



National Investment for the Early Years

NIFTeY NSW

Early Learning and Family Centres as Models of Integration

A discussion paper
in the context of Investing in the Early Years –
A National Early Childhood Development Strategy

Investing in early childhood development

The title of the COAG paper *Investing in the Early Years – A National Early Childhood Development Strategy* (July 2009) captures the wide acceptance of the wisdom of investing money and energy to ensure that **all children have the best start in life to create a better future for themselves and for the nation** (page 4).

Supporting families

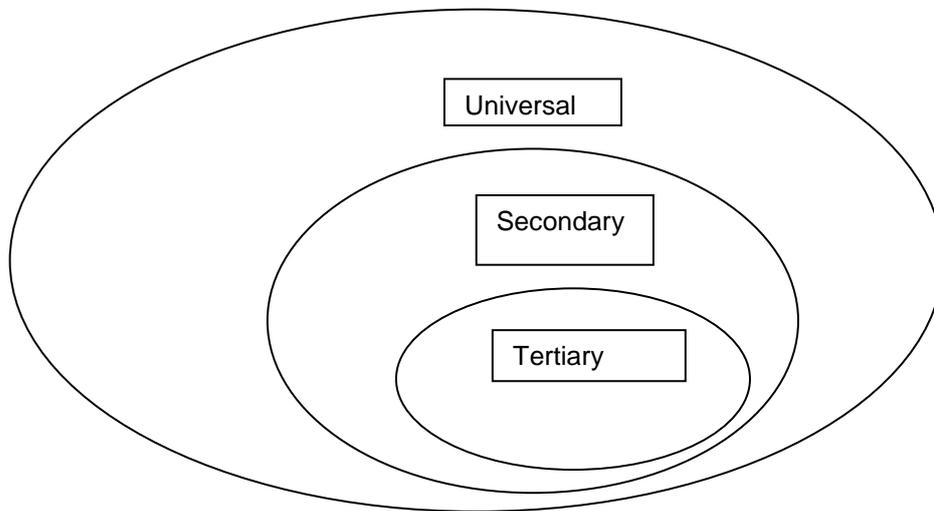
'Raising children is the prime responsibility of families, parents and carers who have the most powerful influence on their child's life and development' (COAG paper 2009 page 4). The provision of Paid Parental Leave is an essential investment towards providing all children with the opportunity to have the best start in life, and is complemented by universally-provided services to assist parents in their key role.

Integrated Child and Family Service Delivery

'The key feature of an integrated service is that it acts as a service hub for the community by bringing together a range of services, usually under one roof, whose practitioners then work in a multi-agency way to deliver integrated support to children and families. ' Blatchford & Blatchford Mar 2009 ¹

Universal services and supports are aimed at the general population and are accessible to all, including through outreach. Their main goal is to encourage and support children's development, to assist all parents raise their children and to enhance community environments for all children. These also reduce risks for child development through providing early identification and referral for children and families who may require more targeted or tertiary services. This delivery model is conceptualised as universal, secondary and tertiary services as in the diagram below.

¹ Siraj-Blatchford I, Siraj-Blatchford J, March 2009; Early years knowledge REVIEW 3 C4EO: Improving development outcomes for children through effective practice in integrating early years services ; Centre for Excellence and Outcomes in Children and Young People's Services UK (Page 15)



The built form can and should support the provision of an integrated community service, supplying communal shared spaces and tangible links between the various disciplines and providing expression for communities that are connected and strong.

Universal approach

Whilst traditionally child and family services have been based on three service streams: universal, targeted and specialist/treatment services, increasingly there has been more discussion of how we shift to a universal approach via an integrated system of universal, secondary and tertiary policies, activities and services.

The focus is on the whole child and on all children, from the prenatal period to school age. The inclusive framework provides supports for individual children and families to facilitate their participation in universal services and access to secondary and tertiary services.

Access to universally-accessible service models should be seen as a right, like public education, and avoids stigmatising services to targeted populations.

Vulnerable children are found at all socio-economic levels of society, making universal services more effective in their reach. A universal approach requires strategies to engage with and retain the most vulnerable families. This requires ways of identifying and engaging them early, avoiding later responses that are more intensive, more costly and often less effective in narrowing the gap that has opened.

Health, nutrition, emotional, social and cognitive development

are not separate issues in the infant brain. All need to be addressed in Early Learning and Family Centre models. Sound early child development lies in good pre-natal care, in attachment with primary care-givers, in a quality home environment that is aware of and responds to all those aspects of development. The importance of the home learning environment has been highlighted in the EPPE Research in the UK.

Workforce for Early Learning and Family Centres

Early Learning and Family Centres are places for families, not just a series of service provisions. Early childhood teachers, midwives and child and family health nurses are at the centre of the workforce, with readily-available preventive and early intervention support from an array of other professions including doctors and pediatricians; dentists; social workers, psychologists and psychiatrists; speech pathologists and potentially many others.

The *National Early Years Learning Framework* recognises that a well-trained workforce is essential for fostering the best outcomes for children. As qualifications are key to quality, support for improved working conditions and strengthening of the training and qualification requirements for all child and family services would be seen as a priority.

Role of community in shaping Early Learning and Family Centres

Each Centre needs to reflect and respond to the needs of its local community. Inclusive and connected communities nurture good relationships with others and promote lasting change.

There should be no one model: parents and community should be strong voices in the governance of Centres. The leader needs special skills in working with parents and bringing people together.

Research

This paper endorses the statements of *Investing in the Early Years* about Knowledge Management and Innovation (see page 21). A more efficient, integrated and comprehensive information system needs to be national in scope and also local in collecting and responding to information and evidence.

Structure of an Early Learning and Family Centre

Early Learning and Family Centres will facilitate access to secondary and tertiary services within a universal and non-stigmatising service environment. The following diagram suggests the services at each level.

Universal Level

- universal easy access
- designed for the whole population
- assertive health support from the prenatal period including screening for a broad array of social and mental health problems and stressful life events
- a desire to identify and build on the strengths of the parents to build their own support structures and to build social supports within the wider community; such support is invaluable to community strength, parental mental health, family resilience
- programs or activities designed for parent and child at every stage of a child's life from before birth, to the weeks after birth, to babyhood issues (breastfeeding, healthy growth, interactions with the baby, sleep, nutrition, and so on), to toddler and pre-schooler issues (mobility, motor skills, language, self-regulation, emotional development, social skills, behaviour issues); parental learning is both embedded in activities and offered more formally
- early childhood degree-qualified teacher as the underpinning skill and knowledge base; integrated with a variety of health and social welfare professionals, such as midwives, child and family health nurses, GPs, speech pathologists etc.
- easy access to the secondary and tertiary levels of support as needed
- preschool either stand alone or incorporated into quality early childhood education and care
- quality early childhood education and care

Secondary Level

- aims to build protective factors and resilience, and to minimise the effect of risk factors in a responsive way
- early intervention before problems become established
- the same programs as in the universal level, but some programs may need to be delivered in more sustained, or intensive, or modeled ways
- still located at the Early Learning and Family Centre as a place or as the hub of interconnected programs and services
- more involvement of a variety of health professionals, including midwives and child and family health nurses
- role of pediatricians in confirming suspected developmental delay, determining cause and formulating plans for mediation/support

Tertiary Level

- individual families and children that have been identified as needing considerable additional support, often across a range of functioning
- potential involvement of child protection services, mental health services, drug and alcohol services, homeless services
- children's services designed particularly to support aspects of children's play their parents do not usually provide, and in which parents can participate
- various additional health supports (psychology, speech pathology, dental care and so on)

Some issues to be monitored

1. A common understanding of integration and its purpose
2. Ensuring cross agency and cross disciplinary teams work in integrated ways
3. Avoiding stigmatizing and losing access to other vulnerable children by providing integrated services only to low-SES communities
4. Overcoming government structural barriers to integration, given our three tiers of government with early child development fractured among several portfolios
5. Identifying and developing effective governance structures for integrated services
6. Researching whether integrated service models achieve more than the present system for families and children, and how they might do this best
7. Potential that convergence of discipline knowledge may result in less cutting edge research and innovation
8. Training in leadership of teams respects individual disciplines
9. Planning and funding for ongoing research that can provide evidence for effective programs and structures of services
10. Refining the relationships between universal and targeted programs to promote integration
11. Avoiding alienating and disenfranchising families who do not engage well within an integrated system model
12. Providing easy access points for families to engage with integrated services
13. Building responsiveness to different community needs
14. Adequate resourcing and infrastructure to ensure that this approach results in improved outcomes for children and families.