

Child and Parent Centres on Public School Sites in Low Socioeconomic Communities in Western Australia: A Model of Integrated Service Delivery

Literature Review



Centre for Research in Early Childhood

Lynn Whiteside
Caroline Barratt-Pugh
Lennie Barblett
Elizabeth Stamopoulos
Marianne Knaus

Social Justice Research Centre

Anna Targowska
Susan Teather



Contents

Introduction	3
Section 1	4
The importance of the early years of life	4
Section 2	7
The Western Australian context	7
Section 3	9
Integrated service delivery	9
Section 4	14
The model: Child and Parent Centres on public school sites in low socioeconomic communities	14
Conclusion	20
References	21

Acknowledgements

We would like to thank the Special Projects Team in the Office of Early Childhood Development and Learning, Department of Education, Western Australia, and the Child and Parent Centre Steering Group for their valuable feedback on the draft of this literature review.

The review was funded by the Department of Education as part of the Child and Parent Centre initiative.



Introduction

In December 2010, the Premier, the Hon. Colin Barnett MLA, announced that the first 'social dividend' from the State's resources-based prosperity would be delivered through a range of children and family services located on public school sites. He also referred to early learning programs for three-year-olds, child and maternal health services and parenting services. In March 2012, Cabinet endorsed the establishment of ten Child and Parent Centres (CPCs) on school sites in low socioeconomic communities and in February 2013 the establishment of a further six CPCs was approved.

The CPCs will be located in areas with higher than average concentrations of vulnerable children. Data from the Australian Early Development Index (AEDI) for 2009-2010 shows that there is a strong correlation between the level of disadvantage and the incidence of developmentally-vulnerable children entering Western Australian schools: those living in the most socioeconomically disadvantaged communities are twice as likely to enter school developmentally vulnerable as children living in medium to high socioeconomic index areas. The CPC locations recognise that the representation of Aboriginal and Torres Strait Islander children and children from language backgrounds other than English among the vulnerable is disproportionately high.

The CPCs are part of an across-government initiative led by the Department of Education and supported by the departments of/for Health, Communities, Child Protection



and the Premier and Cabinet. These departments in turn work in partnership with non-government organisations (NGOs) to offer programs and services to young children and their families.

The intention is to work toward an integrated delivery model that will enable high-quality, accessible and coordinated services to be provided at and through CPCs for young children from birth to eight years of age and their families.

This paper provides an overview of the literature emphasising the value of integrated service delivery and illustrates the growing attention being given to the early years in Western Australia. It also describes how the Western Australian CPCs will reflect evidence-based research and practice.



Section 1

The importance of the early years of life

There is a significant and growing body of evidence that the early years are crucial to lifelong learning, as they lay the foundations for future development. This evidence, which is provided by a range of disciplines, including neuroscience, biology and social science, highlights the powerful interaction between nature and nurture from birth.

It is now understood that there is an interwoven and cumulative period of developmental vulnerability and potential that is early childhood.

(Brooks-Gunn & Duncan, (1997) cited in Centre for Community Child Health [CCCH], 2009, 1)

The following section provides a brief account of information about brain development presented in the *Early Years Study 2* (McCain, Mustard & Shanker, 2007).

1. The brain develops through the complex interplay between the genes we are born with and our everyday experiences from birth onward.

Brain development begins soon after conception and continues from birth. The changes that take place in the brain in the early years of life ensure that an infant becomes highly attuned to the environment into which he or she has been born. Billions of neurons (nerve cells) in the brain must

be stimulated to form sensing pathways that influence a person's learning and behaviour and biological processes, which in turn affect mental and physical health. Connections are established early in life through a complex process of synapse (the tiny gaps across which neurons send impulses to one another) and genetic expression (how, when and where genes work).

2. The relationship between the child and its caregiver has a critical impact on the developing structure of the child's brain that influences its capacities and capabilities in adult life.

Experiences in early life activate gene expression and result in the formation of critical pathways and processes within the brain. These early experiences have a powerful influence on the neural pathways that underpin humans' capacity to use language, become literate and understand the complexities of environments. The connections for coping with these environments are formed and become established early in life. They influence how individuals respond to certain kinds of internal and external stimuli throughout their lives. If coping processes are well established, individuals are able to adjust to life's experiences. If they are not, biological systems, tissues and organs deteriorate, leading to long-term chronic mental and physical disease.



3. The quality of early interactions has a major influence on the way the brain is 'wired'.

The interaction between genes, early environments and experiences shapes brain development and influences lifelong learning, behaviour and health. The interaction between a child and her/his carer determines which connections and pathways are activated and retained. Positive interactions set learning, behaviour and health pathways for both individuals and populations. The early years provide opportunities for the establishment of strong neural foundations needed for later development and the management of risks for optimum development.

It is clear that the biological heritage children are born with is mediated through the quality of their everyday experiences and interactions (McCain & Mustard, 1999). The literature, which includes findings from longitudinal studies and randomised early intervention programs, shows that:

- **socioeconomic status (SES)** is associated with social and development outcomes, including birth weight, academic achievement, physical and mental health, literacy, anti-social behaviour and life expectancy (Case, Lubotsky & Paxson (2002)(cited in McCain, Mustard & Shanker, 2007, 35); Poulton, Caspi, Milne, Thomson, Taylor, Sears & Moffit (2002), cited in McCain et al., 2007, 35)

- **family characteristics** are major predictors of the cognitive, language, social and emotional development of children (Rutter (2002), cited in McCain et al., 2007, 38)
- **warm, nurturing relationships and environments** are important in fostering the development of a healthy sense of belonging, self-esteem, and wellbeing (Frank & Earls (1996), cited in McCain et al., 2007, 38)
- **parents who are sensitive and responsive to children's emotions** are likely to assist them to become socially competent and have good communication skills (Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2008)
- **familial and social environments** build the skills and abilities on which children's success at school is based (Sylva et al., 2008)
- **in the early years the brain is most receptive to the development of verbal skills and language** and children who fail to do so adequately during the first three years of life tend to do poorly in language and literacy in school (Hart & Risely(1999); Huttenlocher(1991); Stattin & Klackenber-Larsson (1993),cited in McCain et al., 2007, 41).

These findings **reflects** what many early childhood professionals have seen demonstrated in their contact with children and families and have intuitively understood

for many years. Research has identified the kinds of experiences that are important for optimum brain development and the specific experiences that are the most effective. Conversely, it has also identified the kinds of experiences that can damage children's social, emotional, physical and intellectual capacities.

The economic perspective

The provision of support for young children and their families has economic as well as educational, health and social benefits. The returns from public spending on young children outstrip any other form of human capital investment (McCain & Mustard, 1999; McCain et al., 2007, 135).

Many of the health and wellbeing problems seen in adults, such as obesity and associated conditions including heart disease and diabetes, mental health issues, criminality, family violence, poor literacy, unemployment and welfare dependency, have their origins in pathways that began much earlier in life (Halfon & Hochstein(2002); National Crime Prevention (1999), cited in CCCH, 2006b). Research also indicates that many children and young people display declining or unacceptably poor outcomes in many areas of health and development (Keating & Hertzman, 1999).

These poor outcomes result in costs to society in terms of remediation, social supports for families, mental and physical health assistance and treatment, policing and justice services.

Economists are using the evidence about the importance of the early years of life in their consideration of ways of dealing with these increasing costs. Some, notably Nobel Prize winner James Heckman, have highlighted the significant cost savings and productivity gains arising from investment in early childhood development. Heckman concluded that gaps in learning performance emerge early and become increasingly difficult to remediate after eight years of age. Beyond that age, although school environments play an important role in reducing difference, once children fall behind in their learning, they are likely to remain behind. He also found that interventions become progressively more costly and less effective after eight years of age (CCCH, 2006b).

Heckman and Masterov (2005) identified perseverance and motivation as major factors in determining productivity, both in the workplace and beyond it. They described these skills as being indispensable for successful students and workers. They viewed the family as a major source of these skills, but, with many families failing to perform this task well, growth in the quality of the labour force is difficult to achieve. They argued that investment in interventions for children from disadvantaged environments made sound business sense, given the likely generation of substantial long-term savings to society and the achievement of greater productivity through improved workforce skills.

While investment in low socioeconomic communities is viewed as essential in making a positive difference to children's outcomes, it is increasingly being recognised that to reduce the **social gradient** (differential access to resources and differential participation in society and control over one's life arising from a group or individual's position in society) in health and other outcomes, a concept of proportionate universalism needs to be applied. This concept stresses that service provision should be universal but with a scale of integrity and intensity that is proportionate to the level of disadvantage (McCain & Mustard, 1999; Marmot, 2010).

Marmot examined health inequalities in England and recommended a range of strategies to address the social determinants of these inequalities, arguing that:

Greater intensity of action is likely to be needed for those with greater social and economic disadvantage, but focusing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.

(Marmot, 2010, 16)

Leading Canadian early childhood experts reached similar conclusions:

Research indicates that population health is advanced when jurisdictions 'flatten' the social gradient by providing equitable access to the conditions that support healthy child development for all, not just for those at the highest end of the socio-economic spectrum.

(Kershaw, Anderson, Warburton & Hertzman, 2009, 13)

The economic conclusions about the importance of the early years signalled a move away from the more traditional arguments for assisting disadvantaged families as a question of fairness or social justice to one based in economics (CCCH, 2006b).

The combination of new and growing understandings about how the brain and genes interconnect, the importance of environment and experience during the early years of life and the strength of the economic argument **provide** a powerful case for governments to increase their investment in the early years.



Section 2

The Western Australian context

While most Western Australians experience a good quality of life, some children and families face social, physical and financial challenges – and the gap in wellbeing and learning outcomes is widening. The State Government has responded to the compelling evidence outlined in Section 1 for supporting early childhood development and learning in three key areas:

1. First years of school

- The introduction of compulsory pre-primary education from 2013
- The introduction of access, wherever possible, to a kindergarten program at each child's local school from 2013
- An increase in kindergarten program provision from eleven to fifteen hours a week by 2013
- The introduction of a new National Quality Standard for Early Childhood Education and Care from the beginning of 2012
- The introduction of an on-entry assessment of literacy and numeracy skills for all pre-primary children in public schools in 2011
- The review of educational practice in Kindergarten, Pre-primary and Year 1 provisions in Western Australia by Professor Collette Tayler (2010).



2. Healthy children and families

- Seven points of voluntary contact between children and families and community child health nurses at key stages of children's development
- An additional \$58.5 million over four years for the employment of community child health nurses
- An additional \$50 million over four years from 2010 for the provision of specialised diagnostic and clinical services for children with developmental delay
- Health checks and follow-ups for all children starting school.

3. Families and parents

- The introduction of the *Education and Care Services National Regulations(WA) 2012*
- Programs to support parents and families raising children, including a 24/7 Parenting WA Line
- High-quality child care services in accordance with the National Quality Agenda for Early Childhood Education and Care for approximately 70,000 Western Australian children from birth to twelve years in 2011 (*Productivity Commission Report on Government Services, 2011, Table 3A.9*)
- Home visiting services, including the **Best Start** program for Aboriginal parents and carers, for children up to two years of age
- Specific placement programs for 3,500 children who, for various reasons, were unable to live with their own families
- The *Better Beginnings* literacy program for all families in the State with newborn babies.

In addition, the State Government is working with the Australian Government on a number of initiatives that lead and support changes in understandings about the importance of early learning and development. These include the following initiatives.

- **The Australian Early Development Index (AEDI)**

This is a population measure of young children's development in communities throughout Australia. Data in five domains that are known to influence long-term outcomes are collected on all children during the first year of full-time schooling and used to support efforts to create optimum conditions for early childhood development.

- **Early Learning and Care Centres**

Four centres have been established on or near public school sites to offer child care in areas of unmet demand. The Centres are managed by experienced non-government organisations.

- **Children and Family Centres**

Five centres are being established between 2009 and 2014 through *Closing the Gap: Indigenous Early Childhood Development National Partnership*. These offer a range of early learning and child care, parenting, child and maternal health and wellbeing programs mostly to Aboriginal families with children ranging in age from birth to eight years. Services are managed and coordinated by non-government organisations.

Building on these investments, the State Government is looking for ways to further support positive child and family outcomes. The establishment of CPCs responds to research and practice evidence relating to the integration of service delivery and to the following key drivers:

- Western Australia's low (but improving) performance in terms of developmental outcomes achieved by young children
- reform directions described in the final report of the Economic Audit Committee Review (2009) that relate to the need for an increased focus on the needs of families and communities, community sector collaboration and engagement and integrated models of community service delivery and engagement
- the key recommendations of the Tayler review and the Director General's statement on the early years of schooling.

The reshaping of the delivery of services to children and families through the provision of CPCs in targeted locations aims to provide a better response to the needs of families and improve learning and wellbeing outcomes.

Sections 3 and 4 consider evidence-based research and practice associated with integrated service delivery and describe how the CPC model takes this information into account.





Section 3

Integrated service delivery

Why integrate?

Siraj-Blatchford and Siraj-Blatchford (2009b) argue that because there are so many factors at work in a child's early life, the case for integrated, coordinated intervention is strong. Various countries, including Australia, the United Kingdom, Canada and the United States, are investigating the value of integrated service delivery.

Modern policy and practice recognises the importance of children, both in their own right and from social, educational and economic perspectives. According to Moore (2008), the overarching intention of improving child (and ultimately social) outcomes, responds to a number of interlinking factors, including:

- existing service arrangements becoming less able to meet the growing and diverse **demands of children and families in need of help**
- **the need for government services to work in more integrated ways to enable them to be more accessible and better meet the needs of children and families**
- **ineffective practice caused by a focus on service outputs, not outcomes**
- **acknowledgement of the interdisciplinary/interlinking nature of research about the early years of life**
- **the absence of networks and support mechanisms for some families**
- **a recognition of the need for a stronger focus on the empowerment of families to address issues**
- attention to improving the cost effectiveness of services.

Does integrated service delivery make a difference?

Research into the outcomes of integrated delivery is in its infancy, reflecting the relative newness of this field.

Much of the literature describes various models of integration and organisational issues and gives little attention to the effect on outcomes for children and families.

Studies that have evaluated the outcomes of integrated delivery have tended to focus on child outcomes. It is seen as a means to an end, with the value of integration lying in the contribution to positive changes in children. This approach risks paying insufficient attention to the complexity of establishing and building integrated service delivery and allowing the time necessary for evaluation to occur (Moore, 2008; Siraj-Blatchford & Siraj-Blatchford, 2009b).

Thus it is important to evaluate both the nature and implementation of inter-agency collaboration and child and family outcomes. Clearly, it takes considerable time to establish integrated service delivery and the process is complex. Evaluating child and family outcomes is also time consuming, involving as it does multiple aspects and multiple variables. These provide significant challenges in designing research that could provide evidence of the effectiveness of integrated service delivery on child outcomes (Miller & McNicholl, 2003; Siraj-Blatchford & Siraj-Blatchford, 2009b).

Two studies have documented a number of integrated service outcomes.

In their evaluation of the **early excellence centre pilot program** in Britain, Bertram, Pascal, Bokari, Casper & Holterman (2002) identified the following benefits:

- made services more easily accessible to parents, especially in disadvantaged areas
- helped to break the cycle of poverty
- provided for diversity in a non-judgemental way through more choice of services
- increased recognition of the early years as a critical learning phase
- created social cohesion through the development of dense and complex relationships, accessible and informative networks, clear-cut norms and sanctions about behaviour; perceived opportunities for advancement and perceived stability in the community.

In their evaluation of the **Australian Communities for Children** initiative, Muir et al. (2010) found significant positive impacts on:

- the number, types and capacity of services available
- service coordination and collaboration among staff from different agencies
- the most vulnerable children and families in relation to the children's early receptive vocabulary and verbal ability
- parental joblessness and mothers' involvement in community activity.

The evaluation also found a positive effect in relation to the last two points above for children and families across the communities, irrespective of whether or not they had actually received services. The evaluation suggested that these positive changes supported the idea that 'community embeddedness' might have an additional effect on children and families and that provision of increased services on their own would not have achieved this.

What does integrated service delivery look like?

The integration of services for young children and their families that span the community, health and education areas is complex and in the relatively early stages of development. There is no one accepted definition of integrated service delivery and a number of terms, including *integrated service*

delivery, integrated services, integrated service provision, service collaboration and joined-up working, are often used interchangeably.

Press, Sumsion and Wong (2011) argue that integration and integrated service delivery encompass a range of meanings, practices and models, including intergovernmental collaboration, the co-location of services and the bringing together of education and care. Practices and models range from strong collaboration among agencies with the agencies remaining 'intact' and retaining specialist roles through to fully-integrated models with integrated governance, administration and practice, including the retention of traditional roles with new titles and new training (Press et al., 2011; Moore, 2008). Siraj-Blatchford and Siraj-Blatchford (2009b) state integration can be viewed as an ecological system centred on the child and its family, served through the coordination of services and supported through integrated organisations and agencies.

A number of definitions have been proposed, with the aim of developing a shared understanding and easier discussion of integrated service. The Western Australian Department for Communities argued (2009, 10) that integrated services:

...provide children and their families with easy access to a range of services focusing on ensuring all children achieve positive outcomes. Integrated service delivery has a universal service or whole of population targeted service as a base, a mix of targeted services designed to meet local needs and the capacity to refer to specialist services.

The definition of Press et al. (2011, 53) stated that integrated services:

...provide access to multiple services to children and families in a cohesive and holistic way. They recognise the impact of family and community contexts on children's development and learning and focus on improving outcomes for children, families and communities. Through respectful, collaborative relationships, they actively seek to maximise the impact of different disciplinary expertise in a shared intent to respond to family and community contexts.

The movement from separate service delivery to integrated delivery has been described as a continuum and Fine, Pancharatnam and Thomson (2005) (cited in Moore, 2008, 4) describe a four-element scale from autonomy to integration, as shown below:

Figure 1: Autonomy to integration continuum

Autonomy	Cooperative Links	Coordination	Integration
<ul style="list-style-type: none"> • Parties/agencies act without reference to each other, although the actions of one may affect the other/s. 	<ul style="list-style-type: none"> • Parties establish ongoing ties, but formal surrender of independence is not required. • There is a willingness to work together for some common goals. • Communication is emphasised. • Requires goodwill and some mutual understanding. 	<ul style="list-style-type: none"> • Harmonisation of activities between the separate parties is planned. • Duplication of activities and resources is minimised. • Agreed plans and protocols or appointment of an external coordinator or (case) manager are required. 	<ul style="list-style-type: none"> • Links between the separate parties draw them into a single system. • Boundaries between parties begin to dissolve as they become effective work units or subgroups within a single, larger organisation.

Pritchard, Purdon and Chaplin (2010) refer to a journey toward service integration as a continuum of services. At one end of the continuum, individual services support children and families, followed by services co-locating and planning jointly, moving toward increased inter-service collaboration and, finally, at the other end of the continuum, services are fully integrated, providing a cohesive and comprehensive service for families and children. They argue that partnership is essential to the process of genuine early childhood service integration.

This work underpins the Platforms Service Redevelopment Framework being used in Western Australia, as illustrated in Figure 2, taken from Pritchard, Purdon & Chaplin (2010, 9).

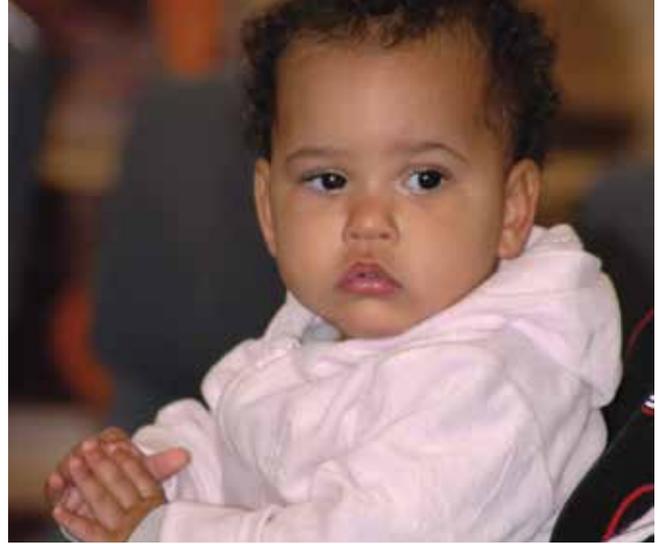
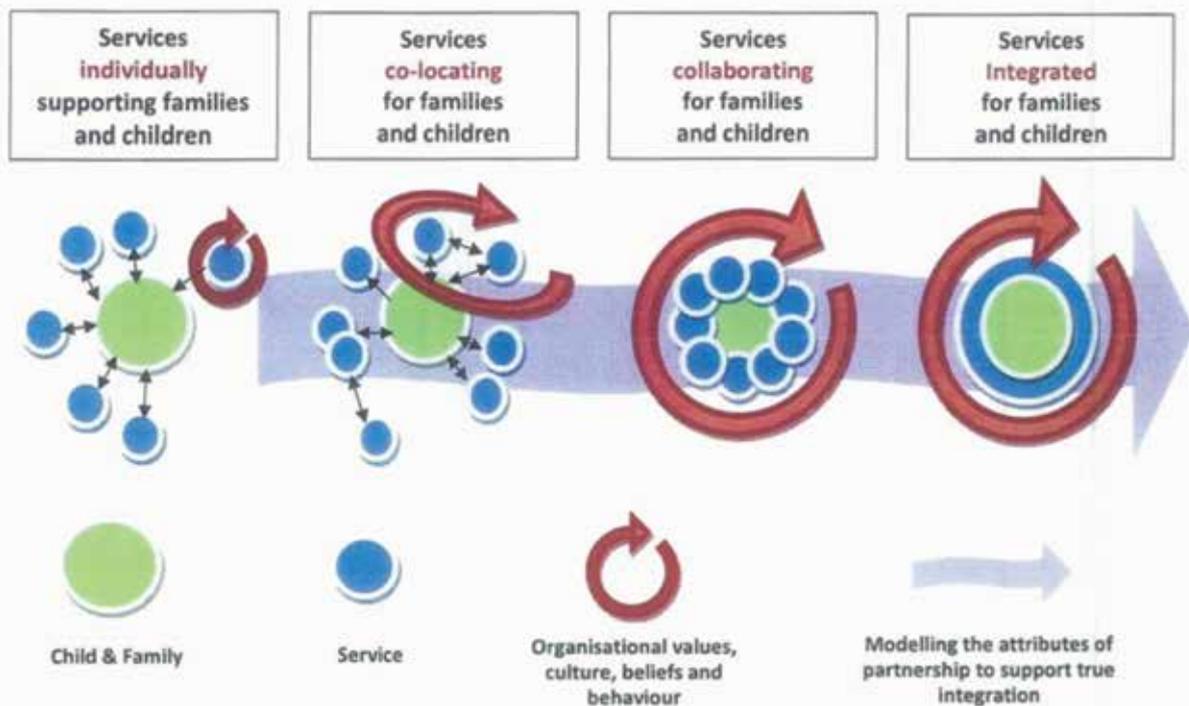


Figure 2: A journey toward early childhood services integration



Child and Family Centres exhibit the attributes of ...



No single definition or model has become accepted as 'the best' for integrated service delivery. This is due in part to the fact that existing models have not been evaluated sufficiently thoroughly to allow them to be applied to other sites (Moore, 2008; Press et al., 2011). In addition, a number of authors refer to the need for integrated services to respond to local needs and suggest that there cannot or should not be a 'best model' (for example, Chandler, 2006).

While there is no single accepted definition or model, what **has** emerged from studies and evaluations of integrated service delivery is that effective integration has multiple layers and multiple dimensions. Achievement of full service integration requires integration at the levels of government policy, governance, leadership, organisational culture and ethos and professional practice and teamwork levels (Glasby & Peck, 2006; Moore, 2008; Press et al., 2011; Organisation for Economic Cooperation and Development [OECD], 2006).

These aspects are considered below.

Good governance, underpinned by a vision, is seen as being essential from the inception of integrated service delivery initiatives. It should provide for high-level collaboration that can blend different organisational cultures and has an important role to play in strategic planning and evaluation and the establishment of clear and ongoing lines of accountability. At its most basic level, the governance structure facilitates the exchange of information among agencies. Active participation occurs when organisations are committed strongly to working in partnership and regard collaboration as a natural extension of their repertoire for tackling items on their own agenda, as well as those of other partners (Glasby & Peck, 2006; Press et al., 2011). The development of information-sharing protocols can improve the experiences of clients and facilitate a better service from agencies, while targeting families with serious levels of risk that need priority responses (Department for Child Protection, *Secondary Family Support State Plan 2010-2013* [2010]).

Leadership is critical to facilitating fully-integrated service delivery and engaging staff in improved ways of working. Many of the challenges facing leadership are the same as those facing governance, such as creating unity and shared understandings across diverse disciplines (Press et al., 2011; Siraj-Blatchford & Manni, 2007; Whalley, 2006). Leadership is also about ensuring that all relevant agencies are involved in the development and outcomes of integrated services. The inclusion of agencies that support Aboriginal and culturally and linguistic diverse communities is crucial to ensuring that services are culturally competent and accessible to these groups.

Organisational culture and ethos develops organically and includes the establishment of an overarching philosophy encompassing a shared vision, sense of purpose and principles; a strong sense of collective ownership, characterised by excitement, optimism, enthusiasm, passion and trust; openness; and an expectation of being heard. A match between the leaders' intentions and the culture and ethos of the organisation or service is important and does not always occur as a matter of course (Press et al., 2011).

Professional practice and teamwork can take a number of forms, ranging from the development of 'new' professionals with training that encompasses a range of disciplines, to existing professionals learning how to work more collaboratively to achieve shared outcomes. The term 'inter-professional working' is used to encompass multi-disciplinary, inter-disciplinary and trans-disciplinary work. Distributed expertise helps practitioners to look beyond their own boundaries to recognise both different forms of expertise and priorities and common values.

It is not about developing a kind of 'hybrid practice' that involves taking on the work of professionals from other disciplines but rather about developing inter-professional literacy as a basis for working with other professionals.

(Edwards (2009), cited in Press et al., 2011, 20)

Press et al. (2011) identified the careful use of language, the adoption of common practice frameworks and guidelines and the fostering of flexibility and creativity as key aspects of professional practice.

For example, in Western Australia, the Department for Child Protection identified the adoption of a common assessment framework as a key operational issue in its *Secondary Family Support State Plan 2010-2013*. This framework provides an initial assessment tool to determine service needs and identify key domains to provide a holistic assessment of child and family needs. In addition, integrated case management – the provision of one plan and set of goals for individual families across multiple agencies, facilitated through a common entry point team – was also nominated as preferred practice. Siraj-Blatchford and Siraj-Blatchford, (2009b) state that, in order to achieve effective inter-agency collaboration, all levels of staff responsible for managing and delivering integrated services need specific training.

The service mix

The Western Australian Department for Communities has defined integrated services as:

... (providing] early learning and development services for children from birth that are responsive to the needs of children, with parents and communities participating in governance and management arrangements. Integrated provision includes high quality learning programs from birth including child care and pre-school/kindergarten programs; access to health care; services such as playgroups, toy libraries and crèches; before and after school and vacation care; strong connections with schooling including effective transition processes into full-time schooling; on-site support for children with additional needs and their families, and for staff who work with them; parent support programs; and links to other services, for example, housing and employment

(Department for Communities, 2009, 10)

There is a range of understandings about the types and varieties of services that could or should be included in integrated service delivery for young children and their families. The definition proposed by the Department for Communities refers to the need for links to housing

and employment services. This reflects the view that as vulnerable families are considered to benefit most from the integration of service delivery, the full potential of integration cannot be achieved without addressing the underlying issue of economic disadvantage as a key risk factor for children and families.

In addition, it is necessary to consider how the development of integrated services across government can be coordinated effectively. The multi-faceted nature of early childhood makes the coordination of policy development and implementation across the different sectors a challenging task. For example, the Western Australian Council of Social Services (WACOSS) is working with a number of State Government departments to develop an integrated services model to address needs in infant and child mental health. It is important to consider how the development of integrated service models can enable the sharing of experiences and information about effective processes and outcomes to avoid duplication and maximise effectiveness.

Most of the literature explored in this paper from Australian, Canadian, British and American sources considers the integration of care and education (and child care and early education in particular) as an essential component of integrated service delivery for young children and their families. This reflects policy reforms that seek to remove the historical distinction between child care and early education services and recognise the importance of the early years in the human life cycle and the need for continuity and consistently high quality across all services.

There is agreement in the literature that no single model of integrated service delivery will be effective in every community and there is an emphasis on the development of models in consultation with local communities, with services aiming to address a range of locally-identified personal, family and community needs (Bertram et al., 2002; Glasby & Peck, 2006; Moore, 2008; Siraj-Blatchford & Siraj-Blatchford, 2009b; Whalley, 2006).





Section 4

The model: Child and Parent Centres on public school sites in low socioeconomic communities

There are three recognised models of integrated service delivery:

1. a **'one-stop shop'**: a centre, often purpose built, with a comprehensive range of core and additional services
2. a **'hub and spoke' or core services hub**: a central core of service delivery situated in a physical location that links with services in other locations
3. a **'virtual integration'** model that builds and relies on strong networks between services.

The CPC initiative has adopted a hub model, with funding being allocated for the provision of new premises or the conversion of existing premises and the development of services, networks and support in the form of funding for service development in the networks. This model adopts a place-based approach that can affect all members of communities, not just those who access services, and allows integrated service delivery to develop in ways suited to the communities (CCCH, 2011).

While the Australian Government's Communities for Children (CfC) initiative did not necessarily establish services on school sites, the model has some similarities to the CPC initiative, which is place based, community focused and seeks to influence both the children and families who access its services and attend the programs it offers and those in

the community who do not. The CfC initiative involves three important innovations:

- a **greater number of services** based on the needs of the community
- **better coordination of services, through effective collaboration**
- a **focus on improving community 'child friendliness'** through community 'embeddedness' or the development of social capital.

Muir et al. (2010) found, in the early national evaluation of the CfC initiative, that compared with similar communities that were not part of the initiative, in the short term the CfC service model had had a positive impact on:

- the number, types and capacity of services available
- service reach, because non-government organisations were perceived as being less threatening to families than government departments
- the recruitment and engagement of families who had previously been alienated from early childhood services, with increased participation by families considered hard to reach, such as the socioeconomically disadvantaged and those from non-English speaking or Aboriginal backgrounds

- networking and coordination among service providers
- forms of discipline exerted by parents
- greater confidence among participants in their parenting skills
- higher levels of receptive vocabulary and verbal ability among the children of mothers who had had Year 10 education or less
- greater involvement in community service activities by households with lower incomes and households in which mothers who had had Year 10 education or less
- increased parental perceptions of community social cohesion.

International models of integrated services (for example, the Children's Centres built on the Early Excellence Centres in the United Kingdom and including the respected Pen Green Centre, and Toronto First Duty in Canada) have examined the implementation and effects of integrating service types at the community level.

The anticipated outcomes of these initiatives included improved child development and transition to school and the prevention of later difficulties, better parenting skills, a narrowing of the gap in children's outcomes between the rich and poor and a reduction in social disadvantage. Both initiatives included a focus on the integration of early education and care.

The second evaluation report on the **Early Excellence Centre Pilot Program** (Bertram et al., 2002) focused on the integration of services, not on child outcomes. It found that the achievement of deep, transformational change to integrate multi-agency services into a comprehensive web of support for children and families that had the potential to impact on cycles of deprivation over time was enormously challenging and ambitious. It described the essential components of success in integrating services as leadership and management; a well-planned comprehensive training program for all staff; a clear focus on quality improvement and assurance; a responsive and flexible approach to local community needs; and appropriate accommodation, buildings and resources. The evaluation showed that a 'network' form of integrated services was harder to operate effectively than a centre-based approach.

The evaluation of Children's Centres in the United Kingdom, which is being conducted from 2012 to 2014, aims to understand their effectiveness in terms of different management and delivery approaches and the cost of delivering different types of services. This is likely to provide information useful to the development of CPCs.

The **Toronto First Duty Project** commenced in 2001, testing a model of service integration across child care, kindergarten and family support on school-based sites, and included other services, such as public health. The goal was to develop a universally-accessible service model to promote the healthy development of children from conception through primary school, while facilitating parents' work or studies and offering support for their parenting roles.

Evaluations again focused on the integration of services and found that the development of a common vision and

goals was an essential first step, with ongoing monitoring and review and organisational learning important factors in successful integration. These components were complemented by a focus on increasing the quality of early learning and care programs and the inclusion of flexibility to meet local needs. The evidence pointed to the value of the 'school as a hub model' as one type of integrative platform for a range of pre-school services ranging from quality child care to family supports (Corter & Peters, 2011).

Where will CPCs be located?

School site locations

The CPCs will be located on public school sites in metropolitan and country areas, with networks extending from these hubs through neighbouring schools. Again, while there is no one recognised 'best' model for integrated service delivery, an early evaluation of the **Sure Start** local programs in the United Kingdom showed that health-led initiatives tended to get off the ground more quickly than others, as the majority of families had had contact with the health system through the birth of a child. However, the evaluation also found that schools could be effective in leading collaboration, as they were a universal service and it was likely that families who were out of touch with the health system would have contact with schools (Valentine, Katz & Griffiths, 2007). The types of models in which services are provided to all children and families within a given area avoid the stigma of more specifically-targeted programs (OECD, 2006; Siraj-Blatchford & Siraj-Blatchford, 2009b).

A number of Western Australian schools in low socioeconomic areas, some of which are already demonstrating significant levels of cooperation and collaboration with other relevant services, have been identified through a rigorous process of data analysis and on-the ground information as locations for CPCs. In the case of **Sure Start** local programs, those established where good practice was already in place moved most quickly and provided strong models for others (Valentine et al., 2007).

There is strong international consensus, based on emerging evidence, that the best outcomes for young children and their families are achieved where local communities become the focal point for service delivery. In situations where local communities (including schools) are the driving force in striving for improved children and family outcomes there is a much greater chance of improved coordination and integration of services

(CCCH, 2006a, 7)

Locating CPCs on school sites enables continuity of support for children's early learning and development across the pre-kindergarten, kindergarten and full-time early years of schooling. It provides opportunities to ensure that children are provided with continuous, evidence-based approaches to curriculum, pedagogy and assessment that facilitate the best learning environments and diminish the impact of transitions on them. It supports the development of family-centred practice and shows due regard for the local community. This approach acknowledges the strategy required to deliver best practice across Western Australian schools identified in the Tayler report (2010).

Location in areas with the highest concentration of vulnerable children

The location of CPCs on school sites in low socioeconomic communities takes account of research that shows:

- children living in the most socioeconomically disadvantaged communities in Western Australia are three times more likely to enter school at risk compared with children living in other communities. In addition, children from culturally and linguistically diverse backgrounds and Aboriginal children are over-represented among the most vulnerable (AEDI data, 2009-2010)
- growing up in poverty can have a negative impact on children's transition to school and this impact is reported to be the result of a lack of resources and learning opportunities (both inside and outside the home), coupled with the variable quality of interactions between parents and children (Hilferty, Redmond & Katz (2009), cited in Dockett, Perry, & Kearney, 2010, 7; Magnuson & Shager (2010), cited in Dockett et al., 2010, 7; OECD, 2006)
- early access to early childhood education and care provides young children, particularly those from low socioeconomic or culturally and linguistically diverse backgrounds, with a good start in life (OECD 2006; Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2004)
- difficulties in the transition to school, often referred to as 'school readiness', tend to be more common for financially-disadvantaged children, although they also occur among those from higher-income groups. Policies and services that targeted only the former would therefore miss many children in need of support (Smart, Sanson, Bouter, Edwards & Hayes, 2008)
- the self-regulation of some children from disadvantaged backgrounds may be slow in developing, leading to problems in the transition to school and an increased risk of academic failure. The development of children's self-regulation and cognition is supported by the quality and quantity of parents' interactions with them (Siraj-Blatchford & Siraj-Blatchford, 2009a)
- the disadvantaged children of mothers visited by nurses are less likely to suffer child abuse and neglect than those who are not (Bagnato, Suen, Brickley, Smith-Jones & Dettore (2002); Hallam (2008), cited in Siraj-Blatchford & Siraj-Blatchford, 2009a, 29).

It is recognised that targeted programs can carry stigma and families can be reluctant to use them. If services are provided to all children and families in an area, the problem is avoided (OECD, 2006).

What will CPCs do and why?

The purpose of the CPCs is to:

- close the gaps between the development, health and learning outcomes of young children, particularly those at risk of not achieving their potential
- increase families' capacity to provide home environments that enable children to thrive in all developmental domains
- provide a range of programs and services that can be accessed easily by families and young children

- achieve more successful transitions and sustain engagement with schooling for children in their local communities
- increase co-location, coordination and integration of government and non-government programs and services for families and young children.

Recognising the need to work together and with children and their families, the departments of/for Education, Health, Communities and Child Protection, could, in collaboration with non-government organisations, deliver core services at each CPC, including:

- child health checks and referrals by health nurses
- parenting information and programs
- counselling and family support
- playgroups and/or early learning programs with parental involvement
- advice on supporting children's physical, cognitive, linguistic, social and emotional development
- direct services delivered by allied health providers and/or mechanisms for referral
- school psychologist support, where appropriate
- programs customised for culturally and linguistically diverse and Aboriginal populations as applicable.

This responds to studies showing that:

- comprehensive early childhood education and care programs and services help to integrate families with these services. They provide child health, referral and other services and contribute greatly to preparing children for school (OECD, 2006)
- parents can support the development of resilience in their children. This emphasises the need for support to be provided to families, not only children, and for the integration of adult and child interventions (Siraj-Blatchford & Siraj-Blatchford, 2009a)
- neighbourhoods and schooling can influence attainment and mitigate or offset the impact of negative family-level factors in a substantial way (Siraj-Blatchford & Siraj-Blatchford, 2009a; Sylva et al., 2008)
- the home learning environment is a stronger predictor of children's success than socioeconomic status or the quality of service provision. What parents do – the experiences or interactions they provide – is more important than who they are in terms of background (National Institute of Child Health and Development [NICHD], cited in Siraj-Blatchford & Siraj Blatchford 2009b; Sylva et al., 2008)
- stress levels for families are reduced when families are supported. This in turn enables parents to interact with their children in more positive ways, lowering stress levels and supporting better outcomes for the children (Gunnar, 2006)
- high stress levels have a negative effect on children's brain development (Gunnar, 2006). The provision of support for families can reduce parental stress levels and encourage positive relationships that improve children's short- and long-term outcomes (Shonkoff & Philips, 2000)

- the need to support families in order to support children seems obvious, when we consider that parents who are highly stressed employ more punitive parenting practices and fewer positive child-rearing practices (Morales & Guerra, 2006)
- families who live in poverty and have low levels of social capital are more vulnerable (Colic-Peisker, 2009; Heally, Hampshire, Ayres, Ellwood & Mengede, 2007)
- children vary in their readiness for transition to school, with marked differences apparent in their cognitive, social and emotional skills. School readiness is predictive of later outcomes (Blair (2001), cited in Smart et al., 2008; Duncan, Dowsett, Claessons, Magnuson, Huston, Klebanov, P. et al. (2007), cited in Smart et al., 2008; Reynolds & Bezrucko (1993), cited in Smart et al., 2008; Schweinhart (2003), cited in Smart et al., 2008)
- the frequency with which children play with letters and numbers at home and parents draw their attention to sounds and letters in meaningful ways is linked to improved attainment in school-based literacy skills and non-verbal attainment at age five (Department for Education and Skills, 2004)
- effective learning takes place in those pre-school settings where staff share or develop their educational aims with parents, and parents and staff share child-related information (Sylva et al., 2008)
- significant gains in self-esteem and cognitive competence were shown by children whose parents participated in programs that focused on a specific curriculum area such as oracy, literacy, numeracy or self-esteem. These programs were implemented in group settings for parents and young children, led by trained program leaders on school sites, and were linked to home activities (Evangelou & Sylva, 2003).

All areas of development – not only cognitive and language domains – are important in promoting school success. This approach was reinforced in the Report of the Review of Aboriginal Education (NSW Aboriginal Education Group Inc. and NSW Department of Education and Training, 2004), where it was recognised that transition to school programs required:

...a holistic approach to addressing the specific health, development and wellbeing needs of Aboriginal children in the context of strengthening the capacity of families and communities to meet those needs.

(Dockett, Perry & Kearney, 2010, 4)

In addition to these fundamental or core services and the potential to link with and build quality in existing programs, CPCs may have the capacity for additional, locally-determined services that reflect the particular circumstances, needs and characteristics of the community. Information to be gathered and analysed at the local level could include:

- current and projected uptake of services offered by the community
- additional services required and the opportunities for offering them
- funding available to support new and existing services/partnerships

- the identification of current and potential service duplication and overlap
- the potential for the modification of services.

Evidence-based research from national and international integrated service delivery initiatives supports decisions on the 'mix' of programs and services being determined locally through service mapping with community members and government and non-government providers (Anning, Stuart, Nicholls, Goldthorpe & Morley, 2007; Moore, 2008; Muir et al., 2010; Whalley, 2006).

The CPCs have the potential to achieve a number of benefits for children, parents and families, including:

- reducing the number of developmentally-vulnerable children
- improving development and learning outcomes
- increasing the number of children and families who negotiate the transition to school successfully
- improving school attendance
- reducing families' social isolation, increasing social capital and providing guidance in relation to positive parenting
- identifying and referring high-risk families at an early stage of need
- providing access to a greater range of programs and services for families and young children
- delivering programs that are family friendly and can be accessed easily within the local community, while providing essential continuity with professionals
- encouraging greater collaboration among education, health and child and family support professionals to provide programs and services that meet the needs of families
- providing information, support groups and appropriate referrals to develop confidence and abilities among families to nurture and support their children.

How will CPCs be implemented?

The CPCs will recognise the connections between disciplines and acknowledge the need for greater integration of service delivery described earlier in this paper. They will embody the understanding that:

- early childhood outcomes are vital predictors of future health, wellbeing and achievement
- successful transition to school is a matter for children, families, schools and the broader community, underpinned by greater collaboration among relevant government agencies and between government and non-government agencies
- children make rapid progress when educators and support workers work collaboratively with parents.

The concept underpinning the model is two-generational: child and parent intervention to improve children's readiness for learning in school and therefore outcomes. It acknowledges the ecological perspective of Bronfenbrenner (1986), in which:

...the child is located at the centre of a series of concentric circles, surrounded and influenced first by the family, then the

community (including pre-schools), and finally the national and socio-cultural frameworks within which all families and preschools are embedded.

(Siraj-Blatchford and Siraj-Blatchford, 2009b, 18)

Building on this, more recent studies advocate outreach from centres to parents during the early childhood period and a focus on continuity in the children's experience across environments, with service staff and parents exchanging relevant information. There is robust evidence that the adoption of two-generation or family approaches to intervention is effective (OECD, 2006; Siraj-Blatchford & Siraj-Blatchford, 2009b):

The family seem to be the most effective and economical system for fostering and sustaining the child's development. Without family involvement, intervention is likely to be unsuccessful, and what few effects are achieved are likely to disappear once the intervention is discontinued.

(Bronfenbrenner [1974], cited in Weiss, Caspe & Lopez, 2006, 1)

The structure supporting CPCs is one of sound governance and management, a high level of local ownership and involvement and a strong accountability framework. It relies on evidence-based research from national and international sources (Glasby & Peck, 2006; Moore, 2008; Press et al., 2011).

It is important to note that studies show that it is the quality of provision, not the type or number of services or programs or the type of integration, that makes a positive difference to children. High quality – a large number of qualified staff, a good proportion of well-qualified staff and a good 'mix' of education integrated with care, and high levels of parent involvement – enables children to achieve better intellectual and social/behavioural outcomes (Siraj-Blatchford & Siraj-Blatchford, 2009a; Sylva et al., 2004).

Who will be involved and how?

Governance of CPCs will be through a high-level partnership of the Departments of/for Education, Health, Communities, Child Protection, the Premier and Cabinet and non-government organisations, with strategic and operational decisions being made through a joint coordination group of Directors General.

This reflects the Western Australian Economic Audit Committee's report (2009) that indicated that any governance council established to oversee reforms should contain senior stakeholders who could make important decisions to ensure the program was implemented in a timely and effective manner.

The Committee's report also identified the following principles it believed would be useful in guiding collaborative effort across the public sector:

- **a common vision**, developed through consultation and enacted across all services
- **leadership**, to provide the vision and support staff to undertake the necessary risks associated with developing solutions to problems outside the scope of a single agency

- **positive relationships**, recognising that problem solving relies on relationships based on trust and that collaborative solutions generally require compromise
- **respect for diversity**, which includes discussion, information sharing and ongoing learning across agencies. It recognises that collaboration implies multiple accountabilities and that existing mechanisms focused on individual agencies will need to be used flexibly to account for this, making risk management essential.

These principles are consistent with those in the literature on interagency working relationships (Glasby & Peck, 2006; Miller & McNicholl, 2003; Moore, 2008; Prichard et al., 2010), with Glasby and Peck emphasising the need to reflect on whether what is being governed is a genuinely reciprocal and open-ended relationship – a partnership – or merely a contractual relationship, with the term 'partnership' being merely a rhetorical flourish.

Strong leadership and effective management are essential for a **ny** organisation aiming to achieve and maintain integrated service delivery. Leaders must be backed by strong ethics and a clear and meaningful vision, and be prepared to challenge inappropriate, 'siloed' thinking (Chandler, 2006; Press et al., 2011).

The 2005 UK Audit Commission Report recognised that partnerships are essential to the delivery of improvements to local services, but warned that they could also bring risks, weakening accountability and not necessarily delivering value for money. At that time, the Commission viewed leadership, decision making, scrutiny and systems and processes (such as risk management) as being underdeveloped and maintained that a strong, integrated governing board was essential (Glasby & Peck, 2006).

Non-government organisations may be perceived as being less threatening to families than government departments and their use can increase the reach of services (Muir et al., 2010). Recognising this, where appropriate and possible, not-for-profit groups will be contracted to provide the coordination staff and the facilitation of programs and services at and through the CPC sites. Contract documents will set out the key deliverables, intended outcomes, performance indicators, and reporting requirements.

The NGOs will be responsible for appointing coordinators for each CPC, who will :

1. map existing programs and services in the local community
2. ensure that families are informed of and given access to available programs and services
3. build and maintain collaborative partnerships across participating agencies
4. facilitate the coordination and integration of service delivery at and through the centre
5. meet data collection and reporting requirements.

Coordinators will work in partnership with host school principals, supported by local advisory committees, which will provide a conduit between the CPCs and local communities and be chaired by school principals. Press et al. (2011) noted that a number of the services they had reviewed indicated that progress toward integration was considerably enhanced

when funding was available to employ a coordinator for the integrated service.

All CPCs will be monitored against general and specific long-term indicators.

General indicators

1. An increase in the number of children in need who access and participate in early childhood programs and services.
2. An increase in the number of participants in family and parent support programs and services.
3. An increase in the number of Aboriginal and culturally and linguistically diverse parents and families participating in support programs and services.
4. An increase in the number of families with identified needs being supported and being satisfied with the services and support provided.

Specific long-term indicators

Education

1. An increase in the proportion of children who have developed age-appropriate literacy and numeracy competencies by the time they commence full-time schooling (on-entry assessment).
2. An increase in the proportion of children who are developmentally on track, as shown through the AEDI data (where available).
3. An increase in rates of school attendance.
4. An increase in the proportion of children at or above the National Minimum Standards in National Assessment Program - Literacy and Numeracy (NAPLAN).

Health

1. A higher percentage of children receive universal health checks.
2. All children new to the care of the State who are referred by the Department for Child Protection receive health assessments within 30 days of referral.
3. An increase in the number of fully-immunised children.
4. Early identification of women who are at risk of anxiety and/or post-natal depression. All women presenting with their child for the six to eight week or the three to four month health check are offered screening for post-natal depression.

Community

1. Parents report that they have gained skills and increased their confidence in their role as parents.
2. Parents report that support programs and services have met their families' needs.

Participatory planning and action

The CPC model reflects evidence in the literature showing that the participation of stakeholders, as well as interagency working, is an important feature of successful collaboration and effective service integration (Miller & McNicholl, 2003; Moore, 2008; Siraj-Blatchford & Siraj-Blatchford, 2009b; Press et al., 2011).

It also reflects the reform directions of the Economic Audit Committee (2009), which envisaged that in five to ten years:

- agencies operating in 'silos' would be a thing of the past
- citizens in need of services would exercise control over the range of services they accessed and the means by which they were delivered
- community and public sector organisations would be genuine partners in the delivery of human services, unhindered by the need for unnecessarily prescriptive processes and controls to govern their relationships.

The Committee argued that genuine partnerships with community organisations needed to be forged on the basis of trust, rather than unnecessarily burdensome regulatory controls and that in the case of the most disadvantaged, genuine partnerships with the communities themselves were needed.

The success of the CPCs (and indeed any model of integrated program and service delivery) depends on the active participation of children and their families to achieve effective outcomes through the processes of co-production and self-help. Co-production of outcomes acknowledges services do not produce outcomes: people do. Recognising and valuing the contributions of children and families builds their knowledge and confidence and leads to more efficient services and improved outcomes. Services that are involved in co-production working 'with' rather than 'do unto' service users are more successful (Cummins & Miller, 2007).

The amount of capital that children, families, and services are expected to contribute must, however, be made explicit: what the service user has to do and will supply has to be clearly understood. Where families lack the necessary individual or social capital, services will either fail or extra support will be needed (Miller & McNicholl, 2003).

The CPC model emphasises working with others and practice that moves from a narrow focus on developmental milestones to recognising the need to target what affects the family and community's ability to care for their children: their social capital. Service integration and a place-based approach to supporting children and families can help to create the conditions for co-production and self-help. The CPC model includes the active engagement of local people and has the capacity to employ front-line staff from within local communities. In neighbourhoods where social capital is low, in addition to the provision of services and programs, investment in community capacity building is needed to obtain and sustain effective engagement (CCCH, 2011; McDonald, 2011; Miller & McNicholl, 2003).

The view of the early childhood centre as a place for the development of social capital is endorsed in the literature (Cox, 1995; OECD, 2006; Moss, 2009):

The early childhood institution is also a place where people seek to deepen their understanding of many issues related to children and childhood – not through workers educating parents, but by all concerned working together to make meaning of the work. The early childhood institution is a place for the inclusion of young children into a civic society and a place for making local democracy meaningful through participation and dialogue.

(Moss, cited in Chandler 2006, 137)



Conclusion

This overview of literature relevant to integrated service delivery and improving outcomes for children and families supports the development of integrated service delivery encapsulated in the CPC model.

The model recognises that the development of integrated service delivery is a process – a means to an end – to improve outcomes for children. As a relatively new process, it needs to be monitored and evaluated to ensure effective progress within an appropriate timeframe. It is essential that the process is not lost in the focus on outcomes.

The establishment of the CPCs and their initial project planning is a step on a continuum. The focus and service mix of CPCs will (and should) evolve and change over time. Changes will occur as new knowledge and opportunities to include new or different ways of working in partnership inform the most effective ways of supporting all children, with a particular focus on the most vulnerable and their families.



References

- Anning, A., Stuart, J., Nicholls, M., Goldthorpe, J. & Morley, A. (2007). *Understanding Variations in Effectiveness Amongst Sure Start Local Programmes: Final Report*. London: Department for Education and Science.
- Bertram, T., Pascal, C., Bokari, S., Casper, M. & Holterman, S. (2002). *Early Excellence Centre Pilot Program: Second Evaluation Report 2000-2001*. Research Report RR361. London: Department for Education and Science.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22, 723-742.
- Centre for Community Child Health (2006a). *Linking Schools and Early Years Services*. Melbourne: The Centre.
- Centre for Community Child Health (2006b) *Early Childhood and the Life Course: Policy Brief No. 1*. Melbourne: The Centre.
- Centre for Community Child Health (2009). *The Impact of Poverty on Early Childhood Development: Translating Early Childhood Research Evidence to Inform Policy And Practice: Policy Brief No. 14*, 1-4. Retrieved 24 November 2012 from www.rch.org.au/ccch/policybriefs.cfm.
- Centre for Community Child Health (2011). *Place-based Approaches to Supporting Children and Families: Policy Brief No. 23*. Melbourne: The Centre.
- Chandler, T. (2006). Working in multi-disciplinary teams. In G. Pugh & B. Duffy (eds). *Contemporary Issues in the Early Years*. London: Sage, 135-149.
- Colic-Peisker, V. (2009). *Visibility, settlement success and life satisfaction in three refugee communities in Australia*. *Ethnicities*, 9(2), 175-199.
- Corter, C., & Peters, R. D. (2011). Integrated Early Childhood Services in Canada: Evidence from the Better Beginnings, Better Futures (BBBF) and Toronto First Duty (TFD) Projects. *Encyclopaedia on Early Excellence for Early Childhood Development*. Retrieved 17 January 2013 from <http://www.child-encyclopedia.com/documents/Corter-PetersANGxp1.pdf>.
- Cox, E. (1995). *A Truly Civil Society*. Sydney: Australian Broadcasting Corporation.
- Cummins, J. & Miller, C. (2007). *Co-production, Social Capital and Service Effectiveness*. London: Office for Public Management.
- Department for Child Protection (2010). *Secondary Family Support State Plan 2010-2013*. Perth: Government of Western Australia.
- Department for Communities (2009). *Integrated Service Development: A Framework for Children and Family Services: Discussion Paper*. Perth: Government of Western Australia.
- Department for Education and Skills (2004). *The Impact of Parental Involvement in Children's Education: Research Report*. Retrieved 19 January 2013 from https://www.education.gov.uk/publications/eOrderingDownload/DCSF-Parental_Involvement.pdf.
- Dockett, S., Perry, B. & Kearney, E. (2010). *School readiness: What does it mean for Indigenous families, schools and communities? Issues Paper 2*. Canberra: Closing the Gap Clearing House.
- Economic Audit Committee (2009). *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes. Final Report*. Perth: Government of Western Australia.
- Evangelou, M. & Sylva, K. (2003). *The effects of the Peers Early Education Partnership (PEEP) on children's developmental progress*. University of Oxford Brief No. RB489. Oxford: Department of Educational Studies.
- Glasby J. & Peck, E. (2006). *We Have to Stop Meeting Like This: The Governance of Interagency Partnerships. A Discussion Paper*. London: Care Services Improvement Partnerships Integrated Care Network.
- Gunnar, M. (2006). Social regulation of stress in early child development. In K. McCartney & D. Phillips (eds). *Handbook of Early Childhood Development*. Malden, MA: Blackwell, 106-125.
- Heally, K., Hampshire, A., Ayres, L., Ellwood, S. & Mengede, N. (2007). *Creating Better Communities: A Study of Social Capital Creation in Four Communities*. Paddington, NSW: The Benevolent Society and the University of Sydney.
- Heckman, J. J. & Masterov, V.D. (2005). *The Productivity Argument for Investing in Young Children*. Chicago: University of Chicago.
- Keating, D.P. & Hertzman, C. (1999). Modernity's paradox. In D.P. Keating & C. Hertzman (eds). *Developmental Health and the Wealth of Nations: Social, Biological, and Educational Dynamics*. New York: The Guildford Press, 1-20.
- Kershaw, P., Anderson, L., Warburton, B. & Hertzman, C. (2009). *15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment in BC*. Vancouver: Human Early Learning Partnership, University of British Columbia/ BC Ministry of Healthy Living and Sport.
- Marmot, Sir Michael (chair) et al. (2010). *Fair Society, Healthy Lives: The Marmot Review - Strategic Review of Health Inequalities in England Post-2010*. London: The Review.
- McCain, M.N. & Mustard, J.F. (1999). *Early Years Study: Final Report. Reversing the Real Brain Drain*. Toronto, ON: Publications Ontario.
- McCain, M.N., Mustard, J.F. & Shanker, S. (2007). *Early Years Study 2: Putting Science Into Action*. Toronto, ON: Council for Early Childhood Development.
- McDonald, M. (2011). *What Role Can Child and Family Services Play in Enhancing Opportunities for Parents and Children?* Communities and Families Clearing House Australia Practice Sheet 11. Melbourne: Australian Institute of Family Studies.
- Miller, C. & McNicholl, A. (2003). *Integrating Children's Services: Issues and Practice*. London: Office for Public Management.

- Moore, T. (2008). *Evaluation of Victorian Children's Centres: Literature Review*. Melbourne: Department of Education and Early Childhood Development. Retrieved 10 December 2012 from <http://www.eduweb.vic.au/edulibrary/earlychildhood/integratedservice/childcentrereview.pdf>.
- Morales, J. & Guerra, N. (2006). Effects of multiple context and cumulative stress on urban children's adjustment in elementary school. *Child Development*, 77(4), 907-923.
- Moss, P. (2009). *There are Alternatives! Markets and Democratic Experimentalism in Early Childhood Education and Care*. The Hague: Bernard van Leer Foundation.
- Muir, K., Katz, I., Edwards, B., Gray, M., Wise, S. & Hayes, A. (2010). *The National Evaluation of the Communities for Children Initiative*. In *Family Matters*, 84. Melbourne: Australian Institute of Family Studies.
- Organisation for Economic Cooperation and Development (2006). *Starting Strong II: Early Childhood Education and Care*. Paris: OECD.
- Press, F., Sumsion, J. & Wong, S. (2011). *Integrated Early Years Provision in Australia: A Research Project for the Professional Support Coordination Alliance*. Bathurst, NSW: Charles Sturt University/The Alliance.
- Pritchard, P., Prudon, S. & Chaplin, J. (2010). *Moving Forward Together: A Guide to Support the Integration of Service Delivery for Children and Families*. Retrieved 19 December 2012 from http://www.rch.org.au/emplibrary/ccch/Moving_Forward_Together.pdf.
- Steering Committee for the Review of Government Service Provision (2012). *Report on Government Services 2012*. Canberra: Productivity Commission.
- Shonkoff, J. & Phillips, D. A. (eds). (2000). *From Neurons to Neighborhoods*. Washington, DC: National Academy of Sciences.
- Siraj-Blatchford, I. & Manni, L. (2007). *Effective Leadership in the Early Years Sector (ELYS) study*. Retrieved 13 November 2012 from http://www.gtce.org.uk/133031/133036/139476/eleys_study.
- Siraj-Blatchford, I. & Siraj-Blatchford, J. (2009a). *Improving Children's Attainment Through a Better Quality of Family-based Support for Early Learning*. London: Centre for Excellence and Outcomes in Children and Young People's Services. Retrieved 13 November 2012 from <http://www.c4eo.org.uk/themes/earlyyears/familybasedsupport/default.aspx?themeid=1>.
- Siraj-Blatchford, I. & Siraj-Blatchford, J. (2009b). *Improving Developmental Outcomes for Children Through Effective Practice in Integrating Early Years Services*. London: Centre for Excellence and Outcomes in Children and Young People's Services. Retrieved 13 November 2012 from http://www.c4eo.org.uk/themes/earlyyears/effectivepractice/files/c4eo_effective_practice_kr_1.pdf.
- Smart, D., Sanson, A., Bouter, S., Edwards, B. & Hayes, A. (2008). *Home to School Transition For Financially Disadvantaged Children: Final Report*. Sydney: The Smith Family.
- Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2004). *The Effective Provision of Pre-school Education (EPPE) Projects: Findings from Pre-school to End of Key Stage 1*. London: Department for Education and Science.
- Sylva, K., Melhuish, E. C., Sammons, P., Siraj-Blatchford, I. & Taggart, B. (2008). *The Effective Provision of Pre-school and Primary Education (EPPE 3-11) Project: Final Report*. London: Department for Education and Science.
- Taylor, C. (2010). *Review of Educational Practice in Kindergarten, Pre-Primary and Year 1 Provision in Western Australia: Synthesis of Findings*. Melbourne: University of Melbourne.
- Valentine, K., Katz, I. & Griffiths, M. (2007). *Early Childhood Services: Models of Integration and Collaboration*. West Perth: Australian Research Alliance for Children and Youth.
- Weiss, H., Caspe, M. & Lopez, M.E. (2006). *Family Involvement in Early Childhood Education: Family Involvement Makes A Difference*. Harvard Family Research Project Research Brief No. 1. Boston, MA: The Project.
- Whalley, M. (2006). Leadership in integrated centres and services for children and families – a community development approach: Engaging with the struggle. *Children's Issues: Journal of the Children's Issues Centre*, (10)2, 8-13.



Contact ECU by
phone on **134 ECU (134 328)**

Email us at **enquiries@ecu.edu.au**

Website **www.ecu.edu.au**



Become a fan at
facebook.com/students.ecu



Follow us at
twitter.com/ecu

Watch us at
youtube.com/edithcowanuniversity