Sloper (2004) identified a number of types of joint working, covering:

- *Strategic level working* – joint planning, decision-making, commissioning, purchasing.
- *Consultation and training* – where professionals from one agency provide consultation or training for those from another agency. The majority of these involved health professionals passing on knowledge to other professionals.
- *Placement schemes* – involving establishing posts which cross the organisational divide, e.g. social workers working within primary health care. Holders of these posts usually act as care managers, but are not necessarily part of a clear multi-agency system.
- *Centre-based service delivery* – where professionals from different agencies work together in one place, but do not necessarily deliver services jointly.

- *Coordinated service delivery* – where there is usually a coordinator to pull together different services, e.g. healthy schools initiative coordinator. In this category, the coordinator operates between the strategic and operational levels, but delivery of services to children and families is still carried out by different professionals who may not have contact with each other, but do gain knowledge of other agencies' work through the coordinator.
- *Multidisciplinary and multi-agency teams and projects* – where professionals from different agencies work together on a day-to-day basis as a multi-agency team.
- *Case or care management within multi-agency teams* – where an identified individual has responsibility for ensuring a coordinated service to families. Atkinson et al. note that this was the least common model in their findings on services for children.

It is notable that only the last of these models, and the one that was found to be least common, aims to ensure that the service is coordinated at the point of delivery to children and families. The majority of models were focused more on the organisation of professionals, and while they should contribute to greater communication and understanding between professionals in different agencies, they will not necessarily ensure that families receive a coordinated service.

Teamwork

Integrated services require professionals to work in teams. Different forms of teamwork have been identified (Anning et al., 2006; Briggs, 1997; Chandler, 2006; Watson, Townsley and Abbott, 2002; Watson et al., 2000).

Briggs (1997) describes four models of teamwork:

- *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.

Watson et al. (2000, 2002) define these as follows:

- *Multidisciplinary teams* – involve individuals working within a single agency, where the focus tends to be on the priorities of that agency and coordination with other agencies is rare. Assessment and provision of services will be mainly controlled by individual professionals working separately and an equal partnership approach with families may be rare.
- *Interdisciplinary teams* – involve individual professionals from different agencies separately assessing the needs of child and family, and meeting together to discuss findings and set goals. Service coordination across agencies may be achieved through a multi-agency panel, but the focus is likely to be on the needs of the child rather than a holistic approach to family needs. Families may be invited to panel meetings.
- *Transdisciplinary teams* – involve members of different agencies working together jointly, sharing aims, information, tasks and responsibilities. This is suggested to be a more holistic approach centred on the needs of child and family, with a 'primary provider', whose post is funded on a multi-agency basis, playing a key role in designing and delivering a program of care and coordinating services. This person acts like a key worker and takes responsibility for delivery of a unified program of care for the child and family. One coordinated multi-agency assessment is undertaken and used by all professionals. Families are seen as equal partners.

Watson et al. (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, Harrison and Luscombe, 2006; McWilliam, 2000).

Briggs (1997) identifies the following key components of the transdisciplinary model:

- *Many disciplines are involved in the service delivery*. Flexible boundaries and interchangeable roles and responsibilities encouraged the exchange of information, knowledge and skills.
- *Collaboration and consensus decision-making* characterises the team members' interactions and problem-solving methods. Although all members may not be involved in direct service delivery for every family, all members are involved in the planning and monitoring aspects of intervention. All members are committed to teaching and learning from each other.
- *Families are integral members of the team*, involved to whatever extent they desire in the assessment, planning, implementation, and evaluation of treatment. Although all team members participate equally, the family holds ultimate decision-making power.
- *One person is designated as coordinator of care* to reduce the number of individuals working with the child and the intrusion into family life. The role of the coordinator of care is to incorporate team decisions and integrate other disciplines' goals into a treatment program.

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. Transdisciplinary teamwork is 'absolutely necessary for effective intervention' (Bruder, 2002).

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, Wagner and Rosenbaum, 1997; Mukherjee, Beresford and Sloper, 1999; Sloper, Greco, Beecham and Webb, 2006) and the Team Around the Child model (Davies, 2007; Limbrick, 2004, 2007; Siraj-Blatchford, Clarke and Needham, 2007).

In the key worker model, one person acts as the main point of contact for families, collaborates with professionals from their own and other services, and ensures that access to and delivery of services from the different agencies and professionals is coordinated (Drennan, Wagner and Rosenbaum, 1997; Mukherjee, Beresford and Sloper, 1999; Sloper et al., 2006). The role of the key worker includes providing information and advice to the family, identifying and addressing needs, accessing and coordinating services for the family, providing emotional support, and acting as an advocate for the family. Research shows that the key worker model has positive results: families with key workers have better relationships with services, fewer unmet needs, better morale, more information about services, higher parent satisfaction and more parental involvement than families not receiving such a service.

The Team Around the Child model is a UK model of service provision in which a range of different practitioners form a collaborative team in early childhood intervention to support children and families who require ongoing multiple interventions (Davies, 2007; Limbrick, 2004, 2007; Siraj-Blatchford, Clarke and Needham, 2007). (Further details of this model are provided in Section 4.1).

Aims of improved service collaboration and integration

In seeking greater collaboration and integration of services, it is important to be clear about the intended outcomes and aims (Moore, 2007). The rationale and aims of integrated services have been discussed by Bruder et al., (2005), Fine (1997), Fine, Pancharatnam and Thomson (2005), Percy-Smith (2005), and Valentine, Katz and Griffiths (2007).

According to Fine (1997), there are three main sets of arguments for improved integration:

- Improved access for consumers
- Increased efficiency by achieving more from the use of limited resources
- Enhanced effectiveness, resulting in enhanced outcomes for consumers and funders.

Fine, Pancharatnam and Thomson (2005) identify other arguments in favour of integration, including:

- Consumers will be able to access assistance more effectively in 'one-stop family centres'.
- Access to services will be assured through program hooks (improved referral patterns and consumer access mechanisms).
- Coordinated systems planning will make a more comprehensive set of services available.
- There will be a better fit between consumers and community needs and the array of services made available because of more coordinated planning, information sharing, and pooling of agency funds.
- Direct service workers will be more knowledgeable of the entire array of services available and become more capable in delivering a wide range of services.
- The synergies from an integrated approach are argued to lead to innovation and a streamlining of service delivery through information and skill sharing.

According to Percy-Smith (2005), it is assumed that partnership working is a 'good thing' that will have a number of benefits for service users, partner agencies and society as a whole. These include the following:

- The elimination of contradictions or tensions between policies, programs or interventions, resulting in more efficient deployment of resources, better value for money, and economies of scale resulting from elimination of duplication and sharing of overheads.
- More effective service delivery as a result of clearer identification of service gaps and reduced fragmentation of services, leading to services that service users experience as better integrated.
- Increased understanding and trust between agencies, leading to enhanced potential for innovation and improved outcomes.

Valentine, Katz and Griffiths (2007) identify a number of reasons for greater collaboration and integration of services to children and families:

- From the perspective of families, service delivery needs to be seamless or holistic so that families do not have to deal with a lot of agencies or duplicate time and labour in informing agencies of their needs, going through assessments, etc.
- Collaborative and integrated work should be more efficient, simultaneously serving multiple needs through one service and saving labour for staff as well as time and effort for families.
- Expanded roles for significant and trusted family workers such as nurses, teachers and social workers should improve the quality and accessibility of services for families.
- Improved integration and communication between agencies should stop families 'falling through the cracks', as has happened in several catastrophic failures of services systems associated with child deaths or near deaths.

Moore (2007) has argued that, in seeking to integrate services for young children and families, the key question to address is what outcomes we are trying to achieve. If we are trying to make positive changes in child and family functioning, then the integration of early childhood and family support services is a means to an end, not an end in itself – integration is a strategy to achieve improved outcomes for children and families. From this perspective, the value of integrated service systems would lie in the contribution made to positive changes in children and families. The State Services Authority (2007) has made a similar point about joined-up government:

> 'Joined up government is a means to an end, not an end to itself. Ultimately, the benefit of joined up government is to improve outcomes for citizens.'

Might we want to build more integrated service systems even if there was little or no evidence of direct benefits to children? Could integration and collaboration be legitimate ends in their own right as well as means to achieving better outcomes for children and families?

When we adopt a particular policy or practice, we may do so for several reasons (Bailey et al., 1998):

- Legal reasons – because we are required by law to do so
- Values – because we believe that it is the right thing to do or because we believe that people have a right to this policy or practice
- Evidence – because there is evidence to support the policy or practice
- Rationale – because there are logical grounds for thinking that this policy or practice will benefit people, even if there is not yet any evidence to support it.

Moore (2007) notes that we are not required by law to create integrated/collaborative service systems, and the evidence for direct benefits for children is not strong. However, we still might view collaboration and integration as desirable on the basis of the other two types of reasons. Thus, on the basis of the particular values that we hold, we might decide that it is unfair to expect vulnerable families to try to obtain help from a poorly integrated and difficult-to-access set of services, and that we should therefore be seeking to simplify the job for them. Or we might decide that, although the evidence for the benefits of integrated services may be inconclusive, there are grounds for thinking that if we can make access to services easier and prompter families will receive more comprehensive and responsive support that will benefit the family as a whole and have flow-on benefits for the children.

If we accept this line of thinking, then we could view building service collaboration and integration as a legitimate goal in its own right, and evaluate its impact in its own right. However, we also need to keep in mind that the ultimate aim of our policies and practices is to make a positive difference for children and families, so we should treat the outcomes of service integration efforts as interim service outcomes, one step on the way to achieving improved outcomes for children, families and communities.

What is the program logic for seeking greater collaboration or integration of services? How does having better integrated services result in better outcomes for children and families? A fully developed program logic model of the service integration has been developed by Bruder et al. (2005) in the US. In a simplified form, the model contains the following elements:

Input

- State policies and infrastructure
- Community resources, services and supports
- Service coordinator

Output

- Service coordination
- Local collaborative practices
- Services coordinator activities

Immediate outcomes

- Family obtains support information, and education to address individual needs
- Family communicates the needs of the child
- Family makes informed decisions about services, resources, and opportunities for their child
- Child and family receive quality service
- Agencies and professionals are coordinated

Long-term outcomes

- Child and family get supports and services that are coordinated, effective, and individualised to their needs

Impact

- Family acquires and/or maintains a quality of life to enhance their wellbeing
- Family meets the special needs of their child
- Child's health and development is enhanced

We might quibble with some of the headings of this model (e.g. long-term outcomes might be more appropriately labelled 'service integration outcomes', and the impacts labelled 'long-term outcomes') but this model has the great virtue of describing the way in which integrated services can lead to the ultimate goal: improved outcomes for children and families. As Moore (2007) has argued, it is critical that, in seeking to create collaborative or integrated services, we are clear about what outcomes are being sought and how the integrated services achieve these outcomes.

National and international models

Multi-agency networks and teams: international models

Since the publication of the key report *Every Child Matters* (HM Government, 2003), the UK government has undertaken a series of significant initiatives, all of which have as part of their aims greater collaboration between services. These initiatives include Sure Start children's centres, children's trusts, early support, and Team Around the Child.

Sure Start children's centres

As noted by Katz and Valentine (2007), the UK Sure Start initiative is probably the most ambitious attempt of any government to improve the outcomes of children living in disadvantaged areas. Introduced in 1999, the original Sure Start Local Programs were aimed at the most deprived neighbourhoods in the UK. The initiative continues to evolve, and the Sure Start Local Programs are now to become children's centres. The ultimate aim is to have one of these Centres in every neighbourhood in England. (More information about Sure Start children's centres is given in Section 4.2.)

Children's trusts

The UK *Children Act 2004* and National Service Framework for Children, Young People and Maternity Services require fuller integration of health, education and social services for children and young people in England and Wales. The legislation did not explicitly require bodies called 'children's trusts' to be set up but it is still the model preferred by government. The UK government supported the establishment of 35 experimental children's trust pathfinders (children's trusts) in England. Bachmann et al. (2006) surveyed the progress made by these trusts at the end of their first year of operation. The responses showed that all children's trusts aimed to improve health, education and social services by greater managerial and service integration. All had boards representing the three sectors; other agencies' representation varied.

Two-thirds of children's trusts had moved towards pooling budgets in at least some service areas. At this stage in their development, some had prioritised joint procurement or provision of services, with formal managerial structures, while others favoured an informal strategic planning, coordination and information sharing approach. The commonest priorities for services development were for disabled children (16 children's trusts), followed by early intervention (11) and mental health services (8).

Early Support

http://www.earlysupport.org.uk

The Early Support program is the UK government's main mechanism for achieving better coordinated, family-focused services for young disabled children and their families across England. It was developed as part of the restructuring of children's services in response to the government green paper Every Child Matters and alongside new integrated assessment, information and inspection frameworks for children's services. The program has been developed specifically for children under the age of three. However, in announcing its intention to roll out the program across the country, the department has indicated that the principles underlying Early Support are applicable to all children under five.

Early Support has been introduced because, despite the best efforts of many practitioners working at operational level, research into the needs of families of disabled children (Joseph Rowntree Foundation, 1999; Sloper 1999) has consistently shown that families find it difficult to:

- find out about the services that are available to help them
- make sense of the role of different agencies and different professionals
- get professionals to understand their situation and needs in the context of the whole family
- have their own knowledge of their child recognised
- negotiate delays and bureaucracy.

The Early Support program aims to ensure:

- better joint assessment and planning processes for individual children and their families
- better coordination of service provision to families where many different agencies are involved
- better information for families
- the introduction and development of lead professional or key worker services to improve the continuity and coordination of support available to families
- better exchange of information about children and families between agencies and at points of transition
- joint review of multi-agency service provision and joint planning for service improvement at strategic level
- the development of family-held, standard material to monitor children's development which can be shared across agencies.

A range of materials have been developed to help those who work with families to coordinate their activity better and to work in partnership with parents.

The new children's centres being established in the UK are a critical delivery mechanism for the delivery of Early Support. However, the program targets all young disabled children, or children with an emerging special educational need, whether or not they are using services provided by a children's centre

Team Around the Child

Team Around the Child is a UK model of service provision in which a range of different practitioners form a collaborative team in early childhood intervention to support children and families who require ongoing multiple interventions (Davies, 2007; Limbrick, 2004, 2007; Siraj-Blatchford et al., 2007).

The model does not imply a multi-disciplinary team that is located together or who work together all the time; rather, it suggests a group of professionals working together only when needed to help one particular child. In this sense, the team can be described as a 'virtual' team; in practice, practitioners will find themselves working with a range of different colleagues at different times to support different children. The model is based on the ethos that such flexibility is essential if children's services are to be able to meet the diverse needs of each and every child. Team Around the Child places the emphasis firmly on the needs of the child, rather than on organisations or service providers.

Davies (2007) describes an Australian application of this model in an early childhood intervention program for young children with developmental disabilities.

Multi-agency networks and teams: Australian models

In Australia, there have been a number of initiatives at national, state and local government levels that aim to promote better integrated service systems. At the national level, the Department of Families, Housing, Community Services and Indigenous Affairs has sought to achieve this through its Communities for Children initiative. Focused on disadvantaged communities, this provides funding for locally driven strategies designed to improve outcomes for young children and their families through (among other things) better coordination between services. One example of what has been achieved through this initiative is described in a report produced by the Hubs Strategy Group for Hume Communities for Children initiative (2007).

In addition, every state and territory is developing strategies and programs that seek to coordinate services to young children and their families (Valentine, Katz and Griffiths, 2007). The two that have been operating longest are Families NSW (formerly Families First) and Best Start in Victoria, but there have also been major new initiatives in South Australia and other states.

Families NSW

Families NSW (formerly Families First) was established in 1999 as a whole-of-government initiative to develop broad inter-agency networks so as to better support parents in raising children. It is the joint responsibility of the five NSW Human Services agencies: the NSW

Departments of Community Services (DoCS); Ageing, Disability and Home Care (DADHC); Education and Training (DET); Housing; and NSW Health through Area Health Services.

Implementation evaluations of Families NSW have been conducted by the Social Policy Research Centre at the University of New South Wales (Fisher, Thompson and Valentine, 2006; Valentine, Katz and Griffiths, 2007). These showed that the initiative was slow to get going in some areas, and planning often took longer than anticipated (Valentine, Katz and Griffiths, 2007). Ultimately, however, 'Families First has 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, Thomson and Valentine, 2006, p. 19). Despite this progress, some problems still exist: some people and organisations still understand Families First as only being another funding program for particular services, rather than a set of process principles that underpin effective system planning and delivery of support and intervention with all families.

In addition to the implementation studies, Families NSW evaluation strategies include an outcomes evaluation framework using medium- to long-term indicators designed to measure the health and wellbeing of children, families and communities in NSW; and local and program evaluations.

Best Start (Victoria)

Commenced in 2001, Best Start is a Department of Human Services initiative to improve the health, development, learning and wellbeing of all children across Victoria from pregnancy through transition to school. It supports communities, parents, families and service providers to improve universal local early years service systems. These improvements will:

- result in better access to child and family support, health services and early education
- improve the capacity and confidence of parents-to-be, parents and families to care for children and help them to enjoy parenting
- assist communities to become more child friendly.

Best Start targets vulnerable families of children 0–8 years old and is required to have parents on all of its working groups and steering committees who make the decisions. This is to ensure that it is actually owned and controlled by the community, rather than simply another initiative of government and agencies.

An evaluation of Best Start (Raban et al., 2006) indicated that it was successful in promoting partnership arrangements to work together locally across the early childhood sector. It contrasted with the earlier experiences of most organisations and agencies in most sites of working in isolation or sometimes competing against each other. Working together as a partnership made possible strategic planning that led to the identification, development and implementation of new projects to meet service gaps. At the time of the evaluation, these projects had led to some increases in breastfeeding rates and attendance at maternal and child health 3.5 years Ages and Stages visits, and some perceived increases in physical activity, some literacy-related activities, and communities that are perceived to be more child-friendly.

Efforts to integrate services across agencies and departmental boundaries have not been restricted to early childhood services. The State Services Authority (2007) notes that Victoria has a long history of public sector reform initiatives to improve the coordination and integration of services to the community and achieve government outcomes. These initiatives have taken a number of forms, including 'major structural reforms such as the formation of mega departments covering a range of portfolios, machinery of government changes to enable the government to better organise around place, the establishment of offices of coordination to target specific population groups, and the development of a range of whole-of-government policy and strategy frameworks'.

In Victoria, one well-established initiative to improve service coordination in the health sector is the primary care partnership model.

Primary care partnerships

The Victorian Government's Primary Care Partnership strategy commenced in 2000. It involves over 800 agencies that have come together in 31 primary care partnerships (PCPs) across Victoria with the aim to improve the overall health and wellbeing of Victorians by improving coordination of health services, placing a greater emphasis on health promotion programs, and responding to the early signs of disease and/or people's need for support.

Each primary care partnership represents a specific region within Victoria and has formed voluntary alliances with a range of service providers. PCP members include divisions of general practice, hospitals, community health centres, health services, universities, schools, sporting clubs, churches, charities, and other government and non-government organisations.

Each primary care partnership operates slightly differently. Usually, PCP members sign a memorandum of understanding, a non-binding legal document that outlines a level of agreement and assists in setting expectations for the relationship. Each PCP governs their own memberships and may have different types/levels of memberships to meet the distinctive needs of its member agencies.

The health promotion function of the PCPs is supported by an Integrated Health Promotion framework and a number of resources, including:

Integrated Health Promotion Resource Kit (DHS, 2003)
http://www.health.vic.gov.au/healthpromotion/resources_links/integrated.htm

Health Promotion Skills Assessment Tool for Organisations (DHS, 2005)
http://www.health.vic.gov.au/healthpromotion/downloads/hp_skills_assess_tool.pdf

The service coordination function of the PCPs is supported by a number of resources, including:

Service Coordination: Achieving Tangible Benefits through a Partnership Approach (DHS, 2005)
http://www.health.vic.gov.au/pcps/downloads/publications/kpmgrpt_jul05.pdf

Good Practice Guide for Practitioners (DHS, 2007)
http://www.health.vic.gov.au/pcps/downloads/good_practice.pdf

Victorian Service Coordination Practice Manual (DHS, 2007)
http://www.health.vic.gov.au/pcps/downloads/sc_pracmanual.pdf

Several evaluations of the PCP strategy have been conducted, and summaries of these can be found in Section 5.1.

Integrated children's hubs: international best practice models

The most comprehensive efforts to create integrated children's hubs are being made in the UK through the Sure Start program. Another promising initiative is the Toronto First Duty program in Canada.

Sure Start children's centres (UK)

The UK Sure Start initiative continues to evolve. The latest development is the plan to establish a network of Sure Start children's centres, providing good quality child care integrated with early learning, family support, health services, and support for parents wanting to return to work or training. The driving force behind the development of children's centres is the government's Every Child Matters policy initiative. This seeks to achieve five outcomes for children and young people: being healthy, staying safe, enjoying and achieving, making a positive contribution, and achieving economic wellbeing. These outcomes are central to the government's program of change for effective and joined-up children's services.

Initially, funding for these children's centres is focused on the most disadvantaged areas in England, and most will develop from facilities that were formed from earlier initiatives for young children, including:

- *Early Excellence Centres* – started in 1997 to provide high-quality integrated care, child and adult education and family support for families.
- *Sure Start Local Programmes* – started in 1999 to provide integrated family support, health and early learning services in one place.
- *Neighbourhood Nurseries* – started in 2001 to provide accessible and affordable day care in the poorest areas

At their highest point there were around 500 Sure Start Local Programmes, 100 early excellence centres and 1300 neighbourhood nurseries. In September 2006 there were 1000 children's centres comprising about 500 Sure Start Local Programmes, 430 previous Neighbourhood Nurseries and 70 previous early excellence centres. The government's long-term aim is to have a children's centre in every community, with 2500 centres open by 2008, and 3500 by 2010.

Sure Start children's centres are places where children under five years old and their families can receive integrated services and information, and where they can access help from multi-disciplinary teams of professionals. Sure Start children's centres will provide a range of services depending on local need and parental choice. The aim is for a network of centres across the country, offering information, advice and support to parents/carers, as well as early years provision (i.e. integrated child care and early learning), health services, family support, parental outreach and employment advice for disadvantaged families. Services offered will not be the same everywhere, because needs and communities vary greatly, and the the first priority for children's centres will be for those children most in need.

According to Cheminais (2007), there are three broad levels of service provision available at children's centres, based on the level of the needs of families and children under five in the local community:

Level 1: Universal provision for all families with children under five

- Free integrated early years education and care for 12.5 hours a week, eventually to 48 weeks a year
- Information and access to child care in the local area
- Information on parenting, drop-in groups, and opportunities to access parenting support and education
- Antenatal and postnatal services and child health services and information on health
- Information about employment, education and training
- Information at transition points, e.g. at birth of a child, entry to primary school

Level 2: Provision for families experiencing challenging circumstances, leading to their children being at greater risk of obtaining poor outcomes

- Advice and support in accessing care the under-threes
- Group-based antenatal and postnatal support focused on parenting
- Varying levels of group-based or one-to-one parenting and family support to meet the distinct needs of fathers and mothers
- Employment and training support

Level 3: Specialist support and provision of children identified as being at even greater risk of poor outcomes

- Intensive structured parenting, child and family support through evidence-based programs including outreach and home visiting. This includes practical day-to-day support in the home, delivered together with other agencies like social services.
- Access to specialist services such as speech and language therapy, and family therapy, safeguarding services are children who are at risk of harm, abuse, neglect.

According to the Sure Start website, Sure Start children's centres in the most disadvantaged areas will offer the following services:

- Good quality early learning combined with full day care provision for children (minimum 10 hours a day, five days a week, 48 weeks a year)
- Good quality teacher input to lead the development of learning within the centre
- Child and family health services, including antenatal services
- Parental outreach
- Family support services
- A base for a childminder network
- Support for children and parents with special needs, and
- Effective links with Jobcentre Plus to support parents/carers who wish to consider training or employment.

In more advantaged areas, all Sure Start children's centres will have to provide a minimum range of services, including:

- Appropriate support and outreach services to parents/carers and children who have been identified as in need of them
- Information and advice to parents/carers on a range of subjects, including: local child care, looking after babies and young children, local early years provision (child care and early learning) education services for three- and four-year-olds
- Support to childminders
- Drop-in sessions and other activities for children and carers at the centre
- Links to Jobcentre Plus services.
- The Sure Start children's centre program is based on the concept that providing integrated education, care, family support, health services and support with employment are key factors in determining good outcomes for children and their parents. The concept itself is not a new one, it is about building on existing good practice, rather than starting afresh. The model builds on principles developed, and lessons learned, through earlier Sure-Start-funded settings, which are expected to become children's centres progressively.

Local authorities have been given strategic responsibility for the delivery of children's centres. Resource materials and guidelines have been developed to support the establishment of children's centres. These include:

Sure Start Children's Centres Practice Guidance (2006)

http://www.surestart.gov.uk/improvingquality/guidance/practiceguidance

This includes sections on working with families and young children in vulnerable groups; latest research evidence; and additional case studies from children's centres' experience.

Planning and Performance Management Guidance for Sure Start Children's Centres (2006)

Planning and Performance Management Guidance
http://www.surestart.gov.uk/_doc/P0002365.pdf

Self-Evaluation Form

http://www.surestart.gov.uk/_doc/P0002366.doc

This performance management framework is for local authorities and children's centres to use in annually assessing their performance, particularly in relation to reaching families most at risk of exclusion from mainstream services. The guidance includes an updated planning section, which puts greater emphasis on outreach work and encourages local authorities to adopt a more systematic approach to increasing and monitoring the take up of services by excluded groups. It also includes new sections on involving the private, voluntary and independent sectors.

The Governance and Management of Extended Schools and Sure Start Children's Centres (2006)

http://www.surestart.gov.uk/_doc/P0002361.PDF

This discussion paper considers the key issues, principles and practice emerging during the first phase of the roll-out of children's centres and extended schools.

In addition, the UK Government has engaged a partnership of private sector and public sector organisations, called Together for Children, to provide delivery support on the ground for local authorities. The Together for Children website (**http://www.childrens-centres.org**) includes the following resources, good practice, case studies and other guidance for local authorities:

Children's Centre Tracker – this has been designed to support local authorities in the development of Sure Start children's centres. It includes a four-stage developmental sequence.

Governance guidance for Sure Start children's centres and extended schools (Department for Education and Skills, 2007) – this is designed to support local authorities in developing appropriate governance arrangements for children's centres.

Case studies of children's centres can be found in Siraj-Blatchford (2007) and Worsley (2007), while Cheminais (2007) has provided practical guidance for the establishment of such centres.

The Pen Green Children's Centre is a well-established children's centre (Whalley, 2006; Whalley and the Pen Green Centre Team, 2001). Set up in 1983, Pen Green is a neighbourhood centre for young children and their families in Corby, UK. It combines early years education, flexible day care for children in need and children with special educational needs, parent education and support, community health services, training and support for early years practitioners, and research and development. The parent education program is based on a community development model and has three developmental strands: parents learning about their children, parents learning for themselves, and citizenship.

Toronto First Duty (Canada)

http://www.toronto.ca/firstduty

The Toronto First Duty project, originally piloted in 1999, seeks to integrate services for young children and their families. It operates in five sites in Toronto, and provides a comprehensive continuum of supports and services, including:

- ***An integrated early years learning environment*** – blending the three streams of kindergarten, child care/early childhood education and parenting. Strategies may include shared space, resources and approaches.
- ***An early childhood staff team –*** integrating staff from the three early years streams with each member delivering core aspects of the early years learning environment. strategies may include the development of generic job descriptions.
- ***An integrated governance model –*** a consolidated structure that has control over a pooled budget and a mandate and accountability to provide management, planning and administration and ensure the delivery of comprehensive services and supports. Strategies include, joint program planning, administration, financial management, program evaluation.
- ***Seamless access*** – to services and facilitated access to other services. Strategies include common intake to the Toronto First Duty project, and integrated client information/data collection.
- ***Parent involvement*** – to increase the participation of parents/caregivers strategies may include participation in the governance, program and planning.

Integrated children's hubs: Australian best practice models

In Australia, interest in integrating early childhood services and establishing children's centres and hubs is growing, but there are few examples of well-established integrated children's service centres.

Government initiatives

Victoria

The main initiative is the Victorian Children's Centre initiative (see Appendix A for details).

South Australia

A 2004 Ministerial Inquiry into Early Childhood Services in South Australia resulted in the publication of the report *The Virtual Village: Raising a Child in the New Millennium* (Department of Education and Children's Services, 2005). This recommended the building of an integrated early childhood service system based on the development of a new concept of child and family centres. The South Australian Government is now in the process of establishing 20 children's centres. These will mostly be located on primary school sites. The Centres will provide a 'one-stop shop' for young children and their families by bringing together a mix of services for children from birth to eight years and their families. These services include:

- Early education and care for children from birth through to the early years of school
- Child health information
- Family support
- Playgroups and play activities
- Early assessment of children's learning needs and intervention programs.

At some centres there will also be health services such as hearing and eye tests, immunisation and specialised support such as speech pathology and occupational therapy.

In creating children's centres, the aims are to ensure that children:

- learn to play together, building social skills and wellbeing
- attend high-quality child care and education programs
- receive specialist services when health or learning concerns are identified.

The aims for families are to ensure that:

- families find it easier to use health, child care, education and family support services
- families have more child care and early learning options
- families link up with other families with young children
- families get information about parenting and young children's learning and healthy development
- families get help from staff if concerned about their child's health or learning needs
- families have options to consider a return to school, further study or employment.

Examples of integrated children's centres

CAFE Enfield, South Australia
http://www.enfieldps.sa.edu.au/CafeIndex.asp

Established in 2002, CAFE (Children and Families Everywhere) Enfield was the first of the South Australian Government's integrated children's centres, which support young children and their families by providing integrated early childhood development services within the one location.

The centre is located in the grounds of Enfield Primary School, and brings together a range of services including health, education and child care, family and community support services. This includes developmental health checks for children, universal home visiting, parenting programs, adult learning pathways, early learning programs for children and families, parent volunteer participation and community consultations. CAFE Enfield has a core group of volunteer parents who work alongside centre staff and other local service providers and are members of the governance group.

CAFE Enfield has a solid community development foundation, created from the early planning stages and seeks to build on family and community strengths. Work with local families and communities identified the needs and wants of families with young children, the services and programs that would best support them in giving their children the best start, and opportunities for parent involvement.

It is a joint initiative between the South Australian Department of Education and Children's Services, the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs; Children, Youth and Women's Health Services (formerly Child and Youth Health); Enfield Primary School; and local community organisations.

CAFE Enfield has become a community hub with high numbers of families involved in activities or just 'dropping in' daily. Many of their families would not normally participate in activities due to their life circumstances, complex issues and isolation. The warm, friendly and engaging environment that has been facilitated at CAFE Enfield has not only created learning opportunities but increased community strengths and relationships that go beyond the centre itself and reach out to the streets and homes of local families.

Although descriptions of the CAFE Enfield program exist (e.g. De Zen, 2004), no formal evaluation has been conducted.

bestchance, Victoria
http://www.bestchance.org.au

bestchance Child Family Care is an independent, not-for-profit, community organisation based in Glen Waverley. It provides a range of universal, specialist, educational and welfare services, **and** has adopted an innovative and holistic approach to assisting young children and families by integrating its suite of community services in the one complex. Opened in 2006, its purpose-built children's centre provides sessional day care, long day care, three- and four-year-old kindergartens, assisted playgroups, parenting courses, early childhood intervention, and parent and child support services.

It is unclear from the published information whether the services are simply co-located or are partially or fully integrated. No formal evaluation of this service has been conducted.

Quantin Binnah Community Centre, Werribee (Victoria) and **Bannockburn Family Services Centre**, Golden Plains Shire (Victoria)

These centres are both run by local councils and include a range of child and family services. The Quantin Binnah centre has been running for a long time, whereas the Bannockburn centre (which is one of the DEECD-funded children's centres) was established in 2006. Services provided include kindergarten, long day care, family day care, maternal and child health and allied health services. In both these centres, the services appear to be co-located rather than truly integrated. No formal evaluations of these services have yet been conducted.

Springvale Integrated Children's Services Hub, City of Greater Dandenong (Victoria)

This is a work in progress being undertaken by the Greater City of Dandenong. It involves three early childhood services that operate under the auspices of the Greater City of Dandenong and are currently separately incorporated. The aim is to establish an integrated services hub under a single board of management in a new purpose-built centre.

This initiative is using an outcomes-based framework to guide the development of services and the design of the building. As noted by Hogan and Murphy (2002), reaching agreement about outcomes at the outset can have draw agencies together and mobilise energies for change. An outcomes-based vision for the new service has been developed through workshops and consultation involving service providers, parents and other key stakeholders. This vision is being used to guide the ongoing development of the service model and the design of the building.

Laverton Community Children's Centre, Hobsons Bay (Victoria)

One of the DEECD-funded children's centres, this centre was established as a children' hub in March 2006 with funding from the (then) Department of Human Services, Hobsons Bay City Council, and the Laverton Community Centre and Neighbourhood House. It is managed by a board of management – the Laverton Community Centre and Neighbourhood House Inc. – that includes parent representation. It also has a parent reference group.

The service is designed to provide a range of flexible care types that are accessible and affordable for the whole community. The service provides the following types of care: long day care, kindergarten, occasional care, toy library, maternal and child health nursing, family support services, playgroups and community space.

Early Years Centre, Nerang (Queensland)

The Benevolent Society is establishing an integrated early years centre on the Gold Coast that will provide families who have young children with a parenting 'one-stop shop' – somewhere they can access a range of support and services to improve their children's health, wellbeing and safety. Families in the local area who have children aged 0–8 years will be able to access:

- health services for children and parents– including maternal and child health nurses, breastfeeding support, postnatal clinics, developmental screening and assessments, and specialist clinics such as immunisations and paediatrics.
- early childhood care and education – including access to family day care, coordinated playgroups, a toy library, and programs focusing on areas such as transition to school.
- family support services – including parenting programs and professional home visiting for families who need a little extra support.
- parenting information, advice and resources – covering a broad range of issues such as child development, behaviour management, parental coping skills, immunisations and nutrition.

The centre will operate from a central hub in Nerang and will also provide outreach services from other locations within the local community and will be working in partnership with a number of local organisations.

Concluding comments

There is no single model that has become accepted as the best model for a children's centre. The models that do exist are not well enough documented to be 'transportable', i.e. applied in other sites. Most Australian examples of children's centres are newly established or still in the development stage.

A ***service coordination grid*** showing the range of possible relationships between services can be found in Appendix C. This outlines 13 models varying along two dimensions:

- the level of service coordination (coexistence, cooperation, coordination, collaboration, integration)
- the location of the services (stand-alone or autonomous, co-located, outreach)

As the grid shows, co-location of services does not guarantee better coordination of services. Agencies can work from the same premises and have little or nothing to do with each other. Conversely, it is possible to have much higher levels of collaboration between services that are not co-located. Nevertheless, the evidence clearly suggests that co-location can facilitate better linkages between services.

Evidence for effectiveness of interagency collaboration and children's hubs

Overall, there is considerably more evidence on the process of multi-agency working than on the outcomes (Sloper, 2004). Process studies have produced consistent findings on the conditions that promote or hinder multi-agency collaboration. Evidence for the effectiveness of inter-agency collaboration will be summarised first, before the sparser evidence on children's centres is considered.

Evidence for efficacy of cross-sectoral and whole-of-government approaches

In a UNESCO policy brief, Choi (2003) notes that cross-sectoral coordination mechanisms are effective when:

- their function is to coordinate a particular early childhood program
- they focus on a single target population
- they carry out a specific task for a certain period of time.

Cross-sectoral coordination mechanisms are less successful in promoting a coherent overall policy and administrative framework across sectors. One important factor in promoting more effective coordination is the identification of a lead department with responsibility for early childhood services.

At the national level, the Department of Families, Housing, Community Services and Indigenous Affairs' Communities for Children initiative is currently being evaluated, with the final report due in June 2008. Local reports (e.g. Centre for Community Child Health/ Broadmeadows Early Years Partnership, 2007) suggest that the initiative has been successful in increasing coordination of early years and other services, including the development of neighbourhood hubs (Hubs Strategy Group for Hume Communities for Children Initiative, 2007).

In Victoria, the State Services Authority (2007) has undertaken an overview of current approaches to joined-up government in Victoria. Its report focused on a number of case studies, and did not evaluate the outcomes of individual joined-up projects. However, the report did identify the key enablers which support the successful delivery of joined-up projects. (See Section 7.1 for details.)

There have been several evaluations of Victoria's Primary Care Partnership (PCP) strategy (Australian Institute for Primary Care, 2003, 2005; KPMG, 2005) as well as other studies (e.g. Walker, Bisset and Adam, 2007). The evaluation of PCP activities conducted by the Australian Institute for Primary Care (2005) found that in the first five years of its operation, the PCP strategy had brought about 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. Research completed by KPMG (2005) looked at the impact of service coordination on five community health services and three local government providers. It found that when successfully implemented, service coordination delivers benefits to agencies, practitioners and consumers.

Evidence for efficacy of multi-agency networks and teams

What is the evidence for the effectiveness of integration and other collaboration initiatives? Reviews of the literature on coordination and strategic partnerships 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)
- 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).

- Whether or not such partnerships have a positive impact on children and young people is unclear (Dunst and Bruder, 2002; Percy-Smith, 2005, 2006; Valentine, Katz and Griffiths, 2007). This is partly because:

  > '... it is virtually impossible to use the most rigorous research methods to measure outcomes of integrated services. In most cases it is neither feasible nor ethical to randomly allocate families to 'joined up' and 'not joined up' services and then compare outcomes.' (Valentine, Katz and Griffith, 2007)

- However, there is evidence that multi-agency coordination initiatives have benefits for families (Dunst and Bruder, 2002; Corter et al., 2006; Harbin, McWilliam and Gallagher, 2000; Harbin and West, 1998; McGregor et al., 2003; National Audit Office, 2006; Robson, 2006). Positive outcomes include better flow of resources, supports, and services, parent satisfaction with provision of needed services, improved wellbeing 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, Katz and Griffiths, 2007). This should come as no surprise: people – 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 direct changes in the level, timing, relevance and quality of the services that children and families receive, they cannot be expected to show positive changes as a result.
- There is also evidence that integrated service models have benefits for service providers (Allen, Foster-Fishman and Salem, 2002; Corter et al., 2006; National Audit Office, 2006; McGregor et al., Young et al., 2006) and encourage collaborative practice between service providers.

Williams and Churchill (2006) investigated how and in what ways the practices of Sure Start Local Programs were facilitating individual and community empowerment. They found substantial evidence for experiences of individual parent empowerment, through a wide range of activities such as parenting classes, fathers' groups, breastfeeding support, exercise and sports groups, and fun days. Parents expressed the value of Sure Start in terms of increased confidence, skills, self-esteem as parents, and friendship. There was greater variation in the extent to which the programs had generated collective empowerment. This was influenced by the strength of the program ethos, the local context, and specific interventions in the community, among other factors.

- On the basis of a review by Frost (2005) of the research evidence regarding partnerships or joined-up working among disciplines and agencies working with children, Flood (2006) concludes that joined-up working is far from easy. Not everyone accepts that partnership working is necessarily a good thing. Although they are in the minority, some critics argue that coordination works against the interests of service users, or that it does not necessarily have a positive impact on outcomes for children. However, whatever the difficulties associated with partnership working, there is evidence that many practitioners embrace the concept enthusiastically. Practitioners working alongside colleagues from different professional backgrounds commonly report that it has given them a broader perspective and a better understanding of other agencies, and that working in joined-up teams is challenging and exciting.

Sloper (2004) is another who has reviewed the relevant research and found that there is little evidence on the effectiveness of multi-agency working itself, or of different models of such working in producing improved outcomes for children and families. However, reviews of evidence on multi-agency working provide consistent findings on facilitators and barriers, including: clear aims, roles and responsibilities and timetables that are agreed between partners; a multi-agency steering group, commitment at all levels of the organisations

involved and good systems of communication and information sharing, including IT systems, are central; support and training for staff in new ways of working is needed. There is some evidence that inter-professional programs of continuing education can help to remove barriers to joint working.

Young et al. (2006) report on an evaluation of the Early Support program in the UK. This program focuses on services for disabled children from birth to three years and their families, and seeks to improve inter-agency working between children's services, both in terms of planning and delivery. Overall, Early Support was found to be a very successful program as measured by positive developments in multi-agency planning and delivery at strategic and operational levels; improvements in the appropriateness and responsiveness of multi-professional practice; and benefits reported by the parents themselves.

The study found that some recurring difficulties undermined enhanced multi-agency working. These included difficulties in accessing information across agencies, incompatible computer systems, differences in contractual and human resources arrangements, and additional workloads resulting from Early Support involvement.

The study also found that when particular professionals or agencies failed to participate in the Early Support coordination arrangements, the 'knock-on' effects were serious in the view of both professionals and parents. Absentees' roles were misconstrued, ill-defined and seen to frustrate, for parents, the otherwise beneficial effects of a coordinated approach.

From professionals' perspectives, co-location did not emerge as a significant driver for improved inter-agency working, while from parents' perspectives it had clearly identified benefits in terms of ease, practicality and flexibility of provision to meet identified needs quickly (where it was working well). However, some parents experienced a dislocated service even when delivered from within a single location such as a children's centre. This effect was largely a result of not all professionals involved with them and the children's centre being aware of or signed up to the Early Support program.

A key focus of many Early Support programs was the use of key workers – the identification of a single professional to act as the main point of contact and the coordinator of services for families of young children with disabilities. From professionals' perspectives, the key worker role was largely valued for its effects in delivering more coordinated, service-effective, and family-sensitive provision. From parents' perspectives, benefits were described in terms of both practicalities and emotional support, with one often being closely related to the other.

Evidence for efficacy of children's hubs

Tunstill, Aldgate and Hughes (2006) report on a study of family centres in the UK. These predated the new children's centres, and have paved the way for planning and delivering some of these new partnerships. They identify the following lessons for building community partnerships:

- It is critical that community-based centres make an explicit commitment to partnership with other community-based services. Making this commitment explicit gives a very clear message to other agencies about the value of partnership.
- Some possible partners may need a more persistent approach, and some professional groups (e.g. general practitioners) may be particularly difficult to engage. One key lesson was that no one agency can construct a partnership on its own. All the stakeholder agencies, including family centres in children's centres need to seize every opportunity for establishing and developing partnerships with each other.

Tunstill and colleagues also identify a number of lessons regarding service delivery to families:

- The commitment and consistency with which family centres engaged with families is of critical importance. The starting point of this relationship was a fundamental respect for families, which they modelled in their policies as well as in their day-to-day interactions with parents.
- Services should be planned in partnership with parents, who if given the opportunity can be highly perceptive about their own needs. However, not all parents will be equally confident about making explicit their preferences or needs. Strategies to overcome inhibiting factors include a range of aggressive outreach strategies, including the offer of translating and interpreting services, transport when necessary, and efforts to build the confidence of parents and model the respect in which they are held.
- The experience of family centres strongly suggests that families need a broad range of interventions which include both practical services and more complex work, such as enhancing parenting skills. Centres also need to offer parents the opportunity to develop their own personal and occupational skills, in addition to their skills as parents.
- The giving of information needs to be a central feature in the work of centres. At the same time, strategies need to be in place to ensure the continuity of knowledge. Where specialist information is in the hands of a few, there can be problems if personnel leave and the knowledge and information are lost. Centres need to establish systematic procedures for informing each other of new services.
- Centre-based services have the potential to enable families to help each other, as well as accessing services. However, while creating links between families can be very positive, care needs to be taken in relation to any issues that might put children at risk of harm (e.g. by encouraging links between the tiny minority of families whose children are at serious risk of a range of abuses).
- The reality for many families is that they do not have access to support for parenting within their own extended families, nor do they have easy access to support in their own communities. At the same time, it is clear that they would value being offered the opportunity to draw on support from non-stigmatising services within their local communities.
- The way in which such support is offered needs to recognise that parents are experts on their own strengths and needs. They themselves, if empowered to do so, can take an active and illuminating role in the assessment of their own circumstances. A parent-led approach to service needs to be built into service delivery, whether those services are open access with parents referring themselves, or are triggered by referrals from professionals.
- Parents appreciate a range of services which provide support both to them and their children. It is a mistake to underestimate the extent to which the majority of parents aspire to be good parents and want what is best for their children. Parents who use family centres often want to use services in a way that will optimise the chances of their children having wider opportunities than they have enjoyed themselves.
- What parents like about family centres is that the services are provided in the context of a warm and welcoming atmosphere. Characteristics parents associated with a positive atmosphere were both a lack of stigma and an explicit acknowledgement of their strengths by staff.

Finally, Tunstill et al. note some lessons regarding the children's services workforce:

- There are considerable advantages to both staff and families if diversity of gender, race and ethnicity are represented on the staff group. Families can then have a choice over which staff members they relate to. Giving families choice is an important part of changing the culture of centre-based services to one which emphasises the empowering of parents and sees them as experts on defining their own needs.

- It is important to recognise that many of the characteristics of services which parents find unhelpful and unattractive also reduce the job satisfaction of those who deliver services.

Bertram et al. (2004) report on the evaluation of the Early Excellence Centre (EEC) program in the UK. Precursors of children's centres, the EECs offered 'one-stop shops' where families and children can have access to high-quality, integrated care and education services delivered by multi-agency partners within one centre or a network of centres. The national evaluation of the EEC pilot programs conducted between 1999 and 2002 found that:

> '... deep, transformational change to integrate multi-agency services into a cohesive, comprehensive web of support for children and families, which has the potential to impact on cycles of deprivation over time, is an enormously challenging and ambitious agenda. It requires courage, determination, resources and commitment at all levels to achieve a fully integrated and functioning centre, but it is possible to achieve this within a timescale of approximately three to five years by building on existing provision, particularly school based provision.'

Despite the challenges, the review found that over the three years of the pilot program the majority of the EECs became well established and provided high-quality, integrated services for children, families and local communities.

There is some suggestion in data presented by the National Evaluation of Sure Start programs (National Evaluation of Sure Start Research Team, 2005; Tunstill et al., 2005) 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.

The initial implementation of Sure Start children's centres has been evaluated by the National Audit Office (2006). This report was positive about the impact of Sure Start children's centres, finding that they are valued by most of the families who use them, and were reaching disadvantaged families, as intended. However, less than a third of centres were making efforts to reach the families with greatest needs, such as lone and teenage parents, disabled children's parents and parents from some ethnic minorities in areas with small minority populations. The costs of centres, and of activities in centres, varied widely. Reflecting the relatively recent establishment of children's centres, they and local authorities had as yet collected only limited data to assess cost-effectiveness. Centre managers and staff are working in challenging ways that will often be new to their professional disciplines. Training in leadership (Whalley, 2006) is recommended.

The National Audit Office notes that the full effectiveness of the centres will be measurable only in the long term.

On the basis of interviews with children's centre staff, the National Audit Office (2006) identified a number of benefits of children centres that staff and managers reported. These included:

- Working in partnership with other organisations to deliver services according to need.
- Working in teams with other professionals to deliver services.
- Providing services that improve the lives of children and their parents.
- Making services more accessible/user friendly for families
- Greater job satisfaction and professional development
- Working closely with families and integrating into the community.
- Having the ability to be creative and innovative in methods of working.
- Having all services in one place so that continuity exists for individuals and services become more accessible.

Another study of children's centres in the UK (Robson, 2006) found that parents reported a range of affective, cognitive and physical benefits associated with their children's attendance at the centres. As parents, they also valued a range of factors for themselves, particularly practical support, feelings of wellbeing and peace of mind, and confidence in the safety of their children. However, the two centres in this study met the families' needs in often quite different ways, and found individual solutions to the challenges each community faced.

Corter et al. (2006) report on an evaluation of the Toronto First Duty (TFD) program delivered over five sites in Toronto. Key findings included:

- ***Child outcomes*** – Although the evaluation was not designed to directly test outcomes for children, both kindergarten teacher ratings of school readiness and direct assessments by the researchers suggest that the children benefited socially and developed pre-academic skills. Parents whose children attended TFD programs reported being more involved in their children's early learning. Parent involvement is an important factor in school success.
- ***Program quality*** – The quality of non-parental care services is the central and most consistent factor that determines the effects of those services on children. Quality in TFD programs compared to their non-integrated counterparts was higher. Moreover, quality continued to improve throughout the term of the project. The sharing of the quality assessments with staff was a motivator for further improvements.
- ***Benefits for parents*** – Parent surveys expressed high levels of satisfaction with TFD programs. Parents felt more confident in helping their children learn. Program hours and participants increased at all of the sites. Access to programs allowed parents to achieve goals, such as helping children learn and meeting other parents.
- ***Staff benefits*** – Staff developed strong positive opinions of the professional benefits they received from integration. These evolved from the beginning stage when there was considerable angst over turf and status, to the redefining of roles and responsibilities brought about by strong leadership, professional development and program supports.

Best practice features

This section begins with a consideration of best practice in community-based services before looking at best practice principles for multi-agency networks and teams, and in integrated children's services.

Best practice in community-based services

The research evidence indicates that effective early intervention and family support services share a number of key interpersonal and structural features. In a recent synthesis of the evidence, the Centre for Community Child Health (2006) has identified 10 key interpersonal features and 11 key structural features.

Key interpersonal features

Effective programs are based upon the needs and priorities of families and communities – This means that the outcomes that the professionals and parents are working towards are determined by the families and communities in consultation with professionals, rather than being determined by the professionals alone.

Effective programs are individualised and responsive to particular family needs and circumstances – Effective programs do not offer a fixed model of service that is provided to all families regardless of their preferences and circumstances.

Effective programs start where families are at developmentally – Families vary greatly in their personal resources, levels of education, and confidence. Effective programs take account of this, beginning with the parents' own perceptions and experiences of their situation, and basing service on what they are capable of contributing in the partnership and in their own lives.

Effective programs recognise that relationships are just as important for achieving success as program structure and curriculum – All effective help-giving is based as much upon the ability of professionals to establish truly collaborative partnerships with parents as it is upon their technical expertise.

Effective programs seek to empower families and communities – This involves enhancing the ability of families and communities to solve problems for themselves.

Effective programs build on existing strengths of families and communities, strengthening their existing competencies – A strengths perspective is based on the assumption that families and communities are capable of developing skills to meet at least some of their own needs.

Effective programs seek to build partnerships with parents and communities – The ability of professionals to work effectively with parents and communities depends as much upon their ability to build partnerships and therapeutic alliances with parents as upon their specialist knowledge and skills.

Effective programs are sensitive and responsive to family and community cultural, ethnic, and socioeconomic diversity – This means respecting the values and preferences of families and communities in both the design and delivery of intervention and support services.

Effective programs see families in the context of the community and the wider society, and seek to strengthen community links and utilise community resources to meet their needs – When child and family needs are met solely or primarily through professional sources of help, families are more likely to become dependent upon professional services. When service providers help families identify and mobilise family and community sources of help, their dependence on scarce professional resources is reduced.

Effective programs provide high-quality services – All children benefit from high-quality care and education environments, and children from disadvantaged backgrounds benefit the most.

What these 10 key interpersonal features suggest is that *how* services are delivered is as important as *what* is delivered.

Key structural features

Effective programs adopt an ecological approach that addresses the multiple influences on child and family functioning – Since most outcomes for children, including health, wellbeing and competence, have common underlying determinants, sustained change in children and families is only possible if all the underlying risk factors are addressed. For optimal effectiveness therefore, interventions must occur at multiple levels simultaneously. No single intervention strategy can produce sustained change on its own.

Effective programs are part of a comprehensive integrated service system that is able to address all the factors known to put children and families at risk – Many families using early childhood services have complex needs that cannot be addressed by those services on their own. Factors that are not usually able to be addressed by early intervention programs include housing, transport, finances, employment, parental mental health (including depression and drug abuse), marital problems (including domestic violence), and citizenship issues (in the case of refugee families). Any of these family issues on their own or in combination are likely to be major sources of concern for families, and are liable to undermine their efforts to meet their children's needs. When this occurs, the effectiveness of early childhood intervention programs working with the families is also compromised. To address all these factors, early childhood and family support programs need to become part of a comprehensive integrated set of services that is able to address the holistic needs of families (CCCH, 2006), and governments need to adopt a whole-of-government approach to planning and intervention.

Effective programs have a clearly defined purpose and goals that are broadly agreed upon by all stakeholders – What this means is that the families and professionals involved with young children are clear about and agree upon what outcomes they are seeking for the child and family. Such agreement cannot be taken for granted. It is not uncommon for parents and professionals to have different outcomes in mind, or for those involved to be confused about whether they are seeking to make changes in the child, the family or the community. If professionals are not clear about the outcomes that are sought, then they are less likely to use strategies that are effective in achieving outcomes that are regarded as desirable by families.

Effective programs are based on clear theoretical frameworks that show how the services that are delivered achieve the desired outcomes – As Shonkoff and Phillips (2000) have argued, 'All successful interventions are guided by a theoretical model that specifies the relation between their stated goals and the strategies employed to achieve them.' (p. 340). This is sometimes called a theory of change or program logic.

Effective programs base services on proven methods of intervention – In addition to being based on clear theoretical framework, effective programs use evidence-based practices wherever possible.

Effective programs focus on outcomes rather than services – Most forms of human service delivery have tended to view established forms of service as important in their own right, rather than as means to an end (that is, achieving positive changes in child and family). Increasingly, there is a recognition of the importance of basing services on agreed outcomes – of starting with the end in mind – and selecting the form of service delivery best able to achieve these outcomes.

Effective programs are structured and packaged so as to be transferable and translatable to other settings and populations – Regardless of the quality of a program's design and its demonstrated success in a specific context, its effectiveness will be limited unless it can reach intended populations for intended purposes. This means that programs should be sufficiently well documented that another service can take

the program model and procedures and apply them successfully with another population. The documentation should include the overall model or theory of change, the strategies used to achieve change, the processes used to evaluate change, and induction and training procedures.

Effective programs are staffed by people who are trained and supported to provide high-quality, responsive services – Staff need both technical training as well as training in establishing effective working relationships with parents. A recent national Australian training survey (Centre for Community Child Health, 2003) identified the following training needs as common to all professionals working with young children and their families: training in communication and counselling skills, family-centred practice, cross-cultural competence, interdisciplinary teamwork, inter-agency collaboration, and inclusive practices and use of natural learning environments.

Effective services maintain positive organisational climates – The organisational climates that managers and supervisors establish are a significant predictor of service outcomes and service quality. Findings show that organisational climate (including low conflict, cooperation, role clarity, and personalisation) is a primary predictor of positive service outcomes (children's improved psychosocial functioning) and a significant predictor of service quality.

Effective services encourage shared learning and help staff to become reflective practitioners – Reflective practice refers to the ongoing process whereby practitioners critically examine their past and current practices in order to ensure that they are delivering services as they intended and are achieving desired outcomes. This is now increasingly recognised as an essential feature of best professional practice in an ever-changing world. Professionals need encouragement and support to help them become reflective practitioners and continue to improve their intervention strategies. To support ongoing reflective practice, reflective supervision is needed. This is not usually readily available in early childhood services. Supervision and mentoring are not consistently available across the professions working with young children and families. Some professional disciplines (e.g. psychology and social work) and some services (e.g. family support, mental health) have well-established induction procedures and supervisory practices, while others (e.g. child care, early childhood education) have little or none. Where such on-the-job support and supervision is lacking, the consolidation of skills and values that are essential to effective practice are inevitably compromised.

Effective programs regularly evaluate and monitor their services to maintain quality and to guide improvement – The rationale for evaluating outcomes is clear: if we do not evaluate the outcomes our services produce, then we will be unable to judge the efficacy of the service we provide, and are likely to persist with approaches and goals that are not achieving the intended outcomes. When outcomes are not evaluated, we are likely to base our intervention methodology on factors such as habit or custom (this is how we have always done it), unproven assumptions, or community expectations (assumptions regarding the nature of professional expertise and the consequent demand for hands-on therapies). A number of frameworks for evaluating early childhood intervention programs have been developed.

Despite the lack of rigorous research evidence for the benefits of integrated services, there is an emerging consensus or practice wisdom about what works in relation to establishing and developing strategic partnerships and integrated services (Billett et al., 2005; Department for Education and Skills, 2006; Einbinder et al., 2006; Gardner, 2003; Hayden et al., 2002; Johnson2003; Leiba and Weinstein, 2003; Percy-Smith, 2005, 2006; Rawsthorne and Eardley, 2004; and Wolff, 2001).

Best practice principles for multi-agency networks and teams

On the basis of a review by Frost (2005) of the research evidence regarding partnerships or joined-up working among disciplines and agencies, Flood (2006) identifies the following keys to success:

- Effective leadership is critical to making joined-up working a success. Leaders need to be able to inspire and support all staff through a process of change. Effective leaders will be 'boundary spanners' who can work across traditional divides and create new solutions to public policy problems.
- Co-location can be a key driver of effective partnership working. It can help to break down many of the barriers to joined-up working by encouraging greater respect and understanding between professionals, better information sharing, informal learning, and a stronger sense of teamwork and belonging. But it does not solve all the problems.
- Training can act as both a barrier to joined-up working (for example, initial qualifying training that defines professional identity in terms of difference only), and as a facilitator (for example, post-qualifying joint training). The informal learning that takes place while working together on the front line can be just as important as formal training.
- The language associated with partnership working is not always used consistently or with precision. In particular, there is some confusion or varied usage in the research and related literature about phrases such as coordination, cooperation, partnership, working together, and joined-up thinking. Therefore it is important to gain understanding and agreement around common language usage.

Leiba and Weinstein (2003) identify the following best practice principles for collaboration between professionals:

- Utilise opportunities for joint training and shared learning.
- Develop trusting relationships by listening and understanding each other's roles.
- Respect differences but do not let difference of status get in the way of communication.
- Take pride in one's own distinctive contribution but do not be territorial.
- In multidisciplinary teams, share roles and records and learn from each other to augment skills.
- Respect confidentiality but not if it risks the safety of the service user, the work or the public.
- Develop clear inter-agency protocols, but do not allow them to impede necessary informal communication and professional skills.

Family-centred practice has been proposed as the core philosophy underpinning successful interdisciplinary and inter-agency teamwork (Prelock et al., 1999; Walter and Petr, 2000). According to Walter and Petr (2000), successful inter-agency collaborations require commitment to a shared value base as the core dimension of the joint efforts. They provide a rationale and framework for using a family-centered value system and principles as the essence of that shared value system.

A recent UK study by the Department for Children, Schools and Families (2007) identified a number of common features of effective integrated working. They summarised these in terms of typical characteristics, typical structures and processes, and typical change interventions:

Typical characteristics of effective integrated working

- Integrated working was founded on and sustained by very strong personal relationships between staff in co-located or locality teams.
- Deep commitment of staff to integrated working, most of whom had chosen to work in a multi-agency setting.
- No major dependence on IT to support integrated working, due to reliance on personal relationships.
- High level of professional and personal support for staff; evidence of strong leadership and management as being vital to successful integrated working.
- Integrated working principles embedded into strategic level documents and communicated to all staff.
- Adoption of common models, language and service delivery approaches within the team.
- Effective information sharing within team and with external services, based on obtaining consent from the family for information sharing at the start and through any interventions.
- Use and benefits of shared facilities in relationship building, awareness raising, training and improving service delivery.
- Putting the child and family at the centre of provision, in any individual interventions and in design and management of the service.

Typical structures and processes of effective integrated working

- Multi-agency governance with representatives from all services and the community
- Multi-agency management teams
- Formal and informal multi-agency networks set up to provide support to service managers, front-line practitioners, key workers and for those responsible for service coordination, such as children and family services (CAF) coordinators or integrated service managers
- Standardised referral processes for referrals into or out of the service, with obtaining consent from parents for information sharing and providing feedback to referrers as an integral part of the process
- Common assessment used to support referrals either into or out of the service, depending on the type of service provided
- Weekly or biweekly multi-agency allocation panels to handle referrals and allocate service(s) and/or a lead professional to the case
- Regular planning and case review meetings, often managed by the allocation panel and making use of standard forms and processes

Typical interventions

The following were found to be the common interventions deployed to help develop integrated working between practitioners from different services:

- New induction processes designed to support practitioners in a multi-agency environment
- Training courses held multi-agency; awareness sessions run to provide all staff with basic understanding of other services
- Effort put into ensuring staff were aware and kept informed about services available in the local area
- Carefully planned interventions to prepare staff for integrated working, prior to and after changes in structures or locations
- Implementation of common processes for case review meetings, CAF and lead professional as part of an overall change program
- Involving staff in development of new ways of working; allowing service improvements to evolve.

A key conclusion from this Department for Children, Schools and Families study was that integrated working in the UK local authorities studied seemed to be developing as a two-stage process:

- The first stage involved the establishment of a locally integrated team where effective integrated working was based on strong personal relationships.
- The second stage involved the development of a fully integrated, sustainable service based on professional relationships but supported by information technology tools.

The majority of the areas visited in this study were thought to be around the end of the first stage. The study suggests that the localised integrated working practices developed in the first stage may be a necessary preliminary step towards fully integrated working. However, there are risks associated with a localised integrated working model:

- It is totally dependent on individuals, and changes in personnel could cause it to falter.
- Islands of good practice created can become a different sort of silo.
- Benefits of localised integrated working are likely to be limited by the personal sphere of influence of the team and the children that are served by that team.

Best practice principles for integrated children's hubs

Weeks (2004) reviewed the literature on the importance of the physical environment in integrated service centres, and developed a framework of nine elements for creating user-friendly human services:

- ***Accessibility.*** Accessibility is a key principle and includes geographical, physical and psychological accessibility.
- ***A 'neutral' doorway.***. The term 'neutral' means an entry which is non-stigmatising.
- ***A welcoming entry.*** This includes ease of access, presentation of the waiting room, and practices of reception.
- ***The provision of information.*** This includes the provision of information on services and resources, which might be readily available in the waiting area.
- ***Cultural diversity.*** Cultural diversity in environmental design is another key principle. Racism and ignorance about the cultural practices of others is reflected and embedded in individual workers' practices, as well as systemic arrangements.
- ***Availability of outdoor space.*** This is considered to be an important principle, following from the research on the effect of the physical environment.
- ***Safety.*** Safety is an issue which provides a challenge to avoid resorting to security guards and electronic barriers. One entry gate and door is necessary, and reception staff require a mechanism, such as a counter bell or buzzer, to alert others to assist in the event of a violent incident. Reception staff may need a call system to local police as extra protection. Services also need a safe place for locked records.

- ***Community and group work space.*** Associated with the principle of service user participation, services need meeting space and open space for activity sessions, community meetings and lunches, and space in which to run groups. Opportunities for community food sharing can assist participation. Using the service as a site for community meetings increases community ownership, an essential precursor to citizens feeling that this service belongs to them.
- ***Co-location of services.*** The final principle, co-location, is not necessary for the welcoming and friendly nature of services, but is an essential element of the framework proposed. Co-location of interrelated services can be a very useful resource to service users, without the difficulties of amalgamation of services.

Weeks suggests that single-doorway services are particularly valuable for families facing social and emotional difficulties. They are able to become familiar with the location and to attend different services which might address their needs. The neutral nature of the centre operates to increase privacy and reduce stigma.

Whalley (2006) identifies four critical factors that have to be taken into account if children's centres are to be successful:

1. The first is that staff in children's centres have to have ***a shared philosophy***, a shared vision and values, and a principled approach to practice. It is extremely hard for parents if practice differs significantly within the children's centre.
2. The second factor is the need for ***a multidisciplinary and multi-functional team*** with all or most disciplines represented or at the very least a team with strong connections to other agencies.
3. Thirdly, ***shared leadership and management*** and a consistent way of working are critical. It is much more likely in a children's centre that you will have a team of senior staff leading by working alongside newly trained and newly qualified staff rather than one charismatic leader.
4. Lastly, it is vital that ***services coexist on one campus*** or are located within pram pushing distance. For the parents and the children the services need to be seamless. Full integration is, however, very different from simple co-location; all four factors will need to be in place if a children's centre is to be a fully integrated and comprehensive service for its local community.

Establishing children's hubs

This section considers barriers and enablers to creating joined-up services, to establishing effective multi-agency networks and teams, and to creating effective integrated services hubs.

Barriers to creating joined-up services

In a review of current approaches to joined-up government in Victoria, the State Services Authority (2007) identified a number of issues, challenges and factors which either enable or inhibit successfully joining up. These include leadership and culture, strategy and planning, resource allocation, accountability, promoting innovation and managing risk, and skills and capabilities.

Leadership and culture

- Government expectations with respect to the importance of collaborative and joined-up activity are not always strongly stated or reinforced.
- The overarching culture does not always support a collaborative ethic.
- Risk aversion and concern about failure can be a deterrent to joining up.
- Career development for future public sector leaders could be more closely tied to leading and managing complex whole-of-government projects.

Strategy and planning

- The rationale for and appropriate application of joined-up approaches is not always well understood.
- Existing government and departmental strategic planning may not routinely consider all the issues or identify major projects that could impact on that planning.
- The focus on outputs rather than outcomes may circumscribe the identification and analysis of issues requiring a joined-up approach and thereby limit potential responses.
- The strength of ministerial advocacy for a project can be a critical factor in the selection of the project; conversely the absence of a ministerial champion may hamper the progress and success of a project.
- Lessons learned from Victorian experiences of joining up are not systematically reviewed to inform future strategy development and planning.

Resource allocation

- While there is some flexibility in departmental capacity to jointly allocate and/or transfer funds to joined-up projects, departments can be reluctant to do so for the following reasons:
- They are accountable for funds over which they do not have disbursement control.
- Proposals for joined-up initiatives compete with the department's own program resource allocation proposals.
- There is a tension between priorities for resource allocation that emerge from local place-based initiatives and the statewide priorities set for allocating program resources.
- Joined-up initiatives generally seek to address intractable problems and require a longer-term planning and resource allocation cycle.
- Joining up is not a straightforward activity. Complicated governance and project management arrangements involve considerable time, effort and resources which can act as a disincentive for departments.

Accountability

- Incentives and rewards are geared to delivering on vertical outcomes and outputs (delivered within departments) rather than horizontal outcomes and outputs.
- Accountability mechanisms for shared outcomes could be further developed.

- Accountability for cross-departmental initiatives and for the management of complex cross-cutting issues is not always embedded in performance management systems.

Encouraging innovation and managing risk

- An overriding focus on short-term goals and heightened sensitivity to risk can prevent innovative approaches to complex cross-cutting issues.

Skills and capabilities

- Staff capabilities can be a barrier to collaboration as there may not be the requisite skills sets or an understanding of when and how to join up.

The State Services Authority (2007) concludes that, in achieving policy outcomes, there is a need to balance joined-up approaches with portfolio-based, functional accountabilities. Delivering government outcomes will invariably require a mix of the traditional vertical structures of government together with cross-portfolio approaches.

Barriers to establishing effective multi-agency networks and teams

Building effective multi-agency teams is challenging because of the multiple potential sources of conflict at the inter-organisational, intra-organisational, inter-professional, interpersonal, and intra-personal levels (Scott, 2005). Different models of service adopt different positions on the questions of how best to provide service, and end up competing rather than collaborating (Hanft and Feinberg, 1997; Warin, 2007). This can be exacerbated by competitive tendering funding processes and professional elitism (Munn, 2003).

King and Westhorp (2004) explored the challenges of working collaboratively with multiple agencies in the context of the Pathways for Families project in the City of Onkaparinga region, South Australia. Challenges included:

- Establishing common u*se of language*
- *Developing a shared philosophical stance*
- *Building and maintaining community participation*
- *Developing and effective decision-making mechanism*
- *Addressing practicalities (e.g.* OH&S responsibilities, staff accountability, information management, data and record keeping)

Barriers identified by McGregor et al. (2003) include:

- ***Top-down programs*** – many problems are associated with the nature of top-down programs emanating from national government departments.
- ***Government departments are not joined up*** – the inflexibilities associated with national programs are added to by the limited amount of joint working between government departments.
- ***Too many players and initiatives*** – the proliferation of initiatives makes it difficult for local staff of particular initiatives to understand how they might get together with others.
- ***Different priorities, time scale and boundaries*** – some initiatives are working to very short-term priorities ('get people into jobs') and others to much longer term goals ('reduce the rate of local unemployment').
- ***Output- and target-driven programs*** – some national programs give no additional weight to assisting the residents of deprived areas.
- ***National versus neighbourhood*** – within localities, relationships are not always strong between the staff of national agencies and people working in area-based initiatives.
- ***Joint working has time and resource costs*** – although partnership working is promoted heavily by government, it carries a lot of costs for those involved.
- ***Lack of interest or incentive*** – given that joint working carries a number of costs there need to be clear incentives to promote this way of working.

Research conducted by the National Foundation for Educational Research in the UK (Atkinson, Doherty and Kinder, 2005), identified eight barriers to effective multi-agency working:

1 ***Fiscal resources*** – Funding and resources emerged as the major challenge to multi-agency working, above all other issues. Within this broader challenge of funding, interviewees identified three main concerns: conflicts within or between agencies, a general lack of funding, and concerns about sustainability.

2 ***Roles and responsibilities*** – Issues around roles and responsibilities fell into three main areas: understanding the roles of others; conflicts over areas of responsibility; and the need to move beyond existing roles.

3 ***Competing priorities*** – Competing individual and agency priorities were also frequently cited as a challenge to multi-agency working.

4 ***Non-fiscal resources*** – Non-fiscal resources were implicated in sustaining as well as developing multi-agency initiatives. The 'right' staff had to be available and come together in order to work out any different perspectives on the same issue. Challenges concerning the allocation of time, the provision of staff and the physical space in which to work together effectively were highlighted.

5 ***Communication*** – Poor communication within and between agencies was also cited as a major challenge to successful multi-agency working.

6 ***Professional and agency cultures*** – Another challenge that was identified as having the potential to affect practice was the 'agency culture' within which practice took place. There was a perception that multi-agency working disrupted, or intruded on, existing agency cultures, in other words, values and protocols.

7 ***Management*** – One of the challenges raised by multi-agency working is how any single initiative is managed at strategic level. There was evidence that multi-agency initiatives had to be seen as strongly supported and promoted at strategic level in order to remain credible at operational level; yet that this strategic drive had in itself to be very carefully managed in order to carry along all the various participants.

8 ***Training opportunities*** – Because multi-agency working could involve new ways of working, it posed challenges to those involved. There was therefore a perception among some participants that they required additional multi-agency training in order to meet the demands of any new or extended role, as well as training to enhance their knowledge and understanding of other agencies and the way they operated.

A review of the factors facilitating coordinated multi-agency service delivery (Sloper, 2004) found that barriers to successful multi-agency included:

- Lack of clarity regarding roles and responsibilities
- Differences in organisational aims
- Lack of consensus on aims or over-ambitious aims
- Lack of commitment and support from senior management
- Poor communication and information sharing
- Inadequate or incompatible it systems
- Inadequate resources and lack of joint budgets
- Lack of ongoing training
- Lack of leadership
- Lack of time for joint working
- Negative professional stereotypes and lack of trust and understanding between individuals and agencies.

In addition, other factors were found to hinder joint working:

- constant reorganisation.
- frequent staff turnover.
- lack of qualified staff.
- financial uncertainty, difficulties sustaining initiatives when funding ceased and difficulties in ensuring equity from partner agencies.
- different professional ideologies and agency cultures.

Anning (2005) reports on evaluations of two contrasting centres of excellence in the UK. These were the precursors to the children's centres now being established. Her study explored the values underpinning action in practice in multi-agency teams working in inner cities. She concluded that, for professionals working in centres of excellence, there are three levels of potential conflicts in their beliefs/values.

- The first, at the point of interacting with users of services, is in reconciling the values systems of their clients, to whom they are charged with being responsive in reshaping their services, with their own personal beliefs and values about family welfare and young children's development and wellbeing.
- The second, at the point of operationalising joined-up services, is in reconciling their professional values and belief systems with those from different disciplines/ professional backgrounds within their centre multi-agency teams.
- The third is in embracing the values embedded in government policy for family services, for example in casting mothers of young children as workers.

Anning saw little evidence of these types of conflict – in responsiveness to community needs, in delivering 'joined-up thinking' within multi-agency teams, or in embracing government reforms for family services – being acknowledged by policy-makers or evidenced in research on policy in the UK.

Barriers to establishment and operation of integrated services within children's hubs

There is little published literature on the challenges faced in establishing and operating integrated services with children's centres. However, there have been studies of the early excellence centres, the precursors of children's centres in the UK, which provide some insight into the potential barriers to effective service integration (Bertram et al.; Warin, 2007).

Bertram et al. (2004) report on the evaluation of the Early Excellence Centre (EEC) program found that the national evaluation identified a number of challenges to be addressed in establishing integrated children centres:

- ***Achieving inclusiveness and equality of access*** – Inclusiveness and equality of access are both important aims for an integrated centre. A policy emphasising inclusion is clearly important, but achieving inclusiveness is something many are still working at. There is a need for more research on this issue to begin to tease out how centres go about achieving inclusiveness, and how far inclusiveness is being achieved.
- ***Communication*** – A main inhibitor is poor communication within a centre. Members of staff report problems when they do not know what is happening, when they do not have sufficient staff meetings to disseminate information, and when they are not kept up-to-date with changes.
- ***Staff morale*** – High staff morale leads to successful integrated practice, and consequently poor morale inhibits this. Centre staff need to be flexible, to have many different skills and be willing to cope with whatever is demanded of them. For this to happen staff morale needs to be high. However, the factors that inhibit high staff morale, include uncertainty of staff about their role(s), when confidentiality is not

maintained, when there are unhappy people working at a centre, when other staff are inflexible and difficult, when there is inconsistent behaviour, and where there is gossip and manipulation within the centre. These sorts of factors need to be challenged by leaders, managers and supervisors, and good communication systems, a clear staff review and supervision system, and shared understanding of roles – which can be achieved through training – are ways in which they can be avoided.

- ***Staffing and funding issues*** – Poor pay and conditions of employment are seen as inhibitors to successful integration, as is the lack of attention paid to retention and recruitment of quality staff. Recruitment and retention of staff is not helped by the funding situation where this is varied, partial and not sustainable. With insecurity over funding comes a focus on short-term contracts for staff, and this gives staff a feeling of insecurity. In this climate it is not surprising that retaining staff can be a problem. Also when staff are seconded in they may experience split loyalties, and this can make it more difficult to break down professional barriers.

On the basis of an evaluation of three early excellence centres in the north of England, Warin (2007) has suggested that one potential barrier to effective service integration is a confusion about who is the primary target of the integrated service. She points out that the family is not a homogenous or static unit but a group of individuals with differing needs which may or may not coincide. Different professionals or agencies within an integrated service may have quite different conceptions of which members of a family are the principal targets of the service, and this can lead to tension and confusion among team members. Warin suggests that services such as children's centres aimed at young children and their families need a 'reconceptualisation of the family that they can operationalise, that is child centred and that enables a clearer focus on the child at the centre of the family.' This reconceptualisation

> '... would ensure that children's services prioritise, and act as advocates for, the needs of children. Such a clarification of purpose would then, in turn, influence the ideal of joined-up thinking, facilitating inter-professional cooperation and making it a more practicable reality.'

Other likely barriers include the challenge of working in interdisciplinary and transdisciplinary teams (Anning et al., 2006; Hayden et al., 2001) and the practical and philosophical difficulties in integrating child care and early education provision (Siraj-Blatchford, 2007; Taguchi and Munkhammer, 2003).

Enablers to establishing and operating effective multi-agency networks and teams

Einbinder et al. (2000) propose that the prerequisites for successful inter-agency partnerships include:

- Incentive to collaborate
- Willingness to collaborate
- Ability to collaborate
- Capacity to collaborate.

Johnson et al. (2003) nominate the following factors as important for successful inter-agency collaboration:

- Commitment
- Communication
- Strong leadership from key decision-makers
- Understanding the culture of collaborating agencies
- Engaging in serious preplanning
- Providing adequate resources for collaboration.

Research conducted by the National Foundation for Educational Research in the UK (Atkinson, Doherty and Kinder, 2005) identified seven key factors for effective multi-agency working:

- ***Commitment or willingness to be involved*** – The most commonly reported issue relating to commitment was that commitment at the strategic level was crucial. When asked about what commitment meant, the need for participants to have a belief in multi-agency working and an active desire to engage with other agencies were identified.
- ***Understanding roles and responsibilities*** – All those involved needed to have a clear understanding of what was expected of them, and what the constraints on other agencies were so that expectations were realistic.
- ***Common aims and objectives*** – The importance of there being 'a real purpose' to joint working was noted, as was the need to be clear about what a multi-agency project was trying to achieve
- ***Communication and information sharing*** – The lines of communication between agencies needed to be kept open. This in turn required communication skills, including listening skills; the capacity for negotiation and compromise; as well as the building of personal relationships and information dissemination. Procedures and systems of communication also needed to be in place.
- ***Leadership or drive*** – Clear direction at strategic level was critical – having someone with 'authority' who is able to empower others to 'make it happen'. Two broad aspects of leadership were identified: leadership as a strategic drive and tenacity that could surmount any obstacles to progress; and leadership as a strategic vision that could bring together the team required in order to effect change, with effective leadership being considered to be a combination of the two.
- ***Involving the relevant personnel*** – Relevant personnel from different agencies needed to be involved. In particular, involvement of those at the right level of responsibility, that is having people who could make the required decisions or activate the right services or mechanisms within their own agency.
- ***Sharing and access to funding and resources*** – Sharing funding and resources was the most common strategy identified for overcoming challenges. It was felt that resource issues were (or could be) overcome by adopting three broad strategies. Firstly, pooled budgets, where one or more agency met some or all of the costs associated with personnel from other agencies (or voluntary bodies), or provided 'in kind' resources. Secondly, joint funding, where resources were provided by all those involved in an initiative, often on an equal, or like-for-like basis. Thirdly, the identification and use of alternative or additional sources of income to pump-prime or enhance multi-agency services.

A review of the factors facilitating coordinated multi-agency service delivery (Sloper, 2004) found that successful multi-agency working is promoted by:

- Clear and realistic aims and objectives that are understood and accepted by all agencies.
- Clearly defined roles and responsibilities, so everyone knows what is expected of them and of others, and clear lines of responsibility and accountability.
- Commitment of both senior and front-line staff, which is aided by involvement of front-line staff in development of policies.
- Strong leadership and a multi-agency steering or management group.
- An agreed timetable for implementation of changes and an incremental approach to change.
- Linking projects into other planning and decision-making processes.
- Ensuring good systems of communication at all levels, with information sharing and adequate IT systems.

The same review found that the implementation and ongoing management of the service requires:

- Shared and adequate resources, including administrative support and protected time for staff to undertake joint working activities.
- Recruitment of staff with the right experience, knowledge and approach – there are indications that a new type of 'hybrid' professional may facilitate joint working.
- Joint training and team building.
- Appropriate support and supervision for staff.
- Monitoring and evaluation of the service, with policies and procedures being reviewed regularly in the light of changing circumstances and new knowledge.

In a report prepared for the New South Wales Cabinet Office and Premier's Department, Fine, Pancharatnam and Thomson (2005) present empirical evidence of the use of coordinated and integrated approaches to human service delivery in Australia, particularly in New South Wales, and overseas. It focuses on the evidence of successful integration initiatives involving community-based projects and those that cater to the needs of specific groups. From these examples they identify a number of lessons for policy-makers and service providers. These deal with a number of specific models and types of activity and more general principles that might inform the development of government policy and administration in the human services field. The lessons learned include the following:

- ***Advantages of co-location –*** Co-locating existing services provides a simple mechanism for increasing customer convenience and reducing access costs.
- ***Advantages of combining services –*** This is particularly effective in small and remote communities in which larger, more specialised facilities are not economically viable.
- ***Linking services through assessment and client assignment processes –*** There is considerable scope for improving the match between clients and services and promoting functional links between services by close attention to the processes of client assessment (which should include provisions for continual or ongoing reassessments) and by improving the referral processes between agencies.
- ***Schools as a venue for delivering human services –*** Schools are a useful venue from which human services to children can be delivered. Crucial to the operation of school linked services is a 'feed back loop', so information is continually changing hands between teachers and the other services working in the school setting.
- ***Value of community consultation –*** The evidence highlights the importance of community consultation prior to the decision to locate a community centre in an area and of building trust with the community by creating opportunities for families to participate in community projects and events that are non-threatening. Other factors important for success include a local approach so that the community centres are tailored to meet the needs of the community, the appointment of a facilitator with appropriate skills and abilities; commitment at a senior level, support for the school principal and the school community and appropriate accommodation and resourcing for the community centre.
- ***Integration initiatives need time to develop –*** An important lesson is that integration initiatives need time to develop and mature. Longer-term funding of the project is necessary to allow sufficient time for development of collaborative processes, establishment of processes and protocols, as well as to monitor progress.
- ***Locally based social partnerships –*** Social partnership approaches draw together at the local level a potentially powerful coalition of informed and committed local community members with representatives of existing state government and perhaps non-government service providing organisations. Because it draws existing providers and local community figures into a collaborative process, many of the negative and divisive side effects of alternative approaches, such as competitive tendering, can be avoided. At the same time, there

appear to be a number of elements promoting economic efficiencies in the way support is provided at the local level.

- ***Importance of commitment and support from senior levels of government –*** The success of service networks seems to depend on supporting coordination in the field with parallel coordination within government and planning bodies. There appears little to be gained from each separate department going out and commencing its own integration initiative.
- ***Clear objectives and achievable goals –*** Problems arise when policy objectives are vague or there are too many goals to be reached in a short time.
- ***Building trust and promoting communication between agencies –*** Fundamental to the current thinking about successful integration initiatives is the importance of developing trust between collaborating agencies. As the number of organisations involved increases, the greater the complexity of the linkage system and the amount of time that needs to be invested in maintaining these linkages.
- ***Importance of funding and administrative arrangements –*** The importance of developing administrative arrangements to support the integrative initiatives between services at the local level cannot be overestimated. Administrative arrangements effectively make or break the integrated approach and hence much thought has to be given to how best to administer the approach, with each case likely to be different. For example in some instances creating a coordinator position in a local area who liaises with the different service providing agencies – whose position is jointly funded by the relevant government departments – may suffice. A dedicated coordinator has the ability to focus on the project and achieving the objectives and outcomes. In other instances it may be necessary to involve senior staff in the different departments/divisions to formulate a protocol that front-line staff can follow.

Horwath and Morrison (2007) identify the following issues that partnership initiatives need to address to ensure effective collaboration:

- ***Predisposing factors*** – Contributing factors include:
  - the history of agency relations
  - existing informal networks
  - individual agency cohesion.
- ***Mandate*** – This refers to the need, authority or requirement for collaboration. Several factors need to be considered when exploring mandates for higher-level collaborative endeavours, including:
  - a shared recognition of the need for collaboration
  - political support and incentives for collaborative activity
  - shared goals connected to the core business
  - capacity to collaborate
  - links to other partnerships.
- ***Membership and leadership*** – Contributing factors include:
  - appropriate level of representation
  - agreement by all parties of the importance of collaboration
  - continuity of representation
  - service users as primary stakeholders
  - leadership and 'collaborative champions'.
- ***Shared goals –*** Having determined the need for joint working and partnership membership, the partners must agree on shared goals. One of the greatest challenges with regard to inter-agency planning is agreeing on a common language.
- ***Strategic planning –*** Strategic planning and commissioning is crucial in translating shared goals into achievable outcomes. Poor quality planning process can lead to frustration among members who expend considerable time and effort on collaborative activity without seeing discernable results.

- ***Machinery of collaboration –*** Key contributing factors include:
  - governance (the need to define the nature and extent of collective responsibility for which the partners will be held accountable)
  - systems and structures (the vehicle for formal control between organisations to ensure desirable behavior between members), and
  - practical issues (such as physical location, access to equipment, and resources)
- ***Process –*** This refers to the interactional and relational components of collaboration. These include:
  - *Values* **–** Partners need to appreciate potential differences in terms of values and philosophies and recognise that higher-level collaboration is about blending the different organisational cultures to form an alliance while maintaining separate cultural identities
  - *Multidisciplinary training* **–** There are many benefits, both for professionals and service users, to be gained from inter-agency training
  - *Trust* **–** Trust, which is essential for effective collaboration, is based on effective communication and role clarity
- ***Outcomes –*** A focus on outcomes rather than on outputs can have a powerful effect on drawing agencies together and mobilising both community and professional energy for change.

Horwath and Morrison warn that the establishment of collaborative structures and systems should not be mistaken for the realisation of collaborative activity. They suggest that 'the manner in which the process of moving towards more collaborative working is handled is as important as any of the decisions about goals, governance or structures'. Research on failed organisational change has identified neglect of the people issues as a principal cause of failure, so it is critical that attention be given to nurturing relationships and building trusted networks.

Enablers to establishment and operation of integrated services within children's hubs

Bertram, Pascal, Bokhari, Gasper, Holtermann, John and Nelson (2004) report on the evaluation of the Early Excellence Centre (EEC) program. Precursors of children's centres, the EECs offered 'one-stop shops' where families and children can have access to high-quality, integrated care and education services delivered by multi-agency partners within one centre or a network of centres. The national evaluation identified a number of lessons for establishing integrated centres:

- ***Successful leadership and management –*** The leadership and management of centres clearly affects their success. The need for clarity of vision and well agreed policies for action are critical. Not only is the actual management structure important, but regular meetings and a clear means of communicating between staff and other external agencies also leads to successful integrated practice. The underlying principles of informed choice, equality of access to information and services, and behaving in an anti-discriminatory way are very important and must guide policy and operation for integrated centres.

  The characteristics of the leaders and managers themselves is also important. Successful leaders have a strong commitment to integrated practice, have a clear vision of what is to be achieved, and are willing to take some risks to achieve that vision. Charismatic leadership is important but it should be recognised that individuals differ. It also appears to be useful to have a team of managers with a variety of backgrounds and experiences – drawn from the fields of education, health, social services and other relevant areas.

- ***A shared philosophy and working practices across the range of services –*** To work effectively an integrated centre needs to work in a way that is open, efficient, professional and delivering high standards. The evidence suggests that good teamwork requires a measured and sensitive interaction between the staff from different services and this takes commitment, time and consistency. To work effectively all members of the multi-agency team should share an understanding of each other's roles within a shared philosophy and agreed working principles.
- ***Cohesive multi-agency staff teams –*** The way in which the multi-agency staff team works together is important. A successful team is one that demonstrates professionalism, shared beliefs, common identity and vision, breadth of expertise and skills, and feels secure enough within the management system to take on new activities without fear and to operate within a professional climate that balances openness to new ideas with pragmatic critique.

  With multi-agency working there is a need to integrate different staff teams. Successful practice seems to involve a relaxation of professional boundaries and the development of a non-judgmental but highly professional and principled environment. There is a need for a less compartmentalised mentality. This links to the need for good communication and shared understanding of one another's roles, which training can help to facilitate. Also a mechanism for effective communication that uses a common language and keeps professional jargon to a minimum seems to lead to successful practice. An emphasis on monitoring and evaluating – and acting on the findings of any such monitoring – is clearly part of building and maintaining good integrated provision.

Well-focused training opportunities for staff, leaders and managers – A well-planned and comprehensive training program for all staff is an essential part of what makes for successful integrated practice. Leaders and managers benefit from joint training programs too, as they can share good practice and gain support from other leaders and managers. There is a crucial need for effective and specialist leadership and management training for heads of integrated centres. One way of sustaining a climate of wellbeing and a culture of trust between staff is to give them time to interact, and to learn about one another and each other's roles. This can best be achieved by having staff development time.

- ***A clear focus on quality improvement and assurance –*** EECs need to embrace quality improvement and assurance procedures that ensure ongoing review and improvement. Other practical means of achieving quality include having a clear staff induction program, a focus on practice and organisational improvement and thorough staff review procedures. The importance of real-world, practitioner research and evaluation that helps to develop innovatory, evidence-based practice is emphasised.
- ***A responsive and flexible approach to local community needs –*** It is clear that successful integrated centres focus on responding flexibly to the needs of the local community. All communities have a different make up which generates different needs. For example, those centres based in rural areas, those in inner city areas, those with a large ethnic minority population, and those with a diverse mix of communities will require an individualised response from centres. There is a clear need for integrated centres to have the flexibility and autonomy to address the needs of their particular communities.

- ***Appropriate accommodation, buildings and resources –*** The layout of buildings and the physical structure of an integrated centre are important when considering what works. Successful integration requires common, shared facilities to aid communication and foster identity. There is a need to deliver a comfortable and secure working environment. Some centres that have a 'campus' design can find that communication is harder than if the provision is all under one roof. A clear induction program for users, staff and site managers seems to be a way of integrating centres with a 'campus' design. However, the evaluation evidence indicates that a 'network' form of integrated services appears even harder to integrate effectively.
- ***A strategy for monitoring and evaluating services and identifying ongoing challenges –*** Achieving a high-quality integrated service that serves the needs of all children and families presents many challenges that need to be identified and addressed.

A review of the factors needed for the establishing successful integrated centres (SQW Limited, 2006) identified the importance of recruiting the 'right person for the job' of centre manager as one of the key factors. The skills thought to be most desirable for such a person were:

- Partnership working ability
- Ability to engage communities
- Charisma and visionary leadership.

The same review identified key principles underlying successful management of integrated centres. Successful management arrangements should be:

- ***Unified***, with a single (operational) line management structure and ideally on a single site (with the exception of rural centres)
- ***Participative*** in the approach to staff management, with effective channels of communication set up, utilising in particular regular team meetings
- ***Trust-based***, allowing staff the freedom to work on initiative and to innovate
- ***Accessible***, with an informal and supportive relationship between management and the front line
- ***Led decisively*** – by *either* the centre manager *or* a united and experienced governing body
- ***Supportive*** of the centre manager, enabling them to develop partnership working ability, leadership skills and the ability to engage communities, and building in support roles where desired
- ***Coordinated*** in its approach to joint delivery – the role of the centre manager here is not to line manage but to coordinate and align services for maximum impact
- ***Standardised*** in relation to staff terms and conditions, to secure buy in and reduce potential conflict
- ***Joined up*** in delivery wherever possible, including joint training to foster cooperation and integration of the different professions.

In a case study of the establishment of an integrated children's centre, Clark (2005) describes the vision and goals of the service, the staffing arrangements and approaches to team building. She identifies three things that are vital for successful multi-agency working:

- A clear, targeted vision
- Excellent team building
- Shared problem solving.

Governance arrangements

Discussions of governance sometimes focus on the overall state-level responsibility for early childhood services (Bruner et al., 2004; Choi, 2003; Neuman, 2005). Other accounts focus on governance arrangements for inter-agency partnerships and integrated centres (Department for Education and Skills, 2007; Glasby and Peck, 2006; Lepler, Uyeda and Halfon, 2006; SQW Limited, 2006). The following section addresses the latter forms of governance.

Governance arrangements that promote service integration and include parents in decision-making roles

SQW Limited (2006) was commissioned by the Sure Start Extended Schools and Families Group to undertake research to inform the management and governance of children's centres. They identified two broad structures of governance:

- School governing body structure
- A Sure Start Local Program (SSLP) management board structure.

School-based governance structures

Within the children's centres context, school-based governance structures exist on a spectrum from children's centres attached to a school but with independent governance arrangements, right through to the case where all major decisions are taken by the school's governing body. These tendencies within the model are summarised in Table 2

Table 2: School-based governance structures

Children's centre governance fully integrated with school governing body	Children's centre governance partially integrated with school governing body	Children's centre governance parallel to school governing body
• Local authority acts as the accountable body but commissions the provision of the children's centre through the school. • The responsibilities of the school's governing body are extended to include the functions and long-term vision of the integrated children's centre. • To ensure the school governing body can cope with the flexible demands of multi-agency working, additional capacity has been or will be provided	• Partially integrated governance arrangements between the school and children's centre. • An operational board is established consisting of school representatives, the children's centre manager, strategic support and an independent chair. • This board oversees day-to-day management and coexists with the children's centre board which is responsible for governance. • The children's centre manager also sits on the school governing body. • Management decisions are taken jointly between the school and local authority but the latter remains the accountable body.	• Observed only in 'hybrid' centres developed from a variety of settings and including a maintained nursery school (MNS) • Maintain the MNS governing body in parallel to and separate from the governance arrangements of the children's centre as a whole. • Has implications for the integrated operation of the children's centre.

Sure Start Local Programme (SSLP) management boards

The SSLP management board model is common among children's centres which originated wholly or partially from an SSLP. Four main variations are evident:

- ***Local authority/PCT led*** – These centres demonstrated a greater likelihood of being linked into a wider strategic plan for children's and family services and the roll out of children's centres.
- ***The social enterprise model*** – Three of the case study centres visited (North Prospect, Ovenden, Mixenden) operate as not-for-profit companies.
- ***The charitable model*** allows centres to bid for a wider range of funding.
- ***The community mutual model*** – One centre as SSLP funding comes to an end, and in agreement with the local authority, is proposing a shift in governance structure from an unincorporated partnership to a community mutual model. Within this model a community mutual would own the service. All service users would be entitled to one nominal share in the business and to a vote in electing a board of non-executive directors. In turn, their role would be to provide a strategic direction for the business, to maximise the benefit to the community.

The SQW Limited (2006) study identified the following key principles underlying successful governance. The governance arrangements should be:

- Responsive to community needs and able to take decisions rapidly to tackle the needs of disadvantaged communities. This includes effective monitoring and evaluation of services.
- Clear with respect to functions and roles.
- Committed to promoting a common vision and Sure Start values.
- Robust and sustainable to ensure continuity of quality service provision. To this end risk needs to be formally and effectively managed.
- Engaged with parents to the fullest possible extent – ideally through significant parental representation on the management board or alternatively through parent forums.
- Involved with the wider community.
- Structured to promote partnership working and joint delivery.

In assessing the emerging management models, SQW Limited (2006) identified four models:

- ***A unified model*** – amalgamated management, training, and staffing structures to deliver fully integrated services operating from one site and organised under one cohesive management structure. The unified model of management presents the ideal model for an integrated children's centre (although multiple-site operation is also proposed).
- ***A coordinated model*** – management, training and staffing are synchronised for harmonious service delivery but remain individually distinct, for example a co-located nursery and health centre.
- ***A coalition model*** – management, training and staffing structures work in a federated partnership.
- ***A hybrid model*** – a hybrid of unified and coordinated models, featuring elements of both.

Sure Start children's centres

In the UK, the Department for Education and Skills (2007) has issued governance guidelines for Sure Start children's centres. In these guidelines, the term governance is used to mean the system of decision making that will determine the services offered through Sure Start children's centres, and make sure they meet local needs and offer value for money.

The Department for Education and Skills envisages that models of governance for children's centres will vary, and will be built on a range of existing governance structures. Therefore, there is no one-size-fits-all model. While the Sure Start children's centres have no statutory basis for governing bodies, there is scope for an important role in decision making for a Sure Start children's centre advisory board which, while not a

statutory body with legal powers, can bring forward the views and detailed local knowledge held by parents and the local community.

One governance mechanism is the establishment of children's trusts. The UK government is encouraging the integration of key services within children's trusts through the pooling of budgets and resources across local education authorities, children's social services, and health services (Hawker, 2006; Percy-Smith, 2005). children's trusts can draw up children and young people's plans, which should provide a strategic direction for the delivery of Sure Start children's centres.

From April 2008, local authorities have statutory responsibilities for the provision of integrated early childhood services, improving the outcomes of young children and reducing inequality. Sure Start children's centres will make an important contribution to meeting these targets, and statutory partners, including health services and Jobcentre Plus will play a vital role in delivering these services.

The Department of Education and Skills governance guidelines strongly recommend local authorities establish Sure Start children's centre advisory boards, with membership including parents, the local community, delivery partners and statutory services. Local authorities may choose to adopt the Sure Start Local Programme model of one-third parents, one-third from the statutory sector and one-third from the private, voluntary and independent sectors, as a basis for their arrangements. These advisory boards will work within an overall framework set by the local authority and children's trust partners, which sets local policy on the role and membership of boards, how members are appointed, the role of the chair, the size of the board, the level of provider representation, and how to deal with potential conflicts of interest.

The role of these advisory boards is to:

- Provide support and challenge for Sure Start children's centres
- Work with centre managers to identify priorities through effective consultation
- Agree objectives and development plans
- Monitor progress through performance management
- Ensure the services on offer meet local needs and contribute to improving children's outcomes.

With the agreement of the local authority, advisory boards can also be involved in staffing decisions such as the appointment of a centre manager; as well as advising on planning and commissioning, budgets and resources; and leading on consulting and involving the local community.

Master contracting

In the US, Lepler, Uyeda and Halfon (2006) propose master contracting as a way of organising services into coherent programs and programs into coherent systems, and establishing service delivery pathways that are comprehensive and easy to navigate:

> 'Master contracting is an administrative mechanism that addresses many of the problems of categorical funding without fundamentally altering the funding stream, its appropriation language, or legislative intent. Simply put, master contracting involves establishing a comprehensive agreement between a funding agency with fiscal and administrative responsibility for several categorical programs (e.g., county, state, or federal government) and a service delivery provider to deliver a more comprehensive, responsive, and coordinated set of services. A master contract allows the two entities to align their funding and service delivery goals strategically by combining multiple, uncoordinated programmatic contracts into a single agreement. Master contracting is most appropriate for use with service providers who receive multiple government contracts in their efforts to deliver comprehensive services to individuals and families. While a core goal of master contracting is to simplify administration, the mechanism can also be used to increase local funding flexibility, strengthen accountability through use of performance outcome measures, and foster service integration.'

Lepler and colleagues see master contacting as having a number of benefits:

- It simplifies administration and can result in cost savings for the provider.
- It strengthens focus on performance and outcome measures.
- It provides a mechanism to increase the flexibility of funding streams.
- It forges new levels of communication and coordination within and across system silos.
- It supports and stimulates the delivery of integrated services at the program level.

On the other hand, master contracting also has its challenges:

- It adds complexity for the funders.
- Striking the right balance of program-specific requirements within the master contract framework.
- Funding streams remain fundamentally unchanged.
- Sustaining high level of interest and commitment among funders over time.

Lepler and colleagues provide a detailed of how to design and implement master contracting arrangements

Discussion and conclusions

Discussion

It is important to clarify exactly what initiatives such as children's centres are aiming at and can realistically achieve. To do this, we need to do more than review the evidence as in this review. What is also needed is a clear statement of outcomes and a clarification of the underlying logic model to identify exactly how children's centres will achieve the desired outcomes.

The outcomes that children's services might realistically seek to achieve include:

- Providing parents with easier access to services
- Ensuring earlier identification of child developmental/ behavioural problems so that intervention can occur earlier, thereby moving to more of a preventative focus than a treatment focus
- Ensuring earlier identification of parenting and family functioning issues so that support and intervention can be provided earlier.

The underlying logic model also needs to be identified. The research and practice evidence covered in this review do not address how children's centres achieve outcomes such as those discussed here, or what operational procedures and practices will contribute to these outcomes. Practical issues that still need to be addressed include:

- ***limplications of having a single point of entry*** – does this simply mean having a single entry door to the centre, or a single entry procedure that gives access to all services according to need?
- ***Ways of identifying and monitoring child and family needs*** – if there is a single entry procedure, what process will be followed to find out what services the child and family needs?
- ***Ways of engaging families*** – will key staff receive training in ways of engaging families effectively?
- ***Links between universal services and tiered secondary and tertiary services*** – what will be the nature of the linkages between the core universal services provided through children's centres and the specialist secondary and tertiary services?

Other issues that need to be addressed include:

- ***Co-location and integration*** – to what extent will services be co-located rather than truly integrated?
- ***Relationship between early education and care provision*** – how will the barriers to integrating early childhood education and care services be overcome?
- ***Reaching vulnerable families*** – Creating integrated children's centres counts for nothing if they fail to appeal to and engage vulnerable and so-called 'hard-to-reach' families. Special attention needs to be paid to how to ensure that children's centres are attractive to all such families. Guidelines on how this can be done can be found in the *Toolkit for Reaching Priority and Excluded Families* developed by the UK group Together for Children (2007) and the *Breaking Cycles, Building Futures* report published by the Victorian Department of Human Services (2004).
- ***Multidisciplinary teamwork*** – will children's centre staff receive training and support in establishing the kind of teamwork relationships necessary for effective integrated service delivery?
- ***Leadership*** – given the challenges in establishing and building effective children's centres, will leadership training and support be provided for the managers of these centres?

Conclusions

This review has identified a considerable amount of research and practice evidence about multi-agency collaboration and partnerships, but relatively few studies of integrated children's centres. The evidence regarding the effectiveness of multi-collaboration and partnerships is mixed, and indicates that building and maintaining true collaboration is not simple or easy. However, much has been learned and the features of effective collaboration are clear.

Because children's centres are a relatively recent innovation, there is limited evidence of the overall effectiveness of integrated children's hubs or of the features of best practice. Nevertheless, it is possible to extrapolate from the more general literature on collaboration and partnership a coherent set of best practices to guide the introduction and consolidation of children's centres in Victoria. These are listed in Appendix B.

Resources

General

Integrated Care Network
http://www.icn.csip.org.uk

Early Childhood Comprehensive Systems: A Key Topic Resource List (Child Care and Early Education Research Connections, July 2007)
http://www.researcconnections.org

Guide to Early Childhood Service Integration 2006 (Toronto First Duty, Canada). http://www.toronto.ca/firstduty/guide/index.htm

Evaluation of collaborations and partnerships

A number of tools for evaluating collaborations and partnerships have been developed. They include the following:

The Partnerships Analysis Tool: For Partners in Health Promotion (VicHealth, 2003)
http://www.vichealth.vic.gov.au/rhadmin/articles/files/VHP%20part.%20tool_low%20res.pdf

Partnership Self-Assessment Tool (Centre for the Advancement of Collaborative Strategies in Health)
http://www.cacsh.org/psat.html

ITMA – Integrated Teams Monitoring and Assessment (Integrated Care Network, UK, 2007).
http://www.integratedcarenetwork.gov.uk/_library/Resources/ICN/publications/ITMA_May_Launch_Version.doc

Parent Assessment Tool and ***Staff Assessment Tool*** (The Healthy Childhood Research Group, University of Western Sydney)
http://www.healthychildhood.org/pdf/parenttool.pdf
http://www.healthychildhood.org/pdf/StaffTool.pdf

Teamwork

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Appendixes

Appendix A: Background to establishment of children's centres/hubs

In 2003, as part of the Children First policy, the Victorian Department of Human Services allocated $8 million over three years to assist in establishing children's centres in disadvantaged communities, and $8 million for new kindergartens in multi-use facilities to be located in growth corridors (total of $16 million over three years).

In 2005, a further $7.2 million was allocated over two years as part of the Growing Communities Thriving Children initiative to provide $1.2 million for the development of children's centres in the six growth corridor councils of Hume, Whittlesea, Wyndham, Melton, Cardinia and Casey.

The capital assistance for early childhood services initiative aims to:

- Promote more integrated, inclusive and collaborative early childhood services
- Improve access to services, particularly kindergarten programs
- Address the needs of disadvantaged communities through a 'one-stop shop' approach to service provision
- Address the needs of high migrant and under-serviced areas, particularly growth corridors
- Improve the health and wellbeing outcomes for children and their families.

The key objectives in establishing children's centres are to:

- Promote optimal developmental health, learning and wellbeing outcomes for all children and their families
- Increase access and participation in early childhood services, including kindergarten programs for children with additional needs and their families (e.g. children with a disability)
- Provide high-quality programs that meet the developmental and educational needs of each child
- Identify children with additional needs early and ensure these children and their families receive support and early intervention
- Incorporate the research and principles of Best Start into service delivery models
- Better identify children at risk of harm and aim to ensure that these children are protected and families supported
- Actively support men and women in their parenting roles
- Strengthen the capacity of services through integration and collaboration
- Engage parents in the governance of centres and the development, monitoring and evaluation of services
- Ensure building designs and service provision enable and promote inclusion, formal and informal support for families and staff, befriending opportunities and parent connectedness, learning opportunities for children and parents and flexible child care
- Improve access to services for culturally and linguistically diverse families with young children
- Improve access to services for Indigenous children and their families.
- Enhance professional collaboration to improve understanding of the service system and best practice
- Initiate a staged approach to delivering more integrative and collaborative early childhood services to meet the needs of Victorian families
- Support families to manage work and family balance
- Provide services that meet needs identified in municipal early years plans.

Appendix B: Best practice principles for children's centres

Integrated services

- ***Co-location of services –*** The services to be integrated are housed in the same premises if possible.
- ***Centre accessibility –*** Centres are easily accessible to parents, both in the physical/geographical sense and the psychological sense.
- ***Service accessibility –*** Access to the different services and programs provided by the centre is made as simple as possible.
- ***Principles of integrated working –*** These are embedded into all policy and practice documents and are communicated to all staff and parents.
- ***Information sharing –*** There is effective information sharing within the integrated team and with relevant external services, based on obtaining consent from the family for information sharing at the start and through any interventions.
- ***Service networks –*** Each centre is part of a comprehensive integrated service system that is able to address all the factors known to put children and families at risk.
- ***Referral to and from other services –*** There are standardised referral processes for referrals into or out of the service, with obtaining consent from parents for information sharing and providing feedback to referrers as an integral part of the process.
- ***Community use of facilities –*** Facilities are available for use by parent and community groups.

Governance

- ***An integrated governance model –*** Centres have a governance structure that has control over a pooled budget and a mandate and accountability to provide management, planning and administration and ensure the delivery of comprehensive services and supports.
- ***Commitment to integrated service model I –*** All those involved in the governance of the centre as well as other service and community stakeholders are strongly committed to the integrated service model.
- ***Parental involvement in governance and planning –*** Services should be planned in partnership with parents who, if given the opportunity, can be highly perceptive about their own needs
- ***Community consultation and involvement in planning and governance –*** The local community (including residents, interest groups,) should be regularly consulted about community service needs and directly involved in the planning and governance of children's centre services.

Management and structure

- ***Effective leadership –*** Strong leadership is critical to making integrated service provision a success. Leaders need to be able to inspire and support all staff through a process of change. Effective leaders need to be able to work across traditional divides and create new solutions to service delivery challenges.
- ***Support and training for leaders –*** Leadership of an integrated service is a challenging role, and ongoing support and training for managers is needed.
- ***Positive organisational climate –*** The Centre manager and senior staff seek to build a positive organisational climate based on mutual respect and effective communication with staff, parents and other stakeholders.
- ***Industrial issues –*** Differences in staffing conditions and responsibilities can create tensions between staff, and these need to be addressed.

- ***Clarification of staff roles –*** Delivering programs within an integrated service model is challenging for staff used to working within traditional stand-alone service formats, and clear descriptions of their new roles within an integrated service need to be developed.

Service philosophy and practice

- ***Clarity of focus –*** Centres develop a clear understanding and agreement as to who is the principle focus of Centre activities, and how the sometimes competing needs of children, parents and families are to be met.
- ***Outcomes-based approach –*** Staff and parents develop agreements as to what outcomes the centre should be seeking to achieve, and staff keep these outcomes in mind at all times when designing and implement programs.
- ***Logic modelling –*** Staff have a clear understanding of how the services provided achieve the desired outcomes.
- ***Common service philosophy –*** All services and service providers share a common philosophy regarding staff relationships with children and families. This should incorporate family-centred and strength-based approaches.
- ***Universal and inclusive service provision –*** The core services provided by centres are universal (i.e. available to all children and families), and centres adopt an inclusive and non-stigmatising approach to programming and planning.
- ***Cultural sensitivity –***Services are sensitive and responsive to family and community cultural, ethnic, and socioeconomic diversity.
- ***Family care-giving practices –*** Wherever possible, family care-giving practices should be incorporated into the centre's care, so that the child and family see the centre as a natural extension of the home.

Service provision

- ***Services for children –*** Centres provide children with stimulating and safe learning environments and a wide variety of learning and social experiences and opportunities.
- ***Early care and learning –*** Centres seek to integrate traditional forms of child care and kindergarten practices into a seamless early care and learning approach.
- ***Family and community priorities –*** Programs and services are based upon the needs and priorities of families and communities.
- ***Evidence-based practice –*** Both the manner in which services are provided as well as what form the services take are based on the best available evidence regarding effective service delivery.
- ***Monitoring children's development –*** Staff help parents monitor children's developmental progress and wellbeing, and take parental concerns about their children seriously.
- ***Services for families –*** Families have available to them a range of support and intervention programs and services, including parenting programs.
- ***Provision of information –*** Centres ensure that parents are fully informed about the services and facilities that available to them, both within the centre and outside.
- ***Parent-to-parent contact –*** Centres provide a range of opportunities for families to meet other families, and promote the development of supportive social networks.

Relationships with children

- ***Engagement with children –*** Relationships with children are characterised by a fundamental respect for each child, and a recognition of the importance of them building attachments with caregivers.
- ***Child-centred practice –*** Work with children is based on the core principles of child-centred practice, including responsiveness and building on children's strengths and interests.
- ***Protection from harm –*** The social and physical environment will be designed to protect children from harm.

Relationships with parents

- ***Engagement with families –*** The commitment and consistency with which staff engage with families is critical. The starting point of this relationship is a fundamental respect for families, which is reflected in policies as well as practices.
- ***Family-centred practice –*** Work with families is based on the core principles of family-centred practice, including building partnerships with parents, basing services on family priorities, and recognising and building on family strengths and competences.
- ***Family-friendly environment –*** The Centre provides a welcoming and family-friendly physical and social environment.
- ***Reaching marginalised families –*** Special efforts are made to reach and engage marginalised families, such as those with limited social networks and few experiences of working positively with child and family services.

Teamwork

- ***relationships between team members –*** Effective integrated working is founded on and sustained by strong personal relationships between staff. Training and support should focus on building and maintaining such relationships.
- ***Models of teamwork –*** Teamwork is based on an interdisciplinary teamwork model, with transdisciplinary and key worker models used for selected families.
- ***Commitment to integrated service model –*** Staff selection and training is based on ensuring that staff are committed to the integrated service model.

Training

- ***pre- and post-establishment training –*** To ensure the successful establishment of new Centres, the staff involved are provided with support and training in integrated service delivery (including teamwork).
- ***Skills for engaging children –*** Staff are provided with training and ongoing support in the core skills needed to work effectively with children.
- ***Skills for engaging parents –*** Staff are provided with training and ongoing support in the core skills needed to work effectively with parents, including relationship building, partnership building, family-centred practice and strength-based approaches.
- ***Monitoring child and family needs –*** Staff are provided with training in helping parents monitor their children's development and in discussing parenting and family issues.
- ***Cross-disciplinary training –*** Training in core skills and knowledge areas is conducted on a cross-disciplinary basis.
- ***Induction of new staff –*** There are induction processes designed to support new staff in becoming effective members of the integrated service team.

Evaluation and review

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

Outcomes

Direct outcomes

If the above conditions are met, children's centres can be expected to have the following direct effects or outcomes:

- Families will find it easier to access early childhood and family support services.
- Services will be more effectively integrated.
- Parents will be better informed about available services and facilities.
- Families will have stronger social support networks.
- 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 parents and families experiencing difficulties in parenting and meeting family needs will be prompter.

Indirect outcomes

If these outcomes are achieved, then there will be indirect flow-on contributions to achieving the following broader outcomes:

- Improvements in the health, wellbeing and development of the children involved
- Improvements in the school readiness of the children involved
- Improvements in general family functioning of the families involved
- Improvements in the ability of the families involved to meet their children's learning and care needs.

Appendix C: Service coordination grid

	Coexistence	Cooperation	Coordination	Collaboration	Integration
Stand alone autonomous	Services operate independently, are located separately, and have no formal or informal links	Services operate independently and are located separately, but meet to network and share information	Services operate independently and are located separately, but coordinate to provide multi-agency services to families with multiple needs	Services operate independently and are located separately, but collaborate to provide a multi-disciplinary/multi-agency service	Services combine to form a single entity providing integrated interdisciplinary services but operating from a variety of locations
Co-location	Services operate independently and have no formal or informal links, but are co-located	Services operate independently, but are co-located and meet to network and share information	Services operate independently, but are co-located and coordinate to provide multi-agency services to families with multiple needs	Services operate independently, but are co-located and collaborate to provide a multi-disciplinary/multi-agency service	Services combine to form a single entity operating from a single location and providing integrated interdisciplinary centre-based services
Outreach			Services operate independently and are located separately, but coordinate to provide multi-agency outreach services to families with multiple needs	Services operate independently and are located separately, but collaborate to provide a multi-disciplinary/multi-agency service	Services combine to form a single entity and provide integrated interdisciplinary centre-based and outreach services