ABOUT ARACY

The Australian Research Alliance for Children and Youth (ARACY) was founded by a group of eminent experts and organisations in reaction to increasingly worrying trends in the wellbeing of Australia’s young people.

ARACY is a national organisation with members based across Australia.

ARACY asserts that by working together, rather than working in isolation, we are more likely to uncover solutions to the problems affecting children and young people.

ARACY is a broker of collaborations, a disseminator of ideas and an advocate for Australia’s future generation.

ARACY has two primary goals:

1. To promote collaborative research and agenda setting for children and young people
2. To promote the application of research to policy and practice for children and young people.

This paper is one of a series commissioned by ARACY to translate knowledge into action and has been peer reviewed. This series of papers aims to convert research findings into practical key messages for people working in policy and service delivery areas.

The ARACY topical papers may also be the focus of workshops or seminars, including electronic mediums.

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Early Childhood Services: Models of Integration and Collaboration:

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Commissioned by the Australian Research Alliance for Children and Youth (ARACY)
Summary

Key Points

• In Australia and internationally, integration of services and increased collaboration is increasingly important to policy and practice as a basis for delivering more effective services.

• Internationally, the most comprehensive program to integrate family support, education and early education and care is the UK program Sure Start.

• There is a relatively long history of targeted, integrated programs to reduce child abuse and neglect in the USA, but programs to integrate universal services are more recent. Examples of international programs in this paper are from the USA, the UK and Canada.

• Local and international programs and policies differ in many respects, but they also have much in common. Sustained integration requires both ‘top down’ and ‘bottom up’ activities, including changes at policy, planning and practice levels.

• Evaluation of collaborative programs can be more challenging than evaluation of programs delivered by a single agency.

• Evaluations of integrated services mostly indicate that the main influence on outcomes is the quality of the actual service delivered. Service integration will only benefit children and families if it results in higher quality interventions.

• Integration and collaboration is time and resource intensive, especially in the initial stages.

• Decisions around inclusiveness and how to negotiate differences between agencies in terms of power, values and priorities are critical to developing effective service integration.

• There are a number of techniques for improving service integration. These include co-location, multi agency teams, clear protocols, joint training, and information sharing.
Introduction

ARACY’s Topical Papers distil and synthesise findings from research, policy and practice. The emphasis of the papers is on practical research and key messages that can be applied in action. This paper is one of a series on collaboration, designed to assist in building capacity for services and agencies to work together in improving outcomes for children and youth.

Integration of services and increased collaboration is increasingly important to policy and practice for a range of reasons, including recognition of the complex, multidimensional nature of people’s needs and the notion that ‘joined up problems’ require ‘joined up solutions’. Worldwide interest in early childhood development and new forms of service integration aims to bring parents and communities into new alliances with services to support children and young people.

Individuals, agencies and governments can work together in a range of ways, from relatively short-term engagements with specific purposes to more sustained, formal and strategic developments. There are a number of rationales for integration and collaboration. One is the need for seamless or holistic service delivery from the perspective of families, such that families do not need to deal with a lot of agencies or duplicate time and labour in informing agencies of their needs, going through assessments and so on. However, as Head Start (discussed below) demonstrates, there are strategies other than integrated service delivery to try and achieve this. Other arguments for integrating service delivery are:

- Collaborative and integrated work should be more efficient, simultaneously serving multiple needs through one service and saving labour for staff as well as time and effort for families.
- Expanded roles for significant and trusted family workers such as nurses, teachers and social workers should improve the quality and accessibility of services for families.
- Improved integration and communication between agencies should stop families ‘falling through the cracks’, as has happened in several catastrophic failures of services systems associated with child deaths or near deaths.

Attempts to integrate service delivery have a number of policy and practice implications, and most of the programs described here involve one or more of them. At the level of government policy, integration and collaboration may involve the formation of new departments and portfolios; new inter-ministerial committees; new intergovernmental policies that are led by a single agency; new positions within existing portfolios; or some combination of these. At the policy level integration needs to take place between government departments and this needs to be mirrored locally, so that Health, Education, Community Services, Housing and Employment departments are engaged in early years initiatives. In the most advanced examples, initiatives are presided over by ministers from several government departments (for example, Sure Start [discussed below] in its initial phase). Failing this it is important that officials from key departments sit on the steering group or management committee. It is also helpful if funding comes from different departmental budgets, as experience has shown that officials are unlikely to participate meaningfully in
programs in which they have no financial stake. The purpose of policy integration is to ensure that:

- The program is ‘owned’ by all the relevant government agencies that have a stake in the wellbeing of children, rather than being seen as the domain of only one department or portfolio.
- The tensions which are inherent in any such programs are minimised (for example, to ensure that data on newborns can be shared between health and non-government organisations [NGOs]).
- The bureaucratic obstacles to implementation of the program are addressed (for example, that schools can be opened at weekends to house family support programs).

Integration at the policy level is also crucial for most large scale interventions for ensuring that each site does not have to ‘re-invent the wheel’ and address issues separately. For example, although it may be possible to negotiate individually with health clinics to allow NGOs to set up mentoring programs for new mothers, it is far more effective if this initiative is given the support of the relevant government departments.

At the level of regional and local planning, new governance structures, planning and management committees and interagency working groups may be formed. At the level of practice, there have been many different strategies to integrate service delivery. Some of these are:

- Co-location of services (for example, a health or early learning service in a school; a speech therapist working in a child-care centre).
- Community outreach from an existing service (for example, a supported playgroup operating from a public housing office).
- Multi-service centres or community hubs, in new or existing buildings.
- The expansion of multi-service agencies and working groups, to include more services or to change the activities of existing services (for example, immunisation and other health services are introduced into a family support and early learning service; a local interagency group takes on a new role in service planning and management for the region).

The focus of this paper is on Australian and international trends in early childhood initiatives that aim to integrate children’s education and care services with health and family support. There is an emphasis on prior-to-school education and care services, many of which involve schools as well. The paper does not list every program and policy designed to provide integrated services, and it does not describe local or small-scale interventions. There were three inclusion criteria:

- Systematic, sustained programs that are framed by government policy or, in one case, a strong institutional base with significant philanthropic backing.
- A focus on integrating early education and care services with family support and education.
- The involvement of at least one core universal service, usually schools.
The selection is designed to provide broad information on the options that have been pursued in recent years, with a focus on programs that are fairly well known and for which quite a lot of information is available. There is a particular focus on programs where process evaluation as well as outcomes data is available, as process data usually provides more information on what helps and what hinders collaboration. It should be noted that the evidence base for the effectiveness of service integration for producing better outcomes for children is very thin indeed. Very few research projects have directly compared integrated vs. fragmented services. Evaluations of integrated services have shown mixed results [1-4] with the majority failing to find a significant impact on child outcomes. In most evaluations it has been the quality of the actual services delivered to children and families that has made the difference. Thus service integration will only benefit children and families if it results in higher quality interventions.

In Australia, every state and territory is developing strategies and programs that address both the advantages of working collaboratively and the benefits of early years intervention. Some of these have been operating for longer than others, and more information is available on these than the newer ones. In this paper more information is provided on Best Start in Victoria and Families NSW (previously Families First) than other state initiatives, as these have been in place for a relatively long time and evaluation findings are available.

While local and international programs and policies differ in many respects, they also have much in common. The policies and programs described in this paper share one or more of the following characteristics:

**Table 1: Shared characteristics of international programs/policies and Australian initiatives**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>International program</th>
<th>Australian state</th>
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<tbody>
<tr>
<td>Schools or comprehensive education departments are the lead agencies</td>
<td>Schools of the 21st Century</td>
<td>NSW</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACT</td>
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<td></td>
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<td>Tasmania</td>
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<tr>
<td>Policies have emerged from reviews of a catastrophic failure of the child protection system (the death of one or more children) and require changes to the entire spectrum of work with young children, from universal services to crisis intervention</td>
<td>Every Child Matters</td>
<td>Australian Capital Territory</td>
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<td></td>
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<td>Western Australia</td>
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<td></td>
<td></td>
<td>Queensland</td>
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<tr>
<td>Centres that acts as a community ‘hub’</td>
<td>Sure Start Local Programs</td>
<td>Stronger Families and Communities (Commonwealth)</td>
</tr>
<tr>
<td>Description</td>
<td>Programs</td>
<td>States</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Local or regional groups plan and manage implementation, with a mix of prescribed services and responding to locally identified needs</td>
<td>Sure Start Local Programs, Every Child Matters, First 5 California, Healthy Child Manitoba</td>
<td>South Australia, NSW</td>
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<tr>
<td>Community development is an important component</td>
<td>Healthy Child Manitoba</td>
<td>Stronger Families and Communities (Commonwealth), NSW, Victoria</td>
</tr>
<tr>
<td>Partnership between NGOs and government agencies is desired or required</td>
<td>Sure Start Local Programs, Every Child Matters, First 5 California</td>
<td>Stronger Families and Communities (Commonwealth), NSW, Victoria</td>
</tr>
<tr>
<td>The services involved combine home visiting to families, and outreach from schools or community centres</td>
<td>Sure Start Local Programs, Head Start, Healthy Child Manitoba</td>
<td>NSW, South Australia</td>
</tr>
<tr>
<td>Early education and care (for infants and preschoolers) are co-located in schools</td>
<td>Schools of the 21st Century, Toronto First Duty</td>
<td>South Australia</td>
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</table>

Key lessons from the design, implementation and evaluation of these programs and policies are described where the programs have been in place long enough for these to be known. In some cases very little evaluation data is available. A key issue for all of them is the complexity of evaluation. Integrated services are by nature difficult to assess, and most research suggests that they take a long time to get going. Single-agency interventions or programs tend to have evaluation questions such as:

- Was the program implemented as designed (and if not why not)?
What ‘dosage’\textsuperscript{1} did the intervention group receive?

Did it have measurable effects for the intervention group (and did it affect some more than others)?

Can these changes be attributed to the program?

For policies that aim to increase collaboration and integration, these and additional questions have to be answered. Some are more difficult to answer than others:

Did collaboration and integration happen at all (and if not why not)?

To what extent did collaboration happen?

Did the quality and type of services delivered change?

Why did changes to service type and quality happen?

Did more people receive services; were they due to the effects of collaboration?

These additional questions typically are most critical to the development and early implementation of new programs and policies: in other words, questions of achieving collaboration have to be answered before questions of efficacy and effectiveness can be addressed. This is despite the fact that questions of how effective something was are almost always seen to be more important than questions of whether or not it was done collaboratively. An additional challenge is that it is virtually impossible to use the most rigorous research methods to measure outcomes of integrated services. In most cases it is neither feasible nor ethical to randomly allocate families to ‘joined up’ and ‘not joined up’ services and then compare outcomes.

Where possible, we have provided information related to these second series of questions, particularly the questions of whether or not collaboration happened, what form it took, and the barriers and facilitators to collaboration.

This is a descriptive paper that scopes international and Australian State programs and policies. The companion paper to this document (Lessons for Australia from the UK Sure Start programme)\textsuperscript{[5]} should be consulted for more detail on some of the programs described. on the Stronger Families and Communities Strategy and the National Agenda for the Early Years. Much of its information comes from the programs themselves and as programs often change rapidly the information should be regarded as indicative only. The paper is based on information available in the public domain as at August 2007.

‘Early Childhood Services Models of Integration and Collaboration’ is designed to provide information on the kinds of options that different jurisdictions are pursuing, and some information on the achievements and challenges of each. It does not answer the question, ‘is a collaborative and integrated approach to early childhood services better than other approaches?’ but rather answers the question, ‘what do large-scale and sustained policies to integrate childhood services look like, and what challenges do they face?’

\textsuperscript{1} This term is derived from the language of experimental design that informs program evaluation. It refers to the quantity and intensity of the service components that are received.
Programs and Policies

1 Sure Start (UK)

1.1 The policy framework

The UK Sure Start program is perhaps the most ambitious attempt by any government to improve the outcomes for children in their early years. The original idea for Sure Start came out of the 1998-2000 Comprehensive Spending Review, which found that existing services for children were failing those in greatest need. The context of this review was the Government’s commitment to end child poverty in 20 years.

Originally 250 local programs were proposed, and the first ‘trailblazer’ programs were established in mid-2000. Since then there have been six other implementation rounds and by mid-2004 there were 524 Sure Start Local Programs (SSLPs), aimed at the most deprived neighbourhoods in England. Each neighbourhood area is given an average of £500,000 (A$1.25m) per year over a 10-year period to develop services for families of pregnant women and children aged 0-4.

SSLPs were initially charged with four key objectives: improving social and emotional development; improving health; improving children’s ability to learn; and strengthening families and communities. Core services were prescribed, with an expectation that each of the following would be provided in some way:

- 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, helping access to specialised services [6].

1.2 Practice on the ground

Local Sure Start partnerships reported to the central Sure Start unit. The basis for the partnerships was the Early Years and Childcare Development partnerships, active since 1999 and convened by the local authority. Local education authorities (LEAs) worked with the partnerships to devise local plans, linked to the government’s target for increased provision of child care and preschool places. Membership of the partnerships varied according to locally identified needs but included parents, organisations from the voluntary sector, LEAs, the Social Services Department, local employers, child care services from the not-for-profit and private sectors, out-of-school care providers, health trusts, diocesan authorities, special education needs groups, and Employment Service and New Deal Partnerships (neighbourhood renewal scheme) [7].

The range of activities carried out by SSLPs was very wide, with some key components:
• Smoking cessation: A reduction in smoking rates, particularly during pregnancy was identified as a key target area for Sure Start Local Programs and has continued to be an important area for child and adult health.

• Inclusion of black and ethnic minority families.

• Breastfeeding and nutrition: nutrition was identified as a key target area. A wide range of interventions have been implemented locally through Sure Start to provide information and guidance on nutrition and related areas.

• Speech and language programs.

Other initiatives include parent support and training programs; midwifery and health home visiting; befriending services for asylum seekers and refugees; parent-child play sessions; swimming and water safety sessions; multidisciplinary school readiness programs; story telling programs for minority children in their home language; and psychological support services. Synthesis reports on the four key areas listed above, and annual local evaluation reports, that describe the range of activities carried out in the first years of Sure Start, are available on the National Evaluation of Sure Start webpage: http://www.ness.bbk.ac.uk/.

1.3 Integration

Integration at both the policy and practice levels were central to the Sure Start model. At the policy level the Sure Start Unit, although located in the Department for Education and Skills (now the Department for Children, Families and Schools), was overseen by ministers from three government departments (Education; Health; and Work and Pensions). Funding for the program was ring fenced and not part of the overall departmental budget. Treasury also had close involvement with the development of the program (it was initiated by Norman Glass, a senior Treasury official). At the management level integration was ensured by the inclusion of all local stakeholder agencies on the Sure Start partnership. It was also an expectation that workers such as nurse home visitors (health visitors) should be seconded to the program. All programs were set targets which were deliberately inter-departmental in nature so there was an expectation that all agencies would contribute to meeting the targets. At the practice level integration was achieved by co-location of services, (all Sure Start Local Programs were given resources to build a local centre) multi agency teams and shared systems such as information systems to identify newborn babies in the area. The lead agency was tasked with the responsibility of leading the integration of services and ensuring that the range of services addressed the gaps identified in the plans.

There were many practical challenges to integration. Sure Start was slow to get going in many areas, with some programs taking over twelve months to appoint a manager and get partnerships up and running. In the formation of partnerships, local areas varied in who was invited to participate and who was able to do so. Some areas had more active involvement of parents than others; and most areas found it very difficult to secure the involvement of all groups mandated to participate. Voluntary sector and community organisations sometimes had to demand inclusion as they were not invited in the first instance; and statutory agencies sometimes dominated the partnerships. First year targets were missed for a range of reasons:

• recruitment difficulties;
• limited premises;
• lengthy consultation processes;
• no implementation strategy in place;
• limited strategic capacity in Sure Start management (including among managers);
• uncertainties about programme governance and accountability;
• resistance from practitioners;
• unworkable elements in delivery plans;
• setting up services takes longer than planners anticipate, especially when managed by partnerships;
• tensions between partners; and
• the development of multi-agency relationships takes time[7: 7].

The report of the first five months of Sure Start local areas in designing and setting up their partnership found that programs which got going quickest concentrated on building on existing good practice; so areas where good practice in working together was already in place moved most quickly [7].

Other findings from the evaluation suggest that, while partnerships differed in form between areas, there appear to be some slight advantages in health service-led partnerships:

• SSLPs led by health services tended to be faster to get up and running than other types of programs, and suggested some small advantage over them.
• Health-led programs may have shown benefits because they were quicker to get off the ground; because those SSLPs would have had access to birth records and so could make contact with new parents easily; and because health home visitors in those areas were more likely to be well integrated with other Sure Start services [8: 32].

1.4 Evaluation findings and key lessons

As noted above, Sure Start is probably without parallel in terms of its scale and ambition, and its evaluation is also very wide-ranging and well-resourced. The National Evaluation of Sure Start (NESS) has five components: implementation evaluation; impact evaluation; local community context analysis; economic evaluation and support for local evaluations.

Two reports from the NESS Impact Studies, the *Early Preliminary Findings on the Variation in SSLP Effectiveness* and *Early Impacts of SSLPs on Children and Families*, were published in November 2005. The evaluators found that SSLPs appeared to beneficially affect family functioning to a modest extent, with mothers of 9-month olds experiencing less household chaos and mothers of 36-month olds being more accepting of their children’s behaviour (i.e. less slapping, scolding, physical restraint). There was a further benefit for non-teen mothers of 36-month olds, who comprised the majority (86 per cent) in that
they showed less negative parenting when living in SSLP areas rather than comparison areas [8: iii].

The evaluation also showed that effects were small and more family outcomes appeared to be unaffected than affected by Sure Start.

The Sure Start evaluation has been very controversial. Despite these positive results, the preliminary findings also seemed to indicate that the most disadvantaged children were adversely affected by living in a Sure Start area. It is unlikely that this is the case, or at least it is not possible to know if it is the case, for two reasons.

- Because Sure Start is area-based, it was not possible to evaluate the impact of the program on those who had received it. Unlike most evaluations, which measure changes in the individuals who have been exposed to the program, the Sure Start evaluation looked at all the families in the area.

- The evaluation hypothesised that the least advantaged may have had less access to services than those who were relatively better off. New and well-publicised services may have been taken up by those who were relatively better off, while the most disadvantaged may not have wanted them, or may have been overwhelmed by them. Services such as health home visits may not have had staff that had received the appropriate training for helping the most disadvantaged, as has happened in earlier interventions [8: 34-5].

2 Every Child Matters – Children’s Centres and Extended Schools (UK)

2.1 The policy framework

Since 1999 Sure Start has undergone many changes. It is now an umbrella term that describes all government services to families and children aged 0-14. Two recent policy documents illustrate the most significant changes in terms of integrated service delivery:

- The 2004 Treasury 10-year strategy document Choice for Parents; the Best Start for Children [9].

Every Child Matters

Of all the new initiatives and programs in the UK, this Green Paper has been described as likely to have the biggest impact on changing the organisation of children’s services [12]. Emerging as part of the response to the death of a child, the report expanded its original remit from children at risk to include a focus on supporting all children through prevention and coordinated mainstream services.

The primary early-years goals of the Green Paper are the development of service integration (with children’s trusts, discussed below, as a preferred model) and workforce reform. The Green Paper sets out an ambitious program of structural and practice reform. The most significant changes include:
The development of multi-agency children’s trusts, which are to be responsible for the range of statutory children’s services in each local authority.

A Director of Children’s Services who is responsible for the welfare of children in the area.

Local Children’s Safeguarding Boards, which are tasked with safeguarding the welfare of children in the authority.

Multi-agency teams.

Children’s Centres – to provide childcare and family support for families.

Extended Schools.

A common assessment framework which will allow practitioners from any agency to undertake an initial assessment of need and refer to appropriate resources.

Information sharing and assessment – a database of all children in the locality and the contact details of their key worker or lead professional.

Common inspection – the joining up of education, health, social services and other inspectorates relating to children.

Workforce reform – including a campaign to raise the status of early-years workers, and core training for all childcare practitioners.

Since the release of the first Green Paper, other developments have included the formation of an interdepartmental ministerial committee, called MISC9(D) and chaired by the Secretary of the Department for Education and Skills. Some of these goals are long-term and ambitious whereas others are more immediate, for example, extended schools. All schools are to become the hub for services for children, families and other members of the community. They will offer the community and their pupils a range of services (such as childcare, adult learning, health and community facilities) that go beyond their core educational function.

The enquiry found that one of the key weaknesses of the child protection system was weak accountability tied to poor integration of services. Consequently there are new processes in place, including a common assessment framework, a designated ‘lead professional’ to co-ordinate service provision when a child is known to more than one specialist service, and a single database of information on every child and young person.

However, service integration is not only a priority for child protection and children at risk, but incorporates universal services and all children and families. Key areas for service integration are:

- The relationship between children’s social services and education. Improving key outcomes such as the education of children in care, or the life chances of disabled children, is particularly dependent on integration across education and social services.

- Basing multi-disciplinary teams in and around the places where children spend much of their time, such as school and Sure Start Children’s Centres (SSCC), and also primary-care centres.
This Green Paper sets out three key components of the Government’s vision for childcare choice and flexibility: availability, quality and affordability. The key outcomes from it are:

- paid maternity leave provisions for nine months, with a goal of twelve months by the end of the next Parliament;
- 15 hours a week of free, high-quality care for all three- and four-year-olds, with a goal of 20 hours a week;
- workforce reform, with a new qualification and career structure for childcare; and
- changes to the Working Tax Credit, with an increase in the limits of the childcare element.

Sure Start Children’s Centres are designed to be one-stop shops joining up services for young children and their families, including childcare integrated with early learning. They build on the lessons learnt from Sure Start Local Programs in being community-based, responsive to local need and focused on tackling early disadvantage. Most offer some childcare, and even when they do not centre staff will help parents to get other local childcare. Centre staff also link parents with other services families’ need, either by offering services at the centre or by linking parents with other providers in the local area. Services include: early education and childcare places that fit with families’ needs; parenting and family support; health advice, including health visiting and midwifery; preventative services to support children with additional needs early in a child’s life, including outreach into communities; and support and help for parents to move into training and work.

### 2.2 Practice on the ground

An important development from Sure Start Local Programs (SSLP) to Children’s Centres and Extended Schools is the move away from targeting provision of services at the most disadvantaged communities and towards more universal service provision in all communities. Whereas SSLPs were targeted at disadvantaged neighbourhoods, there will eventually be a Children’s Centre in every community in England [9: 36]. The shift from SSLPs to Children’s Centres represents a shift from services designed to meet locally identified needs and support families living in disadvantaged areas, to the provision of more standardised and universal services, especially childcare. These services will be complemented by targeted services for those families most in need of specialist help.

A core of prescribed Sure Start services is retained. Sure Start Children’s Centres (SSCC) will in most cases offer early education and childcare, and in the most disadvantaged areas will offer early learning services with full childcare. In more advantaged areas, local authorities will have some flexibility in service provision, but will provide a minimum range of services including support and outreach services, information and advice and links to employment services. For example, local authorities and SSCCs are expected to provide training and business support to local providers of childcare, help disseminate best practice and other innovative ideas, provide a base for local childminders and other forms of home-based care to work with other childcare professionals, and forge partnerships between group-based and
home-based providers [9: 49]. SSCCs signpost families to other services and facilities, for example, local play spaces, childcare for older children and children’s information services [12: 63].

2.3 Integration

Children’s trusts were identified in *Every Child Matters* as the preferred model for integrating services for all children, and 35 pathfinder children’s trusts were established in 2004, running to 2006. Children’s trusts are intended to bring together education, health, social services and other partners, to promote cooperation and improve children’s well-being. Most found that building on previously established collaborative practices was the best way of building new partnerships. Local authorities bid to become pathfinders, and received between £65,000 and £100,000 annually to devise local responses to the question of how to integrate services. The national evaluation of the pathfinders [13] found that the change process involved the coordination of interagency governance arrangements, joint strategic planning and operational delivery. All the pathfinders published Children’s and Young People’s Plans, intended to be a single, strategic overarching plan for all services for children and young people for the area. Education, social services, health and voluntary organisations were usually involved in joint planning; police, youth offending and learning and skills councils were less often involved. About half of the pathfinders developed strategies for joint commissioning (incorporating assessment, planning, procurement and review) of services, although this was also a complex process and the different organisational processes and vocabularies made it especially difficult.

The national evaluation of the pathfinder children’s trusts has recently been published. Its headline findings are that the children’s trusts:

- acted as a catalyst for more integrated approaches to the diagnosis and provision of services for children;
- drew together a variety of local and statutory services;
- have started to develop expertise in the joint commissioning of services across traditional organisational boundaries;
- sometimes found it difficult to engage partners, especially where there were funding difficulties, or complex accountability networks;
- enabled joined-up approaches to workforce development and training;
- facilitated the development of new types of professionals who can work across traditional organisational boundaries
- reported early indications of local positive outcomes for children and young people; and
- learnt a great deal about the complexity of change management in children’s service provision [13: 1].

Schools have become central to the developments of Sure Start from a targeted, area-based initiative to a more universal program. There is also a focus on schools as community hubs or resources in some other initiatives, such as Schools of the 21st Century in the United States and Schools as Community Centres in NSW. However, as recent research conducted in the UK indicates [14], there is a lot of variation in
what staff at schools, and other service providers, themselves think about the role of schools in playing this role. There is often little guidance for schools, service providers or families about what should be done and how, so existing relationships and the attitude of school principals and teachers are very important. The UK research found that some education professionals regarded their role as inoculating children against the problems in their community (through rules, discipline and so on) and educating them so they could move away from their families and out of poverty. Non-school service providers in some areas found working with schools very difficult and in some cases schools which were not locked into partnerships were regarded as a source of problems rather than a means to overcoming them. In other cases education professionals had a commitment to schools as community resources and emphasised strategic and collaborative approaches.

3 First Duty Toronto and Healthy Child Manitoba (Canada)

3.1a The policy framework

In 2000, the federal and provincial governments of Canada reached an agreement on early childhood development. Under this agreement, the Government of Canada is providing $500 million per year to help provincial and territorial governments improve and expand early childhood development programs and services. Provincial/territorial governments have agreed to invest the funding transferred to them by the Government of Canada into any or all of four key areas for action, depending on their particular priorities:

- Promote healthy pregnancy, birth and infancy.
- Improve parenting and family supports.
- Strengthen early childhood development, learning and care.
- Strengthen community supports.

Programs supported include: targeted community-based programs for children and their families at risk; social, health and economic programs to improve outcomes for Aboriginal children and families; and research and information activities, including public education campaigns [15]. As part of this agreement, the governments established a baseline of spending on early-childhood development activities, and report annually on their progress in enhancing programs and services.

Substantial federal intervention has been made into the very beginnings of early childhood. As in the UK, 35 weeks of paid parental leave is available to new parents, set at 55 per cent of insurable earnings. However, as in Australia, there is limited access to childcare and early learning and federal intervention is restricted to small operating funds. Around 15 per cent of Canadian children aged 0-12 have access to early-childhood education and care programs [16].
3.1b Practice on the ground: Ontario

Ontario is Canada’s largest province, and Toronto its largest city. Toronto First Duty (TFD) was formed in 2002, when five school-community partnerships became TFD sites and the experience of TFD informs planning for the city and province. TFD is designed to have child care, kindergarten and family support services coordinated in a single, accessible program, located in primary schools and coordinated with early intervention and family health services. The goal is to combine space and resources, with a team of early childhood and kindergarten teachers, family support staff and teaching assistants planning and delivering a program with a single intake.

A key goal for the province is community/neighbourhood hubs, which would function to provide:

- A community/neighbourhood partnership agreement.
- A high-quality learning and care environment that combines learning expectations, activities and routines from existing kindergarten, child care and family support programs.
- An early years staff team including teachers, early childhood educators, educational assistants and family support staff and others who work together toward common goals.
- Inclusive access, meeting the needs of all children and families.
- A governance structure to support community/neighbourhood planning, service integration and local decision making.
- A continuum of supports and services responding to the changing needs of all families and children, and making the most efficient use of resources.
- Parent participation in their children’s early learning and development through direct involvement in programs, planning and decision-making, and an opportunity for participation in the governance structure [17].

3.1c Integration: Ontario

An independent evaluation of the first phase of implementing the TFD plan was finished in June 2006 [18]. The evaluation found that none of the sites had reached full integration, but that some had made significant progress. Barriers to implementation included inflexibility in child care funding models and differences in training, salary and environments of the kindergarten teachers and early childhood staff. The integration of child care into other services is especially challenging as it relies on parent fees and is more highly regulated than the other elements of the program. Having schools as the physical site in which the programs take place can also be difficult and is very dependent on the goodwill and skills of principals.

A tool developed by Toronto Children’s Services Department includes a single intake form for each family and an electronic database to record the number of hours spent in each of the service categories:

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2 The province’s strategic plan is called Best Start, which is also the name of an early intervention project in Victoria, Australia (Section 8).
1. Programs children attend without a parent or carer.
2. Adult-child programs.
3. Adult-only services such as workshops.
4. Outreach and referral including health screening, open houses and home visits.
5. Specialised interventions outside of program hours.

This intake and tracking system indicates that it was difficult for sites to both enhance and expand existing services and increase interagency partnerships. The site with the highest number of hours of expanded programming had the lowest number of partner hours; while sites that increased their number of partner hours did not expand their existing programs very much.

3.1d Evaluation findings and key lessons: Ontario

The evaluation also found that:

- The partners spent $CAN5.1 million from development to the end of Phase 1 (2003-2005).
- The cost per space of the integrated and more traditional programs was not substantially different; but flexible enrolment in the integrated model meant that more families were served (40 as opposed to 24 in the traditional model) and staff/child ratios were smaller (1:10 staff/child, as opposed to 1:20 in the traditional model).
- Improvements were found by the end of the evaluation period, with the biggest advances made in use of space, program activities, and parent/staff communication.
- The percentage of parents reporting that they were not able to get access to programs or services was lower in 2005 compared to 2003, which may be due to the efforts of sites to increase flexibility and improve communication with parents.
- Scores in the Early Development Instrument (EDI) improved significantly in three of the five sites and were unchanged in two. The EDI is a rating scale that teachers complete in five domains: physical health/well-being; social knowledge and competence; emotional health/maturity; language and cognitive development; and communication skills and general knowledge. Analysis of EDI scores in the years 2001-2003 (‘baseline’) scores showed that community-level data were stable, so those improvements could be the influence of TFD, although this is not certain.

3.2a Practice on the ground: Manitoba

Manitoba is a province located in the centre of Canada. Best Start Ontario is a more significant intervention in respect of size and scale, but Manitoba is also of interest because it has adopted a different approach, and because it has particular challenges. The province has one of the highest teen pregnancy rates, high rates of poverty, and high rates of child poverty. Since 1989 Manitoba has been among the three provinces with the highest rate of child poverty and has been the highest six times (although data from 2004, the most recent available, shows some improvement). More than 30 per cent of Manitobans live in rural areas or small towns and many are very isolated. Although it is the fifth largest province, Manitoba is second only to Ontario in terms of total on-reserve population and in total First Nation population. First Nation people
experience more poverty and poor health than other Canadians: 1 in 4 First Nations children live in poverty, compared to 1 in 6 Canadian children; 80% of First Nations peoples have personal incomes below $CAN30,000 per year; and the rate of disabilities among First Nations children is almost double the rate among Canadian children [19].

Significant programs in 2005-6 included:

- Parent-child coalitions: a community-development centred approach to bring together parents, school divisions, early childhood educators, health professionals and organisations through regional and community coalitions to support positive parenting, improve children’s nutrition and physical health, promote literacy and learning, and build community capacity.

- Triple P Positive Parenting Program: this is a multi-level, multi-disciplinary preventative family intervention designed to reach families with varying levels and types of support needs [20] that is being phased in across the province. Triple P was founded by Professor Matt Sanders, University of Queensland. Healthy Child Manitoba is supporting training, accreditation and resource materials and coordinating the evaluation.

- Healthy Baby: a two part program consisting of community support programs and the Manitoba prenatal benefit. The community support programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals, via group sessions and outreach. The programs are delivered by community-based partners. The prenatal benefit is modelled after the National Child benefit but extends to the prenatal period and residents of First Nations on-reserve communities. A monthly cheque during pregnancy is available to income-eligible women to help with eating well. Pregnant women who live in Manitoba and have a net family income of less than $32,000 are eligible for prenatal benefits starting in the second trimester of pregnancy, to a maximum of $80/month). Benefits end in the month the baby is due. The Healthy Baby milk program was designed as an incentive to draw women to community programs: attendance at a program entitles participants to coupons that can be redeemed for four litres of milk.

- Families First: a home visiting program. Public health nurses complete a screening process with all new births; paraprofessionals who have received training do home visits and provide other supports.

- Healthy Schools Manitoba: the main priorities of the program are to increase physical activity, proper nutrition and diet choices, reduce injuries and increase safety, reduce substance abuse and addiction problems, educate and inform students about sexual and reproductive health, and to develop services and programs that support mental health. Targeted provincial campaigns and whole-of province campaigns provide funding to schools to undertake activities in areas such as healthy eating, ‘active living’ and community-based activity [21].

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3 Also the name, until 2007, of the NSW government’s interdepartmental human services initiative (Section 9).
Fetal alcohol syndrome is identified as a significant problem for First Nation people, and significant resources are also being invested in multidisciplinary prevention and support programs.

3.2b Integration: Manitoba

In addition to the programs described above, many of which involve collaboration, Manitoba has set up an interdepartmental committee, the Healthy Child Committee, established in 2000 and chaired since 2004 by Manitoba’s Minister of Healthy Living. (In the UK, a similar cabinet subcommittee has been set up as part of Every Child Matters (Section 2.1) [22].) The Healthy Child Committee Cabinet develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba’s children and families. As one of a select number of committees of Cabinet, the committee is designed to signal healthy child and healthy adolescent development as a top-level priority of government. Departments represented are Aboriginal and Northern Affairs; Culture, Heritage and Tourism; Education, Citizenship and Youth; Family Services and Housing; Health; Healthy Living. Total expenditures for the year ending March 31 2005 were $CAN24 million ($24.6 million) [21]. The total population of Manitoba is around 1.15 million people [23].

3.2c Evaluation findings and key lessons: Manitoba

Accompanying these interventions and restructuring, resources are also being placed in monitoring and measuring of Manitoba’s health and other outcomes. The Manitoba Child Health Atlas 2004, for example, provides descriptive, population-based analyses of the health and educational outcomes of Manitoba children, at the level of health regions and sub-regions [24]. If studies like this continue, Manitoba Healthy Child should be in a very good position to assess changes in child outcomes at a population level. However, there is little readily available evaluation data on these interventions, and many of them are still in the development phase. It is also important to note that the Social Planning Council of Winnipeg emphasises that most Manitoban children who live in poverty are in families that work, and more than one third have at least one parent who works full-time. It should also be noted that the slight improvement in child poverty rates may be connected to a slight increase in the minimum wage, rather than the effect of any behavioural or preventive interventions [19].

4 Head Start and Early Head Start (USA)

4.1 The policy framework

Head Start was launched in 1965 and so is one of the oldest early intervention programs that offer a range of services and activities. It is locally administered by community-based non-profit organisations and school systems. A range of activities are involved, but all funded programs must provide classroom or group socialisation activities for children as well as home visits to parents. Parental involvement is emphasised in Head Start materials but this focuses primarily on parental involvement in the program’s activities, rather than parental involvement in planning or managing services.
Participation is based on strict income eligibility requirements, based on the official poverty line. The appropriation for Head Start for the fiscal year 2007, including local Head Start Programs and Native American and Migrant Programs is approximately US$6.9 billion, with an average cost per child of US$7000 [25].

The Early Head Start program was initiated by the US Administration on Children, Youth and Families (ACYF) in response to the 1994 Head Start reauthorisation, which established a special initiative for services to families with infants and toddlers. EHS services begin before the child is born and concentrate on enhancing the child’s development and supporting the family during the first three years of the child’s life. Since its inception, EHS has grown to over 700 programs serving over 70,000 children and families around the USA.

EHS is designed to be an intensive, comprehensive, flexible program to reinforce and respond to the unique strengths and needs of each individual child and family. The program services include:

- quality early education both in and out of the home;
- parenting education;
- comprehensive health and mental health services, including services to women before, during, and after pregnancy;
- nutrition education; and
- family support services.

4.2 Practice on the ground

Grants for the operation of Head Start and Early Head Start programs may be awarded to either public or private, for profit or non-profit organisations, or public school systems. The program involves the delivery of comprehensive child-development services which are either centre-based, home-based, or a combination of the two. In centre-based programs families receive comprehensive child-development services in the centre, as well as home visits by the child’s teacher and other EHS staff. In home-based settings children and their families are supported through weekly home visits and bi-monthly group socialisation experiences. EHS also serves children through locally designed family-childcare options.

As part of Head Start, EHS is aimed at families who fall below the poverty line. At least 10 percent of the total number of enrolment opportunities must be made available to children with disabilities. Once enrolled, children are eligible for EHS until they are three years of age or they access a preschool program.

4.3 Integration

Although Head Start and EHS offer a range of services, integration of services is not a key component of the program. Instead, they focus on ensuring families receive the prescribed type and quantity of services, in an integrated package. These programs are in many respects a different model of service delivery from current trends in Australia and the UK for whole-of-government approaches, community led service planning and ‘joined up’ delivery, in that it is tightly controlled in terms of what is done, and
managed centrally. For example, the Head Start Act sets out clearly defined service models and performance standards: §1306.33 specifies that home-based programs must provide one visit per week per family (a minimum of 32 home visits per year) each lasting for a minimum of 1.5 hours. They must also provide two group socialisation activities a month and be conducted by trained home visitors with the content of the visit jointly planned by the visitor and parents, and follow specified nutrition requirements and provide appropriate snacks and meals to the children during group activities. §1305.7 specifies that each child enrolled in Head Start must be allowed to remain in Head Start until kindergarten or first grade is available for the child in the child’s community, unless there are compelling reasons otherwise [26].

4.4 Evaluation findings and key lessons

Unlike the other programs from the US described here, comprehensive evaluations of Head Start and Early Head Start have been carried out and their findings are quite readily available. The evaluation of EHS [27] found that, by age three, there were small but significant differences in cognitive, language and emotional development compared with control children who had not participated in the intervention. There were also significant differences for parenting behaviour. In particular, fathers who had engaged with the program were less likely to smack their children than control group fathers. EHS also significantly impacted on parental participation in the workforce and work-related training.

5 Schools of the 21st Century (USA)

5.1 The policy framework

The School of the 21st Century (21C) is a community school model that incorporates childcare and family support services into schools. Its overall goal is to promote the optimal growth and development of children beginning at birth. The 21C Schools concept was developed at Yale University by Edward F. Zigler, a key figure in the development of Head Start, and developed for national implementation by Matia Finn-Stevenson. It was designed to address the need for affordable and accessible pre-school education and school-age child care, and the model is based on the assumption that integrating education systems with child-care and health services will increase a child’s chances for optimal development. The aim of the program is to make the school building a ‘year-round, multi-service centre that is open from 6 or 7 a.m until 6 or 7 p.m., 12 months a year, in order to be more responsive to the needs of today’s families than the limited hours and services of the traditional school’ [28: 180].

The overarching goal of 21C is to promote the optimal development of all children through the following services:

- school-age care;
- early care and education programs;
- guidance and support for parents;
- health and education services;
- networks and training for child care providers; and
• information and referral services.

Implementation priorities and goals are determined by individual sites, according to local needs and guided by the program’s overarching goals and principals.

There are two child-care components to the model: all-day year-round child care for children ages 3-5; and before-and-after school and vacation care for children ages 5-12. Schools are encouraged to adopt national curricula guidelines, for example the High/Scope preschool curriculum (best known for its use in the Perry preschool program).

Other components to the program include:

• outreach services, including home visiting based on Parents as Teachers (a program that has been implemented quite extensively in Australia);

• information and referral; and

• training for other providers of child-care services, who are not directly involved in the program.

5.2 Practice on the ground

About 1400 schools participate across the United States. Funding comes from philanthropic organisations (including the Carnegie, Rockefeller and Ford Foundations) and the US Department of Education, Office of Educational Research and Improvement. Initial start-up costs are provided through community foundations and/or corporate support. In most cases sliding scale fees paid by parents are usually sufficient to sustain the program after the first year and subsidies and scholarships (federal, state and corporate) are available for low-income families.

5.3 Integration

Schools are the lead agency, and are supported by training and mentoring (on a fee-for-service basis) from the Zigler Centre at Yale. Zigler Centre staff help schools identify potential partners, explain the 21C program to key stakeholders, and support schools through the steps involved in collaboration. Several sites have been established as host or model sites and schools can also visit them to learn what they’re doing.

Schools of the 21st Century maintain a network of family day care providers who participate in support groups and training workshops, during which they can share ideas and information. Networks also maintain toy- and book-lending libraries, and are used to address issues such as salaries, benefits, and running a small business. The relationship between the school and the network is expected to be mutually beneficial: providers have an opportunity to improve the quality of their child care, and the school’s information and referral service is better able to inform parents about family day care available in the community. In addition to working with family day care providers, 21C schools are expected to work with other community child care providers to promote the highest quality preschool care for children.
5.4 Evaluation findings and key lessons

Evaluations of local programs are ongoing (Arkansas, Missouri and Iowa) and there is one published evaluation report, from 1998 [28], and one issue brief relating to evaluation. Early results show that participation in 21C child care is associated with positive changes: for example, parents spending less money on child care, missing less work and experiencing less stress related to parenting. The evaluation studied three-year outcomes for a group of 120 children in 21C schools and 73 control children. It found significant differences for the parents who used the child care facilities, and there were also some differences between the experimental group and the contrast group in academic achievement. However there were no significant differences within schools between those children who attended day care provided by 21C and those who did not, indicating that there may have been a school effect rather than a programme effect.

6 First 5 California (USA)

6.1 The policy framework

In contrast to the UK, the USA has few overarching policy frameworks for coordinating early childhood services. Most of the examples considered in this paper are state initiatives, such as this one, or partnerships between universities and the states, such as Schools of the 21st Century.

The California Children and Families Program and the State Commission was created by a ballot initiative, Proposition 10, in 1998, which is funded by a 50 cent-per-pack tax to cigarettes and a comparable tax to other tobacco products. Approximately $700 million is collected each year. The Commission is designed to support children from prenatal to age five by creating a comprehensive and integrated system of information and services to promote early childhood development and school readiness. Proposition 10 has also brought about changes through the involvement of parents and service providers in defining the needs of areas and the best means of meeting them. Although all programs are required to have an evaluation as a condition of funding, little is published on the implementation outcomes of Proposition 10 (although a reasonable literature exists on the potential for the program, the need for it, and options for what it could do). A study in 2001 reported a range of initiatives, according to locally defined need and priorities, including home visits to families of newborns; purchasing of medical equipment; sponsoring of mobile health care services; and subsidising child health insurance [29]. It is important to keep in mind the differences between the USA and Australia. Enrolment criteria in the largest early intervention program, Head Start, are very stringent (Section 2), but only 50 per cent of eligible children were enrolled in 2001. California was ranked 46th in health insurance coverage in 2000 [41], which places an enormous burden on any program trying to improve access to health services.

To date, there are no evaluation findings on either outcomes or implementation in the public domain.
7 Stronger Families and Communities (Australia)

7.1 The policy framework

The Commonwealth Department of Family and Community Services (FaCS) was formed in October 1998 as part of a broad focus on the needs of children, families and communities. Since 2004 the department has also had responsibility for gender issues through the Office for Women. In January 2006, the Department of Family and Community Services (FaCS) became the Department of Families, Community Services and Indigenous Affairs (FaCSIA).

The Stronger Families and Communities Strategy (SFCS) was first funded in 2000-01. In renewing the Strategy, the Commonwealth Government required a sharpened focus on early childhood (0–5 years), recognising the weight of evidence on the importance of early experience for a wide range of developmental, health and wellbeing outcomes over the life course. Funding of $490 million has been committed for 2004-2009 across the strategy’s initiatives.

The renewed Strategy retains the Commonwealth Government’s commitment to developing social programs in partnership with community and business representatives. This phase of the Strategy also retains the original Strategy’s interest in approaches that are grounded in local communities, are based on community- and family-assets, and are drawn from the best available evidence but adapted to suit local needs.

The focus of the Strategy, like that of Sure Start, is based on the ecological model of development and so emphasises children, families and communities. Also in common with Sure Start is an asset-based model of community-level intervention which suggests ways of mobilising grassroots problem-solving in communities. Unlike Sure Start, Stronger Families and Communities is based on the pathways model developed in Pathways to Prevention (National Crime Prevention, 1999).

SFCS also differs slightly from Sure Start in its four key objectives. In the case of Sure Start, these are: improving social and emotional development; improving health; improving children’s ability to learn; and strengthening families and communities; while the four key action areas for SFCS are: healthy young families; early learning and care; supporting parents and families; and child-friendly communities.

The aims of the Stronger Families and Communities Strategy (2004-09) are to:

- help families and communities build better futures for children;
- build family and community capacity;
- support relationships between families and the communities they live in; and
- improve communities’ abilities to help themselves.

The strategies to meet these aims are:

- prevention and intervention directed at influencing children’s early pathways, to increase the likelihood they will reach adulthood equipped to lead happy, healthy and contributing lives;
• start early for Communities for children and Invest to Grow (first five years of life);
• focus effort in areas where there is likely to be the greatest possible impact on children’s ongoing development;
• work across multiple levels – the child, the family, the community; and
• work for system change – strengthen existing ‘platforms’ for family-support and children’s development at community level, engage ‘hard-to-reach’ families, enhance children’s access to services, and improve service cohesion to better meet the needs of families and children.

7.2 Practice on the ground
Phase two of the Strategy (2004-2009) comprises the following four initiatives:

• Communities for Children
• Early Childhood Invest to Grow
• Local Answers
• Choice and Flexibility in Childcare

Communities for Children
The $142 million Communities for Children initiative takes a collaborative approach in seeking to achieve better outcomes for young children aged 0-5 and their families, working with non-government organisations (NGOs) as part of a social coalition.

The early childhood focus of Communities for Children has been guided by research and consultation undertaken for the development of the Australian Government’s National Agenda for Early Childhood. The Agenda recognises that effective early childhood intervention is not only about supporting young children, but also about supporting their parents, neighbourhoods and the wider community.

Funding for each site ranges from $1.24 million to $3.8 million. Sites have been selected on the basis of a range of information including proportion of children in the community, number of families receiving Family Tax Benefits, consultations with State and Territory Governments, level of existing infrastructure, readiness for take-up of the initiative, and indicators of disadvantage such as the Australian Bureau of Statistics’ Socio-Economic Indexes for Areas.

Invest to Grow
This initiative involves two distinct elements: Established and Developing Early Intervention Programs, and National Tools and Resources

The purpose of the Established and Developing Programs element is to refine and expand promising early-intervention programs, to bring them to a point where they are suitable for national application, with robust evaluations and the necessary program-delivery documentation to allow them to be reliably offered elsewhere with equivalent efficacy. This could include for example, the development of program
management guidelines, quality-assurance systems and staff-training programs. Projects funded are expected to target effort in one or more of the action areas: healthy young families, supporting families and parents, early learning and care, and child-friendly communities.

The National Tools and Resources element will fund specialised projects which aim to create a wide range of products or research efforts that will have national application and support early intervention effort. Examples include: the Australian Early Development Index, the development of a parenting information website and the Longitudinal Study of Australian Children.

Local Answers

This initiative builds on the success of the initial Strategy and provides funding for small-scale projects developed by local communities in response to local issues. Projects funded under this stream will be diverse and support families and children of all ages.

Local Answers supports projects that: build effective parenting and relationship skills; build opportunities and skills for economic self-reliance in families and communities; build partnerships between local services; strengthen support to families and communities; assist young parents in particular to further their education or their access to training and other services where they are seeking to make the transition to employment; and assist members of the community to be involved in community life through local volunteering or mentoring of young people or training to build community leadership and initiative.

Choice and Flexibility in Child Care

Provision of childcare services is largely the responsibility of the states. Choice and Flexibility in Child Care has three components, each designed to supplement the states’ provision.

In Home Care provides childcare where an approved carer provides care in the child’s home. In home Care is targeted to families unable to access existing child care services, such as families located in rural and remote regions of Australia, families working shift or non-standard hours, families with three or more children under school age, and families where either the parent/guardian or the child/ren has a disability.

The Long Day Care Incentive Scheme provides short-term incentives to encourage the establishment of viable long-day care centres in rural communities and urban fringe areas that have high, unmet demand. The incentive funding ensures services remain viable while they build their client base and utilisation rates to sustainable levels.

The Quality Assurance System is based on the Quality Assurance Framework, developed by the Commonwealth Government. The funding from the first Stronger Families and Communities Strategy (2000-2004) extended the Quality Assurance to all Family Day Care and all Outside School Hours Care services. The current Choice and Flexibility in Child Care will continue this process and examine the possibility of
extending the Quality Assurance System to other forms of care, such as Indigenous services and In Home Care.

### 7.3 Integration

Under *Communities for Children*, NGOs are engaged as ‘Facilitating Partners’ in 45 communities, or sites, around Australia to develop and implement a strategic and sustainable whole-of-community approach to early childhood development in consultation with local stakeholders. This model supports the development of partnerships between stakeholders, including different levels of government, service providers, community leaders, businesses and other early childhood stakeholders including parents.

Communities for Children takes a community-development approach to improving outcomes for young children and their families, incorporating key principles such as collaborative action, building on community strengths, and contributing to family and community capacity-building. It funds NGOs as ‘brokers’ or ‘enablers’ who cultivate community engagement in Communities for Children processes, and commit to achieving its outcomes and building networks between early childhood stakeholders in the community.

Communities for Children activities undertaken in each site are grounded in evidence about what approaches and responses are most appropriate to support early-childhood development. Each activity that is undertaken must be supported by evidence that shows its efficacy in achieving early-childhood outcomes. Examples of types of strategies and activities being implemented include parenting education courses, establishing early childhood ‘hubs’, and establishing service provider networks, early-literacy programs and family-support programs.

*Local Answers* continues to emphasise the importance of engaging local stakeholders in the development of local responses to address local issues and to participate in the decision-making process.

### 7.4 Evaluation findings and key lessons

FaCSIA has commissioned the UNSW Consortium is conducting the evaluation of the Stronger Families and Communities Strategy (2004-2008). Components include outcomes, process, and cost-effectiveness evaluations. To date, there are no findings from the evaluation in the public domain.

### 8 Best Start (Victoria, Australia)

#### 8.1 The policy framework

The Victorian program, Best Start, is an example of a multi-service, universal program administered by several agencies and delivered to specific areas. Best Start is auspiced by the Department of Human Services and the Department of Education and Training and assisted by the Community Support Fund. It is based on a range of core activities and service delivery principles, with regional differences in programs based on identified need. The Best Start Atlas has been developed to provide baseline data.
on a range of characteristics across the state, including the Best Start indicators of child health, development, learning and wellbeing (Victorian Office for Children, 2005).

Best Start has been implemented in three phases:

- **Phase 1 (2001-2002)** focused on project design and development.

- **Phase 2 (2002-2006)** saw the implementation of 11 mainstream and two Aboriginal Best Start projects. These projects, originally due to be completed during 2006, have been extended. The projects have been allocated $40,000 recurrently to maintain facilitation of the partnership, build local initiatives to fit strategically into the wider early years plans.

- **Phase 3 (2005-2009)** includes 13 new mainstream Best Start projects; four new Aboriginal Best Start projects; and extension of the existing mainstream and Aboriginal Best Start projects.

As with Families NSW, there are a range of core activities, with other services to be designed and implemented according to locally identified priorities. This is to be achieved through better linkages between services and the provision of new or enhanced services for particular groups as required. The core activities to be achieved through Best Start are:

- Access to quality antenatal care.

- Support for parents to care for their children.

- Opportunities for good quality play, learning, child care, preschool and early education experiences for children, before school and during the first three years of school.

- Support for parents to strengthen their skills and capacity to promote the development and early learning of their children.

- Access by parents to adult literacy and numeracy education and other adult and further education and related services.

- Health care for both child and parent, including health information (for example, breast feeding, nutrition, immunisation, public health surveillance and primary health treatment).

- Support for all children and families in the transition from preschool to school with particular focus on those with special needs.

- Recognition of the key role of schools as a hub within communities and a natural focal point for the integrated provision of services to children and their families.

- Outreach and home-based services for those in most need.

- Promoting safe, nurturing and child friendly community environments.

- Promoting appropriate housing.
8.2 Practice on the ground

The Supported Parent Groups and Playgroups initiative will target families from disadvantaged backgrounds and isolated areas and is intended to improve parents’ promotion of child health and development. It aims to provide quality play opportunities at a critical time in a child’s development (0-3 years of age). These opportunities will foster children’s language development, develop motor skills and expose children to sensory experiences. It will also provide families with opportunities to establish friendships and long-term social support structures that strengthen social networks and provide community connectedness.

The document *Best Start in Action* [30] provides detailed guidelines for key activities to be undertaken in each project site:

- Establishing and formalising a partnership. The Best Start partnership must include representation of six essential partner groups who will work together with the departments of Human Services and Education and Training in developing and implementing action plans. These essential partner groups are: parents/elders; local government; health services; education services; family and community support services; and community organisations. Each Best Start partnership will appoint from its membership a fund holder and a facilitating partner. The fund holder will be one of the essential partners and be an incorporated body able to demonstrate financial viability.

- Developing and implementing an action plan. Detailed information is provided on what the action plan must contain, including project management; budget; site assessment; results of consultations; analysis of services provided; a plan for reshaping services; outcomes and indicator targets; evaluation; and strategies for sustainability. The action plan is signed off by the regional directors for the Department of Education and Training and the Department of Human Services.

- Monitoring and evaluation.

The Local Level Child Health and Well-Being Survey, beginning in 2007, is a telephone survey intended to provide a broad overview of how children and families are faring within Best Start LGAs. This will provide local level data to support the Victorian Child Health and Wellbeing CATI Survey, carried out every three years.

8.3 Integration

An evaluation of Best Start was completed in 2006 by researchers from the University of Melbourne [31]. This section reports on the findings from that report, which found that partnerships for the most part had broad-based representation, but, like Sure Start, for the most part did not include parents extensively. Best Start workers recognised the importance of involving parents, and also recognised the difficulties involved in making sure that parents could participate in ways that were meaningful: so they did not get overwhelmed in meetings, or be expected to understand jargon and terms with which they were unfamiliar. Membership could be an issue as poor or patchy attendance at critical meetings meant that decisions could not be made. Nevertheless, broad and inclusive participation was recognised as important by participants and a chance to work together in new ways. Involving a broad membership in key decisions was time-consuming, but meant everyone was working to achieve the same goal. Successful collaborations were also broad-based in that responsibility for the
sustainability of the program was not seen to be one organisation’s role, but were shared across the partnership.

Over the life of the partnerships there were changes in personnel and organisations/agencies represented, which in some cases had more of an effect than others. In some cases changes in membership meant that a lot of time had to be spent inducting new members into the partnership.

Again similarly to Sure Start, previous relationships and existing good practices in working together were important, and it was productive when partnerships could build on already existing networks. The role of the community facilitator was very important in developing and maintaining effective partnerships.

Barriers to integration included:

- Workload commitments: membership of a partnership could be a burden on small agencies.
- Support and resources: the time and effort to develop and implement partnerships is often not supported by agencies, as partnership activities may not be part of their core business.
- Historical relationships and philosophical differences between agencies and individuals.

8.4 Evaluation findings and key lessons

The evaluation found that partnerships and working together increased over the course of the study and that projects associated with health and well-being, and with education and schools, had been implemented in the Best Start sites. ‘Better Access’ projects attempt to make existing services more accessible (for example using community languages, or briefer format) and develop new services, for example, outreach services or a bus to take caravan park residents to health services. Projects intended to improve access to antenatal health services and increase breastfeeding rates have been implemented to address health and well-being. Projects in education and schooling include those aiming to change participation in preschool/kindergarten, reading ability and absenteeism. Community ‘hubs’ and multi-purpose centres, some located in schools, have been developed in a number of Best Start sites. While the Aboriginal Best Start program had not been running long enough to be evaluated, the report does state that extra resources will be needed to address community need.

9 Families NSW (NSW, Australia)

9.1 The policy framework

Families NSW (previously Families First), is delivered jointly by five Government agencies – NSW Health and Area Health Services, and the Departments of Community Services (DoCS); Education and Training (DET); Housing (DOH); and Ageing, Disability and Home Care (DADHC). Families First spent $24,208,000 in
2005/6, for a population of 6.3 million [32]. For its first five years the lead agency was the Cabinet Office, a position which is now held by DoCS.

The strategy aims, through the development of broad interagency networks, to support parents in raising children by assisting them to solve problems at an early stage, before they become entrenched.

Enhancements to the service networks are to be achieved by:

- building on and broadening existing structures so that a wider range of needs may be met;
- changing the practices of some services; and
- coordinated service planning and the establishment of new services where gaps have been identified and which have been proven to work for families.

9.2 Practice on the ground

Families NSW is comprised of a mix of prescribed services to be delivered in each area, and locally designed services to be delivered at the discretion of regional management groups. These services are designed to address the health and educational outcomes of children and improve the safety and connectedness of communities by intervening at crucial transition points. Examples of these are community outreach and home-visiting by volunteers, provision of books, reading support programs, community capacity-building programs and transition-to-school programs for disadvantaged children.

Health home visiting to new mothers is the only prescribed program for each area. Other key service models used widely in Families NSW are:

- Schools as Community Centres: this aims to use schools as a community resource and focuses on the prior-to-school years. Activities include: supported playgroups; transition to school programs; nutrition projects; child health screening services; positive parenting projects; and environmental and physical improvements. The program involves the location of a full-time facilitator in a community centre at the local public school. Facilitators, schools and interagency partners plan collaborative initiatives to develop capacity in young children birth to 8 years, families and local communities.

- Family worker services: home visiting by trained staff to help parents develop social networks and parenting skills.

- Supported playgroups.

- Volunteer home visiting.

9.3 Integration

Implementation or process evaluations of Families NSW (then Families First) were conducted by researchers from the Social Policy Research Centre at the University of New South Wales [33-39]. The evaluations had some findings that were similar to Sure Start:
• it was slow to get going in some areas, and planning often took longer than anticipated;

• health-led programs seemed to get off the ground faster in many instances, and had a high level of acceptance by families.

They also found that there was a lot of variation between areas in planning and management, with some areas placing more emphasis on including all services and agencies than others. In some cases the emphasis was on making sure all of the statutory agencies were involved, as representatives from those agencies felt that they were ultimately responsible for the implementation and success of Families First. In other cases a particular emphasis was placed on including all relevant parties, including NGOs; Aboriginal elders and community representatives; and practitioners as well as regional managers. Smaller agencies often found it difficult to participate in management and planning committees, due to the number of meetings involved.

Project leaders played a crucial role in getting local and regional planning and management committees up and running, and maintaining enthusiasm from participants. Project leaders and other participants reported a tension between the need to take time in getting agencies to work together collaboratively, and the need for the program to make its presence felt for service providers and families by setting up new services. Securing and maintaining the engagement of service providers was sometimes challenging as planning and consultation processes could appear to be taking a great deal of time and effort.

The process evaluation also found that in its first five years Families NSW made significant gains in developing structures and processes towards a coordinated service network system focused on prevention and early intervention. Local and regional management structures were set up and functioning in most areas, and five year plans for the areas were made. Aboriginal engagement in planning, management and communication was critical in all areas.

9.4 Evaluation findings and key lessons

In addition to the implementation studies, Families NSW evaluation strategies include an outcomes evaluation framework using medium- to long-term indicators designed to measure the health and wellbeing of children, families and communities in NSW; and local and program evaluations [40].

The implementation case studies focused on coordination and the reshaping of the service system towards early intervention and prevention, rather than on new services. Local evaluations of service models such as Schools as Community Centres are also being planned.

10 Children’s Centres for early childhood development and parenting and Every Chance for Every Child (South Australia)

10.1 The policy framework

In June 2004 the South Australian government commissioned an inquiry into early childhood services, with four terms of reference: consider and recommend on the
availability, adequacy and quality of services; identify and recommend the most effective relationships with other family policy settings at state and federal level; consider and make recommendations on the affordability of the range of children’s services; consider and recommend how best young children and their parents can be supported through seamless service delivery most convenient to families; report to government on future directions for children’s services in South Australia. The inquiry included a review of international literature and trends, including into attempts to integrate services and provide ‘cross government’ planning. It also undertook community consultation with families, service providers and professional associations.

The report from the inquiry is called The virtual village: Raising a child in the new millennium. Among its 13 recommendations are:

- A joined up approach to the planning and delivery of early childhood services, pursued through the creation of a new whole of government Framework for Early Childhood Services.
- A whole of government approach to early childhood services for Aboriginal children and families.
- The development of integrated Child and Family Centres.
- Integrated and improved coordination of services for children with additional needs [41].

The Department of Education and Children’s Services Statement of Directions 2005-2010 includes the objectives of integrated early childhood services and integration of care, education, health and family support services, for children and their families, on existing DECS sites [42].

10.2 Practice on the ground

Children’s Centres for early childhood development and parenting

The South Australian Government’s initial response to The Virtual Village was the announcement that 20 Early Childhood Development Centres would be established by 2010.. These centres will offer integrated child care, preschool, early years of school, child health and family support services, located on school sites The sites were selected based on a range of cross-agency criteria including unmet demand for child care, demonstrated commitment to an integrated approach to service delivery, and infrastructure and facilities that supported the transformation to a Children’s Centre.. These centres will provide a range of integrated care, education, and health and family services for children from conception – 8 years of age.

The service mix across sites varies in accordance with community needs and priorities. However a comprehensive range of services may include family support for parents and children, parenting programs, supported playgroups, immunisation, child health services, allied health services and community development program
Every Chance for Every Child

Every Chance for Every Child, which commenced in 2003, is focused on four key program areas: provision of effective support for parents of infants and young children; provision of effective early-learning opportunities; helping communities to be more supportive of families; and better assisting families who may need additional support. Its central operation is home visits by nurses to the parents of babies and young children, and the Children, Youth and Women’s Health Service is the lead agency.

10.3 Integration

An InterMinisterial Committee on Child Development (IMC) is leading across government work to implement the Early Childhood Development Strategy. Membership includes:

- Minister for Education and Children’s Services (chair) and lead minister;
- The Minister for Families and Communities (Deputy Chair), Minister for Aboriginal Affairs and Reconciliation and Minister for Disability;
- the Premier;
- the Minister for Health;
- the Minister for Employment, Training and Further Education;
- the Deputy Premier, Treasurer, Minister for Industry and Trade and Minister for Federal/State Relations;
- Minister Assisting in Early Childhood Development, Minister for State/Local Government relations, Minister for the Status of Women and Minister for Volunteers;
- Minister for Mental Health and Substance Abuse;
- the Attorney General
- and the Guardian for Children and Young People.

Other groups facilitating across government integration include the Chief Executives’ Coordinating Committee on Child Development, the Early Childhood Senior Officers Group, the Care and Protection Senior Officers Group and the Operations Group. Integration is being supported by a multi-disciplinary and cross-agency professional development program.

At the local level, integration is being facilitated by Enabling Groups and Community Development Coordinators.

10.4 Evaluation findings and key lessons

A whole of government early childhood framework for early childhood framework is planned. No data is yet available. A South Australian Action Plan for Early Childhood has been developed.
11 Other Australian Policy Frameworks, Programs And Key Documents

11.1 Western Australia

The material in this section was provided by the Social Policy Unit, Department of Premier and Cabinet, Western Australia. The Western Australian Government recognises the early years as a critical period in a child’s development and has already been actively pursuing reform in this area for some time.

In September 2003, the Government launched an Early Years Strategy as a fundamental element of its Children First Agenda aimed at supporting children and families and communities that care for children aged zero to eight. As part of this Strategy, the Government provides early intervention and prevention services and invests in support for families to strengthen the ability of parents, families and communities to promote children’s well-being and development.

Other initiatives that align with the strategy include:

- Best Beginnings program – an intensive home visiting service to support expectant parents and parents with children up to two years of age by multidisciplinary teams including teachers, nurses, social workers and social workers.
- Best Start Program- a service targeted at Indigenous children from birth to five years. This program aims to improve life opportunities by building on cultural strengths within families to enhance parenting skills and improve their transitions to school.
- Early Years Grants – Support is provided for projects that contribute to improving the well being of children from birth to 8 years.
- Triple P Program (Positive Parenting Program) – aims to increase parenting skills and satisfaction with the parenting role and to increase social competency and decrease conduct disorder and behavioural problems in children.
- The Government provides universal access to kindergarten and pre – primary programs to eligible children as defined in the School Education Act 1999.

A New Early Childhood Agenda

Several recent developments provide a strong impetus to refresh and broaden the State Government’s approach to the Early Years. They include:

- The identification of Early Childhood as a priority focus in Indigenous Affairs as part of the COAG Inter-Generational Reform Agenda.
- The Government’s endorsement of the recommendations of the Prudence Ford’s review of the WA Department for Community Development in March 2007 which was a turning point for child protection in Western Australia. A key recommendation of the Ford Review was the development of an across Government Early Childhood Agenda.
• In addition, the WA Government developed a new Department for Communities to support and strengthen communities to enhance the quality of life for West Australians through the promotion of across Government collaboration in social policy, service delivery and industry support this includes children’s services.

• The establishment of an across Government State Early Childhood Advisory Group (ECAG) in August 2006 with senior representatives from the Department of the Premier and Cabinet, Department of Health, Department of Education and Training, Department for Child Protection, Department for Communities, Department for Indigenous Affairs and Disability Services Commission.

The West Australian Early Childhood Agenda will include:

• Engagement with external stakeholders (both opinion leaders and wider stakeholders).

• Better Government and community planning.

• New policy development.

• A focus on collaborative or ‘joined – up’ models of services.

• Identification of existing Early Years initiatives across Government and community.

• Place-based/priority locations approach to additional service investment.

• Distinction between universal and targeted services.

• Enhancement of existing efforts around Community Child health, home visiting, support for children with developmental delay, parenting, support to child care in remote communities and on school sites for increasing outside school hours care.

11.2 Queensland

An extensive consultation strategy was undertaken in 2006 to elicit the views of parents, service providers, peak and professional organisations, researchers and other interested individuals and organisations on the kinds of services and systems needed to enhance services and support for all Queensland families. One of the first outcomes of this was the establishment of four Early Years Centres under a new initiative, The Best Start – Supporting Families in the Early Years. The centres will offer universal and targeted services for children from pre-birth to eight years of age and their families, and will operate as part of an effective, integrated prevention and early intervention service system. The initiative is a $54 million package over four years.

The Child Care and Family Support Hub Strategy is part of the Queensland Child Care Strategic Plan 2000-2005 [43] and responds to the expressed needs of parents for improved access to integrated child care and family support services especially in the early childhood years. A child care and family support hub brings together a range of services that support families and children within a community. Child care forms the core of each hub with family support services provided in response to the needs of families and children using the child care service as well as families from the broader community. In addition to the Hubs developed through the Child Care and Family Support Hub Strategy, two purpose built hubs have also been constructed in Indigenous communities.
11.3 Tasmania

The Whole of Government Policy Framework for the Early Years was endorsed by Cabinet in 2005. It has six strategic priorities:

- building communities that support families;
- improving multi-agency working and making agencies family-friendly;
- supporting adolescents to make good decisions about pregnancy and parenting;
- supporting parents who are expecting a new baby;
- supporting parents who are caring for a new baby or young children; and
- enhancing opportunities for early literacy, quality day care, and education [44].

A Way Forward, the Tasmanian government’s response to a 2006 review of state child protection, includes a new organisational structure for Children and Family services, implemented in 2007. This will include four regional teams, providing a wide range of key services, including: child, family, health services; therapeutic and support services; and child protection services. Regional managers are to work closely with other agencies and existing non-government services, such as neighbourhood houses and community organisations, to improve access to support services [45].

Tasmania’s jurisdictional action plan for COAG includes three policy directions for improving outcomes in early childhood. These are:

- Improving antenatal care.
- Strengthening health, development and learning of 0-5 year olds. The focus of attention in this area is to: deliver better integrated early years programs and services; support parents’ participation in their children’s learning and development; intervene early to reduce child health and development problems; and provide extra support to children and families experiencing high levels of disadvantage.
- Enhancing the provision of early education and care services [46].

Launching into Learning aims to support parents as their child’s first teacher through programs led by schools. Forty-four schools are involved, with more to join in 2007. The initiative is structured to promote schools to support each other, share practice, and learn together. Each school is focussing on the needs of their community with the aim of strengthening and working with local services to meet the needs of families and young children. The budget allocation for Launching into Learning for the four years to 2010 is $12.6 million.

The Early Support Program trialled in Southern Tasmania has funded non-government organisations to work with selected children and families referred to the child protection system. Although in its early stages, the response from both non-government agencies and child protection services suggest that there are encouraging results for many families.

Co-location of services, whereby children and family services are housed in sites such as schools, child care centres, community houses and community health centres, is also to be trialled [46].
11.4 Northern Territory

The Family and Children’s Services (FACS) Program is a division of the Department of Health and Community Services and is responsible for a range of early years services including children’s services; family support; child protection; and out-of-home care. 

*Building Healthier Communities*, a framework for 2004-2009 includes six outcomes for the service system:

- Giving kids a good start in life.
- Strengthening families and communities.
- Getting serious about Aboriginal health.
- Creating better pathways to health services.
- Filling service gaps.
- Tackling substance abuse.

It also identifies four key areas for strengthening and reforming the health and community services system:

- Building quality health and community services.
- Creating better ways of working together.
- Valuing and supporting our workforce.
- Creating a health information network.

Recently, child protection concerns in the Northern Territory have animated a series of significant interventions that are unusual in Australia in that they involve changes to state/Commonwealth responsibilities and to income support payments for parents.

11.5 Australian Capital Territory

The Office for Children, Youth and Family Services (OCYFS) is a service area within the Department of Disability, Housing & Community Services. Its strategic themes have been developed to reflect and improve policies and service delivery direction. They include:

- Introduce and embed Child Centred Practice. Programs include the Aboriginal and Torres Strait Islander Integrated Service Delivery project; implementation of Murray/Mackie recommendations (see below); OCYFS case management framework; Child and Family Centres.
- Build collaborative and integrated practice. Programs include development of an integrated family support service practice model and expansion of intensive family support services; therapeutic facility proposal development; collaborative practice in family violence.

The Murray/Mackie recommendations come from a study into the deaths and near deaths of children known to care and protection. They emphasise the need to improve coordination between agencies when intervening with children and families at risk [47].
The Schools as Communities program focuses on improving social and educational outcomes for at risk children and young people by creating strong and effective working relationships between families, communities and their schools. The program is run by a team of community outreach professionals, working in one high school and seven nominated primary schools plus their on-site preschools. These community outreach workers have a dual role, working with both families and the broader community as a whole. In practice this means home visiting, providing information about parenting and local health and community services, arranging appointments and assisting with transport where necessary. Secondly, these workers engage with parent bodies and communities to develop local initiatives which care for children, reduce parental isolation and provide parents with new knowledge and skills.

Two child and family centres have been set up to provide integrated, child focused service delivery in three areas: services for children and families; community education and development; and community partnerships.
### Summary of Policies and Programs Described In This Report

#### Table 2: Summary of policies/programs: international and Australian States

<table>
<thead>
<tr>
<th>Program</th>
<th>Overarching framework</th>
<th>New bodies formed</th>
<th>Agencies involved</th>
<th>Universal/targeted</th>
<th>Key activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sure Start Local Programs (UK) 2000-2005</td>
<td>National policy</td>
<td>Sure Start Local Programs</td>
<td>Local authorities (councils); parents: voluntary sector: government agencies and NGOs</td>
<td>Universal provision in disadvantaged neighbourhoods.</td>
<td>Outcomes driven. Core services: outreach; health and family support services; quality child care</td>
</tr>
<tr>
<td>Every Child Matters/Extended Schools (UK) 2003 -</td>
<td>National policy</td>
<td>Children’s trusts; Sure Start Children’s Centres; Directors of Children’s Services; Interdepartmental ministerial committee</td>
<td>Local authorities (councils); parents: voluntary sector; government agencies and NGOs</td>
<td>Universal</td>
<td>Extended schools; common assessment framework; access to childcare; Children’s and Young People’s Plans</td>
</tr>
<tr>
<td>Head Start (1965- ) and Early Head Start (1994-) (USA)</td>
<td>National legislation (Head Start Act)</td>
<td>N/A</td>
<td>Community-based non-profit organisations and school systems</td>
<td>Targeted: strict income eligibility requirements</td>
<td>Defined service models: home visiting; parenting education; nutrition.</td>
</tr>
<tr>
<td>Schools of the 21st Century (USA) 1988-</td>
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<td>N/A</td>
<td>Schools; Zigler Centre (Yale); child care providers</td>
<td>Universal</td>
<td>School-based preschool and after-school care and family support services</td>
</tr>
<tr>
<td>First 5 California (USA) 1998-</td>
<td>State ballot initiative (Proposition 10)</td>
<td>California Children and Families Program and the State Commission</td>
<td>Schools; health services; early education and care services</td>
<td>Universal</td>
<td>Parent education; access to health and immunisation services enrolment in health insurance</td>
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<tr>
<td>Program</td>
<td>Overarching framework</td>
<td>New bodies formed</td>
<td>Agencies involved</td>
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<td>First Duty Toronto (Canada) 2002-</td>
<td>Canadian Early Childhood Development Agreement</td>
<td>Toronto First Duty</td>
<td>School-community partnerships</td>
<td>Universal</td>
<td>School-based integration of child care: kindergarten and family support services</td>
</tr>
<tr>
<td>Healthy Child Manitoba (Canada) 2000-</td>
<td>Early Childhood Development Agreement Canada</td>
<td>Interdepartmental committee, the Healthy Child Committee, chaired by the Minister of Healthy Living</td>
<td>Schools: early childhood educators: health workers: community agencies</td>
<td>Universal and targeted</td>
<td>Community development activities; Triple P program; health home visiting; school-based nutrition; health and sex education programs</td>
</tr>
<tr>
<td>Best Start (Victoria) 2001-</td>
<td>State government policy</td>
<td>Victorian Office for Children</td>
<td>Parents/elders; local government; health services; education services; family and community support services; community organisations</td>
<td>Targeted</td>
<td>Interagency partnerships; supported playgroups; family support programs; community development activities</td>
</tr>
<tr>
<td>Families NSW (NSW: Australia) 1999- (1999-2007 as Families First)</td>
<td>State government policy</td>
<td>N/A</td>
<td>Human services departments (Community Services; Education: Health; Ageing: Disability and Home Care; Housing)</td>
<td>Universal and targeted</td>
<td>Health home visiting; supported playgroups; Schools as Community Centres; family support programs; community development activities</td>
</tr>
<tr>
<td>Program</td>
<td>Overarching framework</td>
<td>New bodies formed</td>
<td>Agencies involved</td>
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<tr>
<td>South Australian State Plan, The Virtual Village; Every Chance for Every Child; Keeping Them Safe (South Australia)</td>
<td>State government policy</td>
<td>Inter-Ministerial Committee on Child Development</td>
<td>Human services departments; Attorney General; Children’s Guardian</td>
<td>Universal and targeted</td>
<td>Health home visiting; children’s centres for early childhood development and parenting</td>
</tr>
<tr>
<td>Early Childhood Agenda Under development (Western Australia)</td>
<td>State government policy, links to COAG</td>
<td>Department for Child Protection; Department for Communities, ECAG committee</td>
<td>Human services agencies (Education, Health, Child Protection, Communities, Indigenous Affairs, Disabilities) &amp; NGO</td>
<td>Universal and Targeted</td>
<td>Child Health: home visiting, parenting support, Early childhood centres, services Child care for remote communities Out of school hours care</td>
</tr>
<tr>
<td>A Way Forward (Tasmania)</td>
<td>State government policy</td>
<td>N/A</td>
<td>Human services agencies and NGOs</td>
<td>Universal and targeted</td>
<td>Launching into Learning (schools-led); NGO-state partnerships for at risk children</td>
</tr>
<tr>
<td>The Best Start-Supporting Families in the Early Years (Queensland)</td>
<td>State government policy</td>
<td>N/A</td>
<td>Child care and family support agencies</td>
<td>Universal and targeted</td>
<td>Early years centres; child care and family support hubs</td>
</tr>
<tr>
<td>Building Healthier Communities (Northern Territory)</td>
<td>Territory government policy</td>
<td>N/A</td>
<td>Human services agencies and NGOs</td>
<td>Universal and targeted</td>
<td>Health and community services in one department</td>
</tr>
<tr>
<td>ACT</td>
<td>Territory government policy</td>
<td>N/A</td>
<td>Human services agencies and NGOs</td>
<td>Universal and targeted</td>
<td>Schools as Communities: child and family centres</td>
</tr>
</tbody>
</table>
Key Lessons and Implications

Although one of the underpinning rationales for service integration is to produce more cost-effective services, integration takes up considerable resources, especially in the first phases of implementation. The increased time required of practitioners, managers and policy makers to develop common plans, operational procedures, management processes and accountability structures are very draining on all agencies, especially small NGOs. A common feature of many of the more successful attempts at service integration therefore involve new programs which provide increased funding as an incentive for agencies to work together. ‘Joining up’ in the context of funding reductions is far more challenging.

This section presents a summary of the lessons indicated from the international jurisdictions reviewed here and a brief discussion of the potential for schools and education systems to act as lead agencies in collaborative projects. While collaborative programs led by health services are known to be effective for early years services, there are promising signs that schools can also be effective in leading collaborations. One reason for the effectiveness of health-led programs is that almost every family will have contact with the health system at the birth of a child, so there is near universal coverage for babies and very young children. The same principle applies to the school system: schools are near-universal services, and even families who have lost contact with the health system will have contact with schools. Neither the summary nor the discussion are intended to be comprehensive. A suggested reading list follows, that gives more detail, including critical perspectives on these questions.

Common dilemmas and attempts to overcome them that seem promising, from Australia and the UK are described below.

Inclusiveness

Challenges to integration

In some collaborative initiatives (for example, Best Start and Sure Start) a range of participants are expected to be included in partnerships or managing committees. This could include parents, existing interagency groups and community representatives. In other cases (for example, Families NSW) participation is decided at local level, but is still expected to include everyone with a stake in what happens. There may be challenges associated with making management of a program inclusive. It may be difficult to ensure that a committee is in practice welcoming to parents; it may be difficult to persuade people to come on board and then stay on board; and looser, larger committees can be harder to manage than smaller ones. Best Start and Families NSW were slower to get going than planned, in part because of logistical difficulties such as getting meeting quorums.

Facilitators to integration

There is no easy way out of the tension between inclusiveness and effectiveness on committees but it is helpful to establish an inclusive advisory committee with a smaller executive committee which is responsible for actually managing the program. This should mean that the burden of attending meetings is not too onerous for parents.
and small agencies, and that if there are problems with securing attendance at advisory committee meetings it is still possible for program decisions to be made and momentum to be maintained.

**Differences in Power**

*Challenges to integration*

An inclusive strategy may still involve a situation where representatives from smaller or non-government organisations may feel that proceedings are dominated by larger or statutory agencies. The language and procedures of meetings may not work for all parents or community representatives. Power differentials are also apparent when smaller agencies attempt to take the lead in service integration. Although small NGOs are seen as innovative and ‘close to the ground’ the Sure Start evaluation showed that programs led by large statutory agencies, particularly health (who have the best access to children in their early years) are more effective in this respect.

*Facilitators to integration*

Two strategies have been helpful to negotiate the impact of differences in power on management of integrated programs. Firstly it is important that there is a critical mass of parents and representatives of smaller agencies on committees and other bodies. Involving only one or two ‘token’ parents or volunteers will inhibit their ability to participate. Secondly it is often helpful for the committee chair (or the lead agency or facilitating partner) to meet with the ‘vulnerable’ members of the committee before and after, to ensure that they are fully aware of the issues, able to express their views and understand the language. It may also be helpful to recognise the different roles that smaller and larger agencies can play in integration. Smaller agencies may well be able to effectively integrate from the ‘bottom up’; i.e. by linking volunteers or practitioners on the ground. However, only a combination of key stakeholders from the statutory sector (health, education and community services in particular) can ensure that the underlying mechanisms and procedures facilitate closer service integration.

**Differences In Professional Values, Ethics and Priorities**

*Challenges to integration*

Research from the U.K [48, 49] suggests that collaborative work may involve dilemmas for practitioners who are suddenly expected to work towards values and ideas unfamiliar or even opposed to their own. Child and family services may adopt a range of positions with respect to the needs of families, from a focus on parents’ needs (to support them in all their roles and tasks) to a focus primarily on children’s needs (with parent’s needs considered only in terms of the needs of their children), or some position in between. Practices of collaboration between child protection agencies and family support agencies may differ from one site to the next, depending on the professional and personal histories of key players.

*Facilitators to integration*

It is very important that value bases are discussed and dealt with. It is not realistic to expect different agencies to agree on all matters, but they should be able to develop a
mutual understanding and a way of working which sustains rather than undermines collaboration.

Differences In Agency Commitment

Challenges to integration

In some cases an agency is in a position to offer more high-level commitment to a policy than another: for example, a policy officer from one department and a regional manager from another may sit on the same committee. This can result in differing levels of autonomy (the policy officer may not have the authority to make key decisions without reporting back between meetings) and policy visibility within agencies. In addition, agencies may have different experiences of accountability. Typically, large NGOs and statutory organisations are used to high levels of bureaucratic accountability through provision of detailed financial and service data, service contracts containing Key Performance Indicators, targets, benchmarking and commissioning of evaluations. Smaller NGOs are often new to these processes, having relied on grants, and it is a huge cultural shift (as well as a drain on their resources) for them to provide detailed information about their activities.

Facilitators to integration

Several methods have been tried to address this issue, including appointment of consultants; training to build capacity in small NGOs; mentoring by larger NGOs; and sharing ‘back room’ resources (such as HR, IT). None of these methods have been systematically evaluated but they are all promising.

Differences In Agency Priorities And Planning Mechanisms

Challenges to integration

Policies with an emphasis on collaborative work and ‘doing things differently’ can create tensions for representatives of agencies with defined priorities and strategic goals for early childhood. For example, an agency may have a focus on child protection and find it difficult to secure funding for early intervention programs. Similarly, an education or housing department may find it difficult to get community development recognised as part of their core business. A common experience in attempts to reorganise practices and change priorities is the priority some representatives place on new services, with a corresponding devaluing of other work (for example, co-locating services) as not doing anything practical for families.

Facilitators to integration

High level agency commitment should translate into the goal of integration and the priorities of individual agencies being complementary rather than conflicting. High level commitment should also mean that integration and other new policy goals are incorporated into the core business of the individual agencies, rather than seen as the responsibility of the new policy itself.
Time and Other Resources

Challenges to integration

A common dilemma in attempting to work collaboratively is the time taken in meetings, consultation and planning. Initial enthusiasm may be dampened by the sense that nothing much is happening, or that meetings are repetitive to make sure that new people on board are included. Representatives from smaller agencies may find it difficult to take time out of their day to day work to be involved on committees; representatives from both smaller and larger organisations may find it difficult to justify their continuing commitment to an initiative if it is not seen to be setting up new services or having any immediate benefit for families. One particular instance of this is the phenomenon whereby high level managers from stakeholder organisations come to the initial meetings of the partnership (especially when decisions are still to be made about funding priorities). Once the money has been committed, they tend to send delegates lower and lower down the hierarchy, which means that the committee loses its decision making authority.

Facilitators to integration

Some of the strategies noted above, such as mentoring and combining large advisory committees with smaller executive committees, may also be effective in maintaining enthusiasm for the program over time. The Australian experiences of Families NSW and Best Start indicate that the skills and enthusiasm of locally based project leaders or community facilitators are also very important.

Lessons from International Programs and Policies

Specific lessons from the UK, the USA and Canada also have relevance for Australian initiatives.

What are the lessons from the UK?

• A policy framework matters. Both Sure Start and Every Child Matters were supported by high level policy, were well resourced and evaluated using detailed and sophisticated methods. The evaluation findings have indicated to some people that the policy was a failure, but this is a simplistic assessment. Sure Start is not a single intervention, and it is not targeted at high risk individuals. The program to which it is often compared, the Nurse Family Partnership, is both. There are very few large scale neighbourhood programs designed to combine community development approaches, local partnership, and interconnected, complex needs, and none that have had the impact of Sure Start. This was only possible with an overarching policy framework and enthusiastic individuals in government and on the ground.

• A well resourced evaluation has risks and benefits for program delivery. Many if not most neighbourhood initiatives with community development components do not have large and sustained evaluations (one notable exception is the Mission Australia/Griffith University Pathways to Prevention project in Queensland: http://www.griffith.edu.au/centre/kceljag/). They are therefore vulnerable to the criticism that nobody can tell if they are effective or not. The Sure Start evaluation provided what appear to be relatively straightforward
answers relatively quickly; and was subsequently vulnerable to criticism as well. While comprehensive information on a program’s effects is always valuable, the evaluation findings from Sure Start reveal the complexities of implementing a collaborative program, although these complexities may be lost in the focus on outcomes data. This dilemma applies to other initiatives as well: the most respected evaluation methods may not be appropriate to initiatives that involve collaboration in the early stages of implementation.

- **Community led programs have risks and benefits.** Sure Start was outputs rather than service based: in other words services had more free rein than other programs to devise and deliver what was identified as necessary. While this did not in any way mean they could do whatever they wanted, the diffuseness of responses has also led to criticism. Extended Schools and Every Child Matters are more prescriptive. Local engagement with new programs by service providers is always difficult, as is changing ways of working. Sure Start (and others) show that local ownership can be very effective in securing engagement, but poses other difficulties.

*What are the lessons from the USA?*

- **There is a relatively long history of programs to reduce child abuse and neglect.** The focus of this paper has been on collaboration and integration for early years services that are not designed specifically to reduce abuse or neglect. However, in the United States two significant, evaluated programs with this intent show some promising but largely inconclusive results. These are the Community Partnerships for Protecting Children Initiative and the Comprehensive Community-Based Child Abuse and Neglect Prevention Programs (Table ).

- **Programs to integrate family support, education and early education and care systems are fairly recent.** Historically, there has been a greater emphasis on amelioration of poverty and targeting of high risk families. The focus of the programs described in this paper are new in that their focus is on universal access to services and quality of pre-school and out-of-school hours care.

- **Different systems of welfare and state provision limit comparisons with Australia.** There is a much greater emphasis on philanthropic funding and fee-for-service provision in the United States, and state provision of basic services is much more restricted.

*What are the lessons from Canada?*

- **An overarching national framework can support very different regional strategies.** Canada’s three levels of government are similar to Australia’s, and it also shares similar challenges related to geography, isolation and the dispossession of its indigenous people. The overarching policy framework for Canada is an agreement between federal and provincial governments, with federal funding for provinces and territories to improve and develop early childhood systems. Different provinces have had different priorities, according to specific population vulnerabilities; ethnicity and Indigeneity; and metropolitan and rural profiles.
Towards A Model of Collaboration

While there is no one ideal model for collaboration and integration in early years services, there are global characteristics that are promising:

- A high level policy framework with commitment at ministerial level, to generate ‘top-down’ change.
- Resources and time given to practitioners and facilitators at practice level to generate ‘bottom-up’ change.
- The involvement of as many relevant individuals and agencies as possible, to ensure inclusion and engagement.
- Support for parents, community representatives and smaller agencies to become involved and stay involved.
- The formation of executive and implementation committees, to ensure efficiency.
- Monitoring and support for larger agencies to incorporate new goals and ways of working into core business, and to maintain their commitment.
- Evaluation strategies that are both rigorous and sensitive.

Other key issues: schools

The lessons from Sure Start support existing research that shows integrated programs led by health agencies tend to get off the ground quicker, and tend to have a fairly high level of acceptance by families. There is also an increasing focus on schools as lead agencies: either as community hubs and multi-service centres, or in providing early education and care and out-of-school-hours care, or both. Programs with schools as the lead agency face particular challenges:

- Success is dependent on personnel. Some principals are not interested in collaborating.
- Parents who had difficult or traumatic experiences with their own schooling may feel uncomfortable with using schools as a resource.
- Programs that integrate early education and care with school education have had difficulties with the particularities of the sectors: for example, in the different salaries paid and the much higher levels of regulation in early education and care.

Nonetheless, schools have the potential to become a central resource for families and communities. The programs reviewed here indicate that there is a great deal of interest locally and internationally in developing the role of schools in delivering services. Integration of schools with other family services have several advantages:

- near-universal service provision: almost all children attend school;
- there is the potential to draw on strong school traditions of compensatory programs, curriculum research and other programs to address poverty;
- schools provide an obvious, often relatively well resourced community centre that is not stigmatising; and
- transitions to school are known to be especially important for children and families.
## Further Resources

### Table 3: Summary of policies/programs: reports and evaluations

<table>
<thead>
<tr>
<th>Program</th>
<th>Budget</th>
<th>Evaluation / Research</th>
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<tbody>
<tr>
<td><strong>International programs and policies</strong></td>
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<tr>
<td>Sure Start (UK)</td>
<td>Average £500,000 (A$1.25m) annually</td>
<td>Evaluation reports available on the National Evaluation of Sure Start Website:</td>
</tr>
<tr>
<td><a href="http://www.surestart.gov.uk/">http://www.surestart.gov.uk/</a></td>
<td></td>
<td><a href="http://www.ness.bbk.ac.uk/">http://www.ness.bbk.ac.uk/</a></td>
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<tr>
<td>Every Child Matters – Children’s Centres and Extended Schools (UK)</td>
<td>Children’s trust pathfinders: £65,000 - £100,000 annually</td>
<td>Extended Schools Publications:</td>
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<tr>
<td></td>
<td></td>
<td>*The action plan:</td>
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<td></td>
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<td><a href="http://www.everychildmatters.gov.uk/_files/06EA29398072BE73E834DBA061584307.pdf">http://www.everychildmatters.gov.uk/_files/06EA29398072BE73E834DBA061584307.pdf</a></td>
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<tr>
<td></td>
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<td>*Some background information on the Extended Schools program:</td>
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<td></td>
<td>‘Quality of Childcare Settings in the Millennium Cohort Study’ 2007</td>
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<tr>
<td>Program</td>
<td>Budget</td>
<td>Evaluation / Research</td>
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| Healthy Child Manitoba (Canada)                                       | Total expenditures for the year ending March 31 2005 were $24 million ($24.6 million) [17]. The total population of Manitoba is around 1.15 million people | 1.http://www.gov.mb.ca/healthychild/familiesfirst/evaluation.html  
*Overview of the program and services:  
http://www.gov.mb.ca/healthychild/about/hcm_programs.pdf |
| Head Start and Early Head Start (USA)                                | US$6.9 billion, with an average cost per child of US$7000               | 1.Early Head Start Evaluation Reports pg ii (most recent 2002)  
2.‘Evaluation of Head Start Family Child Care Demonstration’ 2000  
3.Outline of the framework for evaluating Head Start 1999  
| School of the 21st Century (USA)                                     |                                                                       | 1.Pilot evaluation:  
http://www.yale.edu/21c/pdf/article2.pdf  
2.Lists some of dated research / evaluations:  
http://www.yale.edu/21c/pdf/How%20do%20we%20know%20it%20works.pdf  
3.‘The School of the 21st Century is making a difference: findings from two research studies’ 2006  
4. Site evaluations  
http://www.yale.edu/21c/arkansas.html  
http://www.yale.edu/21c/independence.html  
http://www.yale.edu/21c/iowa.html |
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<th>Program</th>
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<tr>
<td><strong>Established Australian programs</strong></td>
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<tr>
<td>Best Start (Victoria)</td>
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<td>Phase 1 sites were funded at four different levels ($280,000-$600,000). Current mainstream and Aboriginal Best Start sites receive $40,000 annually.</td>
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<tr>
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<td>Best Start Atlas</td>
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<td>Site implementation reports</td>
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<td></td>
<td>Presentation based on evaluation report</td>
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<tr>
<td>Families NSW (NSW) (previously Families First)</td>
<td>$24,208,000 in 2006</td>
<td>Outcomes framework</td>
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<td>Implementation case studies</td>
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<td><a href="http://www.sprc.unsw.edu.au/reports/FamiliesFirst_Area_Review_Illawarra.pdf">http://www.sprc.unsw.edu.au/reports/FamiliesFirst_Area_Review_Illawarra.pdf</a></td>
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<td><a href="http://www.sprc.unsw.edu.au/reports/FamiliesFirst_Area_Review_Orana_Far_West.pdf">http://www.sprc.unsw.edu.au/reports/FamiliesFirst_Area_Review_Orana_Far_West.pdf</a></td>
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<td><a href="http://www.sprc.unsw.edu.au/reports/FamiliesFirst_Area_Review_South_West_Sydney.pdf">http://www.sprc.unsw.edu.au/reports/FamiliesFirst_Area_Review_South_West_Sydney.pdf</a></td>
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<tr>
<td><strong>Newer Australian programs</strong></td>
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<tr>
<td><strong>Other programs, not described in this report</strong></td>
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2. Articles researching/evaluating this program particularly by the School Development Program Organisation: [http://www.med.yale.edu/comer/research_evaluation/externalevals.html#published](http://www.med.yale.edu/comer/research_evaluation/externalevals.html#published)  
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<td>Thrive by five (Washington)</td>
<td>Background: <a href="http://www.thrivebyfivewa.org/assets/TB5_Annual2006_final.pdf">http://www.thrivebyfivewa.org/assets/TB5_Annual2006_final.pdf</a></td>
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<td>2006-</td>
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<td>Early Childhood Comprehensive Systems</td>
<td><a href="http://www.state-eccs.org/">http://www.state-eccs.org/</a></td>
<td></td>
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<td>2003-</td>
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<tr>
<td>Community Partnerships for Protecting Children</td>
<td><a href="http://www.cssp.org/center/community_partnership2.html">http://www.cssp.org/center/community_partnership2.html</a></td>
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<td>1996-</td>
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</table>
Further Resources List

• Extended schools and their potential
  # Linking Schools and Early Years Services

• Integrated early childhood services

• The Pathways to Prevention project

• The Sure Start evaluation controversy

• Implementation and its challenges
  Schorr, L. (2003), Determining ‘what works’ in social programs and social policies: toward a more inclusive knowledge base, Harvard University, Cambridge, Mass.
Reference List


44. Jenkins, S., Whole of government policy framework for the early years. 2005, Interagency Policy Coordination Committee, Department of Premier and Cabinet: Hobart.
47. ACT Government, Recommendations from the Murray-Mackie study into the deaths and near deaths of children known to care and protection and the ACT government response. 2006, ACT Government: Canberra.