Centre for Community Child Health

murdoch children's research institute

DEVELOPING HOLISTIC INTEGRATED EARLY LEARNING SERVICES FOR YOUNG CHILDREN AND FAMILIES EXPERIENCING SOCIO-ECONOMIC VULNERABILITY

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EXECUTIVE SUMMARY

This paper is the second of two papers that has been prepared to assist Social Ventures Australia (SVA) in exploring the potential of holistic, integrated early learning service models for improving outcomes for young children and their families who are experiencing socio-economic vulnerability. SVA was interested in the answers to two key questions: *What are the common elements of the holistic, integrated early learning service models that have the greatest impact? What is required for quality implementation of each common element?*

To address these key questions, two papers were prepared. The first paper reviewed what is known about the core needs of children, parents and families, the conditions that parents need in order to be able to meet the needs of their children and families, and how well we are meeting these needs. The paper concludes with a core care conditions for children and families framework.

This second paper reviews what we have learned from efforts to support young children and their families, particularly through integrated child and family initiatives. The key question explored is what role could integrated child and family centres play in meeting the needs of all children and families, and children experiencing socio-economic vulnerabilities in particular.

The paper begins with a summary of what is known about the effective delivery of services and supports to children and families. General findings about early childhood services (including the elements of high quality learning environments), and parenting and family support services are addressed first. The implications of these findings for child and family centres are considered, and the following key findings identified:

- High quality early child care and education programs should be included in any child and family centre model.
- To ensure programs are of high quality, staff should be well qualified, ECEC quality standards met, and staff sufficiently well remunerated and supported so that turnover of staff is reduced and continuity maintained.
- Community playgroups and supported / facilitated playgroups provide different benefits from ECEC programs and should also be considered as an option.
- A range of parenting programs should be offered, including programs that use peer-led facilitators.

This is followed by a review of the evidence regarding key elements of effective services for vulnerable and marginalised families. These include relational-based practice, effective ways of engaging vulnerable families, the role of co-design and co-production, the nature of integrated service systems, and universal services and tiered systems of support. Again, the implications of these findings for integrated child and family centres are considered, and the following key findings identified:

- The way in which services are delivered is as important as what is delivered – practitioners need to work with families in ways that are relationship-based and family-centred in order to maximise the 'take-up' of services.
- Staff need to be trained in the skills to work in these ways.
- Outreach services are needed to find and engage with families who are not using services or are marginalised.
- In planning and running services and facilities for families of young children, services need to engage parents as partners in co-design and co-production.
- The design and delivery of services needs to be informed by the lived experience of parents and their views regarding the challenges they face and how they can be met.
- Members of the population we are trying to reach should be employed as co-workers and trainers.
- To support families effectively, a multi-level ecological approach is needed, providing direct services to children and support to families, as well as action to improve the conditions under which families are living, and the structural social determinants that shape those conditions.
- Integrating services and supports across different sectors is essential to simplify access to key services during children's early years.
- All parents should have access to a universal suite of services, with a tiered system of support services provided to those with unique and/or additional needs.
- Universal services need to be inclusive and based on principles of universal design, built from the ground up to be as usable and accessible as possible by as many people as possible regardless of age, ability, or situation.

The paper next summarises the evidence regarding integrated child and family centres. This is based on an extensive review of national and international examples of holistic, integrated early learning programs for young children and their families experiencing socio-economic vulnerability. This review directly addresses the first of the key questions posed by SVA: *What are the common elements of the holistic, integrated early learning service models that have the greatest impact?* This section concludes with a summary of the key findings from the existing examples of integrated child and family centres and their key features. Several reviews of integrated child and family centres have been conducted, and these are also summarised.

The following section provides a synthesis of findings from all sections. Based on the findings from these diverse sources, the core key features or common elements of integrated child and family centres that have the greatest impact are as follows:

CORE FEATURES OF INTEGRATED CHILD AND FAMILY CENTRES

General features

- **The primary feature is that the ICFC is a place within a local community that is a natural place for families with young children to go where they can meet and connect with other parents and children, and get access to a range of services.**
- The ICFC provides a safe space for families to meet, using Working Together Agreements to set the standards.
- The ICFC is inclusive, welcoming families and children from all backgrounds, abilities and circumstances.
- The ICFC uses culturally-safe policies and practices.
- Parents are able to attend the ICFC at any time during opening hours.
- The ICFC should be easy for families to access, preferably not dependent upon cars to get there.
- The ICFC provides spaces for family activities, including a communal dining area.
- The ICFC is able to deliver a wide range of child and family services on site, the exact combination varying according to local needs.
- The ICFC has a shared vision and philosophy underpinning the program, based on a set of core practice principles.
- The ICFC has a clearly articulated practice framework that specifies the outcomes sought and how the programs provided achieves those outcomes.

Design, management and governance

- **The core decisions regarding the location of the facility, the design of the building and the services to be provided are made in partnership with the families and community who will be using it.**
- The formal governance of the ICFC also includes service-users.
- The ICFC has adequate and secure funding to ensure continuity of services.

Service options

- **The ICFC provides a high quality early childhood education and care programs and a tiered system of support services to address additional child and family needs.**
- The ICFC provides a range of individual and group parenting programs that seek to build parenting capabilities and enable parents to provide positive home learning and care environments.

- The ICFC provides core health services, including maternal and child health, dental, and nutrition services.
- The ICFC is based on a universal service model with tiered systems of support for children and families with unique and/or additional needs (and uses tools for identifying child developmental concerns and family functioning concerns).
- The ICFC provides access to other services, including mental health services, financial counselling and housing services.
- The ICFC has a close working relationship with services that ensure safety for children and families (child protection and family violence services).
- The ICFC is available to families from the time of the child's birth, but could also include antenatal support, with a view to integrating antenatal, perinatal and postnatal services as much as possible.

Staffing

- **Staff use relational and family-centred practices, and have appropriate training and ongoing support in their use.**
- Clinical supervision is provided for staff and opportunities for reflective practice provided.
- Multidisciplinary staff teams involving ICFC staff and professionals from other agencies work in partnership to provide integrated holistic support for families.
- The ICFC has strong leadership to ensure a common inclusive philosophy and practice, authentic partnerships with families and harmonious working relationships between practitioners.
- Members of the community are engaged and trained as co-workers.
- The ICFC has an outreach service to find and build relationships with families who are isolated, marginalised or not connected with services.

This is followed by a consideration of the second of the key research questions addressed in this paper: *What is required for quality implementation of each common element?* Each of the common elements is considered in turn in the light of what is known about how to implement them effectively. Finally, the Core Care Conditions for Children and Families framework (described in the first paper) is used as a template for analysing the extent to which integrated child and family centres can meet the needs of children and families. The key question addressed is *What role could integrated child and family centres play in meeting the needs of all children and families, and children experiencing socio-economic vulnerabilities in particular?* Each element of the Framework is considered in terms of what role integrated child and family services can play in meeting the particular element, and what needs are out of scope and have to be met through other means.

The final section discusses a number of issues that need to be considered in establishing integrated child and family centres. To meet all the needs of children and families, the child and family centres need to form part of wider initiatives that address the other critical factors that affect family functioning. These take two main forms: place-based initiatives involving local government and other services that can address the 'mid-stream' neighbourhood and community factors that affect family functioning, and a high-level push to address the broader 'up-stream' social determinants that also shape family functioning.

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1. BACKGROUND

1.1 Introduction

This paper is the second of two papers that has been prepared to assist Social Ventures Australia (SVA) in exploring the potential of holistic, integrated early learning service models for improving outcomes for young children and their families.
In particular, centre-based models are of focus, catering for children from birth to six years, and including services such as long day-care, high quality early learning programs and family support programs.

SVA is particularly interested in young children and families experiencing socio-economic vulnerability. Vulnerability is understood as highly complex and the product of the interaction between many factors. Child development and wellbeing are shaped by the balance of risk and protective factors in their environments – family, home, community, geography, and service system. This initiative has developed from understanding that, despite the importance of quality early learning environments in changing life trajectories and journeys of children experiencing socio-economic vulnerability, many children are not accessing such environments and particularly not accessing the kind of specialised model of integrated early childhood development or 'nurturing care'[1] that evidence indicates is most impactful.

To identify the service models that see the best outcomes for children and families experiencing socio-economic vulnerability, SVA commissioned a review of the evidence to answer two key questions:

- *What are the common elements of the holistic, integrated early learning service models that have the greatest impact for children experiencing socio-economic vulnerability? What are the relative benefits of each of these elements?*
- *What is required for quality implementation of each common element?*

SVA is also interested in how such a model could be trialled, evaluated, and eventually scaled up.

To address these key questions, two papers have been prepared. These approach the questions from two different perspectives.

The first paper [2] involves an attempt to reimagine the early childhood environment for children and families. Rather than starting from a service perspective – where the focus is on improving or

[1] The term *nurturing care* is taken from the Nurturing Care Framework developed by the World Health Organisation, UNICEF and the World Bank Group (2018). It is discussed more fully in Appendix 1.

[2] Moore, T.G. (2020). **Core care conditions for children and families: Implications for integrated child and family services**. Prepared for Social Ventures Australia. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute.

extending services in order to achieve better outcomes for children and families – the paper starts from the child and family perspective. The key questions addressed are:

- *What are the core needs of children, parents and families?*
- *What are the conditions that parents need in order to be able to meet the needs of their children and families?*
- *How well are we meeting these needs?*

It is important to note that this analysis does not focus specifically on children and families who are experiencing socio-economic vulnerability, but instead considers the needs of *all* children and families. This is so we can approach the question of how best to meet the needs of those who are socio-economically disadvantaged from the perspective of how well we are doing at meeting the needs of *all* children.

The approach adopted in the present paper is to review what we have learned from efforts to support young children and their families, particularly through integrated child and family initiatives. The key question explored in this section is:

- *What role could integrated child and family centres play in meeting the needs of all children and families, and children experiencing socio-economic vulnerabilities in particular?*

1.2 Outline of paper

Section 2 summarises what we know about the effective delivery of services and supports to children and families. General findings about early childhood services (including the elements of high quality learning environments), and parenting and family support services are addressed first. This is followed by a review of the evidence regarding key elements of effective services for vulnerable and marginalised families. These include relational-based practice, effective ways of engaging vulnerable families, the role of co-design and co-production, the nature of integrated service systems, and universal services and tiered systems of support. Again, the implications of these findings for integrated child and family centres are considered.

Section 3 provides a summary of the evidence regarding integrated child and family centres. This is based on an extensive review of national and international examples of holistic, integrated early learning programs for young children and their families experiencing socio-economic vulnerability. (The full review is contained in Appendix 1). This review directly addresses the first of the key questions posed by SVA: *What are the common elements of the holistic, integrated early learning service models that have the greatest impact?* It concludes with a summary of the key findings from the existing examples of integrated child and family centres and their key features. Several reviews of integrated child and family centres have been conducted, and these are also summarised.

Section 4 provides a synthesis of findings from all sections. Based on the findings from these diverse sources, the core key features or common elements of integrated child and family centres that have the greatest impact are identified. This is followed by a consideration of the second of the key research questions addressed in this paper: *What is required for quality implementation of each common element?* Each of the common elements is considered in turn in light of what is known about how to implement them effectively. Finally, the Core Care Conditions for Children and Families framework (described in the first paper) is used as a template for analysing the extent to which integrated child and family centres can meet the needs of children and families. The key question addressed is *What role could integrated child and family centres play in meeting the needs of all children and families, and children experiencing socio-economic vulnerabilities in particular?* The paper considers what role integrated child and family services can play in meeting each element of the Framework, and what needs have to be met through other means.

Section 5 discusses a number of issues that need to be considered in establishing integrated child and family centres.

1.3 Methodology

The review uses a variety of strategies to identify relevant research findings, including: searching websites of key Australian and international think tanks and report repositories; searching websites of individual projects of interest; scanning key journals; conducting article scans using key search terms; consulting latest editions of key handbooks; and drawing upon previous CCCH reviews.

Definitions of key concepts used in this paper are shown in Box 1 below.

Box 1. Key concepts used in this review

Families experiencing socio-economically vulnerability are those who are at risk of adverse impacts from being exposed to multiple social and economic stressors.

Disadvantaged families are families that are deprived of some of the basic necessities or advantages of life, and therefore have difficulty achieving positive life outcomes or participating fully in society.

Disadvantaged communities are communities where a complex cluster of social, economic and resource factors make it difficult for people living in the community to achieve positive life outcomes (Price-Robertson, 2011). These families are likely to be disadvantaged in multiple ways, experiencing relatively unfavourable or inferior conditions and occupying a poorer position in the social hierarchy (CCCH, 2018). These material and social inequalities are deeply disempowering

and undermine people's capacity to take constructive action to address them (Wilkinson & Pickett, 2018).

Health inequities or disparities are differences in health or in the key determinants of health (such as education, safe housing, and freedom from discrimination) that adversely affect marginalised or excluded groups. (*Health* is used here in its broadest sense to mean physical, mental and social wellbeing.)

Health equity is both a *process* (the process of reducing health inequities) and an *outcome* (the ultimate goal of eliminating health inequities):

> Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (Braveman et al., 2017).

This paper adopts a health and well-being equity approach, seeking to identify ways in which these disadvantages can be addressed and the families can be given the opportunity to raise their children as they (and we) would wish (Goldfeld et al., 2018a, 2018b, 2018c).

Holistic, integrated early learning service models are service models that seek to address all the needs of young children and their families in an integrated fashion. They usually take the form of child and family centres that provide a single location for the delivery of a range of child and family services.

Social determinants of health are the social, cultural, political, economic, commercial and environmental factors that shape the conditions in which people are born, grow, live, work and age (Lovell & Bibby, 2018).

Parents include parents and other primary caregivers.

2. EARLY CHILDHOOD AND FAMILY SUPPORT SERVICES

This section provides summarises the evidence about three groups of programs: early childhood edication and care (ECEC) programs for children, programs for parents and children together, and programs for parents.

2.1 Evidence about programs for young children

2.1.1 Early childhood education and care programs[3]

ECEC programs can play an important role in promoting development and learning in the early years, and in ensuring that children arrive at school able to take advantage of the learning and social opportunities that schools provide.

Child care

There are significant cognitive and emotional benefits for children who receive high quality care in their early years (Himmelweit et al., 2014; Johnson, 2017; Mathers et al., 2014; Sosinsky et al., 2016; Zachrisson et al., 2013). The benefits of early years' child care continue to be felt throughout the school years and into adulthood. These effects are strongest for children from poorer backgrounds and for children whose parents have little education (Feinstein & Duckworth, 2006; Himmelweit et al., 2014; Van Huizen & Plantega, 2018), but are dependent upon the quality of the ECEC program. While high-quality ECEC can produce benefits for cognitive, language and social development in disadvantaged children, low-quality childcare produces either no benefit or negative effects (Melhuish et al., 2015). For children from advantaged families, child care in the first two years may have some negative effects, possibly because they received less one-to-one interaction than they would have received at home (Fort et al., 2020). Despite concerns about the impact of early extended experience of child care in the early years, the evidence indicates that there are no adverse effects on behaviour if the care is of high quality (Zachrisson et al, 2013).

The key features of high quality care for children under the age of three are: stable relationships and interactions with sensitive and responsive adults; a focus on play-based activities and routines which allow children to take the lead in their own learning; support for communication and language; and opportunities to move and be physically active (Mathers, et al., 2014). Relationships are critical for positive, healthy infant development and learning, and help provide a framework for exploration and future learning (Sosinsky et al., 2016). Relationship-based care practices are a priority area for practice and policy initiatives designed to strengthen quality

[3] In what follows, the evidence for child care (especially for children 0-3) and the evidence for early childhood education (for 3-5 year olds) is considered separately. However, it is recognised that the traditional distinction between these two sets of services is blurred, and that children over the age of three also receive child care – eg. in long day care services that incorporate a preschool education program.)

standards in infant and toddler early care and education settings (Christakis, 2016; Mathers et al., 2014; Sosinsky et al., 2016).

Preschool education programs

Preschool education is one of the most significant investments in education and productivity that governments make (O'Connell et al., 2016). It has positive impacts on all children and is a key strategy for overcoming the impact of early disadvantage on educational outcomes and life chances (Pascoe & Brennan, 2017; Yoshikawa et al., 2013). Early childhood education improves school readiness and makes a significant contribution to subsequent educational achievements (Goldfeld et al., 2016; Meloy et al., 2019; Pascoe & Brennan, 2017; Sylva et al., 2010; Taggart et al., 2015; Shuey & Kankaraš, 2018; Thorpe & Staton, 2019).

The benefits of early childhood education are wide ranging and long lasting (Bakken et al., 2017; Barnett et al., 2017; Centre for Education Statistics and Evaluation, 2018, Melhuish, 2015; O'Connell et al., 2016; Pascoe & Brennan, 2017; Shuey & Kankaraš, 2018; Sylva et al., 2010; Taggart et al., 2015). It is linked with higher levels of employment, income and financial security, improved health outcomes and reduced crime (Pascoe & Brennan, 2017). It helps build the skills children will need for the jobs of the future. High quality early childhood education can also improve children's cognitive and non-cognitive outcomes, with a second year of preschool showing additional benefits (Fox & Geddes, 2016; OECD, 2017; Sylva et al., 2010; Taggart et al., 2015; Yoshikawa et al., 2013). There is consistent evidence that children from disadvantaged backgrounds benefit more from high quality early childhood education programs than do children from advantaged backgrounds (Elango et al., 2015) and that these benefits are greater the earlier they start (Cornelissen et al, 2018). This is thought to be because the early education programs offer a larger improvement in the quality of the early environment for disadvantaged children compared to advantaged children (Elango et al., 2015).

Children show the best outcomes when the home learning environment and early childhood programs are supportive of both the child's development and learning (Melhuish, 2015). This highlights the need for early childhood services to engage parents as partners in providing the child's early learning experiences, and to provide parents with help with home experiences that can promote children's learning (Melhuish, 2015).

Quality of ECEC services

The quality of ECEC services matter (Axford et al., 2018; Barnett et al., 2017; Centre for Education Statistics and Evaluation, 2018; Shuey & Kankaraš, 2018; Sylva et al., 2010; Taggart et al., 2015; Torii et al., 2017; Warren et al., 2016). The positive effects of early childhood education programs are contingent upon, and proportionate to, their quality (Centre for Education Statistics and Evaluation, 2018). Two dimensions of quality matter: structural quality and process quality. Structural quality involves features such as child-staff ratios, workforce training and professional

development, and size of group or classroom. The evidence indicates that it is generally better to have fewer children per member of staff, early years teachers with a formal degree and some specialised training in early childhood education or child development, and smaller class sizes (Axford et al., 2018).

These structural quality features are a necessary but not sufficient condition for effective ECEC services. What is also needed are the process quality features, which focus on the interactions between staff and children, and teacher-directed learning activities (Axford et al., 2018; Tayler et al, 2016; Torii et al, 2017). The nature of the relationships between staff and children is central to making ECEC programs positive developmental experiences for children: learning happens within the context of trusting relationships/secure attachments and responsive interactions (Chazan-Cohen et al., 2017). An evidence synthesis by Melhuish et al. (2013) found that the following quality characteristics of early years programs were important for enhancing children's development and learning:

- Adult-child interaction that is responsive, affectionate and readily available
- Well-trained staff who are committed to their work with children
- A developmentally appropriate curriculum with educational content
- Ratios and group sizes that allow staff to interact appropriately with children
- Supervision that maintains consistency in the quality of care
- Staff development that ensures continuity, stability and improving quality
- Facilities that are safe, sanitary and accessible to parents

Effective early childhood education is delivered through play-based learning, building on children's interests (Early Childhood Australia, 2013). Play-based learning builds on a child's natural sense of enquiry and discovery through hands-on exploration of the world around them, and helps them make sense of the world (OECD, 2015a; Pascoe & Brennan, 2017). Young children learn best when they are active decision-makers in their learning (DEEWR, 2009).

Other qualities identified in reviews (eg. Axford et al., 2018) include encouragement of high levels of parent engagement in their children's learning, and education and social development viewed as complementary. The Centre on the Developing Child (2016) emphasises the importance of establishing clear goals and appropriately targeted curricula. Programs for young children are most effective when they implement an age-appropriate curriculum that provides engaging activities designed to achieve clearly defined goals. However, when successful services are not described precisely, they are difficult to replicate and impossible to scale. In contrast, when an explicit theory of change is articulated and services are well-defined, pre-identified impacts are more likely to be achievable, replicable, and scalable.

This does not mean that early childhood education programs should be seeking to actively prepare children for school by focussing on pre-academic skills (Christakis, 2016). The best way of promoting school readiness is not to focus on preparing children for the next environment, but

ensuring that they have the most positive experiences in the present one (Gopnik, 2016). In the key terms used in Australia's national ECEC framework, the Early Years Learning Framework (EYLF) (Council of Australian Governments, 2009), 'being' is as important as 'becoming'.

The quality of ECEC services in Australia is guided by the *National Quality Framework* (NQF) and the national *Early Years Learning Framework* (EYLF) (Council of Australian Governments, 2009). Responsibility for the NQF rests with the Australian Children's Education and Care Quality Authority (ACECQA) which works with all governments to provide guidance, resources and services to support the sector to improve outcomes for children (ACECQA, 2020).

Although quality preschool education can benefit middle-class children, disadvantaged children benefit the most from preschool attendance (Bakken et al., 2018; Centre for Education Statistics and Evaluation, 2018; Pascoe & Brennan, 2017; Shuey & Kankaraš, 2018; Warren et al., 2016; Yoshikawa et al., 2013). However, they are less likely to access high quality early childhood education (Torii et al., 2017). Children from families where the language spoken at home is different from the language of schooling also gain particular benefits from ECEC participation (Burchinal et al., 2015).

Regardless of background, the benefits of quality preschools outweigh costs (Yoshikawa et al., 2013; Thorpe & Staton, 2019): research shows that for every dollar invested in early learning in the year before school, Australia gains at least two dollars in benefit (PwC Australia, 2019).

High quality services are partly dependent on ensuring that there is a ready supply of well-qualified staff. There is a looming shortage of Bachelor-qualified early childhood teachers in Australia, with the Australian Government forecasting a need for an additional 5,800 teachers each year to 2023 (Australian Government, 2019). Staff turnover and loss to the sector is also high. Actual turnover rates are estimated to be 30–50 per cent, with the highest rates in remote areas (Thorpe & Staton, 2019).

Accessibility of ECEC services

The number of children (aged up to 5 years) using early learning services has risen over the past 10 years, from just below 35 per cent in 2009 to nearly 45 per cent in 2018 (Thorpe & Staton, 2019). However, there is inequity in access to these services: children living in remote areas, children from Aboriginal or Torres Strait Islander backgrounds, children from non–English speaking backgrounds (NESB), and those with a disability are under-represented in early learning services (Thorpe & Staton, 2019). While over 90 per cent of children in Australia are enrolled in a preschool program in the year before full-time schooling, actual attendance varies widely across states and territories (Thorpe & Staton, 2019). Children who live in economically disadvantaged areas are under-represented at preschool.

2.1.2 Other programs for young children

Social-emotional regulation programs

Children who are experiencing social, emotional or behavioural challenges may benefit from targeted programs. A number of programs have been developed to promote social-emotional learning and self-regulation skills to pre-schoolers (Bierman & Motamedi, 2015; Blewitt et al., 2019; CASEL, 2013; Weissberg et al, 2015). A recent systematic literature review (Blewitt et al., 2019) examined the effectiveness of social and emotional learning programs for such children in ECEC settings. This concluded that while evidence for targeted SEL programming is still emerging, it may offer a promising early intervention approach to strengthen aspects of children's social and behavioural functioning. At this stage, most of the interventions that have been developed are designed for preschoolers with externalising problems and there are few programs for those with internalising behavioural issues. Blewit et al. (2020) have developed a conceptual model of how to promote the quality and intentionality of teacher–child interactions to foster positive social-emotional outcomes in preschool children.

Trauma-informed care

Exposure to traumatic life events such as child abuse, neglect and domestic violence can have long-term effects on development and wellbeing. Those supporting children and families who have experienced trauma need to be able to provide trauma-informed care (Bateman et al., 2013; DeCanandia et al., 2014; Emerging Minds, 2018; Oral et al., 2016; Tucci & Mitchell, 2015; Wall et al., 2016). Trauma-informed care involves all service providers being aware of children's past and present history of trauma (eg. from abuse), understanding how trauma affects children's development and learning, and providing care that promotes relational security and avoids re-traumatising the child (Harden, 2015; Quadara & Hunter, 2016; Wall et al., 2016).

Tiered systems of support

While a universal approach to education is generally recommended (eg. Greenberg et al, 2017), it is important that the needs of those for whom this approach is insufficient are not neglected. To support children who are experiencing problems participating in and benefitting from ECEC programs, tiered systems of support have been developed. These usually involved a three-tiered system in which additional supports of increasing intensity are added according to the child's needs. These strategies are known as *Response to Intervention* (Buysse & Peisner-Feinberg, 2013; Hemmeter et al, 2016a) and, more recently, as *multi-tiered support systems* (Carta, 2019; Carta & Young, 2019; Carta, 2019; Hebbeler & Spiker, 2016; Snyder et al., 2017). There is evidence for the effectiveness of Response to Intervention applications, such as the Pyramid Model for Promoting Social-Emotional Competence (Hemmeter et al., 2016b), although evidence for multi-tiered support systems is limited at this stage (Guralnick & Bruder, 2016; Shepley & Grisham-Brown,

2019). In implementing tiered systems of support, care needs to be taken to ensure that the additional services are equitably distributed.

2.1.3 Conclusions and implications for child and family centres

There is good evidence that ECEC programs are beneficial to young children, especially for those from disadvantaged backgrounds, but only if the quality of program is high.

Implications for child and family centres. High quality child care and preschool education should be included in any child and family centre model. Provision needs to be made to ensure that the programs are of high quality. This includes ensuring that staff are well qualified, that standards are met, and that staff are sufficiently well remunerated and supported so that turnover of staff is reduced and continuity maintained.

Next we consider the evidence regarding programs that involve children and their parents.

2.2 Evidence about child and parent programs

The most common form of program that involves young children and their parents or caregivers are parent-run community playgroups.

Community playgroups

Community playgroups make a unique contribution to community wellbeing and community capacity building (Playgroup Victoria, 2013; McShane et al., 2016). They cater for needs that are not met elsewhere, providing essential social supports in cases where child-rearing is occurring without a peer support network. They can overcome the experience of social isolation in larger urban areas. They foster a 'sense of place', or affiliation with a local community, particularly for families who are newly arrived to an area (McShane et al. (2016). Children from disadvantaged families benefit from attendance at playgroup, but they are the least likely to access these services (Hancock et al., 2012). Disadvantaged families typically under-enrol in mainstream programs and drop out earlier and at higher rates than more advantaged families (Berthelsen et al., 2012). Playgroups promote social capital (Playgroup Victoria), and persistent playgroup participation may act as a protective factor against poor social support outcomes. Socially isolated parents may find playgroups a useful resource to build their social support networks (Hancock et al., 2015).

Rates of playgroup participation by Aboriginal and Torres Strait Islander families are generally lower than for Australian children overall (Williams et al., 2017). However, there is evidence that playgroup participation can enhance the home learning environments for Aboriginal and Torres Strait Islander children. Playgroups as a parent support programme hold strong potential to reach and engage families, particularly in areas of high geographic isolation, which can realise improved outcomes for children, parents and communities (Williams et al., 2014). McLean and colleagues (2016) report on an evaluation of the pilot project designed to promote the community playgroup

participation in rural areas. The project involved emebedding three Playgroup Development Consultants in three rural Victorian communities, with the taks of connecting local early childhood services to increase the promotion of, and participation in, community playgroups by families with young children living in these communities.

Supported / facilitated playgroups

Although less well researched, supported playgroups can provide the same benefits as community playgroups for vulnerable families and their children (Berthelson et al., 2012; Commerford & Robinson, 2016; Jackson, 2011; Pourliakis et al., 2015; Williams et al., 2015). Supported playgroups are distinct from the traditional community playgroup model (parent-run groups) because they are funded to have a paid facilitator who is employed to coordinate and deliver weekly sessions. They seek to provide stimulating early childhood environments for children along with support for their parents (Jackson, 2011).

Supported playgroups have largely been implemented in the absence of strong theoretical or empirical evidence about their effectiveness to promote positive outcomes for parents and children from vulnerable families (Berthelsen et al., 2012; Commerford & Robinson, 2016; Pourliakis et al, 2016; Williams et al., 2015). Nevertheless, they have been shown to provide valuable social support for parents, decreasing parents' social isolation, increasing their confidence and their use of formal support services (Jackson, 2011). Supported playgroups with the strongest evidence are those that include specific interventions – for example, to increase physical activity or to increase learning and cognitive development (Pourliakas et al., 2016).

Attendance rates at supported playgroups can be variable – 50% or less among programs that target high risk groups (Berthelsen et al., 2012). Some of the factors that cause irregular attendance are not amenable to change – parent work rosters, child illness and parent health issues. Other factors such as parental mental health (especially depression) can reduce attendance, and warrant extra training for facilitators in recognising the signs and referring on. Factors that contribute to better attendance rates are having facilitators who are good at engaging parents and able to provide child development knowledge to parents in non-didactic ways (Commerford & Robinson, 2016; Berthelsen et al., 2012; Williams et al., 2015).

Higher attendance is associated with greater parent engagement with other parents (Berthelsen, 2012), which can help reduce social isolation in vulnerable families (Williams et al., 2015). Supported playgroups may also improve children's sociability and create new opportunities for them to learn (Commerford & Robinson, 2016). Supported playgroups have potential to be soft entry points linking families to formal supports when needed and delivering key messages promoting child health (Commerford & Robinson, 2016).

Supported playgroups that target a particular group of parents and children when recruiting – for example, migrant communities, parents of children with a disability, parents who have difficulties

with illicit drugs and alcohol, or parents who are at risk or vulnerable due to their socioeconomic status – appear to obtain a higher level of engagement and attendance from members in comparison to supported playgroups that are open to anyone to attend (Pourliakis et al., 2016).

2.2.1 Conclusions and implications for child and family centres

Although the evidence base for community and facilitated playgroups is not well developed, they can provide a range of benefits that differ from those provided by ECEC programs for children. These include providing opportunities for parents to develop support networks. Community playgroups can also act as a soft entry point to other services, including supported or facilitated playgroups. Similarly, supported playgroups can act as a soft entry point to more targeted services.

Implications for child and family centres. On these grounds, playgroups should be considered as one of the options offered through child and family centres. To be fully effective, these programs will need well-articulated theories of change, and clear guidelines as to how they achieve positive outcomes.

Next we consider what we know about parenting programs and their effects.

2.3 Evidence about parenting programs

Recent reviews of parenting programs have been reported by Axford et al. (2018), Barlow and Coren (2017), Gadsen et al. (2016), Jeong et al., 2018, 2021), NHMRC (2017), O'Mara et al. (2011), Peacock-Chambers et al. (2017) and Newham et al. (2020). The focus of programs can vary, with some focusing on promoting responsive caregiving, and others on supporting early learning.

Key findings are:

- ***Programs to promote responsive caregiving interventions during the first three years of life are effective in improving caregiver and child interactions*** (Axford et al., 2018; Barlow & Coren, 2017; Jeong et al., 2018, 2021; Peacock-Chambers et al., 2017). Strategies that have been shown be effective in promoting parental sensitivity and preventing or treating attachment-related problems include video feedback, home visiting, and parent-infant psychotherapy (Axford et al., 2018). Other promising approaches include mentalisation-based interventions and group-based parenting programs. Promising programs to help caregivers support early learning in the first three years of life show significant (but modest) effects on child cognition, motor development and attachment (Jeong et al., 2018). Interventions that combine both features of caregiving (responsive care and support for early learning) can have significant positive effects for cognitive, language and motor development, as well as caregiving knowledge, caregiver practices, and caregiver-child interactions (Jeong et al., 2018). Just as early interventions are more effective with children than later interventions, so early support for parents is more effective than programs provided later (Moran et al., 2004).

- ***Group parenting programs can play a role in promoting positive parenting*** (Axford et al., 2018; Donelan-McCall, 2017; Mihelic et al., 2017; Moran et al., 2004; Trivette & Dunst, 2014). Parenting skills training programs can have positive benefits, particularly for parents who have completed most of or all of the program (Barrett, 2010). Community-based parent support programs operated in a family-centred manner can have important positive effects on both parenting behaviours and the social and emotional development of young children (Trivette & Dunst, 2014).

- ***No parenting program is equally effective with all groups within the community.*** No single approach yields the same positive results for all parents: their beliefs, needs, and resources are so diverse that a menu of approaches needs to be available (Gadsen et al., 2016). Parents who are highly disadvantaged or from CALD backgrounds are not comfortable with many of the available programs. Interventions are more likely to be effective when they are informed by the views of parents, especially for hard-to-reach groups (O'Mara et al., 2011). For these parents, programs such as the *Empowering Parents Empowering Communities* (EPEC) (Day et al., 2012a, 2012b; Prichard, 2018; Winter, 2013) are more engaging and effective. EPEC differs from most other programs in that it is peer-led rather than being facilitated by practitioners.

- ***Overall, the effects of parenting programs are relatively modest and the quality of much of the research is low*** (Jeong et al., 2018; Peacock-Chambers et al., 2018). Moreover, there has been little research on how to bring effective parenting programs to scale (Gadsen et al., 2016). Despite this, economic evaluations suggest that parenting interventions to enhance parent-child interactions in the early years represent a good investment, and could save the health and criminal justice systems considerable sums over the lifetimes of the children involved (Duncan et al., 2017). A recent review across 33 countries found that parenting interventions have significantly greater effects on child cognitive, language, and motor development and parenting practices in low- and middle-income countries than in high-income countries (Jeong et al., 2021).

- ***Not all children's developmental challenges are covered by existing parenting programs.*** A recent review of treatment and prevention programs for economically disadvantaged young children (Damashek et al., 2020) found that, while several parent training interventions addressed children's externalising behaviour, there were few to treat or prevent internalisng disorders in young children.

One final finding should be noted: the most commonly reported needs of parents and carers are for advice and emotional support, which may be met without referral to specialist services or the need for parenting programs (O'Mara et al., 2011).

2.3.1 Conclusions and implications for child and family centres

These findings suggest that parenting programs can be effective in promoting positive parenting practices, although the benefits are modest. The features that are important for the effectiveness of parenting programs include being delivered early rather than later, being delivered in a family-centred manner, and, for families who are more marginalised or hard-to-engage, being delivered by peer-led facilitators.

Implications for child and family centres. Parent programs need to be part of what is available to parents. To cater for the diversity of parents and parent needs, a range of program options needs to be available, including programs that use peer-led facilitators.

This section has reviewed the evidence for three groups of programs: ECEC programs for children, programs for parents and children together and programs for parents. Here are the key findings from this review.

Box 2. Key services that child and family centres could provide

- High quality early child care and education programs should be included in any child and family centre model.
- To ensure programs are of high quality, staff should be well qualified, ECEC quality standards met, and staff sufficiently well remunerated and supported so that turnover of staff is reduced and continuity maintained.
- Community playgroups and supported / facilitated playgroups provide different benefits from ECEC programs and should also be considered as an option.
- A range of parenting programs should be offered, including programs that use peer-led facilitators.

Next we examine general findings about service systems and what makes them effective.

2.4 Evidence about service systems

This section explores what is known about a number of aspects of service systems for supporting children and families. The first three sub-sections address factors dealing with the way in which services are delivered and communities engaged (relational-based practice, engaging marginalised families, and co-design and co-production). The last two sub-sections deal with the way that services are organised (integrated services, and universal services and tiered systems of support.)

2.4.1 Relational-based practice

- ***Human services are fundamentally relational, dependent upon the quality of the relationships between service provider and client*** (Ingram & Smith, 2018; Moore, 2017). For a variety reasons, vulnerable and marginalised families find accessing and making good use of services difficult. As a result, an inverse care law applies: those with greatest needs make least use of services (Eapen et al., 2017). The responsibility of service providers is to build relationships with such families and to provide them with services that are easy to access and address their needs (CCCH, 2010). The evidence also indicates that the quality of the relationships between practitioners and parents are central to achieving the objectives of services (Bell & Smerdon, 2011; Braun et al., 2006; Greenhalgh et al., 2014; Moloney, 2016; Scott et al., 2007). The way in which services engage and work with families is critical: professionals need to respond to family priorities, build on family strengths and establish partnerships that involve shared decision-making, thereby giving families greater control over their lives (CCCH, 2010; Kennedy, 2017).

- ***The way in which support services engage vulnerable families is as important as the actual programs they provide*** (CCCH, 2010; Dunst & Trivette, 2009; Moore, McDonald et al., 2012; Moore, 2017; Saleebey, 2006; Trivette & Dunst, 2014). Parents benefit most when they are actively involved in deciding what knowledge is important to them, and how they want to access that information. Changes in actual parenting practices are more likely when professionals use strength-based, capacity-building, help-giving practices they need, seeking to build parents' capacity to meet the needs of their children more effectively (Harper Browne, 2014; Pattoni, 2012; Moore & Larkin, 2005; Trivette & Dunst, 2014). The more vulnerable the parents are, the more important it is to establish effective relationships (CCCH, 2010). For those who are better resourced and supported, effective engagement is not as critical, but still important. The quality of the relationships that practitioners develop with parents and caregivers affects how effective they are as helpers and change agents.

- ***Training in the key skills of relational-practice is needed*** (Gadsen et al., 2016). Effective communication is an essential part of effective human services, and professionals need to learn about and practice communication skills (Law et al., 2003). The key elements of effective relationships and therapeutic relationships are now sufficiently well understood and can form the basis of what Norcross and Wampbold (2011) call evidence-based therapy relationships. There are many valuable accounts of the key skills needed to build effective relationships with others (for example, Geldard & Geldard, 2003; Harms, 2015; Miller & Rollnick, 2013). In Australia, the most relevant and accessible training for human service providers is the Family Partnership Model, developed at the Centre for Parent and Child Support in the UK (Davis & Day, 2010).

2.4.2 Engaging marginalised families

- ***Successfully engaging families facing multiple challenges or marginalisation is critical if we are to improve outcomes for them***. Families experiencing the most vulnerabilities are the ones least likely to access and engage with services (CCCH, 2010). This is partly because of the complex and co-occurring problems these families face, such as lower family incomes, lower levels of parental education and intergenerational trauma. These often undermine their efforts to care for their children as they would wish, or to carry through a particular practice or program that has been recommended. Additionally, vulnerable parents are less likely to access and engage in services as they can be particularly sensitive to the manner in which services are delivered. Common problems include not trusting services, misperceiving what services offer, lacking the social skills and confidence to negotiate with professionals, and being easily intimidated or put off by perceived attitudes of staff or other parents (Anning et al., 2007; Attride-Stirling et al, 2001; Barlow et al., 2005; Carbone et al., 2004; Winkworth et al., 2009, 2010).

- ***Successful engagement of families facing multiple challenges is partly dependent upon a shift in how they are viewed***. Rather than thinking about them as being 'hard to reach', it is more appropriate to think of them as being people whom services find difficult to engage and retain in their services (Landy & Menna, 2006; Slee, 2006). Thus, the onus is upon professionals and services to design and deliver services that will engage and retain families experiencing vulnerabilities more effectively and ensure greater take-up of services.

- ***Services delivered in certain ways are consistently more effective in engaging families and ensuring greater 'take up' of services*** (Boag-Munroe & Evangelou, 2012; Cortis et al., 2009; Doel, 2010). Reviews of the evidence (CCCH, 2010; Moore et al., 2012) suggest that what vulnerable and marginalised families need are services that:
  - help them feel valued and understood, and that are non-judgmental and honest
  - have respect for their inherent human dignity, and are responsive to their needs, rather than prescriptive
  - allow them to feel in control and help them feel capable, competent and empowered
  - are practical and help them meet their self-defined needs
  - are timely, providing help when they feel they need it, not weeks, months or even years later, and
  - provide continuity of care – parents value the sense of security that comes from having a long-term relationship with the same service provider.

  Another analysis (Gadsen et al., 2016) identified features and practices of parenting interventions that appear to influence success in engaging parents, increasing their use of

effective parenting practices, and in promoting parents' participation and retention in programs and services:

- tailoring interventions to meet the specific needs of families
- integrating and collaborating in services for families with multiple service needs
- creating opportunities for parents to receive support from peers to encourage engagement, reduce stigma and increase the sense of connection to other parents with similar circumstances
- addressing trauma, which affects a high percentage of individuals in some communities and can interfere with parenting and healthy child development and learning
- making programs culturally relevant to improve their effectiveness and participation across diverse families, and
- enhancing efforts to involve fathers, who are underrepresented in parenting research.

- ***Outreach services can be an effective way of increasing engagement with families who are not currently accessing the services and supports available to them*** (Boag-Munroe & Evangelou, 2012; Cortis et al., 2009; Jose et al., 2020; Wyndow et al, 2020). A recent study of the uses and effectiveness of outreach services in three different types of early childhood services in Tasmania (Jose et al., 2020) found that outreach was being used to increase engagement with all families presenting as vulnerable or for whom access and engagement with their service was limited or had decreased. This meant checking with families who stopped attending to see if they need help and reaching out to parents with particular anxieties. Another strategy was to attend appointments with parents. Families valued all forms of outreach activities, but the capacity of staff to connect families to other services by attending sessions or appointments with them was especially particularly valued. To build trust in families, outreach services need to let families set the pace for interaction, as well as being consistent, reliable, flexible, responsive and persistent.

2.4.3 Co-design and co-production

- ***In planning and running services and facilities for families of young children, services need to engage parents as partners in co-design and co-production*** (Blomkamp, 2018; Gadsen et al., 2016; Moore et al., 2016; Needham & Carr, 2009; Pennington et al., 2018). Co-design seeks to make public services match the wants and needs of their beneficiaries (Bradwell & Marr, 2008). The rationale for this approach is that people's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others, working together to get things done (Boyle et al., 2010). This is especially important for the most disadvantaged and marginalised families (CCCH, 2010). Bibby and Deacon (2020) argue for the wider adoption of what they call 'parent-powered approaches' – models of family

support that harness the skills, experiences and knowledge of parents, carers and the wider community to better support families and ultimately improve the life chances of children.

Co-production involves a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities (Centre for Public Impact, 2018; Slay & Stephens, 2013). This is in contrast to approaches that treat people as passive recipients of services designed and delivered by someone else. It emphasises that the people who use services have assets which can help to improve those services, rather than simply needs which must be met (Needham & Carr, 2009). Evidence for the positive impact of involvement in decision-making is accumulating (McMillan, 2019; Pennington et al., 2017, 2018; What Works Centre for Wellbeing, 2018; Whitehead et al., 2014).

A recent Australian example of co-design in action is the process followed by the Tasmanian Department of Education to design its targeted pre-school initiative, *Working Together for 3 Year Olds* (WT3). This initiative provides eligible three-year-old children with access to Government-subsidised quality pre-school programs for 10 hours a week. In order to deliver an initiative that works best for families and is feasible for providers, a co-design process was used, with government working with parents, three year olds, siblings, providers and the community to co-design and test the WT3. The Australian Centre for Social Innovation (TACSI) was contracted to work with families to explore how best to ensure that children and families of different shapes, sizes and cultures would feel they belong at WT3, how WT3 could best fit in with the lives of families and how might families most benefit from what happens at WT3 (TACSI, 2019).

- ***The design and delivery of services needs to be guided by the views of parents regarding the challenges they face***. Rather than the professional sector framing the problems and devising the solutions on its own, we need a process that brings together family / community knowledge and resources to the table, along with professional sector knowledge and resources, to co-design solutions. As Bruner (2019) concludes:

  > No matter how well integrated, public programs cannot ensure the healthy development of vulnerable young children by taking actions without the involvement of or in spite of their families. Services and supports need to start where families are, not where systems would like them to be.

  Studies that seek to understand how parents frame their problems are rare. One exception is a study conducted in South Auckland by the Southern Initiative and the Co-Design Lab (2016), which aimed to build understanding of the lived experience of parents during the first 1000 days of their children's lives.

Box 3. How families view their needs

Among the messages from parents were:

- ***Pressure and judgement***. Parents feel lots of pressure and judgement. This can create feelings of guilt and anxiety and a desire to push themselves even harder for their children. This can leave them physically and emotionally unwell. It can take a crisis for them to prioritise self-care.
- ***Creating 'home'***. Becoming a parent brings about many changes including how people live in their homes. Some families have less control over this if they are renting, sharing a home with a disruptive partner, living in poor or overcrowded conditions or are frequently moving house. This lack of autonomy can negatively impact on the family's ability to parent. In order to cope, parents show resourcefulness by changing how they use the space they do have, developing new routines and structures, or creating 'home' in safe places outside the house such as libraries, parks, churches etc.
- ***Connections.*** Being a new parent increases the need for social support and connection. Sometimes new relationships and supports are formed and sometimes existing relationships change. These relationships vary for each parent and they can hold both helpful and unhelpful elements.
- ***The two waves.*** We heard that mothers experience having a baby in two waves - the first wave describes the time up to and surrounding the birth and the second wave describes what happens when they return home after birth. Each wave impacts the family as a whole but mums felt particularly unprepared for the intensity of the second wave. Although many new mums are anxious taking their baby home for the first time, anxiety was compounded by other life challenges such as post-natal depression, lack of resources and relationship issues. These challenges are experienced as an undertow that creates instability.
- ***Service or disservice?*** There are many services available to parents. A bad service experience can make a parent feel judged and unsupported, whereas a good service experience helps them to feel confident in their parenting. We learned that a positive service experience blends both technical expertise and empathy.

- ***Importance of employing members of the population we are trying to reach as co-workers and trainers.*** There are many reasons why families might not use early childhood and family support services (CCCH, 2010). One important strategy to reach marginalised families is to employ members of the same community as outreach workers to locate and engage families who are not connected with services, or as co-deliverers of parenting programs, such as the *Empowering Parents Empowering Communities* (EPEC) program (Day et al., 2012a, 2012b; Prichard, 2018; Winter, 2013). Employing members of the local community is particularly important in the case of services for Aboriginal and Torres Strait Islander families (CIRCA, 2014; Grant et al., 2015; Urbis, 2014).

2.4.4 Integrated service systems

- ***To improve long-term outcomes for children experiencing significant disadvantage, a multilevel, ecological approach to early intervention is required*** (Moore & McDonald, 2013; NASEM, 2019; Pillas et al., 2014). Many different factors affect child development and family functioning, and no single form of intervention can make a sustained difference (Moore & McDonald, 2013; Prevention Institute, 2019). Programs alone are not sufficient to change outcomes for the most disadvantaged children and families because they generally do not alter the community factors that impact upon children and families (for example, community support), cannot alter structural and wider social factors, and have shown to be less effective amongst children and families experiencing high levels of stress (Moore & McDonald, 2013).

- ***Integrating services and supports across different sectors is an essential step to ensuring that families facing multiple adversities have positive social networks and have access to key services during their children's early years*** (Black & Dewey, 2014; Black et al., 2016; Charles et al., 2021; NASEM, 2019; WHO, UNICEF & World Bank, 2016, 2018). Place-based collective impact initiatives can be a powerful way of coordinating efforts to support families and communities experiencing many challenges. These initiatives seek to address the collective problems of families and communities at a local level through sustained partnerships between a wide range of stakeholders, including state and federal government departments and services, non-government agencies, community-based support programs, local businesses and service clubs, community members and families themselves (CCCH, 2018; Fry et al., 2014; Moore, 2014; Moore & Fry, 2011; Moore et al., 2014).

- ***To be fully effective, integration of services needs to occur at multiple levels*** (Moore & Skinner, 2011). These include:
  - *Government/policy integration* is based on the recognition that the wellbeing of children is not the responsibility of any one department. At this level, policy and planning are integrated across government portfolios, departments and agencies.
  - *Regional and local planning integration* involves the establishment of an early years partnership group to drive local integration. Strategies include mapping community assets and needs, developing an integration plan and simplifying parental access to services through single entry points. An important focus is the linking of specialist services with mainstream or universal services.
  - *Service delivery integration* can take the form of 'virtual' or co-located integration. Different forms of service level integration fall along a five-point continuum ranging from coexistence (where services operate independently) to full integration (where services merge completely to form a new entity).
  - *Teamwork integration* requires professionals to work in teams with members of different disciplines. Types of team integration range from unidisciplinary teamwork (where one

discipline attempts to meet all the needs of families) to transdisciplinary teamwork (where team members share roles and cross discipline boundaries).

- ***Overcoming the silo effect is challenging*** (Barnes et al., 2018; Moore & Skinner, 2011). Historically, there has been a problem of 'silo working' at central and local government levels in many countries, with particular departments or agencies being interested only in the service for which they were responsible and not with the potential effects on families of a range of services (Barnes et al., 2018).

2.4.5 Universal, targeted and tiered services

- ***Universal and targeted services.*** The terms *universal* and *targeted* are used in two senses. In the first sense, universal services refer to services that are universally available (that is, available to all members of a population, regardless of location or socioeconomic status). This is sometimes referred to as population or public health approaches (Child Family Community Australia, 2014; Higgins & Dean, 2020). Targeted services on the other hand are only provided to those families deemed to be at risk or socioeconomically vulnerable or living in socioeconomically disadvantaged areas. Although many early childhood initiatives are targeted at those living in the most disadvantaged areas, there are good grounds for making services universally available (CCCH, 2006; Mantoura & Morrison, 2016; Moore, 2008; Moore et al., 2016).

  There is a great deal of evidence (e.g. Goldfeld & West, 2014; Marmot, 2015; Moore et al., 2015a, 2015b) to show that the development, health and well-being of children is shaped by social determinants, resulting in inequities in outcomes that follow social gradients: while the greatest concentrations of poor outcomes are among the lowest socioeconomic populations, such outcomes are evident across the whole population (albeit in progressively decreasing concentrations), and the majority of cases overall are found at levels other than the lowest socioeconomic one. To reach all vulnerable families, wherever they are on the social gradient, a universal approach is needed, providing 'soft entry' points into more intensive services (Barnett et al., 2017; CCCH, 2006; Fox et al., 2015; Moore, 2008). There is evidence that such universal or population approaches to early intervention and prevention can help reduce the prevalence of child abuse and neglect at a population level (Higgins & Dean, 2020).

- ***Universal services and tiered systems of support.*** In the second way in which the terms universal and targeted are used, universal services refer to a core set of services that everyone receives, while targeted services are those provided to anyone who has unique and/or additional needs. In this second sense, universal and targeted services are complementary. To ensure that those with unique and/or additional needs are not neglected, universal services must be able to offer differential support according to increasing levels of need (Carey et al., 2015; Child Family community Australia, 2014; Higgins & Dean, 2020; NASEM, 2019; Oberklaid et al., 2013). This is known as *progressive* or *proportionate universalism* (Barlow et al., 2010; Feinstein et al., 2008; Human Early Learning Partnership, 2011; Marmot Review, 2010; NHS

Health Scotland, 2014; Statham & Smith, 2010). In this approach, services are universally available, not only for the most disadvantaged, but additional services are available for those in greater need.

Another approach to meeting individual needs within a universal service framework is *targeted universalism* (Powell et al., 2019). This is an outcome-focused approach, in which universal goals are established for all children and families, and strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. In this approach, the services provided for children and families are based on common goals but are personalised to meet their particular circumstances and preferences.

- ***Identifying children and families who need additional support requires the use of surveillance tools.*** Tools that tap into parental concerns are more effective at engaging vulnerable families than those based on professional judgments. Examples include the *Parental Evaluation of Developmental Status* (PEDS) (Glascoe, 1998; Glascoe et al., 2016) for identifying parental concerns about their children's development, and the *Parent Engagement Resource* (PER) (Moore, Yagnik et al., 2012) for identifying psychosocial factors that may be compromising parenting and family functioning.

- ***Universal services need to be inclusive and based on principles of universal design,*** built from the ground up to be as usable and accessible as possible by as many people as possible regardless of age, ability, or situation (Steinfeld & Maisel, 2012). For families with young children, this means designing services and environments that are accepting of and able to meet the unique needs of all members of the community, including Aboriginal and Torres Strait Islanders; migrant and refugee groups; children with chronic health issues, mental health problems or developmental disabilities; parents with chronic health issues, mental health problems or intellectual disabilities; and families facing multiple challenges.

- ***Services need to be open to diversity and consider cultural differences in family support*** (Federation of Ethnic Communities' Councils of Australia, 2019; Thackrah & Thompson, 2013; Ulferts, 2020). To be effective in working with people from diverse cultural backgrounds, organisations and practitioners need to become cultural competent (Thackrah & Thompson, 2013). Cultural competence is the ability to understand, communicate and effectively interact across cultures (Federation of Ethnic Communities' Councils of Australia, 2019). At an organisational level, cultural competence involves developing systems, policies and processes that ensure cultural diversity and difference are considered in all aspects of an organisation's work. This includes understanding the needs and preferences of a diverse range of consumers and provide products and services that are appropriate, accessible and inclusive (Federation of Ethnic Communities' Councils of Australia, 2019). Even more importantly, services need to strive for *cultural safety*, ensuring that they provide culturally safe relationships and environments for those they seek to help (Curtis et al., 2019; Smith, 2021). This involves

practitioners understanding how their own cultural values can impact on others and what changes they need to make to ensure that there is an equal balance of power between them and their clients.

2.4.6 Conclusions and implications for child and family centres

This section explored what is known about a number of aspects of service systems for supporting children and families. The first three sub-sections addressed factors dealing with the way in which services are delivered and communities engaged – the importance of relational-based practice, what we know about engaging marginalised families, and why we might need to engage families and communities as co-designers and co-producers of services.

These findings have important implications for how child and family centres are run, as shown in Box 4 below.

Box 4. Key findings regarding how child and family centres should be run

- The way in which services are delivered is as important as what is delivered – practitioners need to work with families in ways that are relationship-based and family-centred in order to maximise the 'take-up' of services.
- Staff need to be trained in the skills to work in these ways.
- Outreach services are needed to find and engage with families who are not using services or are marginalised.
- In planning and running services and facilities for families of young children, services need to engage parents as partners in co-design and co-production.
- The design and delivery of services needs to be informed by the lived experience of parents and their views regarding the challenges they face and how they can be met.
- Members of the population we are trying to reach should be employed as co-workers and trainers.
- To support families effectively, a multi-level ecological approach is needed, providing direct services to children and support to families, as well as action to improve the conditions under which families are living, and the structural social determinants that shape those conditions.
- Integrating services and supports across different sectors is essential to simplify access to key services during children's early years.
- All parents should have access to a universal suite of services, with a tiered system of support services provided to those with unique and/or additional needs.

- Universal services need to be inclusive and based on principles of universal design, built from the ground up to be as usable and accessible as possible by as many people as possible regardless of age, ability, or situation.

The next section looks at what we can learn from the various integrated service models that have been implemented in Australia and elsewhere.

3. INTEGRATED EARLY LEARNING PROGRAMS

During the past two or three decades, many programs offering integrated early childhood services have been implemented worldwide. These have been created to achieve a number of aims, including improving children's health and overall development; providing support to families, decreasing gaps in school readiness and reducing the negative outcomes associated with living in poor neighbourhoods (Corter, 2019).

There is no standard model of how to deliver such models, or even a standard name. As noted earlier, in this review holistic integrated early learning service models are service models that seek to address all the needs of young children and their families in an integrated fashion. This usually takes the form of child and family centres that provide a single location for the delivery of a range of child and family services.

Appendix 1 contains full details of international and Australian models of integrated early learning programs with a view to identifying what impact they have had and what are the common elements that make them effective. International models examined include: the *Sure Start* and *Family Centres* programs, the *Toronto First Duty* program, a range of US programs (including *Early Head Start*, the *Abecedarian* program and the *Perry High Scope* program), and reviews of European initiatives. The Australian models examined are: Tasmanian *Child and Family Centres*, *Our Place (Victoria)*, *Early Years Education Program (Victoria), Children's Centres* (South Australia), *Child and Family Centres* (Western Australia), *Challis Parenting and Early Learning Centre* (Western Australia), *Early Years Places* (Queensland), *Early Years Schools* (ACT), *Aboriginal Child and Family Centres*, *Multifunctional Aboriginal Children's Services*, *Children's Ground*, and community hubs. The review also looks at other related initiatives, including place-based / collective impact initiatives, Save the Children UK's *Early Learning Communities* program, and New Zealand's *The Southern Initiative*.

3.1 Key findings regarding integrated early learning programs

This section summarises the findings from the various integrated service models reviewed in Appendix 1. Before exploring the key findings, two limitations of the review of integrated early learning programs should be noted. First, this is not a complete list of all initiatives. There are others that could have been considered. Second, this is a desk-top review only, based on published documentation. The services described have not been contacted directly to see if the account provided is accurate or if there is any other documentation or studies that should have been included.

In summarising the findings of this review, we begin by considering the strength of the evidence regarding the integrated child and family programs reviewed.

In order to be able to make a judgment regarding the efficacy of child and family initiatives or what qualities, certain information is needed. At the very least, we need a clear description of what the program offers (including operational guidelines), what outcomes it is trying to achieve, a theory

of change describing how the program achieves these outcomes and evidence that it is achieving these outcomes. None of the programs reviewed meets all of these criteria. There is not enough publicly available information about some of the programs to be able to form a judgment about them. Others lack a clear rationale and theory of change, while still others have not been adequately evaluated.

Overall, the quality of the evidence is not strong. There are few randomised controlled trial (RCT) studies and only one of them (*Early Years Education Program*) is Australian. The US programs that have been subjected to long-term evaluations focussed more on providing high-quality ECEC programs for children from disadvantaged backgrounds, rather than trying to change their home environments. These programs have shown that ECEC is of value in itself, if of high quality and sufficient intensity.

Most of the initiatives reviewed have sought to do more than just provide child-focussed ECEC programs, but have also provided parenting programs of various kinds. Many have also sought to create hubs that allow a range of services to be delivered in an integrated fashion. Although some flow-through effects are to be expected, programs that benefit parents and families do not necessarily benefit children. To achieve change in children, the environments in which they spend their time need to change. There are two key environments that we need to consider. One is the all-important home environment. To achieve changes in home environments, a two-pronged approach is needed: we need to relieve the pressure on parenting by improving the conditions under which families are living, and we need to support parents to make specific changes in caregiving that will change the home learning and care environment for their children. The second environment of interest is that provided by ECEC programs. When of high quality and sufficient intensity, these learning environments can help alter the developmental trajectories of children from disadvantaged backgrounds.

One of the questions of interest concerns the limits on what we can expect these models to achieve. Are they able to meet all of the needs of children and families as outlined in the *Core Care Conditions for Children and Families* framework that was outlined in the companion paper to this one? As we shall see, none of the models meet all the needs of children and families as outlined in the framework. That is partly because they cannot do so, being limited to those issues that can be addressed in a centre-based program. However, the analysis of child and family needs suggests that there is more that child and family centres could be doing to promote child and family health and wellbeing. Many of these programs focus on promoting the learning of children from disadvantaged backgrounds and seek to measure their success in terms of school readiness. Important as this aspect of development is, the early years are about much more than learning (in the narrow sense of what prepares children for academic success). A life-long health and wellbeing perspective is needed.

Box 5 below summarises the key features of the models reviewed.

Box 5. SUMMARY OF KEY FEATURES OF EXISTING INTEGRATED SERVICES	
Core features of program	**Key qualities of effectiveness**
Sure Start Local Programs (SSLPs)	
• Based in disadvantaged areas • Integrated early education, childcare, health services and family support services • Community controlled through local partnership boards • No prescribed guidance on how to deliver services	• Better implemented programs produced better outcomes • Better service integration produced better outcomes • Provision of range of parent- and family-targeted activities promoted individual and community empowerment
Sure Start Children's Centres (SSCCs)	
• Located in every community • Provision of seamless holistic integrated services and information • Multidisciplinary team of professionals • Did not necessarily offer a full range of services • Funding drastically reduced due to austerity cuts	• Offering a greater number of named programs for families predicted better outcomes • Maintaining or increasing services despite experiencing cuts had better outcomes for mothers and families • Multi-agency working produced better results
UK Family Centres	
• Provide a one-stop shop for a range of family support services • Share a common philosophy but no standard model of provision.	• Commitment and consistency of engagement with and fundamental respect for families • Promoted multiagency working by linking families with other agencies • Provided easy access to support in their own communities for those who lacked such support • Services provided in the context of a warm and welcoming atmosphere.
Toronto First Duty Program	
• Integrated early childhood and family support programs in school-based hubs	• Integrated teams of professionals – joint teamwork, planning and training
US programs	
• The most well-known programs were small-scale intensive demonstration	• Started early and continued to school age • Provided intensive care

programs for highly disadvantaged children and families • Long-term follow ups show positive effects over decades • Represent proof of concept rather than models to emulate	• Engaged parents and provided parental education • Health care and nutrition as key elements • Developed full range of children's skills
European initiatives	
• Focus on integrating services for young children and families • Can be challenging to develop and maintain integrated services	• Services should include universal, high-quality, affordable ECEC and accessible and affordable perinatal services • Service integration through co-location, sharing of data about families, joint budgets and local teams • Family support services, both formal and informal • Bottom-up input from the local community plus political (top-down) support/policy for inter-agency working and security of funding • Commitment and shared values about inter-agency working between agencies • Strong leadership and clear governance structure • Agreement and commitment at all levels on roles and responsibilities • Positive personal relationships between professionals through regular meetings • Cultural sensitivity
Tasmanian Child and Family Centres	
• Place-based model for families and children from pregnancy to age 5 • Single point of contact for coordinated, universal, targeted and specialist services, government and non-govt • Underpinned by Family Partnership Model of relational practice • Outreach service to locate and engage families not connected with services • Funded and managed by Department of Education but not on schools sites • Open 9-5 for 50 weeks a year on a drop-in or appointment basis	• Building design and program provision co-designed with families • Creates a welcoming and accepting place for parents and children • Relationships between parents and between staff and parents governed by Working Together Agreements • Provides a parenting program that is parent-run (using parents from the local community as co-workers) and professionally-supported • Single point of contact to range of services removed many of the barriers to families accessing services

Our Place	
• Victorian integrated early childhood service model attached to local school • Originally in one location, now being extended to ten schools, all in disadvantaged areas • Backed by philanthropic funding in partnership with Department of Education • Provides wrap-around early learning, family support and health services • Provides parenting and personal development programs for parents	• Has fully articulated evidence-based rationale for its approach • Not just a stand-alone centre located on school premises, but an integral part of the school itself • Creates a welcoming and accepting place for parents as well as children • High quality ECEC services based on intentional and relational pedagogy • Single point of entry to many services
South Australian Children's Centres	
• Based on a model of integrated practice • Provide a range of education, health and family services, according to the needs of the community • Focus on children's learning and development within the context of their family and community	• A number of areas for further development were identified • These included need for a clear model of how the Centres work with communities, and how families with unique and/or additional needs can be linked to relevant services
Child and Family Centres (Western Australia)	
• Available to parents with children up to eight years old • Located at or near local primary schools in areas with higher than average concentrations of children experiencing vulnerabilities. • Each centre is operated in partnership with a non-government organisation. • Services and support may include: maternal and child health services, allied health services, counselling services, antenatal classes, early learning programs, playgroups, parent groups, parenting and family support, and referrals to other services.	• Key factors contributing to the success of the model included – the quality of centre staff and service professionals – having the centres operated by organisations that took a community development and collaborative approach – locating the centres on school sites – the active participation of the Local Advisory Committee members – the presence of community services – a high-level of inter-agency cooperation
Challis Parenting and Early Learning Centre	
• WA model that is part of cluster with an independent ECEC centre / school and a primary school, and co-funded by both schools	• Starts early, working with families shortly after birth • Includes early intervention for children with developmental delays

• Located in disadvantaged area • Provides high quality ECEC with parenting and family support programs	• Early introduction of families to schools to break down barriers and foster parental participation
Early Years Education Program (EYEP)	
• Victorian demonstration ECEC program targeting children aged birth to 5 years experiencing significant family stress and extreme disadvantage • Intensive 5-day a week program for a total of at least 25 hours • High staff/child ratios and diploma qualified staff • Aimed to ensure children reached school developmentally on par with their peers	• High quality ECEC program based on national curriculum • Staff trained in use of relationship-based trauma-informed primary-care model • Staff used family-centred practices to engage families • Each child has individual learning goals developed with parents • Only Australian program evaluated via an RCT
Early Years Places	
• Queensland model providing range of services to families with birth to 8 year olds • Provides ECEC programs for children, health services and parenting support • Funded by Department of Education	• Provision of on-site specialist services • Provides 'soft entry' points to targeted services when needed • Provides outreach, home visiting and transport assistance • Focus on child within a whole family context
Early Childhood Schools	
• ACT model of learning and development centres for birth to8 yr olds and their families • Run by ACT Department of Education and Training	
Aboriginal Child and Family Centres (ACFCs)	
• National model providing range of child and family services • Services include ECEC programs for children and visiting maternal child health and other universal services • Most ACFCs governed by Aboriginal or Torres Strait Islander community boards	• Integrated service delivery model • Driven by Aboriginal and Torres Strait Islander leadership, and basing programs on local community needs and aspirations • Employing and up-skilling Aboriginal and Torres Strait Islander people helps ensure staff retention • Respect for Aboriginal and Torres Strait Islander cultures and incorporating Indigenous ways of knowing and being in the world

Multifunctional Aboriginal Children's Services (MACS)	
• National model providing access to ECEC in communities where mainstream services are not available • Staffed by Aboriginal and Torres Strait Islander members of the local community	• Aboriginal and Torres Strait Islander community control • Programs that reflect the cultural knowledge and practices of their respective communities
Children's Ground	
• Children's Ground (CG) is an Aboriginal-led organisation operating in NT • The CG approach involves a comprehensive, whole-of-community, place-based platform of prevention • Has significant support from philanthropy • Works with birth to 8 yr old children and their families, but commits to staying for 25 years	• Aboriginal ownership and control of the program • Employment and training of local Aboriginal people • Focused on children, but involves a whole-of-community approach • Clear statement of principles on which the program operates • Long-term commitment
Community hubs	
• This model involves a place-based approach to supporting migrant and refugee families in their local communities • Schools can also act as community hubs	• Provides support to families in relation to their children's learning • Can act as a gateway to services, information and learning
Place-based and collective impact initiatives	
• These initiatives bring together all the stakeholders in a specific area to develop and implement a joint action plan to improve child and family outcomes • Complex initiatives that are challenging to evaluate	• Needs a sustained commitment over time to achieve meaningful change • Greater impact can be achieved when all the core conditions are in place • Importance of using co-design principles and practice to work with, better understand and empower the people closest to the issues

To complete the picture of common elements, there are several general reviews of integrated services that have been noted already (Bruner, 2007b; Corter, 2019; Melhuish, 2013; The Heckman Equation, 2018). The key features identified by these reviews are summarised below.

Box 6. FEATURES OF EFFECTIVE INTEGRATED PROGRAMS IDENTIFIED IN LITERATURE REVIEWS	
Features of effective programs	**Source**
Finding and engaging families	
Ensure program is accessible and affordable	Corter (2019)
Provide active outreach services to find and engage all families	Corter (2019)
Provide extra assistance to families who have difficulty access the program	Corter (2019)
Provide parenting support, both informally and through structured parenting programs	The Heckman Equation (2018) Melhuish (2013)
Creating places, spaces and opportunities for parents and other adults to enrich their own language and literacy	Bruner (2007)
Services provided	
Accessible and affordable perinatal services	Melhuish (2013)
Start at birth	The Heckman Equation (2018)
Provide universal, high-quality, affordable, early education and care system	Melhuish (2013)
Provide high quality child care	The Heckman Equation (2018)
Seek to build children's social and emotional skills as well as their cognitive and language skills	The Heckman Equation (2018)
Support children's transition to primary school	The Heckman Equation (2018)
Incorporate health services	The Heckman Equation (2018)
Provide healthy food for children attending the centre	The Heckman Equation (2018)

Integrated services	
Deliver integrated services through partnerships with other community organisations and services	Corter (2019) Melhuish (2013)
Interagency and interdisciplinary teamwork when working with individual families	Corter (2019)
Positive personal relationships between professionals, and sustained work on developing mutual trust and values through regular meetings	Barnes et al. (2018)
Establish common IT systems and data sharing	Barnes et al. (2018)
Establish cross-sector referral networks and protocols	Corter (2019)
Commitment to a shared set of values and goals from all community members and agencies	Corter (2019) Barnes et al. (2018)
Reduce the distance between the culture of professionals serving the neighbourhood and the culture of the neighbourhoods they serve	Bruner (2007)
Cultural sensitivity	Barnes et al. (2018)
Staffing	
Employ well qualified ECEC staff	The Heckman Equation (2018)
Structure and governance	
Give parents the opportunity to have a voice and a hand in designing the services	Bruner (2007) Barnes et al. (2018)
Strong leadership and clear governance structure	Barnes et al. (2018)
Agreement and commitment at all levels on roles and responsibilities	Barnes et al (2018)
Program and policy support for integrated service provision from different levels of government	Corter (2019) Barnes et al. (2018)
Security of funding	Barnes et al. (2018)

4. SUMMARY AND CONCLUSIONS

4.1 Summary

This paper has reviewed what we have learned from our efforts to support young children and their families, particularly from integrated child and family initiatives. The paper began with a review of the evidence for ECEC programs and parenting programs, which established that high quality child care and preschool education should be included in any child and family centre model, and that a range of parent programs also needs to be part of what is available to parents.

The paper then explored what is known about a number of aspects of service systems for supporting children and families, beginning with factors dealing with the way in which services are delivered and communities are engaged, then looking at how they are organised. This generated a list of core findings about how effective child and family centres should be run.

Lastly, the paper reviewed existing models of integrated child and family programs from around the world. This generated another set of core findings.

With all this evidence in mind, we can now turn to the key research questions addressed by this paper.

4.2 Key research questions

The first questions addressed in the paper focused on common elements of effective programs:

> *What are the common elements of the holistic, integrated early learning service models that have the greatest impact for children experiencing socio-economic vulnerability? What are the relative benefits of each of these elements?*

If we were to rely solely on the evidence from existing models, it would be difficult to answer this question completely. This is because the evidence is not strong and it does not allow us to isolate which program component produced individual outcomes. However, we also have evidence from the other sources reviewed earlier in the paper that we can draw upon, and this allows us to build a more solid picture of the common elements needed for effective delivery of integrated services.

Drawing upon the core care conditions for children and families framework and the findings of the service evidence reviews, we can identify the key program elements or features of effective integrated child and family centres detailed in Box 7 below.

Box 7. CORE FEATURES OF INTEGRATED CHILD AND FAMILY CENTRES

General features

- ***The primary feature is that the ICFC is a place within a local community that is a natural place for families with young children to go where they can meet and connect with other parents and children, and get access to a range of services***.
- The ICFC provides a safe space for families to meet, using Working Together Agreements to set the standards.
- The ICFC is inclusive, welcoming families and children from all backgrounds, abilities and circumstances.
- The ICFC uses culturally-responsive and culturally-safe policies and practices.
- Parents are able to attend the ICFC at any time during opening hours.
- The ICFC should be easy for families to access, preferably not dependent upon cars to get there.
- The ICFC provides spaces for family activities, including a communal dining area.
- The ICFC is able to deliver a wide range of child and family services on site, the exact combination varying according to local needs.
- The ICFC has a shared vision and philosophy underpinning the program, based on a set of core practice principles.
- The ICFC has a clearly articulated practice framework that specifies the outcomes sought and how the programs provided achieves those outcomes.

Design, management and governance

- ***The core decisions regarding the location of the facility, the design of the building and the services to be provided are made in partnership with the families and community who will be using it.***
- The formal governance of ICFCs also includes service-users.
- The ICFC has adequate and sustainable funding to ensure continuity of services.

Service opions

- ***The ICFC provides high quality child care and early childhood education programs for children, and a tiered system of support to address unique and/or additional child and family needs***

- The ICFC provides a range of individual and group parenting programs that seek to build parenting capabilities and enable parents to provide positive home learning and care environments.
- The ICFC provides core health services, including maternal and child health, dental, and nutrition services.
- The ICFC is based on a universal service model with tiered systems of support for children and families with unique and/or additional needs (and uses tools for identifying child developmental concerns and family functioning concerns).
- The ICFC provides access to other services, including mental health services, financial counselling and housing services.
- The ICFC has a close working relationship with services that ensure safety for children and families (child protection and family violence services).
- The ICFC is available to families from the time of the child's birth, but could also include antenatal support, with a view to integrating antenatal, perinatal and postnatal services as much as possible.

Staffing

- ***Staff use relational and family-centred practices, and have appropriate training and ongoing support in their use.***
- Clinical supervision is provided for staff and opportunities for reflective practice provided.
- Multidisciplinary staff teams involving ICFC staff and professionals from other agencies work in partnership to provide integrated holistic support for families.
- The ICFC has strong leadership to ensure a common inclusive philosophy and practice, authentic partnerships with families and harmonious working relationships between practitioners.
- Members of the community are engaged and trained as co-workers.
- The ICFC has an outreach service to find and build relationships with families who are isolated, marginalised or not connected with services.

The second key research question addressed in this paper was:

What is required for quality implementation of each common element?

This question is addressed in Box 8 below where each of the common elements is considered in turn in the light of what is known about how to implement them effectively. (The implementation details provided are sketches only – much more information can be gleaned from the can evidence reviewed in this paper).

Box 8. IMPLEMENTING THE COMMON ELEMENTS OF INTEGRATED CHILD AND FAMILY CENTRES (ICFCs)
The ICFC is a place within a local community that is a natural place for families with young children to go where they can meet and connect with other parents and children, and get access to a range of services. To create a place and space where local families feel comfortable and where they and their children look forward to going to, the families themselves need to be meaningfully engaged in the planning, design, function and ongoing management of the ICFC.
The ICFC provides a safe space for families to meet, using Working Together Agreements to set the standards. Working Together Agreements are valuable as a strategy for ensuring positive relationships between all those attending or working at the ICFC. Staff also need to be mindful of indications that the children or their parents are being subjected to abuse or violence at home or in the community, and able to respond appropriately.
The ICFC is inclusive, welcoming families and children from all backgrounds, abilities and circumstances. The ways in which the ICFC community engages with the families that have unique and/or additional needs or face particular challenges, and the services and extra supports that are available for them all need to be built into the polices, practices, funding and building design from the very beginning.
The ICFC uses culturally-responsive and culturally-safe policies and practices. Policies and protocols are co-designed with members of the relevant cultural groups. Culturally-responsiveand and culturally-safe practices are embedded in every aspect of the ICFC's design and operations and are not added retrospectively. Training for staff in culturally-responsive and culturally-safe practices is essential.
Parents are able to attend the ICFC at any time during opening hours. This requires rostering arrangements that ensure that someone (another parent or a staff member) is available to welcome new arrivals and ensure they have access to appropriate resources or activities.

The ICFC should be easy for families to access, preferably not dependent upon cars to get there. To ensure parents make regular use of the ICFs, any barriers to them accessing the premises need to be reduced as much as possible.
The ICFC provides spaces for family activities, including a communal dining area. To promote parent-to-parent connections, the ICFC should not be designed solely for the delivery of services, but should also have facilities that can be used for a variety of communal activities.
The ICFC is able to deliver a wide range of child and family services on site, the exact combination varying according to local needs. One of the central functions of ICFCs is providing parents with easy access to a range of child and family services to meet individual and community needs.
The ICFC has a shared vision and philosophy underpinning the program, based on a set of core practice principles. ICFCs may involve a range of different services and service providers who may have diverse training and practices, so it is important that a shared vision and philosophy be developed to ensure that families experience a consistent approach across all the services and activities provided.
The ICFC has a clearly articulated practice framework that specifies the outcomes sought and how the programs provided achieve those outcomes. To be fully effective, programs need to be clear about what they are trying to achieve and how the services they provide, individually and in combination, contribute to these outcomes.
The core decisions regarding the location of the facility, the design of the building and the services to be provided are made in partnership with the families and community who will be using it. To ensure that ICFCs are truly family-friendly and acceptable to the local community, it is important to involve them in co-designing the physical premises and the services to be provided.
Decisions about what services and activities are provided are made in conjunction with the families using the service. To ensure that the ICFC services are meeting family and community needs, the families who use the service should be actively involved in the decisions made about the services and activities the ICFC provides.

The formal governance of ICFCs also includes service-users. In addition to getting regular feedback from families using the service about the programs and activities provided, ICFCs should have representatives of the community as members of the ICFCs formal governance procedures.
The ICFC has adequate and sustainable funding. As there may be multiple agencies and separate sources of funding involved, it is essential that all these government departments and other providers commit to long-term funding in order to ensure the continuity of the services.
The ICFC provides high quality child care and early childhood education programs for children. High quality ECEC programs are particularly beneficial for children from disadvantaged and stressful backgrounds, so should be a central plank of what ICFCs provide.
The ICFC rovides a range of individual and group parenting programs that seek to build parenting capabilities and enable parents to provide positive hopme learning and care environments. Building parental capabilities and shaping home learning and care environments should be a central function of what ICFCs provide.
The ICFC provides core health services, including maternal and child health, dental and nutrition services. Those who most need core health services are often those who least access them, so ICFCs are ideally positioned to ensure that core health services are easily accessible and integrated with one another.
The ICFC operates on a universal service model with tiered systems of support for children and families with unique and/or additional needs (and uses tools for identifying child developmental concerns and family functioning concerns). Some children and families will inevitably experience additional developmental or family challenges, whether short- or long-term, so ICFCs will need the capacity to identify such problems and provide additional levels of service to address them.
The ICFC provides access to other services, including mental health services, financial counselling, and housing services. Not all the services that children and families might need may be able to located or delivered in an ICFC, but should all be part of the ICFC service network.

The ICFC has a close working relationship with services that ensure safety for children and families (child protection and family violence services) The safety of children, parents and families is of paramount importance, and ICFCs need to be able to ensure that the ICFC environment itself is safe, and to have close working relationships with services that can provide alternative arrangements when the home environment is unsafe.
The ICFC is available to families from the time of the child's birth, but could also include antenatal support (with a view to integrating antenatal, perinatal and postnatal services as much as possible) Given the importance of the first 1000 days for children's health and development, continuous support throughout this period needs to be available.
ICFC staff use relational and family-centred practices, and have appropriate training and ongoing support in their use. Successfully engaging families and groups of families is critical for ICFCs to be effective, so ensuring that staff are trained and supported in the use of relational practices is vital.
Clinical supervision is provided for staff and opportunities for reflective practice are provided. Working with families facing multiple challenges can be demanding for staff, so support in the form of supervision needs to be available, and regular opportunities for individual and group reflection provided.
Multidisciplinary staff teams involving ICFC staff and professionals from other agencies work in partnership to provide integrated holistic support for families. To ensure that staff from different agencies and services work together harmoniously, dedicated time for team building and planning needs to be is set aside.
The ICFC has strong leadership to ensure a common inclusive philosophy and practice, authentic partnerships with families and harmonious working relationships between practitioners. The senior ICFC staff need to model the positive practices that they want staff to use with parents, and to encourage high standards of practice.
Members of the community are engaged and trained as co-workers. A proven and powerful way of ensuring that services are responsive and acceptable to families who may be unsure or distrustful of professional services is to engage and training members of the community as co-workers.

The ICFC has an outreach service to find and build relationships with families who are isolated, marginalised or not connected with services.

The families who are most likely to need what ICFCs can provide are likely to be the ones who are hardest to find and engage, so a dedicated outreach service is needed to build connections with them as a bridge to building connections with other families and with services.

4.3 ICFCs and the core care conditions for children and families

If ICFCs with the above key features were established, how well would they be able to meet the needs of children and families? In the companion paper to the present one, a Core Care Conditions for Children and Families framework was proposed. This framework was developed as a template for analysing the extent to which integrated child and family centres can meet the needs of children and families. The key question posed was *What role could integrated child and family centres play in meeting the needs of all children and families, and children experiencing socio-economic vulnerabilities in particular?* What can ICFCs do to address the needs of children and families? What is within scope and what is not?

These questions are answered in Box 9 below, where each element of the framework is considered in terms of what role integrated child and family services can play in meeting the particular element, and what needs are out of scope and have to be met through other means. (A traffic light system is used to show which features are in or out of scope: those in scope are shown with a green light, those out of scope with a red light, and those where the responsibility is shared with an orange light.)

Box 9. MEETING THE CORE CARE CONDITIONS FOR CHILDREN, PARENTS AND FAMILIES: THE ROLE OF ICFCS
CHILDREN'S NEEDS
Secure relationships with primary caregivers able to provide the responsive caregiving needed to build secure attachments  In their direct contact with children, ICFC staff can provide responsive caregiving and build secure attachments. They can also support parents' use of responsive caregiving strategies and attachment building.
Support for developing emotional and self-regulation skills  In their direct engagement with children, ICFC staff can promote the development of emotional and self-regulation skills. They can also help parents understand and promote these skills in their children.

Positive early learning environments, in the home as well as in ECEC and community settings  A major role for ICFCs can be to provide high quality ECEC programs. An additional role is to work with parents, individually and in groups, on how to provide positive learning environments in the home.
Opportunities to mix with other children of different ages, and to build social skills  This is another major role that ICFCs can play – providing opportunities for children to meet and mix with other children. Helping children learn how to play together constructively should be a focus.
Adequate and appropriate nutrition from conception onwards  While ICFCs cannot directly ensure that children receive adequate and appropriate nutrition, they can set the example by what food is provided at the ICFC. They can also help parents understand the nature and importance of good nutrition and help them manage any feeding issues their children have.
Support to establish regular sleep patterns  A focus of support for families should be helping them understand the importance of regular sleeping patterns and helping them establish such patterns in their children.
Physical opportunities to play and explore  The design of the ICFC building and grounds should take into account children's needs for safe spaces for them to play and explore.
Protection from relationship stresses – abuse and neglect by caregivers, exposure to family or community violence  ICFCs can act as safe havens for children who might be exposed to violence in home or other settings. Staff also need to know how to identify any challenges children might be facing, how to respond appropriately and what action to take.
PARENTAL / CAREGIVER NEEDS
Secure time to build relationship with the newborn (paid maternity/paternity leave)  Provision of paid parenting leave is beyond the scope of ICFCs.
Positive social support networks (including support from family, friends, fellow parents and neighbours)  A major function for ICFCs is promoting positive social support networks among parents. This should be done purposefully, not left to chance.

Safe and easily accessible places to meet other families  ICFCs can be one of the places that are available in communities where parents can meet other families.
Access to relationally-based family-centred services  The relationships that ICFC staff build with parents are critical for effective engagement and service delivery.
Access to universal services during antenatal, perinatal, postnatal periods  This is another central function that ICFCs and provide. How to integrate these services and provide greater continuity of care is an issue.
Access to specialist support services to address additional personal needs (eg. mental health issues, relational violence)  Again, this is a central function for ICFCs. They can act as a hub for the delivery of a range of services, and as a gateway to other services not co-located.
Information about child care and development , and support for managing the challenges of parenting  ICFCs are in a strong position to provide information about child care and development, as well as parenting programs to build parental capabilities to provide positive home learning and care environments for their children.
Availability of learning opportunities to build personal capabilities  ICFCs can provide a range of general programs that build parental skills and capabilities, as well as opportunities for parents to play leadership roles or to train as service deliverers.
Inclusiveness of the immediate social environment – absence of racism or discrimination  ICFCs can provide a setting that is inclusive, culturally-sensitive and non-discriminatory, but cannot directly influence attitudes and practices within the wider community.
Employment opportunities and family-friendly employment conditions  While providing employment opportunities and family-friendly work conditions is beyond the scope of ICFCs, they can provide training in employment-related skills as needed.

SHARED CHILD AND FAMILY NEEDS
Secure and affordable housing  ICFCs can refer parents to housing services, but cannot directly control the availability of secure and affordable housing.
Financial / employment security  ICFCs can refer parents to financial counselling services and employment services, but cannot directly ensure financial / employment security
Healthy physical environment (clean air and water, freedom from environmental toxins, green spaces)  ICFCs should be designed as a healthy physical environment, and include gardens and trees, but cannot directly influence the wider community environment.
Safe and easily navigable built environments  ICFCs should be physically sited so as to be easily accessible by most families, but the safety and navigability of the wider built environment is the responsibility of local and state governments.
Ready access to family-friendly recreational and other facilities (libraries, swimming pools, sporting facilities, playgrounds)  Again, this is a responsibility of governments, local government in particular.
Healthy food environments that provide access to fresh food outlets ICFCs can provide a healthy food environment, but is not able to directly affect the nature of the wider food environment. 
Access to support services to address exceptional family needs (eg. financial counselling, housing services)  To perform this important role, ICFC staff need to have established a relationship with parents, have tools to help them identify when parents have additional needs, and have relationships with appropriate services where parents can be referred.
Inclusiveness of the wider society – absence of racism or discrimination  ICFCs can provide an inclusive and non-discriminatory environment, and embed non-discrimination within the curriculum, but cannot directly shape family or wider community attitudes and practices.

From this analysis, we can see clearly what needs of children, parents and families can be met, partially or fully, through an integrated child and family centre with the characteristics identified

earlier. We can also see what needs such centres cannot meet, and that depend instead upon the actions taken by local place-based initiatives (to address the conditions under which families are living), and by state and federal governments (to develop enabling policies that support families effectively).

5. DISCUSSION

It is clear that integrated child and families centres, as envisaged by SVA, have the potential to meet many of the key needs of children and families. It is also clear that they would fill a major gap in the current early years environment for Australian families with young children.

Other countries are moving in the same direction. In the UK, a recent Parliamentary review (HM Government, 2021), focusing on the first 1001 days, proposed the establishment of local Family Hubs, family-focused centres available to every new family during pregnancy and beyond. These Local Family Hub networks may consist of both physical and virtual places where services to support families come together, from birth registration to midwifery, health visiting to mental health support and parenting courses to infant feeding advice. All of the many 'wrap-around' services provided by local authorities and health organisations would also be accessible through Family Hubs. (This review also advocated the idea of a 'Start for Life offer' to all families, explaining clearly to parents and carers what services they are entitled to and how they can access them. Start for Life offers would be co-designed with Parent and Carer Panels and include a Universal offer for every family and a Universal+ offer to meet the needs of their specific local communities.)

These and other proposals clearly echo those made in the present paper. What they may sometimes lack is a clear recognition of the importance of the social and community connections for family wellbeing. As outlined in the present paper, integrated child and family centres should be understood as being both an end in themselves and a means to an end. They are an end in themselves in that the relationships that are formed, with other parents as well as with professionals, are beneficial in their own right, contributing to children's and parents' parental well-being. They are a means to an end in that they can provide a setting through which a range of services can be delivered, helping children and parents to develop and change.

In considering what such centres would look like and how they could be established, there are a number of issues to consider.

Understanding the perspectives and priorities of parents. Before there is any discussion of establishing an integrated child and family centre, it is important to engage with families in the particular community to understand their perspectives on the challenges they face and what issues they would most like addressed. Once these issues have been understood, potential solutions can be discussed, including the possible role that an integrated child and family centre might play.

Co-designing services with communities. An important consideration is how to work with parents and communities in the co-design and co-production of services. While we know a lot about effective ways of engaging with families, we do not have well-established practices for co-

designing and co-producing services with communities of families. However, a number of the initiatives reviewed in this paper have shown how this can be done and provide some guidance.

A related issue is how to ensure that the views of parents are properly represented in the governance arrangements for child and family centres. It is important that parental and community participation is meaningful, and managed transparently.

Leadership. The importance of strong leaders has been highlighted by numerous studies. Strong leaders of integrated child and family centres need to embody the key principles of respect and relational practice in their dealings with parents, colleagues, community stakeholders, other services, and government departments. This is a challenging role, and leaders need to be chosen with care and provided with ongling support. Leaders of integrated child and family centres also need strong support and commitment from the governments – local, state and federal – that fund various aspects of their centres.

Measuring efficacy. How can the efficacy of integrated child and family services be measured? While more RCTs of different models are needed, these are difficult to set up and run, and the results take many years to be realised. Moreover, the integrated child and family centre model envisaged in this paper is one that is co-designed with communities and shaped by local needs and circumstances. An evaluation approach based on monitoring the core elements of effective practice, such as those identified in this review, may be more appropriate. To enable such evaluations to be conducted, every initiative needs to identify the outcomes is seeks to achieve, have a clear program logic that shows how the various elements combine to achieve these outcomes, and a practice framework that shows how these services are to be delivered.

Location. Where should child and family centres be located? There are pros and cons of locating them in schools. Schools are a natural candidate for a universally available and usually easily accessible facility, ideal sites for establishing a 'community hub' utilising a wrap-around approach, which 'focuses on needs across a variety of domains that may include home and school environment, community supports, safety, social and emotional wellbeing, health needs and educational needs' (Shaddock et al., 2015). However, schools have been traditionally run as child-only services and are not obviously compatible with the family-friendly holistic service model envisaged here. The Tasmanian Child and Family Centres are funded by the Department of Education but housed in purpose-built premises rather than on school sites. The *Our Place* model is attached to existing schools, but seeks to change the nature of the school, extending the ECEC model throughout.

Child care. Child care is a vexed issue for several reasons. One is that it is seen as a means to get parents back into the workforce as soon as possible, rather than an important learning environment for young children. The current subsidy arrangement is designed to support parents return to the workforce, and it is only in the year or two before school that ECEC is recognised as an important learning environment. As the review of the developmental evidence in the first paper has shown, young children need much more than care (in the sense of being kept safe while the

parents work). ECEC services such as child care represent major early learning environments during a critical period in children's development, and should not be regarded simply as services to enable parents to re-enter the workforce, or as interventions to prepare children for school and later life. While both of these aims are valid, they should not obscure the real function of ECEC services – to provide children with rich and stimulating nurturing care environments. Integrated child and family centres should be based on this broad vision of what ECEC services such as child care can offer.

The variability in the quality of child care is also a concern. The most disadvantaged areas are more likely to have lower quality services and the families in those areas are more likely to have difficulty affording child care altogether. This means that those whose children are most likely to benefit from high quality child care are least likely to be able to access it. If integrated child and family centres are to be located in areas of high vulnerability, it will be important to ensure that the ECEC services offered are of high quality.

Funding. How child and family centres should be funded is a crucial consideration. If integrated child and family centres are to become a stable feature of the early years environment, they need to be funded on an ongoing basis. Philanthropic bodies have played a key role in initiating and supporting some of the programs, for example, Minderoo Foundation (Challis), the Colman Foundation (Our Place), and Children's Ground. However, while pilot studies may be funded by philanthropy, government will need to become the primary funder in time. State education departments have funded some of the initiatives, as it is in their interest to maximise the readiness of children commencing school. What role the federal government might have in funding child and family centres is a matter that needs exporation.

Sustainability. The sustainability of the proposed service model is a major issue. There are several forms of sustainability that need to be considered. One concerns the sustainability of the key features of the model – how to ensure that the key principles and features of the model continue to be observed and are not eroded over time. (For example, parent voice can get lost if not enshrined in the governance arrangements or if there is not a practice of seeking continuous feedback to ensure that the parents needs continue to drive the service provided).

There is also sustainability in the sense of long-term commitment by all stakeholders. The *Children's Ground* program recognises achieving positive changes in Aboriginal child and family outcomes will take a generation, and therefore commits to being involved for 25 years. The *Our Place* commitment is for 10 years. A related sustainability issue concerns the security of funding and of the amount required to ensure a viable and effective service. As the UK Sure Start experience shows, the quality (and even the ongoing existence) of services suffer when funding is cut. The initiatives that seem to have the most success (for example, Tasmanian CFCs and Our Place) have funding that is both secure and adequate.

Expected outcomes. It is important to be clear about what can integrated child and family centres realistically achieve on their own. As the analysis in this paper has shown, they can address a

significant number of the needs of children and families identified in the *core care conditions for children and families* framework. but not all of them. To meet all the needs of children and families, the child and family centres need to form part of wider initiatives that address the other critical factors that affect family functioning. These take two main forms:

- *Place-based initiatives* involving local government and other services that can address neighbourhood and community factors that affect family functioning – for example, built environment, transport, family-friendly facilities, green spaces, healthy environments and food environments. (These are 'mid-stream' factors, the direct causes of family functioning.)
- *A high-level coalition to push for* what the WHO, UNICEF and the World Bank Group (2018) call *'enabling polices' that address the social determinants* that also shape family functioning – for example poverty, income, housing, employment, parental leave and social inequities. (These are 'upstream' factors, the 'causes of the causes'.) These social determinants represent what Lovell and Bibby (2018) describe as 'untapped potential for local and national action to support healthier lives.'

Gaining whole-of-government commitment. One key aspect of the integrated child and family centre model is that these centres will act as hubs for the delivery of a range of child and family services. Many of these will be directly or indirectly funded by government departments, but through different channels and with different targets. The challenge is to integrate these in such a way that families to whom they are delivered experience them as seamless. For this to occur, the government departments concerned, and governments as a whole, need to make long-term commitments to their services being part of integrated service teams in child and family centres, and to allowing the ways in which they deliver services to be shaped by the needs and preferences of the local parent community. This requires a whole-of-government commitment. Indeed, if integrated child and family centres are to fulfil their potential, they need to become a standard fixture of the early years environment, just as schools are for older children.

Gaining whole-of-society commitment. While gaining a whole-of-government commitment is important, it is not sufficient to ensure the Our analysis of the core care conditions of children and families suggests that a whole of society approach is needed on their behalf. This is the case made by the WHO, UNICEF and the World Bank Group (2018):

> The holistic nature and shared importance of early childhood development calls for a comprehensive approach involving all actors. That includes governments, civil society, academic institutions, the private sector, families, and everyone involved in providing care for young children. The whole-of-society approach fully includes and appreciates ethnic, cultural and human diversity. Moving from policy to action demands a concerted effort. It demands the engagement of all sectors of society, at the local, national, regional and global levels. Joint ownership and shared responsibility will ensure that well designed and cost-effective interventions have the desired reach and impact.

APPENDIX 1. MODELS OF INTEGRATED EARLY LEARNING PROGRAMS

This Appendix reviews international and Australian models of integrated early learning programs with a view to identifying their impact and the common elements that make them effective.

1. International models

The international models reviewed are the following:

- UK Sure Start programs
- UK Family Centres
- Toronto First Duty Program
- US programs
- European initiatives

1.1 Sure Start Local Programs and Sure Start Children's Centres

General accounts of the development and evaluations of the UK Sure Start programs have been provided by Eisenstadt (2011), Foster and Bate (2017), and Melhuish, Belsky and Barnes (2018). Sure Start programs came in two forms: the original *Sure Start Local Programs* and their later incarnation as *Sure Start Children's Centres*. These are described separately.

Description

***Sure Start Local Program (SSLPs)*.** The UK's SSLPs initiative was a major strategic effort by the New Labour government in the UK towards ending child poverty. By starting early and improving the developmental trajectories of children at risk of compromised development, SSLPs aimed to break the intergenerational transmission of poverty, school failure and social exclusion (Eisenstadt, 2011).
The first 524 Sure Start Local Programs (SSLPs) were established between 1999 and 2003. They were aimed at families with children up to the age of 4 living in disadvantaged areas. The aim was to bring together early education, childcare, health services and family support to promote the physical, intellectual and social development of babies and children. By changing the way services were delivered to children under four and their families, through targeting and empowering highly-deprived small geographic areas, SSLPs were intended to enhance child, family and community functioning. Thus, SSLPs not only aimed to enhance health and well-being during the early years, but to increase the chances that children would enter school ready to learn, be academically successful in school, socially successful in their communities and occupationally successful when adult (Eisenstadt, 2011).

One characteristic which distinguished SSLPs from almost all other early interventions evaluated up to the year 2000 was that the program was area-based, with all children under five years of age

and their families living in a prescribed area serving as the targets of intervention (National Evaluation of Sure Start (NESS) Team, 2010). This was seen as having the advantage that services (such as early education and care programs, family support) within a SSLP area would be universally available, thereby limiting any stigma that may accrue from individuals being targeted. Rutter (2007) criticised this arrangement on the grounds that, although about half of disadvantaged families lived in disadvantaged areas, half did not. Thus, even if successful, SSLPs would fail to reach half of all disadvantaged families.

In the early years of SSLPs, they were autonomous and received funding directly. Community control was exercised through local partnership boards, including health, education, social services, private and voluntary sectors, and parents (Melhuish et al., 2018). All SSLPs were expected to provide a certain set of services: outreach and home visiting; support for families and parents; support for good quality play, learning and childcare experiences for children; primary and community health care and advice about child health and development and family health; and support for people with special needs. However, there was no specific guidance on how these services were to be delivered (Melhuish et al., 2018). Rutter (2007) was critical of this arrangement on the grounds that it ran completely counter to research findings that effective programs had clear guidelines on how services were to be delivered. He was also critical of the lack of emphasis on professional skills, supervision and monitoring, and the implicit assumption that the SSLP initiative would improve overall parenting functioning as well as improve child development. Rutter argues that it was necessary to be purposeful about seeking to shape parenting, not just hope it will happen.

Evaluation

The effectiveness of the SSLPs was assessed by the *National Evaluation of Sure Start* (NESS) (2008, 2010, 2012). Government decisions ruled out a randomised controlled trial, so a quasi-experimental design with consequent limitations was used to compare SSLP populations with equivalent populations not residing in SSLP areas (Melhuish et al., 2018). This followed up over 5,000 seven-year-olds and their families in 150 SSLP areas who were initially studied when the children were nine months, three years old and five years old. The NESS study measured the impact of Sure Start across the SSLP area, not just on those families that used the services. A comparison group of children and families in areas that lacked SSLPs, was also used to compare with the NESS sample.

The first major report (NESS, 2005) looked at a cross-section of children aged nine months and 36 months and found few overall main effects of SSLPs, positive or negative. Whilst relatively less disadvantaged families benefitted from being in an SSLP area, the most disadvantaged families may actually have been adversely affected. When the nine-month-old children were followed up at age three (NESS, 2008), this discrepancy had gone. The main benefits now associated with living in a SSLP area were that parents showed less negative parenting while providing their children with a better home learning environment, their children better social development with higher levels of

positive social behaviour and independence/self-regulation than children in similar areas not having a SSLP.

When followed up at age five (NESS, 2010), one of the main impacts identified for children were that those growing up in SSLP areas had better physical health than children in non-SSLP areas. In addition, mothers in SSLP areas reported providing more stimulating home learning environments for their children, less chaotic home environments, and engaging in less harsh discipline. When followed up at age seven (NESS, 2012), significant effects of SSLPs emerged for four out of 15 outcomes, two of which applied across the board and two of which applied to certain groups within the SSLP areas (parents of boys, lone parents and workless households). For the whole population, mothers in SSLP areas relative to their counterparts in non-SSLP areas reported engaging in less harsh discipline and providing a more stimulating home learning environment. No consistent SSLP effects for child development emerged at 7 years, probably because the comparison group were benefitting from attending the UK's free pre-school education programs.

The evaluation methodology provided estimates of each SSLP's effectiveness for each assessed outcome and thus allowed investigation of why some programs might have been more effective (Melhuish et al., 2018). Qualitative and quantitative data on 150 programs were used to rate each SSLP on 18 dimensions of implementation. The evaluation found that programs rated high on one dimension tended to score high on others, and that better implemented programs appeared to yield greater benefits. In particular, better service integration across agencies was one of the distinguishing features of more effective programs (Melhuish et al., 2018).

SSLPs were based on the premise that children and families could be affected by the program both directly (from the services and support they received), and indirectly (from community improvements) (Melhuish et al., 2018). Positive community changes in SSLP areas were found, although these could not be causally linked to SSLPs (Barnes et al., 2007). For example, SSLP areas became home to more young children, while households dependent on benefits decreased markedly and burglary also declined. Child health improved with fewer emergency hospitalisations, severe injuries, and less respiratory infections. For older children, aspects of school functioning improved. Also, the identification of children with special educational needs or disability increased, suggesting improved health screening (Melhuish et al., 2018).

Another study of SSLPs (Williams & Churchill, 2006) looked at the extent to which they were facilitating individual and community empowerment. This found substantial evidence of individual parent empowerment, as a result of involvement in a wide range of activities such as parenting classes, fathers' groups, breastfeeding support, exercise and sports groups, and fun days. Parents reported increased confidence, skills, self-esteem as parents, and friendship. However, there was greater variation in the extent to which the programs generated collective empowerment.

Description

Sure Start Children's Centres (SSCCs). In 2005-06, the SSLPs were brought under the control of Local Authorities and rebadged as Sure Start Children's Centres (Melhuish et al., 2018). One important change made was that the guidelines for SSCCs were more specific about the services to be offered: they were intended to be places where children under 5 years old and their families could receive seamless holistic integrated services and information, and where they could access help from multi-disciplinary teams of professionals. However, they did not necessarily offer a full range of child services, with many SSCCs not providing child care. Another major change was that they were to be available in every community, rather than only in disadvantaged communities. By 2010, there were 3500 children's centres across the country (Bouchal & Norris, 2014). Subsequent austerity cuts has led to drastic reductions in the numbers of centres and the numbers of children served, with the most disadvantaged children being most likely to miss out (Hall et al., 2016; Torjesen, 2016). At its peak in 2009–10, Sure Start accounted for £1.8 billion of public spending (in 2018–19 prices), but in the decade that followed, funding fell by two-thirds to £600 million in 2017–18 (Cattan et al., 2019), with hundreds of centres closing altogether.

Evaluation

The effectiveness of the SSCCs has been assessed by the *Evaluation of Children's Centres in England* (ECCE) [4] study, which was conducted between 2009 and 2015 (Sammons et al., 2015). It involved over 2,600 families in Children's Centres serving the most disadvantaged communities in England. The evaluation explored whether engagement in children's centres improved child, mother and family outcomes. It found that there were a number of significant but relatively small positive gains in outcomes for each of the three groups considered (child, mother, and families). The results confirmed that engagement with children's centres can promote better outcomes, especially in terms of measures of family functioning (Sammons et al., 2015).

The evaluation also looked at the evidence regarding the characteristics and processes of children's centre that promote better child, mother and family outcomes. Three in particular stood out:

1. *Named programs*. Offering a greater number of named programs for families predicted better outcomes for some child behaviour and family outcomes.
2. *Maintaining or increasing services*. Centres that were able to maintain or increase services despite experiencing cuts had better outcomes for mothers and families
3. *Multi-agency working*. Multi-agency working (mixed leadership, partner-agency resourcing) appears to be beneficial for some child outcomes and some family outcomes.

These results show that both family engagement in service use and certain children's centre characteristics and processes had beneficial effects, particularly for family and mother outcomes.

[4] https://www.gov.uk/government/collections/evaluation-of-childrens-centres-in-england-ecce

However, some positive effects on child outcomes were also found which suggests the potential for children's centres to influence child outcomes even though most centres in the sample were not providing childcare, and most children used childcare offered by other providers.

While the results of the ECCE Impact Study indicate that that they can promote better outcomes, especially for family functioning linked to parenting, these positive effects are not as strong as some of the adverse effects of background disadvantage. Thus, the research team involved conclude that, while the provision of services by children's centres has the potential to ameliorate the effects of disadvantage, on their own children's centres cannot be expected to overcome the adverse effects of being part of a disadvantaged family living in a disadvantaged neighbourhood (Sammons et al., 2015).

An Institute for Health Equity evidence review of UK Children's Centres by Bowers and colleagues (2012) sought to identify the most important outcomes UK Children's Centres should be striving for in order to give all children positive experiences in the early years. After reviewing the evidence, they prioritise three areas. Once children are safe and their basic health needs are met, Children's Centres should focus on:

- *Children's health and development*. Cognition, communication and language, social and emotional development, and physical health are all critical for children to thrive as they grow up.

- *Parenting.* The dynamic interaction between parent and child, and in particular the type of home communication and learning environment that parents establish and nurture for their children from birth, is critical. Parenting must also generate attachment between parents and their children. Children's Centres can offer a range of interventions and opportunities to support parents to improve their own approaches and skills based on an understanding of what is most important.

- *Parents' lives.* There are particular factors that sit outside the immediate parent–child relationship but exert powerful influence over parenting. Parents' health, social networks, financial resources and knowledge about parenting collectively act as enablers or barriers to nurturing their children's development. Children's Centres can support parents to improve a number of these even if not all are within their remit.

This same review also identified two features that best promote positive outcomes::

- *Well-trained, highly qualified staff.* Professionals with a good grasp of early-years pedagogy supported by knowledgeable and stable leaders are critical. Parents consistently cite the staff – and often individual staff members – as the reason that their parenting skills and confidence have improved.

- *Outreach and engagement.* Evidence shows that engaging with families is critical: many families would not naturally consider entering a Centre without peer support and peer referral. Successful approaches to increasing engagement have included the development of trusting personal relationships between providers and service users; resolving practical issues (such as whether the parent had previous experience of being turned down when asking for help, opening times, availability of childcare and cost of services); providing a 'service culture'; and being responsive to the expressed wishes of parents.

A recent study conducted by the Early Intervention Foundation (Lewing et al., 2020) set out to understand contemporary local practice relating to children's centres and family hubs in England. It is based on practice learning from qualitative interviews and focus groups with stakeholders in 14 local areas across England, and a rapid review of the evidence relating to how children's centres and hubs are designed and delivered. The questions addressed by the study and the key findings are as follows:

- *What are children's centres and hubs for?* The current national specification of children's centres does not prescribe interventions at a national level, in the way that previous statutory guidance did. As a result, children's centres and hubs across England in 2020 are context-specific and diverse, and lack a consistent way of specifying and evaluating different approaches.

- *Who are children's centres and hubs for?* Children's centres are required to be universal in ambition but with a priority focus on reducing inequalities. Centres are increasingly connecting early childhood services with whole family services and focusing on targeted support. However, they argue that it is important to maintain well-resourced open-access services in order to reach and support vulnerable families.

- *What are the most effective ways of delivering children's centres and hubs?* The lack of recent national monitoring and evaluation of approaches to children's centres and hubs means that there is little robust evidence on how they are currently being delivered and how effective they are. There has been no national evaluation of children's centre approaches since the final Evaluating Children's Centres in England impact report in 2016.

- *How important are evidence-based interventions to children's centres and hubs?* The lack of evidence for contemporary approaches makes it difficult to be conclusive about what works in delivering children's centres and hubs. Due to funding pressures and a lack of robust local evaluation, the effective implementation of evidence-based interventions as part of early childhood services appears to be at risk.

This review concludes that, overall, there is a lack of robust national data on the characteristics and effectiveness of contemporary children's centres and hubs, including on the services that they provide, how they are organised, and how families use them.

Conclusions

One issue raised by the Sure Start example is whether programs such as these should be universal (available in every community and open to everyone) or targeted (only located in the most disadvantaged areas or only available to the most disadvantaged families). The second Sure Start model, the SSCCs, were intended to be located in every community and available to everyone. Making centres available in every community increases the likelihood that more disadvantaged parents will access them.

Another key issue concerns what services Sure Start programs are required to deliver. The first Sure Start model allowed individual SSLPs to make their own decisions based on local needs and circumstances. This lack of a guiding framework can lead to a loss of focus and efficacy. It is important to specify the programs offered and being clear about the theory of change, how the services provided achieve the intended outcomes. Currently, there is no national

An incidental but important finding is that the outcomes achieved are related to the programs offered. If the programs offered are predominantly parent-focused (as they are in the SSCCs), then the parents will benefit most. Children's outcomes will depend upon them accessing child-focussed services (such as high-quality ECEC services) elsewhere.

Another related issue of interest is whether the aims of the Sure Start programs were broad enough to encompass all aspects of child and family developmental needs. The aim of the SSLPs was to enhance health and well-being during the early years, and to increase the chances that children would enter school ready to learn, be academically successful in school, socially successful in their communities and occupationally successful when adult. This is a relatively narrow focus. There are many other factors that impact upon children's long-term health and wellbeing that could be addressed.

In terms of the key features that make Sure Start programs effective, a number have been identified, including:

- Value of multi-agency working
- Value of having a range of named programs on offer
- The importance of sustained funding, and being protected from austerity funding cuts

Finally, as acknowledged by the ECCE study team, there are limits to what programs like Sure Start can achieve. Their impact will always be limited if the circumstances in which the children and families are living are not improved as well.

The Early Intervention Foundation report (Lewing et al., 2020) makes four suggestions as to how to provide practical support for the local planning of early childhood services, including children's centres and hubs:

- *Specifying the local approach*. While there is no single 'right' model of place-based early childhood services that works in every context, every centre should have a clear theory of change that specifies what are the intended child outcomes, who is the intervention for, what supports will be provided, and how these contribute to the outcomes.
- *Using and generating evidence*. There is a dearth of research evidence relating to contemporary early childhood service models, and services lack the capacity and confidence to assess the impact of local services and build a local evidence base. A renewed effort to generate evidence outputs that are designed to meet current practice needs across maternity and early years services is needed.
- *Sharing learning*. Much of the knowledge about innovation in children's centres and hubs is held at the local level. Approaches which enable the sharing of local practice and experimentation are likely to be vital to local areas until national policy and research catches up.
- *Creating the conditions for local change*. To increase the likelihood of effective implementation of change, local centres should be actively supported by strategies such as readiness for change assessment, and early intervention system assessment tools.

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1.2 Family Centres (UK)

Description

Predating the Sure Start programs, the UK Family Centres provided a one-stop shop for a range of family support services. They shared a common philosophy but there was no standard model of provision.

Evaluation

A study of the UK family centres by Tunstill and colleagues (2006) involved a survey of 415 family centres, an in-depth such study of 40 of these centres, and interviews with parents. The reviewers identified several sets of key lessons, relating to how services are delivered, how the centres contributed to coordinating services, and how to work effectively with parents.

The main lessons regarding the delivery of services for children and their families were:

- The findings underline the importance of the commitment and consistency with which family centres engaged with families. The starting point of their relationship was a fundamental respect for families, which they modelled in their policies as well as in their day-to-day interactions with parents.
- The study's findings strongly suggest that 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 intervention which include both practical services and more complex work, such as enhancing parenting skills.

The main lessons regarding the ways in which family centres contribute to the coordination of children's services were:

- The study found that family centres played an important role in multiagency working by linking families with other agencies. Centres need to be open to opportunities to coordinate a range of services that may be provided in-house or in partnership with a range of other programs.
- 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 lots. 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 (eg. by encouraging links between the tiny minority of families whose children are at serious risk of a range of abuses).

The main lessons learned from working with parents were as follows:

- 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, were it available to them, 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. They also welcomed opportunities to meet and conversed with other parents / adults. Centres also need to offer parents the opportunity to develop their own personal and occupational skills, in addition to their skills as parents.

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1.3 Toronto First Duty Program

Description

Toronto First Duty (TFD) began in 2001 as a demonstration project testing an ambitious model of service integration across early childhood programs of child care, kindergarten and family support in school-based hubs (Corter & Pelletier, 2010; Corter et al., 2012; Corter & Peters, 2018). Other services such as public health were also part of the service mix. The goal was to develop a universally-accessible service model that promoted the healthy development of children from conception through primary school, while at the same time facilitating parents' work or study and offering support to their parenting roles (Corter & Peters, 2018). Parental support and outreach were core elements, with parent providing input into the service design.

Evaluation

Evaluations of the program (Corter & Pelletier, 2010; Corter et al., 2012; Corter & Peters, 2018) found positive evidence of the feasibility of the model, demonstrating that a school-based service hub could act as viable platform for integrating and delivering a range of child and family services. There was also evidence of positive outcomes for children's development at school entry and for parents' involvement in learning at home and at school. There was also improved quality of family life for families as a result of not having to navigate between separated programs of child care and school kindergarten in the same day.

A primary design feature of the model is that programs are delivered by integrated teams of professionals, sharing the fundamental work of program design, delivery and monitoring (Corter & Pelletier, 2010). Having joint professional development and time to meet were found to be important to the success of staff team integration.

Conclusions

Toronto First Duty was the first program to demonstrate the viability of creating a child and family service hub in a preschool / school setting. Lessons from the Toronto First Duty project have shaped policy and practice in Canada and elsewhere, with a number of other provinces working on universal programs integrating care and education. It is not clear how faithfully the original model has been followed.

One key quality that this program has highlighted is the importance of effective interdisciplinary teamwork between the different services involved.

In summarising reports on Toronto First Duty and other Canadian and US integrated service models, Corter (2019) identifies the following features of effective programs:

- Community members need to develop common goals to guide their partnership activities.
- Service providers should not work independently but should establish collaborative relationships with other community organisations
- Providers from different sectors (education, health, nutrition, family support, etc.) must be able to refer children and their parents to services outside their professional purview
- Providers need to be able to coordinate with other service providers when serving the same child and family.
- Services need to be affordable, accessible, and active in outreach in order for families to be aware of and to benefit from these services.
- Because some families may lack resources or face social/economic circumstances preventing them to benefit from these services, services need to collaborate to develop strategies to reduce barriers to accessing services
- Evaluation of implementation and continuous monitoring of outreach need to be built in.
- Integration at the community level requires system support in the form of program and policy support from different levels of government.

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1.4 US programs

In the US, childcare or preschool education programs have been used to try and improve the lives and development of specific groups, especially children living in deprived circumstances. Reviews of the evidence regarding these programs have been reported by Barnett (2011), Duncan and Magnuson (2013), Fordham (2016), Melhuish et al. (2015), and Shuey and Kankaraš (2018).

Programs for children 0-3 years old include:

- ***The Carolina Abecedarian Project***. Run in the 1970s, this was a very small scale intervention aimed at poor African-American mothers with a low IQ and low income. It involved a full-time child-oriented centre-based program from infancy to age 6 years. The high quality ECEC program provided one qualified educator for every three children until age three, and one for every six children over age three. The program did not include home visits, although family support services were provided to both treatment and control groups. Designed as a randomised trial, the study followed 104 children from program entry into adulthood. Although the early gains in child functioning declined after school entry, they remained significant: compared with the control group, the children attending the program showed gains in cognitive functioning and academic skills, lower rates of repeating grades and special education, and they attained higher levels of education. Positive effects were also found for health-related behaviours and symptoms of depression. The program continues to reap benefits over the lifecourse: there substantial beneficial impacts on health and the quality of life, the labour incomes of participants, crime, and education (Garcia et al., 2017). There are also long-term benefits of health, especially for men (Campbell et al., 2014) – the program generates substantial lifetime benefits as measured by disability-adjusted life years, quality-adjusted life years, and mortality (Garcia & Heckman, 2020).

- ***Infant Health and Development Program (IHDP).*** This was a multisite, randomized, controlled trial of an educational intervention for low birth weight preterm infants born in 1984-1985. Lasting until the children were three years old, the program comprised three components: an educational program delivered through home visits, a daily centre-based program beginning at 12 months, and parent support groups. Follow up studies found that participating children exhibited early IQ gains that dissipated by age five. Children who were heavier at birth had IQ gains that persisted through age eight but dissipated by age eighteen. There were no statistically significant improvements on any other measures. The cost of the program was quite high relative to the modest benefits.

- ***Early Head Start (EHS).*** Begun in 1995, EHS is a two-generation intervention program serving low-income pregnant women and families with infants from birth to age three. As of 2017, the program served 150,000 children, less than 10% of those eligible (Vogel & Xue, 2018). EHS

programs are required to provide high quality, comprehensive, developmentally enriching services to children and services to parents that support them in their role as primary caregivers and encourage self-sufficiency. These include core early education and child development, health, oral health, mental health, nutrition, family support, and family and community engagement services to promote children's development and provides childcare, developmental assessments, health in parenting services (Vogel & Xue, 2018). These services are available in three forms: home-based, centre-based or a combination of both. Programs are also required to promote comprehensive integrated services, by facilitating communication and cooperation among community providers and document their own efforts to establish partnerships. These partnerships are meant to promote service integration, coordination and seamless access to services (Vogel & Xue, 2018).

Evaluations show modest benefits for children as well as parents. Centre-based programs have the strongest effect on child outcomes, whereas home-based programs have the strongest effect on parenting outcomes. The mixed model combining both centre-based and home visiting produced the most wide-ranging and strongest positive impact. Where parents were enrolled in Early Head Start in pregnancy rather than later, there were stronger impacts, early implementation had stronger effects. The most positive impacts are found in programs that offered the fullest range of options, had established partnerships to integrate services, and offered both home- and centre-based visits (Vogel & Xue, 2018).

While much is known about the services that EHS programs offer and families actually receive, less in known about how EHS programs engage with community partners to provide services and how programs integrate services (Vogel & Xue, 2018). Another area requiring further research is how programs support responsive relationships between: teachers and children, teachers/home visitors and parents, and parents and children to affect child and family outcomes.

Programs for children over age of three include the following:

- ***Head Start.*** Head Start is different from other interventions. It is federally funded but administered by each state independently, and therefore varies significantly between and within states. Usually, a Head Start program would include centre-based early childcare and education from three years of age on at least a half-time basis. The effects of Head Start programs show great variability, with some programs being much more effective than others. The children who benefitted most were those with the weakest initial cognitive skills or with limited prior English. Long-term studies show substantial effects on later-life, socioeconomic outcomes, although these are not as marked as those for the Abcedarian and Perry HighScope programs (Elango et al., 2015).

- ***Perry HighScope Preschool.*** [5] This project was implemented in Michigan from 1962 to 1967 and involved low-income African-American children. The program took the form of a half day centre-based program five days a week starting at three years of age and supplemented by a 90 minute weekly home visits. It was delivered in an area of extreme urban deprivation with an African-American population. The study involved an RCT and the participants have been followed for decades. These follow-up studies found that program participants achieved better outcomes academically, socio-economically, as well as in their health and wellbeing than those who did not attend the program.

- ***Chicago Child Parent Centres (CPCs).*** Established in 1967 to provide centre-based educational support and family support to disadvantaged children and their parents, including education, family and health services and half day preschool and school age services up to 9 years. This program has been the subject of a longitudinal study tracking families into adulthood (Reynolds, Ou, Mondi & Hayakawa, 2017). There were consistent and enduring benefits for children who began preschool at age 3 or four compared with those who began later, and especially for boys and for children of high school dropouts.

Conclusions

The two most well-known of these programs are the *Abecedarian Project* and the *Perry High Scope* project. This is because they involved an RCT methodology to test the impact of the program, and then followed the children and families into adulthood. Both programs have continued to show positive effects of participation decades after the interventions ended. This evidence has been used as the basis for claims that early investments pay handsome dividends over time.

Despite the strength of these studies and the virtues of the programs themselves, they involved very small numbers and specific populations, and were highly intensive. As such, the US programs represent proof of concept rather than models that we can emulate. They are a demonstration that intensive early childhood intervention programs can be effective with children from disadvantaged backgrounds. However, the populations that they were designed for and the circumstances in which they were living do not necessarily correspond to those of today. Moreover, much has been learned since about child development and ways of working effectively with families, so the programs we would now design are likely to be different from these US models. Despite this, there are some general features of the programs that have been identified as likely to be important for their success. These include starting at birth, engaging parents, incorporating health as an input, recognising the importance of nutrition, and developing the full range of skills.

One finding of interest is a common pattern for the early academic benefits of these programs to 'fade-out' during the primary school years. Many early childhood education programs appear to

[5] https://highscope.org/perry-preschool-project/

boost cognitive ability and early school achievement in the short run. However, most of them show smaller impacts than those generated by the best-known programs, and their cognitive impacts largely disappear within a few years (Duncan & Magnuson, 2013). Despite this fade-out, long-term follow-ups from high-quality intensive programs (such as Abcedarian and the Perry HighScope) show lasting positive effects on such outcomes as greater educational attainment, higher earnings, and lower rates of crime.

What are the key elements that make these programs effective? Duncan and Magnuson (2013) argue that it is uncertain what skills, behaviours, or developmental processes are particularly important in producing these longer-run impacts. However, on the basis of an analysis of the lifecycle benefits of the Abcedarian program (Garcia et al., 2017), a briefing paper on The Heckman Equation (2018) identifies the following elements of quality early childhood programs that produce quality outcomes.

- *Starting at birth*. Children were voluntarily enrolled by their parents as early as eight weeks old and remained with the program until they entered kindergarten, allowing them to build skill upon skill and preparing them for greater success in school and, ultimately, in life.
- *Providing continuous care*. The program was full-time and intensive, with children spending eight to nine hours a day in centre-based care, five days a week, 50 weeks a year for five years.
- *Engaging parents.* Parents play the most critical role in developing skills and abilities in their children; therefore, the program provided parental education on building family life that is most conducive to the success of their children.
- *Incorporating health as an input*. A doctor and two nurses were on staff to provide developmentally appropriate screenings for health and wellness. Children who were identified as having health- or development-related problems were referred to local medical care, with the centre's doctors and nurses following up with the children and their parents to ensure medical compliance.
- *Recognizing the importance of nutrition*. All the children came from economically disadvantaged families where food security could be a problem. Understanding that a hungry child is least apt to learn, nutritious meals and snacks were provided while the children were in the centre.
- *Developing the full range of skills*. A highly developmental approach was taken to advance early learning, with a focus on developing comprehensive skills through social-emotional and cognitive development. While one programmatic goal was to increase IQ and school readiness, the program acted on evidence that social and emotional skills drive cognitive achievement and, ultimately, life success.
- *Empowering parents with quality child care*. Reliable, high-quality child care provided parents with the confidence and means to enter into the work force, build their own skills,

advance careers and acquire higher wages. In fact, the economic benefits of the additional wages earned by parents alone paid for the cost of the program after only five years.

- *Transitioning children into elementary schooling*. The program monitored the progress of its children during the first few years of elementary schooling, helping children successfully transition from a highly nurturing early childhood environment to potentially less nurturing public schools.
- *Combining highly trained educators with well-trained and supervised teachers*. ABC/CARE was developed, implemented and supervised by early childhood thought leaders and professionals who trained teachers and staff on how to identify with children, build relationships through empathy, create engagement, monitor progress and create continuous improvement.

In another review of integrated early learning systems, Bruner (2007b) concludes that, to ensure that all children start school 'ready to learn', such systems must start from a different base in vulnerable neighbourhoods. This requires building an infrastructure of supports that may be taken for granted within the larger community. This includes:

- Creating places and spaces and opportunities for young children, including places and spaces and opportunities for parents and other adults to enrich their own language and literacy;
- Broadening the roles and responsibilities and capacities of caregivers and professional service systems to provide developmental support to young children as part of their work;
- Reducing the distance between the culture of professionals and service providers serving the neighbourhood and the culture of the neighbourhoods they serve; and
- Giving parents and residents the opportunity to have a voice and a hand in designing that system in their neighbourhoods and communities.

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1.5 European initiatives

Many European countries have sought to integrate services for young children and families. Summaries of the findings from these European initiatives have been reported by Barnes et al. (2018), Barnes and Melhuish (2019), and Bernekow et al. (2013).[6]

In introducing one review of European initiatives (Bernekow et al., 2013), Melhuish (2013) notes that, although there was large differences between European countries in approaches to early years provision, the following basic features of a good system for young children that can improve child outcomes in health, education and socioemotional development across the life-course can nevertheless be identified:

- *A universal, high-quality, affordable, early education and care system* is the essential bedrock in levelling-out the vast social class differences in school attainment. An excellent system that is only available to better-off children will exacerbate rather than reduce class differences in outcomes.
- *Accessible and affordable perinatal services* are also essential. Quality of care during pregnancy will improve the chances of a healthy birth, and good birth experiences reduce the chances of postnatal depression.
- *Service integration* through co-location, sharing of data about families, joint budget arrangements or locality team arrangements help to make services more accessible to the widest range of families.
- *Family support* is essential. Informal culturally sensitive advice and support alongside more formal, highly structured programs will enable the targeting of more intensive support to the families who are finding things difficult, while helping to reduce the possible stigma associated with the acceptance of support in parenting.
- *Family income* is a critical component in stress. An integrated approach that looks at parental leave arrangements, the availability of child care at particular ages and stages, the systems of social benefit supports (including cash transfers and the myriad of other policy areas that support parental employment and progression in work) all need to be seen together.

The review by Barnes and colleagues (2018) identified the following as the main facilitators of effective integrated service systems:

- Bottom-up input from the local community;
- Political (top-down) support/policy for inter-agency working, and security of funding;

[6] More general reviews of integrated services have been conducted by Moore and Skinner (2011), Oliver et al. (2010), and Statham (2011).

- Commitment and shared values about inter-agency working between agencies;
- Strong leadership and clear governance structure;
- Agreement and commitment at all levels on roles and responsibilities;
- Sustained work on developing mutual trust and values through regular meetings;
- Positive personal relationships between professionals;
- Development of shared materials, for use in joint training;
- Attention to issues surrounding common IT systems and data sharing;
- Co-location, which may facilitate communication and developing a shared vision, but is not essential; and
- Cultural sensitivity.

The European evidence suggest that it can be challenging to develop and maintain integrated services for young children and families (Barnes & Melhuish, 2019). Barnes and colleagues (2018) identify a number of barriers to successful or increased inter-agency working:

- Changes in governments, policies and financial support, with local needs at odds with national priorities and agency reorganisation;
- Organisational challenges relating to different agency policies, procedures and systems, not collecting the same data, and obstacles to information sharing;
- Cultural and professional obstacles such as different professional beliefs, qualifications or experience leading to conflicting views or stereotyping; and
- Commitment obstacles with differing levels of 'buy-in' with some agencies reluctant to engage, or where managers do not experience inter-agency working as part of the core work.

In addition to these reviews, there is a recent evaluation study of a Family Services Centre operating in a socio-culturally deprived suburban area of Southern Italy (Balenzano, 2021). This is one of a network of such centres set up in areas characterised by weak social services, high levels of social risk and low levels of social cohesion. These centres function as both a place and a method of engaging families in activities aimed at preventing negative outcomes. They provide several levels of intervention: primary/universal; secondary, involving children and families with unique and/or additional needs; tertiary, targeted at families with complex needs. The evaluation found that the Centre in question was effective in improving family well-being and community social cohesion through its innovative, multilevel and multimethod approach. It also strengthened the integration between all the interventions targeted at families.

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2. Australian models

- Tasmanian Child and Family Centres
- Our Place
- South Australian Children's Centres
- Western Australian Child and Family Centres
- Challis Parenting and Early Learning Centre
- Kids First Australia's Early Years Education Program
- Early Years Places (Queensland)
- Early Years Schools (ACT)
- Aboriginal Child and Family Centres
- Multifunctional Aboriginal Children's Services
- Community hubs and place-based initiatives

2.1 Tasmanian Child and Family Centres

Description

Tasmania's *Child and Family Centres* [7] are a place-based early childhood service model for families and children from pregnancy to age 5. They provide a single point of contact for children and their families to connect with coordinated, universal, targeted and specialist services, both government and non-government.

The goals of the CFCs are to:

- Improve health and educational outcomes for children from birth to 5 years
- Provide a range of integrated early childhood services in the local community to support the development of children from birth to 5 years
- Build on the existing strengths of families and communities and assist in their educational needs
- Increase participation in early years program
- Build community capacity by developing partnerships with parents, carers and the community
- Respond to child and family needs in a seamless and holistic fashion
- Support a successful transition from pregnancy through to the early years of school.

Among the essential features of the CFCs are that they provide a safe, welcoming place for all children and their families, and are places where all families and carers are supported in the vital parenting role and in building parent competencies. They offer a range of local programs,

[7] https://www.education.tas.gov.au/parents-carers/early-years/child-family-centres/

information and support for families, and have services that are co-designed in partnership with families and communities to meet and respond to changing local community needs. The Family Partnership Model (Davis & Day, 2010) underpins the CFC philosophy of building respectful and genuine partnerships with families and supporting quality professional practice. Outreach services are provided to locate and engage families not connected with services or have stopped attending.

The CFCs are funded and managed by the Department of Education. Each CFC has three full-time equivalent staff funded and line-managed by the Department of Education: a centre leader, a community inclusion worker, a part-time education officer and another part-time position determined by community need (eg. social worker or family support worker). Between 2011 and 2014, twelve CFCs were established in disadvantaged communities across Tasmania. They are in stand-alone premises, each one unique and co-designed with the community members.

The Centres are open from 9am to 5pm, 50 weeks of the year on a drop in basis or by appointment. Centres offer universal services (e.g. Child Health and Parenting Service), progressive universal services (e.g. Launching into Learning), targeted services (e.g. nurse home visiting for first-time young parents) and specialist services (e.g. Disability Services); services for parents (e.g. counselling, Vocational Education and Training); as well as services and supports tailored to the specific needs of a community. The mix of services provided is based on local needs as identified by the community. There is an average of 28 programs on offer at each centre, including early learning, health, family support and adult education programs. Relationships between parents and between parents and staff are governed by Working Together Agreements. These are co-designed by staff, families and the community. They take into consideration the unique dynamics and cultural needs of each community, and outline the values and behavioural expectations for everyone who comes into contact with the CFC (McDonald et al., 2015).

To prepare professionals and community members for the changes in practice required for the CFC model, a Learning and Development Strategy was developed and facilitated by the Centre for Community Child Health (CCCH) [8], and delivered between 2009 and 2015. This Strategy was guided by the Platforms Service Redevelopment Guide, a framework developed by CCCH [9], and used the Family Partnership Model as a framework for reflective practice and the exploration of practice issues. Learning activities included: community workshops; statewide forums; training for service providers and key community members in the Family Partnership Model, cultural safety, father inclusive practice and reflective practice; and CFC staff induction programs (McDonald et al., 2015; Prichard et al., 2015).

[8] The Centre for Community Child Health is a research centre of the Murdoch Children's Research Institute, and a department of The Royal Children's Hospital, Melbourne.
[9] See Centre for Community Child Health (2019) for the latest version of this framework

Evaluations

Evaluations of the CFCs have been reported by Taylor and colleagues (2015, 2017) and Hopwood (2018). Taylor and colleagues (2015, 2017) investigated the impact of Centres on parents' use and experiences of early childhood services. Their results suggest that Centres were overcoming barriers to parental engagement in early childhood services in a number of ways. Centre users identified Centres as informal, accessible, responsive, non-judgemental and supportive places where they felt valued, respected and safe, and there was a strong sense of community ownership of Centres. Parents experienced Centres as welcoming places that were helping them to develop positive child, family, school and community connections. These qualities appeared critical for facilitating parental access and engagement in ECS.

Accessibility of services and supports was another key positive finding of this study. The comprehensive, complementary and coordinated services that were available locally under one roof addressed many of the physical barriers to access, such as transport, cost and time that can impact on service use. The single entry point also facilitated 'soft contact' with service providers by parents and families through drop-in sessions, which then led to engagement with more targeted services and supports where necessary. Co-location of services also enabled some parents to access services and supports without having to disclose their use to family and friends.

The study by Hopwood (2018) involved interviews with 48 staff, volunteers and parents from three Tasmanian Child and Family Centres. These suggested that the CFCs are achieving a variety of positive outcomes with and for children, families and communities. These included: facilitating access to services and support; promoting child development and readiness for school; enhancing parent-child relationships; fostering parent growth; changing family circumstances; and strengthening communities. The co-location and collaboration of multiple services was another strong point. The provision of formal programs, structured playgroups, and appointments with nurses, social workers and others was seen as a vital feature of CFCs. But there was also evidence that informal interactions played an important role, contributing to relationship-building, gradual changes in families and communities, and often led to families accessing formal programs.

A study of the outreach services provided by early childhood services (including CFCs) in Tasmania (Jose et al., 2020) found that, although variable in practice, the three early childhood services studied were offering outreach activities as part of their universal service system and that these outreach strategies were effective in facilitating engagement with more vulnerable families. These outreach services did not target specific groups within their local communities, but sought to increase engagement with all families presenting as vulnerable or for whom access and engagement with their service was limited or had decreased. Despite outreach being offered by all services, there was no documented guidance about the role of outreach in the practice frameworks for any of the three services, resulting in a lack of clarity for service providers about the role of outreach within their practice.

One of the key programs offered by some CFCs is a parenting program – *Empowering Parents Empowering Communities* (EPEC) [10] – that is parent-run and practitioner-supported intervention. Developed and trialled in the UK (Day et al., 2012a, 2012b), this program has been successfully trialled in Tasmanian CFCs (Winter, 2013) and can have profoundly transforming impacts on the parent facilitators (Prichard, 2018). The use of parents from the community as co-workers with professionals is not without its challenges (Thompson et al., 2015) but has considerable potential as a way of improving engagement with other parents, increasing the likelihood of the take-up and use services, and of real change resulting.

Conclusions

The CFCs share a number of features with other child and family programs. The most important of these is that they offer a single point of entry giving access to a wide range of services.

The CFCs also have a number of unique features, both in how they were established and how they are run. The process of co-design with the communities involved was critical in determining the design and location of the buildings, and the programs to be offered. Another unique feature was the extensive professional development program provided, starting before the CFCs were established and continuing for several years afterwards.

Other key features of the CFCs that make them effective include:

- A recognition of the importance of relationships, and the incorporation of Family Partnership model principles and provision of training in the model
- Use of Working Together Agreements to ensure safe relationships within the CFCs
- Provision of outreach to find and engage those families who are not connected with services
- Use of parents as co-workers in delivering the EPEC parenting program

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2.2 Doveton College / Our Place

Description

Our Place[11] is an initiative of the Colman Foundation, a philanthropic organisation. It builds upon successful introduction of an integrated service model for education and care at Doveton College in 2012. Located in Doveton, a highly disadvantaged area in south-east Melbourne, the College was designed and built to offer integrated wrap-around early learning, family support and maternal and child health services for children from birth to age four, as well as teaching and learning spaces for Prep (age five) to Year 9 students (McLaughlin & Newman, 2015). The early childhood component of the Doveton model aims to provide children with strong, stable and trusting relationships with skilled educators, so that children can manage their emotions develop friendships, exercise agency and make choices, and to have their decisions respected. The College trains early learning educators in the provision of high-quality intentional and relational pedagogy that supports children's shared thinking and emotional wellbeing, self-regulation, focused thinking and problem solving that is supported and extended by sensitive interactions with others.

Doveton College is not only a central place for children to access education and care services, but also for families to access a range of services and supports. Some of these are funded and operated by the college on a daily basis (such as early learning, primary and early secondary schooling), others are provided by partner organisations on a sessional or ongoing basis (such as maternal and child health, family support, playgroups and parent support), while still others are delivered by partners off-site on a referral basis. The College aims to provide easy access and connections to services and supports for families: there is a 'no wrong door' and 'no wait list policy', whereby services can be accessed without the normal delay and services are provided in

[11] www.ourplace.org.au

one central and safe location. The College also delivers a suite of programs designed to support adults as parents and learners in their own right. These programs include guidance and support in parenting roles and engagement in programs and activities that support personal development. Adults can participate in work and learning training opportunities and link with existing agencies and job network providers to support their return to work or study (McLaughlin & Newman, 2015). There are also many opportunities for parents to volunteer, with more than 100 parents volunteering each week in classroom and after-school activities (McLaughlin et al, 2020).

Since its establishment, the Our Place approach has continued to evolve, and now has a fully articulated evidence-based rationale for its approach (McLoughlin et al., 2020). The Our Place approach focuses on more than the classroom, also seeking to change the overall environment for children and families. Our Place does not deliver or fund any services or programs, instead helping to reconfigure the local service system by providing essential resources to drive action, impact and innovation. Its expertise is building meaningful relationships and facilitating lasting partnerships with local leaders and the community to create opportunities for participation (McLaughlin et al., 2020).

The success of the original Doveton College program has led the development of the Our Place initiative which aims to introduce the model to other schools. In November 2017, a landmark agreement was signed between the Victorian Government and the Colman Foundation to expand the program to ten other school sites (McKenzie, 2019). The Colman Foundation has committed to supporting this expansion for 10 years. As the Doveton College model is scaled up to new sites across Victoria, the need for implementation guidance to ensure fidelity to the original model is critical. Our Place already has a well-articulated evidence-based rationale, and is currently developing a range of guidelines and evidence for new sites to draw upon (McLaughlin, et al., 2020).

Evaluation

An evaluation of the initial Doveton College program (Newman et al., 2020) focused on the impact on children's school entry readiness and academic achievement over the subsequent four years. Students who did/did not attend the Doveton Model Early-Learning-Centre were compared using standard reading, oral-language, writing and numeracy tests from school-entry to Year 3. There was a trend towards higher academic achievement for students who attended Doveton early-learning compared to students who had not. Many tests showed statistically significant differences, despite low sample sizes. This study provides preliminary evidence that attending an early learning program within a high-quality, wrap-around service model may have significant academic benefits for disadvantaged children. However, further studies using more rigorous research designs are needed to confirm these findings.

Discussion

Our Place offers a single entry point to a range of services and supports, a feature it shares with many other child and family centre initiatives. It also uses a school as a platform for delivery of these services, which other initiatives have shown can be effective.

But Our Place differs from other programs in several key ways. One is that it is not simply a stand-alone child and family centre located on school premises, but is an integral part of the school itself. It seeks to transform the culture of the whole school, making it a family-friendly environment throughout. This avoids the culture clash that can occur when parents move from a family-centred early childhood service to a traditional child-focused school program that offers little meaningful role or place for parents.

Our Place is also unique in the partnership between philanthropy and government in developing and extending the model. The scaling up of the model requires the

Key features that contribute to the effectiveness of the program include:

- It creates a welcoming and accepting place for parents as well as children, as shown by the high numbers of people volunteering as well as making use of the parent-focused activities and opportunities. The program's name – *Our Place* – is significant in this regard.
- The emphasis on providing high-quality ECEC services, and training staff in the use of intentional and relational pedagogy
- It provides services for parents that not only aim to support them in their parenting roles but also to address their own personal needs (eg. employment training)
- A clear rationale and set of guiding principles

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2.3 South Australian Children's Centres

The South Australian Department for Education runs 47 Children's Centres for Early Childhood Development and Parenting across the state.[12] These are based on a model of integrated practice and offer a range of education, health and family services, with the mix of services varying according to the needs of the community.

All centres focus on children's learning and development within the context of their family and community. Children and family centres also focus on supporting Aboriginal families with young children. Through a collaborative partnership approach centres provide services to strengthen the capacity of families and the community to respond to children and provide the best possible start in life.

Services provided include:

- early education and care (preschool, long day care, playgroups; services for children with dsiabilities),
- community development services (parenting programs, personal development opportunities),
- health services (health promotion activities, child and family health services, antenatal services, allied health services)
- family services (parenting programs, family practitioners support services)

Evaluations

[12] https://www.education.sa.gov.au/parents-and-families/child-care-services/childrens-centres

The Telethon Kids Institute through the Fraser Mustard Centre undertook a three-year evaluation of South Australian Children's Centres for Early Childhood Development and Parenting. The qualitative component of the evaluation was completed in 2013 (Harman-Smith and Brinkman, 2013) and the qualiatative component in 2016 (Harman-Smith et al., 2016).

The limited nature of the data available prevented definitive answers to many of the evaluation study's research questions but did allow a number of key areas for further development to be identified. These included the following:

- There was a great deal of variation in the range and number of services and supports available across Centres, but it was not clear whether variation in the range and number of these services was due to community level variation or some other driver related to the capacity of Centres to deliver services. It was recommended that the mix of universal services and targeted supports be refined to ensure all communities have appropriate services available to them.
- There was not possible to establish to what extent parents were actively engaged in the governance of the Centres as intended, but it was clear that this was an aspect of Centre functioning that needed further development.
- The vision for Children's Centres needed to be developed further to include a clear model for how these work with or service communities. This must include: intended outcomes, means to achieve these outcomes, and supporting structures that enable implementation.
- Although Centres reported building referral networks for families wih unique and/or additional needs, further work is needed to identify and build referral pathways to and from agencies that are connected to families, from conception through to school age.

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2.4 Child and Family Centres (Western Australia)

The Western Australian government runs 22 Child and Parent Centres (CPCs) across the state.[13] These are available to parents with children up to eight years old and are located at or near local primary schools in areas with higher than average concentrations of children experiencing vulnerabilities. Each centre is operated in partnership with a non-government organisation. Services and support may include: maternal and child health services, allied health services, counselling services, antenatal classes, early learning programs, playgroups, parent groups, parenting and family support, and referrals to other services.

Whiteside and colleagues (2013) have provided an overview of the literature on integrated service delivery demonstrating its value and supporting the growing attention being given to the early years in Western Australia. They noted that the focus and service mix of CPCs will (and should) evolve and change over time as new knowledge and opportunities to include new or different ways of working in partnership inform the most effective ways of supporting all children, particularly those experiencing vulnerabilities.

Evaluations

Shelby Consulting (2017) was engaged by the Department of Education on behalf of the State Government to evaluate the Child and Parent Centre Initiative. The evaluation involved a mixed methods approach integrating multiple sources of data, both quantitative and qualitative as well as ensuring a high level of stakeholder engagement. A program logic diagram was developed to clarify the causal mechanisms expected to contribute to program outcomes.

Key findings from this evaluation included:

- The Child and Parent Centres initiative was being implemented as intended, and the centres were largely meeting their outcomes and performance indicators (although quantitative measures for medium and long term outcomes were not yet available).
- The centres were instrumental in bringing services to local communities where they are more easily accessed by those requiring them. There were also effective in linking the early learning, early childhood education and the community services sectors which have previously been largely independent of each other.
- Key factors contributing to the success of the model included
  - the quality of centre staff and service professionals,
  - having the centres operated by organisations that took a community development and collaborative approach,
  - locating the centres on school sites

[13] https://childandparentcentres.wa.edu.au/

  - the active participation of the Local Advisory Committee (LAC) members
  - the presence of community services, and
  - a high-level of inter-agency cooperation.
- The majority of stakeholders said that what was required to sustain the Child and Parent Centre Initiative was secure, long-term funding

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2.5 Challis Parenting and Early Learning Centre

Description

The Challis Parenting and Early Learning Centre is part of the Challis Cluster[14], comprising the *Challis Early Childhood Education Centre* (an Independent Public School providing education for children from Kindergarten to Year 2) and the *Challis Primary School* (also an Independent Public School providing a program for children from Year 3 to Year 7). The *Challis Parenting and Early Learning Centre* is jointly funded by both schools, supported by the Minderoo Foundation[15], and is located on the school premises. It is an integrated and comprehensive multi-agency school and community resource focused on Early Learning and Family Support located on the school premises.

According to Clark and Jackiewicz (2014), the Challis model aims to mitigate the problem of significant early life disadvantage being a lifelong drag on the life chances of children. The Challis model is comprehensive, bringing together three key sets of services:

- high quality early childhood education commencing before entry to preschool and extending throughout the early primary years;

[14] http://www.educationwa.com.au/Perth-and-Surrounds/Armadale/Challis-Early-Childhood-Education-Centre/39942
[15] https://www.minderoo.org/challis-parenting-and-early-learning-centre/

- meshed parenting and early intervention programs to complement early learning and address barriers to child development; and
- family support and encouragement that provides consistent scaffolding children need to optimize progress.

Evaluations

Published evaluations of the program are scarce. Clark and Jackiewicz (2014) were commissioned to provide a detailed review of the Challis model and the evidence supporting it with the view to advocating its relevance for implementation in other vulnerable areas of Australia. According to their review, Challis involves the following elements:

- Very early engagement with parents
- A focus on core social and cognitive skills development as priorities
- Timely linkage of parents and children to relevant child development and parenting services at the right dose and using the principles of family partnership and strength-based practice
- Early introduction of families to schools to break down barriers and foster parental participation in children's education and the governance of the model
- Opportunities for facilitated social and cognitive enrichment for mothers and children prior to school entry to assist in building family and community capacity to support child development
- Establishment of support networks and skills development for families at risk (incorporating a developmental anticipatory guidance approach: offering parents child-rearing advice that is age appropriate and emphasises priority issues in development)
- Early intervention for children with developmental delay (incorporating a developmental screening approach involving tracking the early developmental progress of children so that those in need of intervention can be identified early and referred to the appropriate services) are highly linked consistently applied unstructured K- 7 literacy and numeracy curriculum.

In terms of impact, Clark and Jackiewicz (2014) report that, bbetween 2005 and 2012, AEDI results indicated a 40% reduction in the prevalence of vulnerability in children attending the Challis program.

Conclusions

The Challis model is another example of a program that is co-located with a school.
The available descriptions of the program are not detailed enough to give a clear idea of how it operates, and the available evidence of outcomes is limited.

One of the key features is that it starts early, working with families from shortly after birth.

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2.6 Early Years Education Program (EYEP)

Description

Established by the Children's Protection Society (now Kids First Australia), the Early Years Education Program (EYEP) [16] was an early education and child care service that targeted children aged 0 – 5 years old who are experiencing significant family stress and social disadvantage. Located in West Heidelberg, Victoria, the program had capacity for 45 children, and was funded by both the Federal and State Government and a number of major philanthropic foundations. The program ran from 2011 to 2018.

The program had a dual focus: to address the consequences of significant family stress on children's brain development; and to redress learning deficiencies:

> The EYEP model is designed to provide vulnerable infants and toddlers with a predictable, nurturing and responsive interpersonal environment that will facilitate all facets of their development and learning—cognitive, language, emotional, social and physical—to build the children's capacity for full participation in society (Jordan & Kennedy, 2019).

The ultimate aim of the EYEP was to ensure that these children arrive at school developmentally and educationally equal to their peers. Children who participated received five days per week of high-quality early education and childcare totalling at least 25 hours per week. Participation in the program lasted for a minimum of three years or until a child reached school age.

Particular features of the program are: high staff/child ratios, diploma qualified staff, enriched care-giving, high quality curriculum-based education based on the national Early Year Learning Framework, integration with Family Support/Child Protection services, and a strong focus on

[16] https://www.kidsfirstaustralia.org.au/page/17/eyep-early-years-centre-west-heidelberg

building partnerships with parents to sustain their child's participation in the program. The foundation of EYEP is a holistic model of care and education within a childcare centre:

> The program involves direct intervention with a child to address his or her identified needs, reverse developmental delays, and reduce the impact of risk factors and adverse events. The basis for care in EYEP is an attachment-focused, trauma informed, primary-care model which recognises the significance of respectful, responsive relationships for every child's learning and development. The purpose of the primary care model is to encourage the fostering of significant attachments for children who are likely to be experiencing disrupted and compromised attachment relationships in their home environments. The education model in EYEP is a pedagogically-driven reflective teaching model that is child-focused and built on the National Early Years Learning Framework of *Belonging, Being and Becoming* (DEEWR, 2009). Each child has individual learning goals developed in partnership with families. Educators plan a curriculum using play-based approaches and intentional teaching to support each child's learning and development across learning outcomes in the Early Years Learning Framework (Tseng et al., 2017).

All elements of the model are regarded as critical to its implementation (Jordan & Kennedy, 2019).

Evaluation

An RCT of the program has been conducted (Jordan et al., 2014; Tseng et al., 2017, 2018, 2019), with a final report due in 2020. The children and parents involved in this study are extremely disadvantaged (Tseng et al., 2017): compared with children representative of the whole population or living in low SES households in Australia, the EYEP children had lower birth weight, and compromised language, motor skill and adaptive behaviour development at the time of enrolment in the trial. Their primary caregivers had less personal and social resources available to face the challenges of parenting, even compared to children living in low SES households. They were more likely to be young parents, have fewer financial resources, and most were unemployed. The number of stressful life events beyond the parent's control was extraordinarily high, and many had severe levels of psychological distress (Tseng et al., 2017).

Initial findings on the impact on children and their primary caregivers after twelve months of enrolment in the program showed positive gains in children's intellectual development but no significant impact on other development outcomes (Tseng et al., 2018). These results were described as encouraging, but not as yet conclusive.

A follow up after 24 months showed broader and more powerful impacts on the children and their families (Tseng et al., 2019). Large positive impacts of EYEP are found on children's cognitive and non-cognitive development – primarily IQ, protective factors related to resilience, and social-emotional development. There is also some evidence that EYEP improves children's language skills and lowers the psychological distress of their primary caregivers.

In addition to the RCT study, a qualitative study of the relationship pedagogy of the EYEP has been conducted (Fordham, 2016a, 2016b). This found that the extensive input from Infant Mental Health professionals enabled the EYEP educators to have a greater understanding of each child's internal world. In addition, educators are supported by regular professional supervision, relevant ongoing professional development, and extensive time allocated for programming and planning (Fordham, 2016b). The educators used family-centred practices to enhance parental belonging and sustain parental engagement with the program. Two of EYEP's unique elements were the supportive manner in which families gradually orientate into the program, and the respectful approach taken to include parents in their children's education and care plans (Fordham, 2016b).

This qualitative study has implications for universal EC services working with children and families experiencing vulnerabilities:

- To ensure families sustain their involvement with the programs, it is essential to engage them well - if families experience a sense of belonging to a service they may be less likely to disengage from it.
- It takes time to build relationships with families, particularly with families who may have experienced high levels of stress or social disadvantage and who may have a mistrust of professional services. Training in family-centred practices would support educators to be better skilled in building respectful relationships with every family.
- Educators (and other EC staff) would benefit from learning and training in attachment theory, the effects of trauma on development, and designing and implementing a holistic approach to curriculum and relational pedagogy that supports and enhances every child's capacity as a learner (Fordham, 2016b).

Discussion

This program was an attempt to replicate the success of the early US models in addressing the needs of children from the highly disadvantaged backgrounds. It was exemplary in its focus on building attachments and being trauma informed, combined with a high quality child-focused curriculum. It is also exemplary in its rigorous approach to evaluation, being an Australian first in conducting an RCT to assess the efficacy of the model, albeit involving small numbers.

This is a compensatory model, primarily designed to give the child experiences that will provide attachment security and stability, and to provide an enriched early learning experiences. The principal focus was on the child, and the partnership with the family was focused on ensuring the child's continued attendance in the program, rather than on changing the home care and learning environment. The family needs were not neglected – parents were encouraged to make use of all health, educational and social services available in the community, and care team meetings with parents, family support/child protection workers, and the early years educators took place every

12 weeks. Nevertheless, the EYEP was limited in its ability to change the home environment and circumstances.

A major issue for this type of program is whether it can be scaled up to meet the needs of all other children across Australia who living in situations of risk, abuse and neglect. There are as many as 30,000 such children, yet the EYEP only catered for 45 at a time. The program is intensive and relatively costly, and constitutes a tertiary level intervention, equivalent to intensive care in the health services' sector (Jordan & Kennedy, 2019). Nevertheless, given the disproportionate economic burden that this small portion of the population carries in later life (Caspi et al., 2016), the additional costs of such a program might prove to be highly cost-effective in the long run. Further trialling of the model in different settings is warranted.

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2.7 Early Years Places (Queensland)

Description

Early Years Places (EYPs) [17] provide a range of support services to families with children aged birth to eight years. They are located in over 50 communities across Queensland. The core aim of the initiative is to provide vulnerable families with easy access to integrated and inclusive early years services in order to strengthen children's health, wellbeing and safety (Department of Education, Training and Employment, 2013). Prior to 2016, EYPs appear to be referred to as Early Years Centres.

EYPs target both children and their parents, offering a combination of programs including: playgroups, early childhood education and care, health services, and family and parenting support. The combination of services offered at each EYP is tailored for the local communities' needs. There is little published documentation of the programs offered or the program rationale.

[17] https://www.earlyyearscount.earlychildhood.qld.gov.au/early-years-place/ https://earlychildhood.qld.gov.au/funding-and-support/rural-remote-and-indigenous-programs/early-years-places

Evaluation

In 2013, the Department of Education, Training and Employment (DoETE, 2013) undertook an evaluation of the EYP program, which were called Early Years Centres (EYCs) at the time. The evaluation looked at the four EYCs that had been established in Caboolture, North Gold Coast, Browns Plains and Cairns, each with satellite services in surrounding communities.

This review found that the integrated service delivery was successful across multiple service systems, including health, education, and broader family and child services. This enabled family engagement, early identification of issues, and access to appropriate supports when required. However, some challenges remained around reaching and engaging CALD families. Multidisciplinary approaches to service delivery were less evident in home visiting or one-to-one work, where traditional practice perspectives may revert. There were higher levels of staff satisfaction regarding referral pathways with local kindergartens, childcare services and primary schools. Relatively lower levels of satisfaction were reported for referral pathways with disability services and services for people from CALD backgrounds. The EYCs all demonstrated good practice principles of inclusion, respect, understanding and responsiveness across a range of strategies developed to engage and work with target groups.

In terms of outcomes, there was evidence that the EYCs assisted parents to improve parenting skills, feel more connected and less isolated, and increase and social supports over time. While there was evidence of improved social, behavioural and developmental outcomes for children, the extent to which improved health outcomes for children have been achieved was unclear.

The evaluation identified key factors for success at both the service level and the family outcomes level (DoETE, 2013). At the service level, supportive and honest relationships across community and cultural networks were seen as being are critical. Success factors for effective partnerships included: investing time and resources to establish and maintain them; senior leadership direction and modelling behaviour; shared values, goals, and expectations; information sharing and clear communications; and structured contributions through routine case conferencing, shared planning and review. Having ‘soft entry’ points such as drop-ins, toy libraries, playgroups, and cooking classes for parents and children were seen as key to facilitating access to more targeted assistance if appropriate. Providing outreach, home-visiting services and transport assistance were also important.

Success factors identified to support the achievement of child and family outcomes included: evidence-based practice within multidisciplinary teams; on-site specialist services (such as substance abuse, mental health, disability and financial management); integrated playgroup delivery; and a focus on the child within a whole family context.

Discussion

EYPs have many of the features identified in other programs, but the limited documentation and evaluation evidence make it difficult to draw any strong conclusions.

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2.8 Early Childhood Schools (ACT)

Description

Early Childhood Schools are an ACT Education Directorate initiative that provide learning and development centres for children (birth to eight) and their families (ACT Department of Education and Training, 2008). The core features of these schools are integrated service delivery, high quality programs and practice, and family support and participation.

Evaluation

An evaluation of the program by Power and colleagues (2016) found that the Early Childhood Schools were partially meeting the intent of the Early Childhood Schools Framework. Some successful programs and practices at individual schools were identified, but these had not yet been integrated into an overarching evidence-based framework that could be flexibly applied by all schools. A number of areas for future focus were identified to strengthen practice in the areas of integrated service delivery, access for vulnerable and disadvantaged families, student outcomes, governance and accountability.

Conclusions

Like the Queensland EYPs, the ACT's Early Childhood Schools have many of the features identified in other programs, but the limited documentation and evaluation evidence make it difficult to draw any strong conclusions.

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4. Aboriginal and Torres Strait Islander models

This section reviews a number of integrated serve models designed for Aboriginal populations, including Aboriginal Child and Family Centres,

4.1 Aboriginal Child and Family Centres

Description

Aboriginal Child and Family Centres (ACFCs) are an initiative of all Australian Governments to achieve service integration for Aboriginal and Torres Strait Islander (ATSI) children and families. They aim to improve early childhood outcomes by increasing access to child and family support services that respond holistically to community needs (Grant, Colbung and Green, 2015; SNAICC, 2020).

ACFCs offer a flexible, inclusive and community based approach to facilitate the participation of ATSI children into early childhood education programs and connect families to integrated services based on locally determined priorities and needs. They provide a 'one stop shop' for families that may otherwise face barriers to accessing supports and services (SNAICC, 2020).

ACFCs adopt an integrated service delivery model that is emerging as a best practice approach to effectively engage with children and families who are experiencing vulnerabilities (SNAICC, 2019). Research suggests that services that are both driven by ATSI leadership and that adopt an integrated model of care offer the greatest potential to shift the trajectories of ATSI children (SNAICC, 2019).

There are currently 38 ACFCs operating across Australia (SNAICC, 2020) targeting both children and their parents. Support services vary depending on the needs of communities but key service offerings include:

- early childhood and family support services, including long day care and kindergarten for three and four year old children
- visiting Maternal and Child Health nurses, counsellors, midwives and other universal services (SNAICC, 2019).

In addition to these key services, integrated support services are provided based on the identified needs and aspirations of communities. These may include: diverse health services such as health assessments, hearing, psychology, speech pathology and maternal health; transition to school programs; cultural and arts programs; behavioural management programs; additional needs

programs; outreach and transport supports; parenting programs; playgroups; legal and housing supports; and family violence counselling (SNAICC, 2019).

Most ACFCs have Indigenous community boards, which govern their operation and ensure service provision is reflective of local Aboriginal culture. They are generally staffed by Indigenous members of the local community in a variety of roles including program managers, childhood educators, nurses, healthcare workers and administration officers (SNAICC, 2019). The level of ATSI employment within ACFCs is dependent on the skillsets available in local communities at the time of recruitment (URBIS, 2014).

Evaluations

Evaluations of various aspects of the ACFCs have been conducted by CIRCA (2014), Grant et al. (2015), URBIS (2014), and SNAICC (2019).

Evaluation of NSW Aboriginal Child and Family Centres (CIRCA, 2014). From 2011-2014, the Cultural and Indigenous Research Centre Australia (CIRCA) undertook a long-term evaluation of Aboriginal Child and Family Centres (ACFCs) in NSW, for the NSW Department of Family and Community Services (CIRCA, 2014).

The evaluation identified the following key achievements of the Centres:

- increased enrolment in early childhood services
- increased health checks and vaccinations
- integrated, holistic and coordinated care with effective referral pathways
- effective engagement between the Centres and community
- created a sense of community ownership and services that respond to community needs

Key characteristics of the Centres include:

- Culturally specific, purpose-built premises
- Co-location of early childhood and family support services
- High proportion of employed Aboriginal people involved in the centre and investment in capacity building and up-skilling is seen as a key component to retain staff
- Community engagement and involvement achieved through a variety of approaches, including Local Reference Groups, Advisory Groups, Community Governing Boards, employment of local Aboriginal staff participation of service users in service planning, and community-wide engagement.
- Successful partnerships with a broad range of other services (CIRCA, 2014).

Service integration for Aboriginal and Torres Strait Islander early childhood development: A multiple case study from New South Wales and Queensland (SNAICC, 2019). In 2018, the Secretariat of National Aboriginal and Islander Child Care (SNAICC) undertook collaborative

research in partnership with two Aboriginal Community Controlled Organisations delivering integrated services for children and families through their ACFC, Nikinpa, operating in Toronto, and the Palm Island Community Company operating in Palm Island (SNAICC, 2019). The study identified six key themes that were important when considering the extent to which services were integrated and responsive to the needs of ATSI families and children. These were:

1. Integrated service delivery
2. Culture
3. Aboriginal leadership
4. Governance
5. Partnerships and
6. Sustainability (SNAICC, 2019).

Evaluation of the National Partnership Agreement on Indigenous Early Childhood Development (Urbis, 2014). The National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD) is one of a range of measures agreed to by the Council of Australian Governments (COAG) in support of achievement of the Closing the Gap targets for Aboriginal and Torres Strait Islander people. It was introduced in 2008 to specifically address the needs of Aboriginal and Torres Strait Islander children in their early years. Urbis was engaged by the Australian Government to undertake the comprehensive evaluation of the NPA IECD from 2012 to 2013-14. This evaluation was based on a review of state and territory annual and progress reports, two rounds of field visits to every state and territory, in-depth case studies of three Child and Family Centres (CFCs), surveys of operating CFCs, structured discussions and telephone interviews with state and territory and Australian Government officers. The evaluation found that CFCs were increasing access to health and education services for ATSI children and families in all state and territories.

Key components of CFCs Australia-wide included:

- Strong emphasis on community engagement
- Aboriginal employment and capacity building through training initiatives
- Culturally accessible services
- Cultural competency training
- Purpose built facilities, in some cases designed with the community
- Engaging ATSI people in governance and management
- Successful partnerships

Architecture for Aboriginal children and families: a post occupancy evaluation of the Taikurrendi, Gabmididi Manoo and Ngura Yadurirn Children and Family Centres (Grant et al., 2015). The study examined the development, outcomes and responses of services users to three Children and Family Centres established in South Australia. The post occupancy evaluation was commissioned and funded by the Department of Education and Child Development, South Australia. A mixed methods approached was used to collect qualitative data including a literature

review, photographic surveys, environmental walkthroughs, behavioural mapping, physical trace observations, participatory exercises with children, non-participant observation, semi-structured interviews, and group consultations.

The following features were seen as having contributed to service access and utilisation:

- Aboriginal involvement in the design of Centres
- Culturally appropriate, purpose-built Centres
- Strong community engagement that helped create a sense of community ownership
- Building and maintaining relationships built on trust
- Employment of local Aboriginal staff
- Provision of integrated services

Discussion

Key components of ACFCs attributing to effective, integrated service models:

- Culturally specific, purpose built premises
- Colocation of services (one stop shop, soft entry point)
- Community engagement and involvement in the design and delivery of services
- Strong partnerships
- Employment of Aboriginal staff
- Aboriginal leadership

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4.2 Multifunctional Aboriginal Children's Services (MACS)

Description

Multifunctional Aboriginal Children's Services (MACS) and crèches are two types of Indigenous childcare services that are directly funded by the Australian Government through discretionary grants (Australian National Audit Office, 2010). For over three decades, MACS have been funded by the Australian Government and managed by the Aboriginal Community (ANAO, 2010). The core aim of MACS is to provide access to childcare in communities where mainstream childcare services are not available or viable, and where there is a need for culturally competent services (ANAO, 2010). MACS are community-based services that provide long day care and at least one other form of childcare or activity, such as outside school hours care, playgroups, nutrition programs and/or parenting programs. Crèches provide culturally appropriate childcare programs over flexible hours based on the needs of the Indigenous communities where they operate. MACS were never intended to be confined to delivering preschool services, rather, their role is to provide holistic care (Bond, 2000) to meet the educational, social, cultural and developmental needs of Aboriginal children (DET, 2018). The MACS are generally staffed by Indigenous members of the local community. There are three key roles: coordinator, support worker, and bus driver (Bond, 2000).

Evaluations

Following a national audit of MACS in 2010, the Department of Education, Employment and Workplace Relations (DEEWR) implemented a revised performance management framework for measuring the activities and outputs of MACS (ANAO, 2010). Despite this, there is very limited research published on evidence of effectiveness of MACS. Much of the literature in this field is not recent and draws upon research conducted with very small sample sizes. Therefore these findings may not be generalisable to the current setting.

Reach. The 2010 audit also revealed that 12% of MACS are located in major cities and 19% are located in inner regional areas, where mainstream childcare services are accessible. This indicates there are a sizeable proportion of MACS located in areas where they may not be reaching the target population (i.e. children with limited or no access to appropriate childcare services) (ANAO, 2010).

Engagement. A small qualitative study on parent engagement with MACS indicated that these services played a vital role in improving enrolment rates in early childhood services for Aboriginal children (Trudgett & Grace, 2011).

Culturally responsive services are effective services. Culturally strong programs incorporate the culturally based beliefs, values and practices, including child-rearing practices, of individuals, families and communities using that service (Guilfoyle et al, 2010; Harrison et al., 2017). All those involved with childcare programs for Indigenous children share a similar desire: that programs reflect the cultural knowledge and practices of their respective communities (Guilfoyle, 2010). Early learning programs that do not reflect the culture and knowledge of the Indigenous community are not seen as culturally safe and tend not to be used by families in that community (Harrison et al., 2012). A case study conducted at one MACS in Queensland observed the successful manifestation of these relationships through educator-child interactions (Harrison et al., 2017).

Conclusions

These studies suggest that the key qualities of effective programs for Indigenous children and families include the following:

Box 10. Key qualities of effective programs for Indigenous children and families

- Indigenous community control (Harrison et al., 2012; Hutchins et al., 2007)
- Respectful supportive relationships between Indigenous and non-Indigenous people – recognising the importance of relationships to successful programs
- Providing culturally strong and safe programs and services (Guilfoyle et al., 2010; Hutchins et al., 2007)
- Employing Indigenous staff with relevant qualifications (Harrison et al., 2012; Lee-Hammond, 2013; Trudgett & Grace, 2011)
- Involvement and inclusion of parents and families in childcare programs (Trudgett & Grace, 2011)
- Providing transport to and from services (Hutchins et al., 2007)
- Inclusion of shared care by extended family (Hutchins et al., 2007)

- Incorporating Indigenous ways of knowing and being in the world (Hutchins et al., 2007)
- Acknowledging history – acknowledging the past and learning together (Hutchins et al., 2007)
- Providing integrated services that address all aspects of health and wellbeing (Guilfoyle et al., 2010; Hutchins et al., 2007; Lee-Hammond, 2013)

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4.3 Children's Ground

Description

Children's Ground[18] is an organisation led by Aboriginal communities. It works with children, families and communities that face the greatest exclusion and live with injustice and disadvantage every single day. Designed with First Nations people, the Children's Ground approach involves a comprehensive, whole-of-community, place-based platform of prevention that seeks to address the social and cultural determinants of education, health and wellbeing. It starts by working with children pre-birth to eight years of age and their families, and commits to a 25-year integrated approach to child, family and community wellbeing achieved through five systemic areas that create enabling conditions for change (governance; employment; services; investment; and evidence), an integrated service platform, and eight practice principles that guide how Children's Ground works with the community.

Children's Ground operated in Kakadu West Arnhem from October 2013 to June 2017. It ceased operations three years into a 25-year strategy when the local
Mirarr traditional owners who had provided the core funding for the program were no longer in a position to support it due to the closure of the Ranger Uranium mine. Children's Ground is continuing to work in other sites in Alice Springs and West Arnhem Land.

Evaluation

An evaluation of the program run in Kakadu West Arnhem (Lorains & Vadiveloo, 2019) found that Children's Ground achieved significant short-term impact and change for children, families and the community. This was evidenced by: engagement in early childhood learning and wellbeing; family engagement in their children's learning and their own wellbeing; employment of long-term unemployed people; improved environments of safety; inclusion and community governance and empowerment.

[18] https://www.childrensground.org.au/

Discussion

Children's Ground is the most radical example yet of a place-based approach to improving outcomes for Indigenous children and families. It has shown that it is capable of achieving change in areas which have historically been difficult for the mainstream system to change. Although focused on improving outcomes for children, it is a whole-of-community approach, and therefore goes beyond what the other models considered in this paper address.

Key features of the program include:

- Philanthropy has played a significant role in establishing and maintaining the Children's Ground program
- Aboriginal ownership and control of the program
- Employment of Aboriginal people in the program
- Clear statement of the principles upon which the program operates
- Long-term commitment - Children's Ground recognises the immense damage that dispossession, marginalisation and racism have had on generations of Aboriginal people, and understands that it will take at least a generation to repair the damage and show benefits.

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4.4 Working with Aboriginal and Torres Strait Islander communities

A persistent theme emerging from the examples just considered is the importance of placing control of services and power over decisions in the hands of Aboriginal communities. This is exemplified in the Children's Ground approach. Others who have called for an empowerment approach to working with Aboriginal people include Empowered Communities (2015), Bulloch et al. (2019), Sydenham (2019), and the Coalition of Peaks (2020).

Empowered Communities (2015), a collaboration between Indigenous people in eight regions across Australia, produced a reform proposal that aims to empower communities by empowering people. It is led by Indigenous people, as it is Indigenous people themselves, those whose lives are directly affected, that should be empowered to have greater influence and control over the decisions that impact on their lives. Their report argues that there needs to be a fundamental shift away from the traditional social policy framework in which Indigenous affairs has been conducted, to a comprehensive Indigenous Empowerment agenda. Empowerment has two aspects. It means Indigenous people empowering ourselves by taking all appropriate and necessary powers and

responsibilities for our own lives and futures. It also means Commonwealth, state and territory governments sharing, and in some cases relinquishing, certain powers and responsibilities, and supporting Indigenous people with resources and capability building. Empowering Communities invokes the principle of subsidiarity—that authority to decide and act should rest at the closest level possible to the people or organisations the decision or action is designed to serve—is an important element in our concept of Indigenous Empowerment.

This push for a new approach has culminated in the recent report published by the Coalition of Peaks, a representative body of around fifty Aboriginal and Torres Strait Islander community controlled peak organisations and members (Coalition of Peaks, 2020). This landmark report has been prepared by the Coalition of Peaks in partnership with Australian governments – federal, state and territory – and the Australian Local Government Association. The Coalition of Peaks believes that, if Australia is to truly close the gap in life outcomes between Aboriginal and Torres Strait Islander people and other Australians, there needs to be a new way of working established between Aboriginal people and governments. All governments need to ensure that they engage fully and transparently; allow Aboriginal and Torres Strait Islander people to have a leadership role in the design and conduct of engagements; ensure they know the purpose and fully understand what is being proposed; know what feedback is provided and how that is being taken into account by governments in making decisions; and are able to assess whether the engagements have been fair, transparent and open.

Others who conclude that Aboriginal control of initiatives is critical include Bulloch and colleagues (2019) and Sydenham (2019). In a study of perceptions and practices of community-driven, strengths-based approaches to Aboriginal health and wellbeing services, Bulloch et al. (2019) found that community-driven program design is fundamental to ensuring success. This requires building long-term relationships with communities that go well beyond superficial consultation. Relationship building goes hand-in-hand with long-term learning based on local histories, culture and socio-economic dynamics. From these relationships and learning, innovative place-based services that are responsive to community needs and aspirations can grow. Crucial to these processes is having staff who are part of the community, but drawing on expertise and support from staff with a diversity of backgrounds can also help build robust structures and services and provide clients with a wider choice.

A discussion paper prepared by SNAICC and Early Childhood Australia (Sydenham, 2019) concludes that there are three essential principles can help guide policy-makers and service providers about where and how programs are implemented to improve outcomes for Aboriginal and Torres Strait Islander children:

- The incorporation of cultures and Aboriginal and Torres Strait Islander community ownership and leadership across all aspects of program design, delivery and governance is central, as is a strengths-based approach that builds on existing family, community and cultural strengths and expertise.

- Programs must also be holistic, focusing on the whole child and tackling the wider social determinants of health that contribute to disparities in early life outcomes.
- Finally, genuine and consistent improvement in outcomes requires sustainability, adequate and secure funding, a qualified workforce, flexible operational structures and systems, control over land, and a supportive policy context.

The paper calls for a national Aboriginal and Torres Strait Islander early childhood strategy in partnership with Aboriginal and Torres Strait Islander peoples. Key priorities of this strategy should include:

- a nurturing care framework
- ensuring service accessibility, with particular focus on areas with high Aboriginal and Torres Strait Islander populations
- providing quality services
- improving the cultural responsiveness of services
- supporting holistic early education and family-focused programs that engage the family from pregnancy or soon after birth
- redressing data gaps.

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5. Other initiatives

5.1 Community hubs

Community hubs can play a valuable role in supporting migrant and refugee families (Press et al., 2015; Rushton et al., 2017; Wong et al., 2015). The community hubs model is a place-based approach to supporting migrant and refugee families in their local communities (Wong et al., 2015). Community hubs support migrant and refugee families in relation to children's learning and development and provide knowledge, training and social opportunities for these families, and act as a gateway to services, information and learning, enabling families to increase their connections with their local community. Community hubs have been shown to help children be more ready for school, and schools to be more ready for children (Rushton et al., 2017), and to help migrant families support their children's learning more effectively (Press et al., 2015).

Schools themselves are also capable of becoming community hubs (Moore et al., 2012; McDonald & Moore, 2012). School-community hubs are a model of school-community partnership that involve collaboration between schools and other sectors in order to support the learning and wellbeing of disadvantaged children and their families through the provision of multiple services available in a single location or network of places in an integrated way (Moore et al., 2012). The case for school-community hubs rests partly upon the inherent logic of school-community partnerships in general, partly upon an emerging support for school-community partnerships in policy (both within Australia and internationally) and upon some evidence which indicates that school-community partnerships can be effective in bringing about improved outcomes for children, families, schools and communities (Moore et al., 2012). However, school-community hubs require schools to enter into collaborative relationships and partnerships that can be challenging for schools that have operated in traditional ways, especially when there are significant 'cultural' differences between those involved in the collaborations and partnerships (e.g. schools and the community sector) (Moore et al., 2012).

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5.2 Place-based and collective impact initiatives

Other initiatives have used a broader approach, seeking to bring together all the stakeholders in a specific area to develop and implement a joint action plan to improve outcomes for children and families. These are known as *place-based* approaches in Australia[19] (Centre for Community Child Health, 2011; Dart, 2018; Moore, & Fry, 2011; Moore, 2014; Moore et al., 2014), and *collective impact* initiatives in the US and Canada (Cabaj & Weaver, 2016; Kania & Kramer, 2011; Stachowiak & Gase, 2018; Weaver, 2019). The collective impact initiatives in the US draw their inspiration from the *Harlem Children's Zone*[20], a comprehensive community-service project in New York City that seeks improve the lives of poor children by providing them with continuous educational opportunities from cradle to career (Harlem Children's Zone, 2009; Tough, 2008).

[19] The Victorian Government (2020) distinguishes between place-focused and place-based approaches. *Place-focused approaches* plan and adapt government services and infrastructure to ensure they are meeting local needs. Government listens to community to adapt how government conducts its business, but ultimately, has control over the objectives, scope and implementation.
Place-based approaches target the specific circumstances of a place and engage local people from different sectors as active participants in development and implementation. They can happen without government, but, when government is involved, they require government to share decision-making with community to work collaboratively towards shared outcomes.

[20] www.hcz.org

These complex initiatives are challenging to evaluate and will take many years to prove their effectiveness. Evaluations of the *Harlem Zone* (Fryer & Dobboe, 2011; Hanson, 2013) suggest that it may not be a model that transplants easily to other settings and populations. Evaluations of other collective impact initiatives in North America conclude that 'The jury is still out on the ability of [collective impact] efforts to generate deep, wide, and sustained impact on tough societal challenges' (Cabaj & Weaver, 2016). Summarising findings from a recent study of collective impact initiatives in the US and Canada, Stachowiak and Gase (2018) concluded that, when implemented thoroughly, collective impact undoubtedly contributed to changes in target populations or places, although the nature of the contribution varied between initiatives. Quality of implementation made a difference. Collective impact is defined by a set of five conditions: backbone support, common agenda, mutually reinforcing activities, shared measurement system, and continuous communication. Several findings in the study suggest that more complete implementation of these conditions results in greater impact. Having a strong equity focus is needed if more equitable outcomes are to be achieved. It takes time to create real change – the time between inception and having an impact at a population-level varied between 4 to 24 years, suggesting that collective impact requires a sustained commitment and is not a short cut to social change.

UK examples of place-based initiatives include Save the Children UK's *Children's Communities* program (Batty et al., 2019) and *Early Learning Communities* program (Axford et al., 2018; Hobbs et al., 2019). These initiatives adopt a whole system approach to address the needs of young children living in poverty. The former is more broadly focused on the many factors that impact upon children's lives, while the latter is more focused on children's learning environments, and aims to

> enhance early learning systems so that more children in poverty have the types of relationships, interactions and experiences – tailored to their developmental stages and their needs – that best support their development, whether at home, in early years and community settings or at school (Axford et al., 2018).

Save the Children plans to work with partners in a network of 'Early Learning Communities' across the UK to help co-design improved local early learning systems.

A New Zealand example of this approach is *The Southern Initiative* (https://www.tsi.nz/), a place-based initiative that promotes social and community innovation in South Auckland, using a relational approach to work with and alongside communities (Hancock, 2019). Working with them is the *Auckland Co-design Lab* (https://www.aucklandco-lab.nz/), a public sector innovation team based in South Auckland. It is a collaboration between central and local government that aims to develop fresh ideas in response to complex social issues. The aim is to use co-design principles and practice to work with, better understand and empower the people closest to the issues. A key goal is to create a space for multi-agency teams to collaborate, work alongside citizens and to support and broker innovative ideas and solutions. Efforts are place-based and grounded in culture, and there is a focus on co-design, prototyping, growing capability and providing 'biodegradable support' (Hagen, 2018).

Australian examples of place-based initiatives include *Logan Together* (www.logantogether.org.au) and *GoGoldfields* (www.gogoldfields.org).

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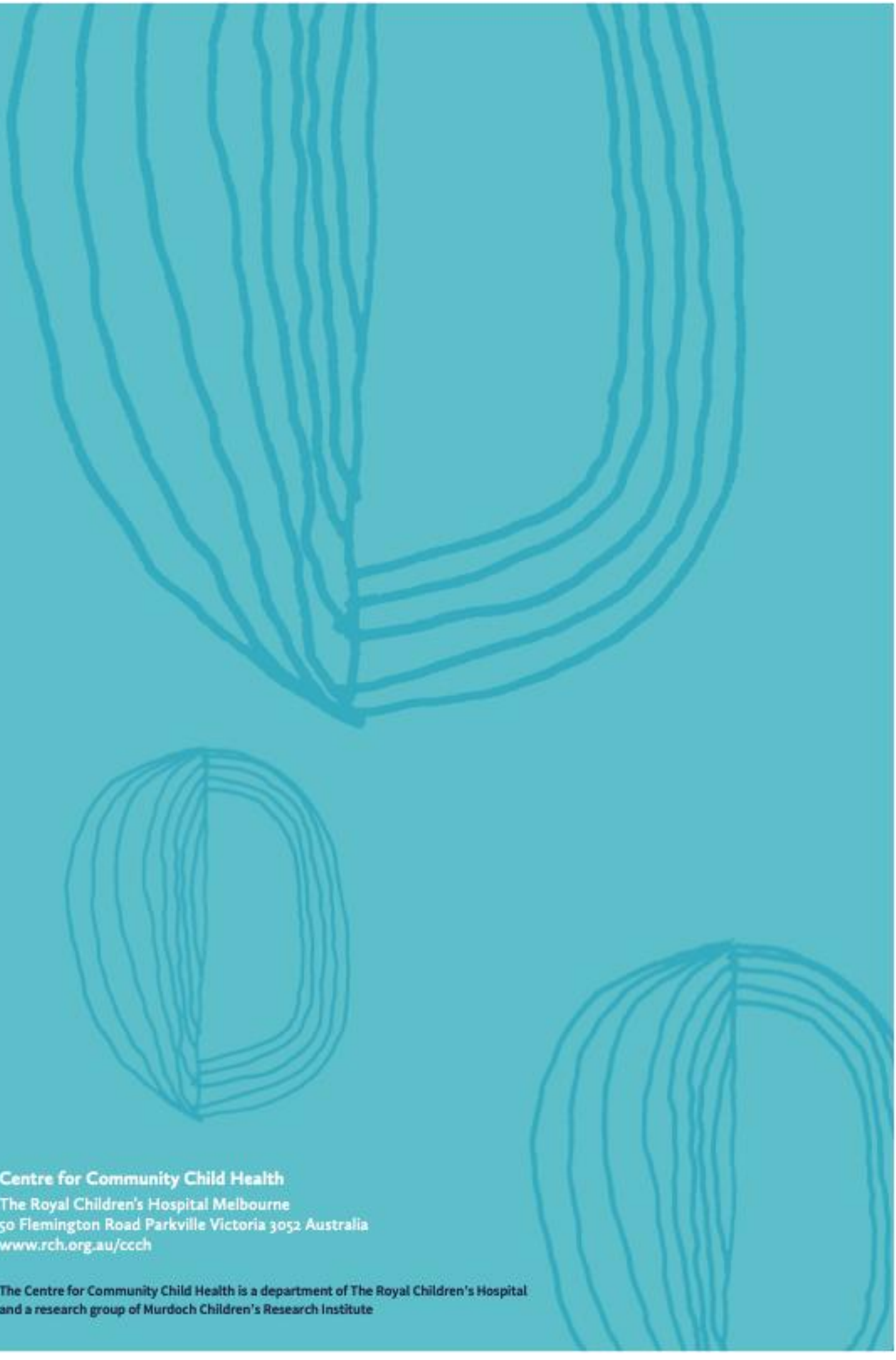

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