

MARYMEAD EARLY CHILDHOOD CONFERENCE
 - *What Works for Children: Bridging the Gaps* -
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**BUILDING INTEGRATED EARLY CHILDHOOD
 AND FAMILY SUPPORT SERVICES:
 AN OUTCOMES-BASED APPROACH**

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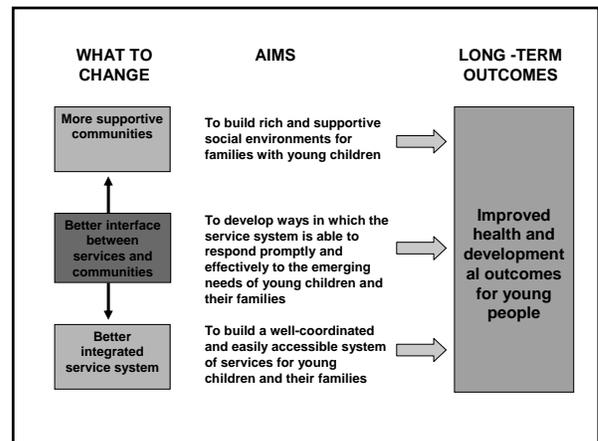
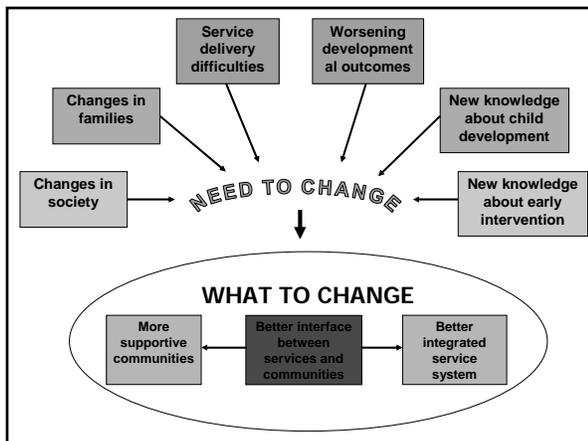
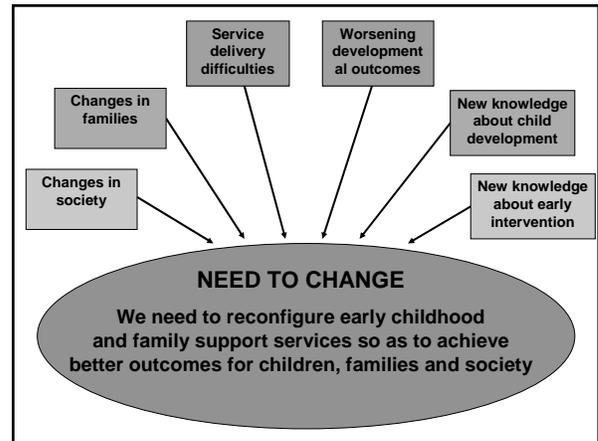


OUTLINE

- Rationale for reconfiguring the early childhood and family support service system
- Integrated and collaborative service approaches
- Outcomes-based service approaches
- Applying an outcomes-based approach to service integration: key issues
- Applying an outcomes-based approach to service integration: two examples
- CCCH resources to support integration
- Conclusions and challenges

**CONDITIONS NEEDED BY CHILDREN
 AND FAMILIES**

- What are the 'good enough' conditions and experiences needed by infants and young children to develop well?
- What are the conditions and supports needed by families to enable them to rear young children as they (and we) would wish?
- What are the features and qualities of communities that enable families of young children to rear their children as they (and we) would wish?
- What contribution can government make to supporting communities and families in rearing young children as they (and we) would wish?



STRATEGIES FOR ACHIEVING CHANGE

- There needs to be a shift from treatment and targeted services to universal prevention approaches
- To address this challenge, we need to develop a tiered system of universal, targeted and specialist services
- To achieve this and to address the difficulties traditional services are having in meeting the changed needs of families, services need to become better integrated.
- As a basis for enabling the service system to become more collaborative and better integrated, an outcomes-based approach to planning and service delivery is needed.

INTEGRATED AND COLLABORATIVE SERVICE APPROACHES



FORMS OF SERVICE INTEGRATION AND COLLABORATION

Integration can occur at several different levels:

- **policy (or whole-of-government) level** – policies and structures involving joint planning across different government departments
- **regional planning level** – joint policy development and planning across different levels of government and non-government services
- **direct service delivery level** – integrated teams delivering comprehensive services to families

FORMS OF SERVICE INTEGRATION AND COLLABORATION (cont)

At the direct service level, integration can take many forms - these are often depicted as falling along a continuum. eg

- cooperation / coordination / collaboration / integration
- coexistence / coordination / partial collaboration / extended collaboration / integration (*Toronto First Duty Indicators of Change*)
- multi-agency panel / multi-agency team / integrated services (*Every Child Matters*)
- co-location of services / community outreach from an existing service / multi-service centres or community hubs / the expansion of multi-service agencies and working groups to include more services or to change the activities of existing services (*Valentine, Katz and Griffiths, 2007*)

OUTCOMES-BASED PLANNING AND SERVICE DELIVERY



RATIONALE FOR ADOPTING A RESULTS-BASED OR OUTCOMES-BASED APPROACH

Why outcomes are important

If we are not clear about the outcomes we are aiming for, then

- we will be less likely to achieve desired outcomes,
- we will be unable to judge the efficacy of the service we provide,
- we will be less likely to choose a methodology that is known to be effective in achieving desirable outcomes, and
- we may persist with approaches and goals that are not achieving anything.

RATIONALE (cont)

Funding outputs or outcomes?

- In the face of this uncertainty, governments have funded services on the basis of outputs (actual services provided) rather than outcomes (what these services achieved).
- However, outputs are not necessarily related to achieving desired outcomes: providing families with a certain level of service does not guarantee that the service is the one best suited to meeting the child and family needs.
- Moreover, this way of funding services fosters a confusion between means and ends by focusing on the service to be provided rather than what the ultimate aims are.

RATIONALE (cont)

Confusing means with ends

- Human service providers often focus more on the product (ie. service) than the outcome, that is, they think that the reason the service exists is to provide support and intervention programs to children and parents.
- But that is to confuse the means with the ends: all our technical expertise and various forms of service are only a means to an end – to make some kind of change in the child and family.
- The question is what kind of change are we seeking? And exactly how does the services we provide achieve that change?

RESULTS-BASED AND OUTCOMES-BASED MODELS

- Outcomes-based approaches 'start with the end in mind', that is, they begin by identifying the outcomes to be achieved and work backwards from there
- For example, the **Results-Based Accountability** (RBA) model (Friedman, 2005) starts with the desired ends and works backward toward the means to achieve them.
- RBA first describes what a desired result would look like, then defines that result in measurable terms, and, finally, uses those measures to gauge success or failure.
- RBA asks and answers three basic questions: What do we want? How will we recognize it? What will it take to get there?

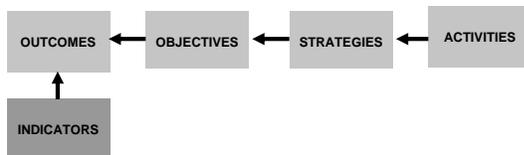
RESULTS-BASED AND OUTCOMES-BASED MODELS (cont)

What is involved in adopting a results-based or outcomes-based approach involve?

- Identifying the outcomes sought
- Translating outcomes into specific objectives
- Selecting strategies for achieving these objectives on the basis of program logic and evidence-based practice
- Translating strategies into specific activities or programs
- Identifying indicators to measure the progress made

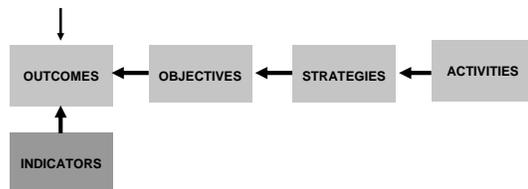
OUTCOMES-BASED MODEL

Starting with the end in mind



OUTCOMES-BASED MODEL

STEP 1: IDENTIFY THE OUTCOMES SOUGHT



STEP 1: IDENTIFY THE OUTCOMES SOUGHT

- The first step in adopting an outcomes-based approach is to ask the question, 'What do we want for our children?'
- Outcomes are desired conditions of well-being for children, families, and communities. They answer the questions, 'What is it that we want for children and families?'
- Common outcomes include healthy children, economically self-sufficient families, and children ready to learn.
- Outcomes may focus on children, families and/or communities, and are likely to be interdependent: positive outcomes experienced by the family serve to promote the child outcomes and outcomes achieved by the child benefit the family

In identifying outcomes, it is important to distinguish between the services received and the benefits gained from them:

'A family outcome is not the receipt of services, but what happens as a consequence of providing services or supports.

For example, sharing information with parents and about their child's condition is a service; if parents understand that information and use it to describe their child's condition to others, advocate for services, or respond effectively to their child's needs, a benefit has been experienced and family outcome has been achieved.

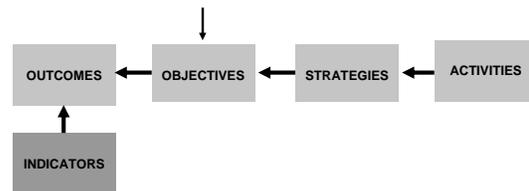
Evaluating service quality or satisfaction reflects whether consumers like and appreciate the services received, but does not necessarily mean that benefit has been received.' (Bailey et al, 2006)

FRAMING OUTCOME STATEMENTS

- In framing outcomes, the questions to ask are:
 - What is the overall effect that is being sought?
 - What will be the end result?
 - What is the ultimate purpose of the strategy?
 - Why are we doing it?
- Outcomes should be framed in terms of the overall effect or state that is being sought, eg. *All children will be healthy and develop well, or All families will have positive social support networks.*
- Outcome statements should not refer to or describe services to be provided

OUTCOMES-BASED MODEL

STEP 2: TRANSLATE THESE OUTCOMES INTO SPECIFIC OBJECTIVES

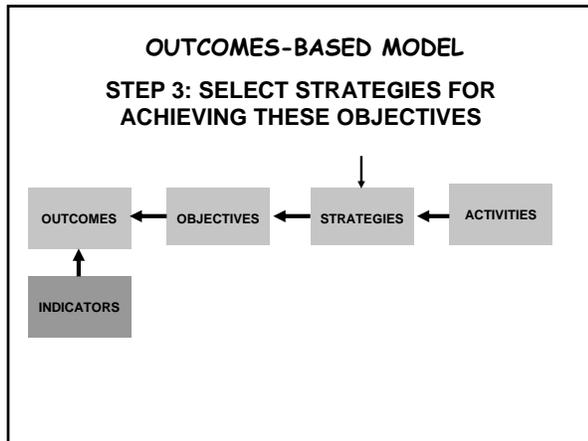


STEP 2: TRANSLATE THESE OUTCOMES INTO SPECIFIC OBJECTIVES

- Objectives are the specific targets that need to be met in order for an outcome to be achieved
- They address the question, 'What do you want to achieve? To make progress to the expected outcomes, what do you need to achieve?'
- Objectives need to be measurable, achievable and realistic.
- Whereas outcomes are broad statements about the conditions of well-being we are seeking for children, families, and communities, objectives are the specific targets that need to be met in order for these outcomes to be achieved.
- Each outcome can have one or more objectives.

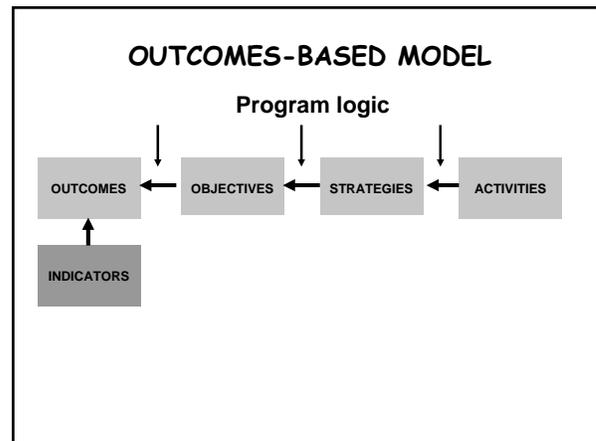
FRAMING OBJECTIVES

- In framing objectives, the questions to ask are:
 - What specifically needs to be done to achieve the broad outcomes that have been identified?
 - What specific steps need to be taken to achieve the outcomes?
- Objectives need to be measurable, achievable and realistic
- To ensure this, they should be worded as *To increase ...*, *To decrease ...*, or *To establish....*. Terms such as *strengthen* and *enhance* are to be avoided as these are not easy to measure



- STEP 3: SELECT STRATEGIES FOR ACHIEVING THESE OBJECTIVES**
- Strategies are long-term plans of action designed to achieve a particular objectives or set of objectives. They describe how the objectives will be achieved, what will be done.
 - It is critical that services are able to demonstrate that the strategies and activities chosen are both logically related to the desired outcomes and known to be effective.
 - Demonstrating the logical link between strategies and outcomes involves using **program logic** or **theories of change**, whereas demonstrating the effectiveness of interventions involves **evidence-based practice**.

- PROGRAM LOGIC AND THEORIES OF CHANGE**
- **Program logic** is a way of analysing a program, its components and the linkages between what a program does and what it is expected to achieve
 - A full logic model will show what service, at what intensity (or dosage), delivered to whom and at what intervals are likely to produce specified short-term, intermediate and long-term outcomes.
 - A **theory of change** explains the process through which change occurs, and shows how the program that is delivered results in the outcomes that were intended.
 - **All forms of intervention should be based on a theory of change, and be able to show how the intervention is expected to achieve the outcomes that have been chosen.**



- EVIDENCE-BASED PRACTICE**
- Evidence-based practice is 'a decision-making process that integrates the best available research evidence with family and professional wisdom and values' (Buysse and Wesley, 2006)
 - Sackett, Straus, Richardson, Rosenberg and Haynes (2000) define evidence-based medicine as 'the integration of best research evidence with clinical expertise and patient values. When these three elements are integrated, clinicians and patients form of diagnostic and therapeutic alliance which optimises clinical outcomes and quality of life.'

- ELEMENTS OF EVIDENCE-BASED PRACTICE**
- There are three elements of evidence-based practice:
- **Research-based evidence** involves the use of tightly controlled formal research protocols to establish the efficacy of particular interventions
 - **Practice wisdom** (or professional wisdom) is the accumulated knowledge of professionals regarding the most effective forms of intervention in real world settings
 - **Family values** are the unique preferences, concerns and expectations of families that must be integrated into service decisions if they are to serve the family
- To incorporate family values, we need to draw upon **practice-based evidence** - this involves getting continuous feedback about whether services are meeting people's needs effectively, and uses this information to make modifications to services so as to meet people's needs more effectively

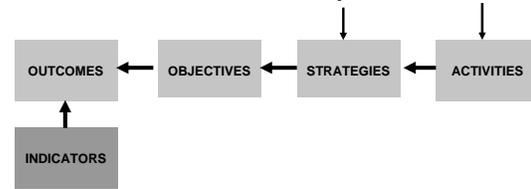
ELEMENTS OF EVIDENCE-BASED PRACTICE

Why we need evidence to back up what we do:

- If services are not driven by clear outcomes and if the methods are not the ones best designed to achieve these outcomes, then they will be driven by other factors, eg.
 - habit or custom (this is how we have always done it),
 - unproven assumptions (these particular children 'need' this kind of program), or
 - community expectations (the tendency on the part of parents to over-value professional expertise and hands-on therapy).
- Summaries of what make programs effective all conclude that effective programs are based on clear, scientifically-validated theoretical frameworks and methodologies that articulate how the services that are delivered achieve the desired outcomes

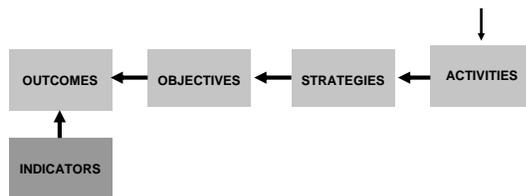
OUTCOMES-BASED MODEL

Evidence-based practice



OUTCOMES-BASED MODEL

STEP 4: TRANSLATE THE STRATEGIES INTO SPECIFIC ACTIVITIES OR PROGRAMS

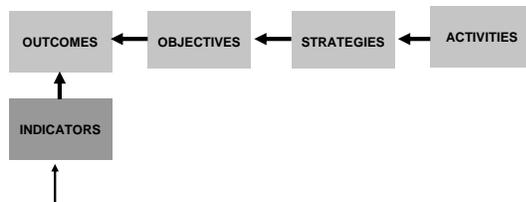


STEP 4: TRANSLATE THE STRATEGIES INTO SPECIFIC ACTIVITIES OR PROGRAMS

- Activities are the actual services and programs provided – they translate the strategies into specific forms of service.
- In the outcomes-based approach, activities are the last element to be specified, whereas in the more traditional service-based approaches, they are often the first.
- Thus, services have often begun by identifying the programs they plan to offer, based upon the available funding and the forms of service that they know best, rather than beginning with the outcomes they want to achieve and working backwards to objectives, strategies and activities.

OUTCOMES-BASED MODEL

STEP 5: IDENTIFY INDICATORS TO MEASURE THE PROGRESS MADE



STEP 5: IDENTIFY INDICATORS TO MEASURE THE PROGRESS MADE

- Indicators are statistical markers or measures of social and family functioning that are known to be on the causal pathways of key outcomes.
- They answer the question, 'How do we know we are making progress on this outcome?'
- By virtue of being on the causal pathway to important outcomes, indicators tell us whether the strategies and activities being provided are having the desired effect and whether the recipients are on track to achieving positive outcomes in the long term.
- Several indicators can apply to each outcome, eg. indicators of healthy children could include immunization rates, rates of various diseases, and rates of exercise.

IMPLEMENTING AN OUTCOMES-BASED APPROACH

What is involved in implementing an outcomes-based approach?

- Delivering the programs and activities
- Evaluating the delivery of programs and activities
- Evaluating the impact of programs and activities
- Collecting indicator data
- Evaluating long-term outcomes

EVALUATION

- Evaluation is the task of working out whether a course of action is effective.
- It involves the use of social research procedures to investigate systematically the effectiveness of social intervention programs, with a view to improving policy and practice.
- This distinguishes evaluation from longitudinal research which measures what happens to children over time.
- The former must include the latter, but is distinct because something has been done to alter a child's life trajectory.
- There are three distinct types of evaluation: **process evaluation, impact evaluation and long-term evaluation**

EVALUATION (cont)

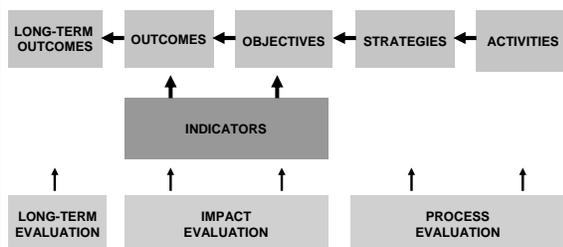
- **Process evaluation** involves evaluating the process of service delivery, including both what was provided and how it was provided
- It addresses two key questions:
 - Did we do what we intended to do?** (ie. did we deliver the services we planned and reach the people we had in mind?)
 - Did we deliver the services in the manner that we intended?** (ie. did we use family-centred and strength-building practices and establish collaborative partnerships with parents?)
- This second question is important because the evidence clearly indicates that *how* services are delivered is as important as *what* is delivered.

EVALUATION (cont)

- **Impact evaluation** involves evaluating the immediate effect or short-term outcome of an intervention.
- It is conducted at the completion of an intervention, and addresses the question of whether the intervention had the immediate impact on the recipients that was expected.
- **Long-term evaluation** involves evaluating whether the intervention contributed to desired long-term changes in functioning
- It is conducted months or years after the intervention has been completed and is the ultimate test of the program's efficacy.

OUTCOMES-BASED MODEL

Forms of evaluation



INTERPRETING IMPACT OUTCOMES

If the outcomes were not what were intended, there are three possible reasons:

- the wrong strategies were used (ie. they were not evidence-based or not logically linked to outcomes),
- the activities / services were not delivered as intended, or
- the services were not delivered in the manner needed for the services provided to be effective

Thus, to know if what we are doing is effective, we need to be clear about the theoretical and evidence bases of the strategies chosen, and we need to measure if the services were delivered as planned and in the manner intended.



APPLYING AN OUTCOMES-BASED APPROACH TO INTEGRATED SERVICE DELIVERY: KEY ISSUES

CENTRE FOR
Community
Child Health

- ### OUTCOMES AND OBJECTIVES OF INTEGRATION
- In integrating services, what outcomes are we trying to achieve?
 - Integration of services is a means to an end, not an end in itself – in the outcomes-based model, integration is a strategy to achieve improved outcomes for children and families.
 - Might we want to build more integrated service systems even if there was little or no evidence of direct benefits to children? Could integration and collaboration be legitimate ends in their own right as well as means to achieving better outcomes for children and families?

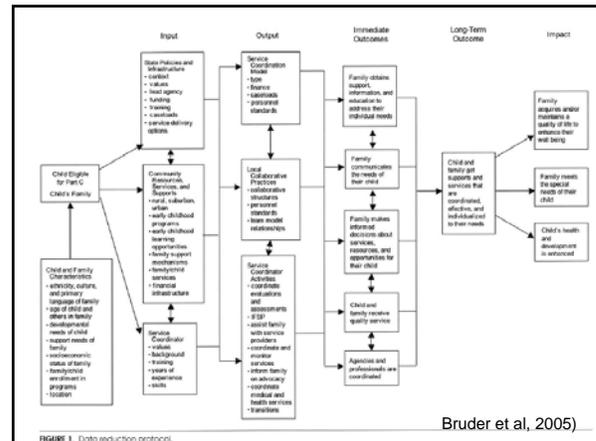
- ### INTEGRATION AND EVIDENCE-BASED PRACTICE
- What is the evidence for the effectiveness of integration / collaboration?
- Reviews of the literature on coordination and strategic partnerships suggest the following conclusions:
- While partnership working is widely assumed to be a good thing, it can be difficult to put into practice successfully - it requires careful planning, commitment and enthusiasm on the part of partners, the overcoming of organisational, structural and cultural barriers and the development of new skills and ways of working.

- ### INTEGRATION AND EVIDENCE-BASED PRACTICE (cont)
- Whether or not such partnerships have a positive impact on children and young people is unclear. This is partly because
'... 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.' (Valentine et al, 2007)
 - Service integration appears to produce the strongest benefits for the professionals directly involved, lesser benefits for families, and least benefits for children

- ### INTEGRATION AND EVIDENCE-BASED PRACTICE (cont)
- The weaker effects for children are because people are changed by relationships with people who work directly with them, not by the policies or networks or agreements that professionals reach.
 - Unless the policies and practices we develop to promote service integration and collaboration result in direct changes to the level, timing, relevance and quality of the services that children and families receive, we cannot expect them to show positive changes as a result.
 - Despite the lack of rigorous research evidence for the benefits of integrated services, there is an emerging consensus or practice wisdom about what works in relation to establishing and developing strategic partnerships and integrated services

INTEGRATION AND PROGRAM LOGIC

- What is the program logic of integrated service delivery?
- How does it achieve its effects?



MONITORING AND EVALUATING INTEGRATED SERVICES

Monitoring and evaluating policies and practices that aim to increase collaboration and integration involves answering both process and impact evaluation questions.

The first process evaluation question - *Did the initiative deliver what it intended to deliver?* – translates into questions such as:

- Did collaboration and integration happen at all (and if not why not)?
- To what extent did collaboration happen?

MONITORING AND EVALUATING INTEGRATED SERVICES (cont)

The second process evaluation question – *Was the initiative delivered in the manner needed for effective integration?* – translates into questions such as:

- Were all the stakeholders fully engaged in building the partnership?
- Did those involved feel empowered by the partnership building process?

MONITORING AND EVALUATING INTEGRATED SERVICES (cont)

The key impact evaluation question – *Did the services delivered have the impact that was intended?* – translates into questions such as:

- Did the quality and type of services delivered change?
- Did changes to service type and quality happen because of collaboration, or for some other reason?
- Did more people receive services, and did they receive them due to the effects of collaboration?

APPLYING AN OUTCOMES-BASED APPROACH TO INTEGRATED SERVICE DELIVERY: TWO EXAMPLES

EAST GIPPSLAND EARLY YEARS COMMITTEE

- One of the first Communities for Children sites, with a non-government agency (Kilmany) as the facilitating partner
- Now incorporates representatives of various federal, state and local government initiatives, including Communities for Children, Best Start, Innovations, Municipal Early Years Plan
- CCCH role – series of 'master classes'
- Process – followed outcomes framework: outcomes, objectives, strategies etc.
- Progress – agreed on vision, outcomes, objectives and strategies – working on activities

EGEYC: ISSUES

- Using an outcomes-based approach for the first time is hard work and takes time
- Difficulty in breaking free from the focus of services and thinking creatively about new ways of working
- Problems in maintaining a common core of members to ensure continuity
- Need to communicate vision and gain the commitment of managers, colleagues, parents and the wider community
- Value of having a facilitating partner with funding for a project coordinator
- Initial phase involves professional only
- How to ensure sustainability

SPRINGVALE INTEGRATED SERVICES HUB

- Local government initiative to bring several early childhood services (child care / preschool / toy library / maternal and child health services) into an integrated services hub
- This entailed bringing three separately incorporated services into a new governance structure
- It also involved the simultaneous design of a new building to house the new service
- CCCH role – to facilitate a series of workshops, run conjointly with the architect and landscape gardener, using an outcomes-based approach

SPRINGVALE HUB: ISSUES

- Outcomes framework useful in keeping the group focused on the kind of service they wanted to achieve – they had no trouble developing a vision of an integrated family-friendly service
- However, the challenge of integrating the existing services (especially child care and education) into a single services has yet to be properly addressed
- Only a relatively small group of stakeholders involved in the workshops – the challenge will be how to involve all stakeholders
- A relatively straightforward exercise in that all the services were funded by a single entity – but still will take a long time and a lot of support to complete

APPLYING AN OUTCOMES-BASED APPROACH TO INTEGRATED SERVICES: CONCLUSIONS

- The outcomes-based approach is readily understood and accepted by service networks, but challenging to implement at first
- It is difficult for networks to move beyond a focus on services and the need for more of them
- Outcomes-based approaches have the capacity to circumvent many of the barriers to integration that have been identified – keeping the aim in mind at all times is way of avoiding unhelpful battles and turf wars
- Role of the CCCH facilitator is valuable
- There is a need for integrated service outcomes to be identified and evaluated as well as child and family outcomes

CCCH RESOURCES TO SUPPORT INTEGRATION

CENTRE FOR COMMUNITY CHILD HEALTH
**PLATFORMS SERVICE REDEVELOPMENT
 FRAMEWORK**

PHASE 1	Raising awareness
PHASE 2	Engaging the community
PHASE 3	Planning
PHASE 4	Implementing
PHASE 5	Monitoring and evaluation

PHASE 1: RAISING AWARENESS

Objectives	<ul style="list-style-type: none"> ▪ Disseminating research related to early childhood development ▪ Analysing implications for policy, service delivery and professional practice
Resources	<ul style="list-style-type: none"> • CCCH Policy Briefs. These summarizes current research that is related to early childhood development and makes recommendations on how improvements in policy can impact ECD. • Seminars, workshops and media. Various seminars and workshops are held in the community promoting the importance of ECD and appropriate media coverage of ECD is supported.

PHASE 2: ENGAGING THE COMMUNITY

Objectives	<ul style="list-style-type: none"> ▪ Identifying key government and non-government stakeholders ▪ Identifying key policies, programs and initiatives ▪ Profiling community demographics and major community issues
Resources	<ul style="list-style-type: none"> • CCCH Community Audit Tool. A set of guidelines for conducting a systemic audit of policies, initiatives, funding and key community issues in a particular locality.

PHASE 3: PLANNING

Objectives	<ul style="list-style-type: none"> ▪ Identifying and building local resources and leadership ▪ Mapping community resources and needs ▪ Setting priorities and developing a detailed action plan
Resources	<ul style="list-style-type: none"> • CCCH Community Planning Toolkit. Guidelines and resources designed to assist communities in planning and refocusing services to emphasize prevention and early intervention to improve ECD outcomes. This involves linkages and improved coordination between different service types (e.g. child health and child care services). • CCCH Outcomes Framework. A guide to planning community-based services and service systems to optimize outcomes for ECD.

PHASE 4: IMPLEMENTING

Objectives	<ul style="list-style-type: none"> ▪ Training providers and managers in key concepts related to ECD ▪ Early identification of child health and developmental issues ▪ Early identification of parenting and family issues
Resources	<ul style="list-style-type: none"> • CCCH Training Modules. A set of training modules on core knowledge and skills needed by professionals working with young children and their families. • Parent Evaluation of Developmental Status (PEDS) – Australian version. A brief questionnaire to assist those working with young children to elicit parent concerns about their child's development or behaviour. • CCCH Parent Engagement Resource. A resource to assist those working with families of young children to identify and address psychosocial issues that may adversely affect child and family functioning.

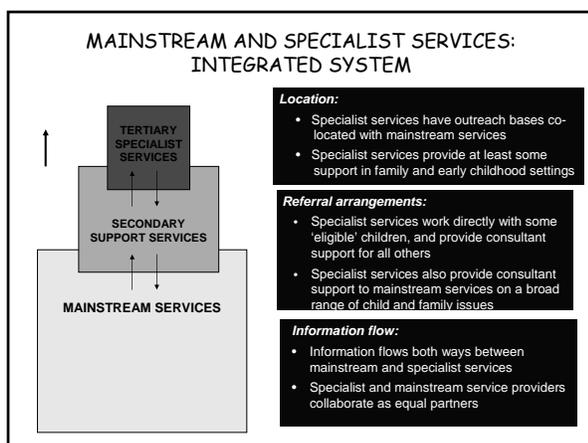
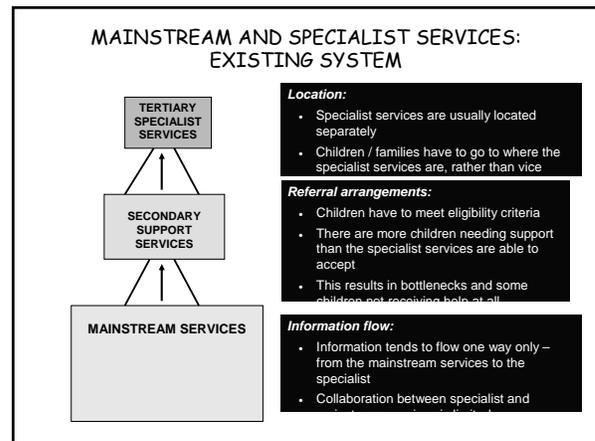
PHASE 4: IMPLEMENTING (cont)

Objectives	<ul style="list-style-type: none"> ▪ Provision of evidence-based interventions
Resources	<ul style="list-style-type: none"> • CCCH Practice Resources. A set of web-based resources detailing evidence-based practices in selected clinical areas such as language, behaviour, breastfeeding, literacy, and so on. • Let's Read. A comprehensive universal program that aims to promote literacy in young children aged 4 months to 5 years, especially those living in disadvantaged communities. • Universal Language Promotion Resources. A universal language promotion strategy delivered to parents by Maternal and Child Health (MCH) nurses. It aims to assist parents to improve the language and communication skills of their young children. • Toddlers Without Tears. This parenting program aims to prevent mental health problems developing during early childhood.

PHASE 5: MONITORING AND EVALUATING	
Objectives	<ul style="list-style-type: none"> Measuring progress
Resources	<ul style="list-style-type: none"> CCCH Monitoring and Evaluation Toolkit. A set of resources to enable community-based services and service systems to monitor and evaluate the delivery and impact of their programs. Australian Early Developmental Index (AEDI). An instrument used to assess key domains of a child's functioning that are considered important for 'school readiness.' The AEDI is completed by teachers in the first year of a child's formal schooling and is used to help communities in planning ECD services so as to improve school readiness in children.

- ### CONCLUSIONS
- Moves to collaborative and integrated services are backed by a strong rationale but limited evidence
 - However, there is an emerging consensus about how to ensure effective integration
 - We need to evaluate our integration efforts – but evaluation is only possible if the intended outcomes are clear
 - Outcomes-based approach is useful in facilitating the development of a common vision and action plan
 - We need to distinguish between service integration outcomes and child / family outcomes – integrated services is both an end in themselves and a means to an end

- ### CHALLENGES
- Developing a common philosophy
 - Involving and empowering parents in the planning and monitoring of services
 - Integrating education and care
 - Basing integrated services on an outcomes-based model
 - Creating an integrated tiered system of universal, secondary and tertiary services



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