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POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

Services for young children and families: an integrated approach

Services for young children and their families should be effective and efficient and aimed at improving outcomes for the whole population, as well as addressing those most in need. In addressing this aim, an important consideration is to ensure that children and families have timely access to the types of services they need. This Policy Brief reviews the evidence regarding the strengths and weaknesses of universal, targeted and treatment services, and outlines how the service system might be reconfigured to achieve better outcomes.

Definitions used in this policy brief

Universal services are available to the whole of the population and are designed to promote positive functioning and decrease the likelihood of specific problems or disorders developing. Such services are truly universal if they are not only available to the whole population but also accessible to and accessed by most people. Factors affecting accessibility include location, cost, opening hours, and inclusiveness.

Targeted services are available to selected groups or individuals who are known to be at risk of developing a particular health or developmental problem, and designed to reduce the likelihood of the problem developing.

Treatment services are specialist services that are available to individuals or families who have an established condition or problem, and designed either to eliminate the condition or problem, or, if this is not possible, to minimise its negative impact.

Why is this issue important?

Families and family circumstances have changed over the last two or three decades; today, society is less homogeneous and demands on families are higher. Therefore, the service system that previously worked well is no longer adequate (Richardson & Prior, 2005a; Zubrick et al, 2005). One indication that all is not well is that we are seeing worsening or unacceptably poor health and well-being outcomes among young people (Sawyer, 2004; Stanley et al, 2005). These poor outcomes all have associated costs that are a significant drain on public resources (Heckman, 2006; Kids First Foundation, 2003).

One result of these changes is that the current service system is having difficulty coping with the overall demand. Many treatment services have waiting lists, and these create referral bottlenecks. As a result, many children and families do not get the specialist help they need (Sawyer et al, 2000; Sayal, 2006).

The gap between the rich and the poor has widened, with the result that there are children and families who do not or cannot easily access the services they need (Hertzman, 2002a; Richardson, 2005; Wilkinson, 2005). This has negative consequences for their long-term health, achievements and well-being (Hertzman, 2002a; Shonkoff & Phillips, 2000). Often it is those with the greatest need that are the least likely to be able to access available services (Fonagy, 2001; Offord, 1987; Watson et al, 2005). Even universal services have difficulties engaging and maintaining contact with all families. Australian studies suggest that universal health and early childhood services are not as accessible or inclusive as they need to be, and that a small but significant minority of families underuse some or all of these services (Carbone et al, 2004; Walker, 2004). This is most apparent in disadvantaged neighbourhoods and in vulnerable families.

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What does the research tell us?

There is evidence that each form of service (universal, targeted and treatment) can be effective, and each approach has its strengths and weaknesses (Barnett et al, 2004; Gilham, 2003; Homel, 2005; Loxley et al, 2004).

Treatment services have the capacity to resolve some acute problems as well as to tackle the most difficult chronic conditions and can make a difference. Treatment programs for a wide range of problems (including health, mental health, drug abuse, crime, family interventions, disability) have been found to be effective sometimes (Farrington, 2002; Fonagy et al, 2002; Loxley et al, 2004).

However, these services are not without their problems. Because they are only available to those who meet specified criteria, they are unable to respond to the *emerging* needs and problems, and so miss opportunities to reduce the numbers needing intensive help (Tolan & Dodge, 2005). Furthermore, by the time children and families become eligible for treatment services, the problems are often so severely entrenched that they are difficult to shift (Fonagy, 2001). This reduces the efficiency of such services. Even highly effective mental health treatment services rarely make a serious impact on the prevalence of the disorder at the population level (Fonagy, 2001). Treatment services tend to stigmatise the families they aim to help, which can make families ambivalent or even hostile to the service. This leads to many needy families dropping out of services, or never approaching them in the first place. Treatment also needs to be intensive and tailored for individual families to be effective, which makes such services costly in terms of time, effort and money.

Targeted services have the capacity to provide intervention before symptoms or disorders become entrenched, which is particularly important in conditions where results of treatment are inconsistent or treatment services over-stretched. If the selection of particular individuals or areas can be done accurately, targeted approaches can be an efficient way of preventing later problems and effective in improving the lives of children and families (Shonkoff & Phillips, 2000; Williams et al, 2005).

The targeted approach also has some disadvantages. Screening procedures often fail to identify many individuals who ultimately develop the problem (Gillham, 2003). Although the concentration of those who would benefit from particular interventions may be highest in targeted populations, the absolute number of individuals who develop a disorder may actually be higher in low-risk groups who do not receive the intervention (Offord, 2001). Even when risks are relatively easy to identify, the developmental pathways to subsequent poor health and developmental outcomes are complex and not always understood (Blair & Stanley, 2002; Cowen, 2000), and therefore it is often not clear what form the targeted service should take in order to be effective. Targeted services can also be stigmatising, making them less attractive to some families.

Universal services overcome at least some of the problems associated with targeted and treatment approaches. Since they are available to all children and populations, there is no labelling or stigmatisation involved, and therefore they are more effective at reaching at risk children. Universal programs are also particularly beneficial for the most disadvantaged children and families (Barnett et al, 2004; Karoly et al, 2005; Melhuish, 2003). In addition, although successful universal interventions typically have very small effects for the average participant, such effects can add up to large benefits for society (Offord et al, 1998).

There is evidence that universal programs can be effective for a number of conditions and in a variety of settings, including mental health (Greenberg et al, 1999), community building (Peters et al, 2003), schools (Patton et al, 2006) and preschool programs (Barnett et al, 2005; Gormley et al, 2005). In addition, the evidence indicates that these interventions are cost effective (Heckman & Masterov, 2004; Karoly et al, 1998, 2005; Rolnick & Grunewald, 2003). This is certainly true of preschool programs and there are strong arguments for making such programs universally available (Barnett et al, 2004; CED, 2006; Karoly & Bigelow, 2005).

There are a number of challenges in implementing an effective universal approach:

- ensuring the high quality that is needed for such services to be effective (Barnett et al, 2004; CCCH, Policy Brief 2, 2006).
- matching services to needs: universal programs that do not match the needs of

families or are not delivered in ways that are easily accessible are not likely to be effective (Scott et al, 2006).

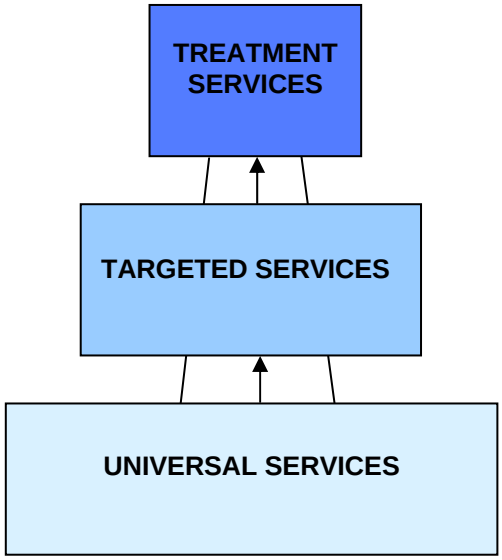
- ensuring that universal services are truly inclusive and able to meet the needs of all children and families: some children and families who are at risk or have additional needs require more skilled and intensive help than universal services are able to provide.

What are the implications of the research?

- In the existing system targeted and treatment services are mostly located separately from universal services; there are referral 'bottlenecks' that result in delays in help being provided; and the communication between services tends to be one way (Figure 1). Services are having difficulties meeting the needs of all children and families effectively because they are too dependent upon scarce targeted and treatment services (Huang et al, 2005).

Figure 1

TRADITIONAL SYSTEM



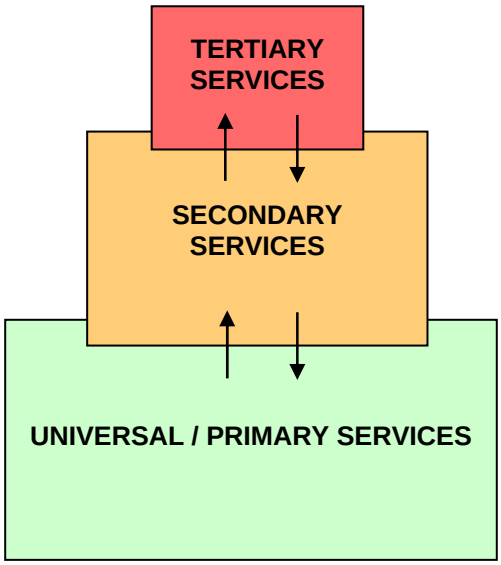
- Increasing the funding for targeted and treatment services in their current forms will not suffice for two reasons. First, given the range of services that would need additional funding (which includes health, mental health, disability, special education, family support, parenting, child protection services etc.), the cost would be prohibitive (Fonagy, 2001; Sawyer et al, 2000). Second, the evidence would suggest that the targeted approach is not the most efficient and effective way of meeting the needs of all children and families, or even those of the most vulnerable children and families for whom they are intended.

- To be more effective and efficient, the service system for young children needs to shift its focus from predominantly treatment and targeted services to more universal prevention approaches (Fonagy, 2001; Homel, 2005; Prilleltensky et al, 2001; Richardson and Prior, 2005b). In fact, there have been calls for such a shift in many diverse sectors, including preschool services (Barnett et al, 2004), child protection services (Barlow & Stewart-Brown, 2003; Sanders et al, 2003; Winkworth, 2003), mental health services (Park, 2003), health services (Tolan & Dodge, 2005), and disability services (Blair & Stanley, 2002).

- The existing service system of universal, targeted and treatment services needs to be reconfigured as an integrated and tiered system of secondary and tertiary services, built upon a strong base of universal and primary services (NHS Health Advisory Service, 1995; Statham, 1997) (Figure 2).

Figure 2

INTEGRATED SYSTEM



Secondary and tertiary services are similar to targeted and treatment services in that they provide direct services to children and families with problems and conditions that are either mild or moderate (secondary services) or chronic, complex and severe (tertiary services). However, the integrated tiered system differs in approach from the current system in a number of important ways:

- it has the capacity to respond to emerging problems and conditions, rather than waiting until problems become so entrenched and severe that they are finally eligible for service
- it focuses on targeting problems as they emerge through the secondary and tertiary layers, rather than people as risk categories, thus avoiding unnecessary stigmatising
- it aims to drive expertise down to universal and secondary services, facilitating collaboration & strengthening their capacity to deliver prevention and early intervention strategies
- it would have outreach bases co-located with universal services to facilitate collaboration and consultant support

• For the service system to become more effectively integrated, secondary and tertiary professionals will need training in the consultation and coaching skills necessary to ensure that they are able to share their expertise with universal service providers effectively (Buysse & Wesley, 2004; Hanft et al, 2004). Universal service providers will need training and support in effective prevention strategies (Dunst et al, 2000; Noonan & McCormick, 2005).

• There also needs to be particular efforts made to develop ways of engaging and retaining contact with the most marginalised and vulnerable families, and making all aspects of the service system more equitable and inclusive (Carbone et al, 2004; Hertzman, 2002b, Offord, 2001).

Considerations for policy and programs

- Shift from targeted and treatment approaches to a universal prevention approach to service provision and develop an efficient and effective tiered system of universal, secondary and tertiary services capable of meeting all the needs of all children and families. Among other things, this should involve developing more effective and efficient identification and referral pathways for children and families who need more specialised help.

- Vary service eligibility requirements to allow secondary and tertiary service providers to respond to emerging child and family needs, rather than only working with children and families who have established conditions or problems.

- Provide training for secondary and tertiary professionals in ways of working in integrated universal service settings, as well as sharing specialist expertise with universal service providers.

- Provide training and support for universal service providers to strengthen their capacity to cater for the needs of a broad range of children and families.

- Train staff to appropriately engage with marginalised groups and improve services so that they are available and accessible to these groups.

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A multi-disciplinary team from the Centre for Community Child Health produce these Policy Briefs.

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References

A full list of references and further reading used in the development of this Policy Brief is available from:

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