



# POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

## Integrating Services for Young Children and their Families

In an effort to improve outcomes for young children and their families, governments in all developed nations are making efforts to integrate services more effectively. This Policy Brief explores the rationale behind these efforts, what is known about their effectiveness, and the implications for policy makers and practitioners.

In this Brief, integrating services refers to the process of building connections between services of different types so as to create a system that is more comprehensive and cohesive, as well as services being more accessible and more responsive.

### Why is this issue important?

Over the past few decades, families have become more diverse, and the circumstances in which they are raising young children have changed significantly.<sup>1,2</sup> As a result, parenting young children has become a more complex and more stressful task for many families, and there are more families with complex problems.<sup>3,4</sup>

These changes have also made it more difficult for traditional early childhood and family support services to meet the needs of all families promptly and effectively.<sup>5</sup> The difficulties take many forms:

- Services have difficulty providing support to all eligible families.
- Services are often poorly integrated and unable to provide cohesive support.
- Services have difficulty tailoring their services to meet families' diverse needs and circumstances.
- Families have difficulty finding out about and accessing the services they need.
- Services are funded on the basis of outputs rather than outcomes.
- Services are typically treatment- rather than prevention- or promotion-focused, and cannot respond promptly to emerging needs.
- The service system does not maintain continuous contact with families of young children during the early years.

Although such issues have existed for many years, they have become increasingly problematic as the circumstances in which families are raising young children have

changed. These problems are not peculiar to Australia, but are evident in many developed nations. As a result, governments and service providers across the developed world have decided that the early childhood and family support service system needs to be reconfigured so as to more effectively support young children and their families.

### What does the research tell us?

#### Levels of integration

Confusion exists about the intentions and implications of integrated service delivery for practice.<sup>6</sup> Greater clarity about terminology and guidance for practice is needed. A first step is to examine integration at policy, regional planning, program delivery and practice levels.

Evidence suggests that at a **whole-of-government level** improving collaboration can be difficult to achieve; it requires political will and ongoing high-level commitment.<sup>7-9</sup> Networks that attempt to coordinate multiple programs while keeping multiple lines of accountability, regulatory requirements and funding in place, rely too heavily on relationships. While this may be successful in the short term, integrated early childhood systems require system-building that merges public and private services which have multiple overlapping purposes, regulatory requirements, and funding.<sup>10-14</sup>

One solution that is increasingly being adopted is to identify a lead department responsible for early childhood services.<sup>10</sup> A number of countries have created early childhood systems that have combined existing programs into a single

program delivery platform;<sup>10</sup> this is happening in some Australian states.

Evidence of the effectiveness of **regional or subregional level** efforts to improve collaboration has come from evaluations of government initiatives that encourage the establishment of regional or local early years partnerships. For instance, an evaluation of the federal Communities for Children initiative in Australia<sup>15</sup> identified a number of circumstances in which service coordination was improved.

At the **service delivery level**, degrees of collaboration range from co-existence (services operating independently) to full integration (services amalgamating to form a new entity). Studies of initiatives to increase collaboration, such as Victoria's Primary Care Partnership strategy<sup>15-18</sup> show that they produce significant integration within the primary health care system, improved coordination of services, and subsequent benefits for practitioners and consumers.

A review of literature on the widely adopted **Children's Centre Model**<sup>19</sup> found that no single model is accepted as best practice. The models that do exist are not documented well enough to be applied in other sites.

Many of these initiatives have focused on building new premises for co-located child and family services, but this is not the only or the best option. In some situations (e.g. rural areas), focusing on building an integrated child and family hub may result in services becoming *less* accessible for some families. Integrating services should ensure they are more accessible to families and more responsive to child and family needs. Ways of doing this include:

- A 'virtual' services hub in which the parties involved coordinate and collaborate service delivery without co-locating or amalgamating
- A core service hub in purpose-built premises, with outreach services to isolated or vulnerable families provided by a 'virtual' service partnership
- A number of services relinquishing their independent status and becoming part of a new service.

It is important to be clear about what direct and indirect outcomes can realistically be expected from integrated service delivery.<sup>20</sup> The *direct* outcomes that should result from greater service integration include:

- Families will be better informed about services and find them more accessible.

- Service providers will also be better informed and the services themselves will do more joint planning and service delivery.
- Children's developmental problems will be identified earlier, and referrals to specialist services will be more prompt.
- Problems with parenting and family functioning will be recognised earlier, and appropriate help will be provided more promptly.
- Families will receive help that addresses all aspects of their needs in a cohesive fashion.
- There will be fewer families who are socially isolated or who are not making use of appropriate child and family support services.

As a result of these improvements in service access and coordination, we can expect improvements in child and family outcomes. But these are *indirect* flow-on effects, rather than direct outcomes of integrated service delivery.

With this caveat in mind, we can now look at the evidence regarding the effects of integrated service delivery.

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*“Service integration only benefits children and families if it results in higher quality programming.”*

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The National Evaluation of Sure Start in the UK<sup>21</sup> found modest benefits for children in areas where a Sure Start Local Program (SSLP) (usually involving an integrated child and family service hub) operated when compared with children living in similar areas without a service hub. The children showed better social development, more positive social behaviour and greater independence/self-regulation than their non-SSLP counterparts. Evaluations of the Canadian Toronto First Duty program<sup>18,19</sup> and of the Communities for Children programs in Australia<sup>15</sup> also found that children benefited.

Benefits for families include easier access to services, reduction in the number of agencies families have to access, more efficient service delivery and fewer families 'falling through the cracks'.<sup>22-24</sup> Integrated services also result in greater parent satisfaction with services; improved wellbeing and quality of life; reduced impact of social isolation; and greater parental engagement with children and early childhood services.<sup>21,25-32</sup>

There is more evidence about the *practices* of integration than the *outcomes*.<sup>33</sup> In practice, successful collaboration can be difficult, requiring careful planning and partners' commitment and

enthusiasm; overcoming organisational, structural and cultural barriers; and development of new skills and ways of working.<sup>34,35</sup> Integrated models benefit service providers<sup>25,26,31,36,37</sup> and encourage collaborative practice.

The *quality* of integration affects outcomes more than the degree or form of integration.<sup>6</sup> Thus, the quality of leadership, of the relationships between services, and of teamwork between providers matters more than the degree to which services are integrated.

Therefore, developing a shared understanding of quality and adopting agreed standards is crucial. Service integration only benefits children and families if it results in higher quality programming,<sup>24</sup> as was found in the Toronto First Duty initiative.<sup>39</sup>

Integrated early childhood programs require professional development and education programs that prepare educators and others to work effectively in integrated settings.<sup>6,25</sup> Existing practitioners need joint professional development opportunities, and a willingness to expand their skill set and develop shared understanding and language.<sup>40,41</sup>

Local inter-sectoral coalitions that bring together stakeholders from existing programs can contribute to developing practices of integration that are essential to implementing a new policy framework.<sup>25,42,43</sup>

At the program delivery level, demonstration integrated centres can be useful models of what is possible in an integrated system.<sup>6,11,23</sup> There are key design principles for demonstration sites, these include: an integrated governance model (with a pooled budget, shared mandate, clear focus and joint decision-making); strong leadership; common program philosophy and practices; parent engagement; and quality early learning environments for children.<sup>6,11,23</sup>

### **Factors that hinder or help integrated service delivery**

Reviews of integrated service delivery<sup>6,30,33,44</sup> have identified the following **barriers to successful practices of integration**:

**Structure.** Structural barriers include top-down decision making, as well as conflicts born of too many initiatives and players with different professional ideologies and agency cultures.

**Communication.** Poor communication may lead to a lack of clarity about roles and responsibilities as well as poor communication and information sharing.

**Resources.** Financial uncertainties can hinder success. The absence of joint budgets may also create resourcing problems.

**Staff.** A lack of commitment, support and leadership from management; constant reorganisation; frequent staff turnover; and a lack of qualified staff can be barriers.

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### ***“Services should be able to cater for families from different backgrounds.”***

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The following list of **best practice principles for integrated early childhood centres** has been adapted from a recent literature review by the Centre for Community Child Health.<sup>23</sup>

**Shared understandings.** Integrated early childhood centres should adopt principles about working in integrated ways that are embedded in all program policy and practice documents and communicated to all staff and families. Information needs to be shared effectively within the centre and with relevant external services. Centres should have standardised processes for referrals, including providing feedback to referrers; and understanding of and agreement about the centre’s principal focus. Centres need a common philosophy focusing on staff relationships with children and families; and incorporating family-centred approaches.

**Shared practices.** These should be evidence and outcomes-based, with staff and families reaching agreements about aims and outcomes, and staff keeping these in mind at all times when designing and implementing programs and services. In addition, there should be an interdisciplinary teamwork model, universal core services to all families and children, and an inclusive and non-stigmatising approach to programming and planning.

**Leaders.** It is critical that leaders are well-trained and supported, effective in their roles, inspiring and supportive of all staff, and able to work across traditional divides.

**Staff.** There should be induction processes that support becoming effective members of the integrated services team, and ongoing support.

**Families and communities.** Families and communities should be partners in planning and governance. It is essential that any integrated centre is sensitive and responsive to diversity and to families’ and communities’ needs and priorities.

The centre should provide ongoing monitoring by staff and families of children's progress and wellbeing. The centre should also provision a range of support and intervention programs and services, including parenting programs, information about services and facilities, and opportunities to meet other families.

**Accessibility.** It is important that the centre or service is physically, geographically and psychologically accessible and offers simple processes for accessing services and programs. Services should be inclusive and able to cater for families from different cultural and linguistic backgrounds.

### What are the implications of the research?

- Existing early childhood and family support systems no longer meet the needs of all families effectively.
- Governments throughout the developed world are moving towards integrating early childhood services, based on a strong rationale rather than strong evidence.
- While research evidence is currently very limited, existing evidence suggests that integrated service delivery has positive benefits for children, families and professionals.
- Whatever the level of integration, successful collaborations are challenging to achieve and sustain without ongoing support and investment. Well-integrated early childhood services result from integrated policies and practices at all levels: whole-of-government, regional, service, and team.
- Factors that promote and hinder effective integration of services are well understood and should inform future planning and policy development.
- The full adoption of integrated service delivery models will ultimately require changes to funding arrangements, position descriptions, and recruitment and ongoing training practices.

### Considerations for policy and programs

- Given the lack of clarity regarding what integration involves at both the system and teamwork levels, a clear national vision of service integration should be developed and promoted to all services and staff.
- To ensure successful collaboration and service integration, support must be provided, both during the establishment phase and ongoing; this could be through the establishment of a dedicated service integration support unit or use of dedicated advisory, training and other support services.
- Given the key role of leadership in effective service integration, ways of identifying, training and supporting leaders should be explored.
- The move to integrated service delivery will alter the way that early childhood professionals work with each other and organise their practice. Support should be given for the development of new procedures for entry into the service system, identification of needs, and interdisciplinary service delivery.
- Since much of the research evidence reviewed above is indicative rather than conclusive, a significant investment in more rigorous research and evaluation is warranted. This should focus on identifying key practices and policies that promote effective service integration and better outcomes for young children and their families. These efforts could be supported through the establishment of a partnership with university-based researchers.

**For more information about Toronto First Duty, please see the case study at: [www.rch.org.au/ccch/resources.cfm?doc\\_id=10885](http://www.rch.org.au/ccch/resources.cfm?doc_id=10885)**

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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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