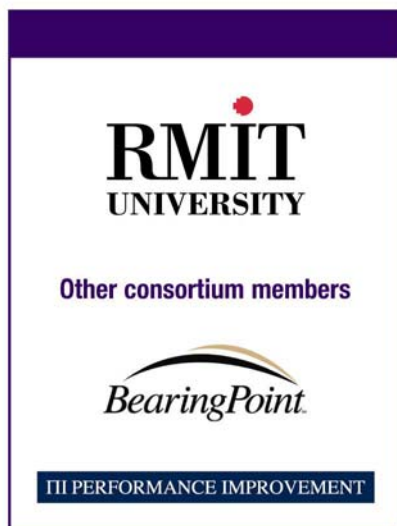


# Evaluation of the Stronger Families and Communities Strategy 2000 - 2004

Improved  
integration and  
coordination of  
services



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## **Annotated Acronyms**

### **AIFS Australian Institute of Family Studies**

AIFS hosted the Stronger Families Learning Exchange and has an ongoing role in the SFCS 2004-2009 hosting the Communities and Families Clearinghouse Australia (CAFCA).

[www.aifs.gov.au](http://www.aifs.gov.au)

### **ARACY Australian Research Alliance for Children and Youth**

ARACY is a national collaboration of researchers, policy makers and practitioners from a broad range of disciplines to generate and translate knowledge to enhance the well-being and life chances of children and young people. ARACY is now using online conferencing technology to conduct presentations and discussions with the Communities for Children Facilitating Partners at 45 sites around Australia. [www.aracy.org.au](http://www.aracy.org.au)

### **CAFCA Communities and Families Clearinghouse Australia**

Funded by the SFCS 2004-2009 the CAFCA, within the AIFS, aims to improve access to current information and resources to assist those working in the field of early childhood and community development. It continues the work of the [Stronger Families Learning Exchange](#) which supported the 2000-2004 Stronger Families and Communities Strategy.

[www.aifs.gov.au/cafca/index.html](http://www.aifs.gov.au/cafca/index.html)

### **FaCS Department of Family and Community Services**

The Australian Government department with responsibility for administering the Strategy until January 2006. [www.facs.gov.au](http://www.facs.gov.au)

### **FaCSIA Department of Families, Community Services and Indigenous Affairs**

The Australian Government department with responsibility for administering the SFCS 2004-2009 since January 2006. [www.facsia.gov.au](http://www.facsia.gov.au)



**SFCS Stronger Families and Communities Strategy** - also referred to as the Strategy  
[www.facsia.gov.au/sfcs](http://www.facsia.gov.au/sfcs)

The first phase of the Strategy, 2000-2004, funded 7 linked community based initiatives, as well as several broader initiatives, to strengthen families and communities.

The renewal of the Strategy (Phase 2) was announced in April 2004 with funding of \$365 million, which was subsequently increased to \$490 million, with a specific early childhood focus. In the new SFCS, attention has been focussed on early intervention in early childhood and is the primary vehicle for implementing the Government's National Agenda for Early Childhood (NAEC), which focuses on improving national coordination.

Phase 2 of the Strategy commenced in 2004 and will continue over five years until 2009. It aims to help families and communities build better futures for children; build family and community capacity; support relationships between families and the communities they live in; and improve communities' ability to help themselves. Phase 2 of the Strategy comprises four streams, the Communities for Children initiative, Invest to Grow, Local Answers and the Choice and Flexibility in Child Care initiative.



# 1 Introduction

This issues paper was developed as part of the evaluation of the Australian Government's Stronger Families and Communities Strategy 2000–2004 ('the Strategy'). One of the key principles underpinning this Strategy was developing better integrated and co-ordinated services.

This paper does not assess the effectiveness or otherwise of the implementation of this principle through the Strategy, nor of the principle itself, as manifested within the Strategy's multitude of projects. Rather, it presents key issues and findings from the literature on integration and co-ordination within the social services sector. These issues and findings are illustrated through reference to Strategy funded projects and their reports.

The purpose of this paper is to provide an insight into the issues and factors affecting approaches to service integration and co-ordination, as well as how approaches varied across the Strategy's projects. It aims to inform people contemplating service integration and co-ordination, either at a government (policy) level or at a project (planning and practice) level.

Although there is strong support for the need to improve the integration and co-ordination of services, there is considerable confusion in the literature about what these terms actually mean. Authors use these terms in different ways, sometimes interchangeably and sometimes with particular meanings that do not readily transfer to the results from other studies.

The same is true for projects and programs that seek to improve service integration and co-ordination. What they actually mean by these terms, and how they are applied them in their activities vary markedly.

This variation is not surprising. The services system is very complex and dynamic, with new initiatives changing the mix of services available and how services relate to each other. Where projects originate from, where they were located, and the range of services they were seeking to integrate or co-ordinate are just some of the influences on how these terms were interpreted and implemented.

Despite this variation, there was a common purpose across initiatives to improve integration and co-ordination of services. This was:

**To improve the connections between services or between people and services in order to improve outcomes for individuals, families, communities and society.**



This paper focuses on this purpose and uses the terms “linkage”, “co-ordination” and “integration” to distinguish approaches by the degree of connectivity sought—along a continuum from relatively low level through to wholesale merging of previously separate services. Thus, the three terms mean the following:

- linkage—relatively minor degree of connectivity, with services remaining discrete entities and largely continuing to operate as usual but with improved linkages to other services;
- co-ordination—services continue to remain discrete and they participate together in a structured and planned manner; and
- (full) integration—discrete services cease to exist, replaced by a new service, unit or program.

This idea is discussed in further detail in Section 3.1.

Section 2 provides some background to the Stronger Families and Communities Strategy 2000-2004 (‘the Strategy’) and the role of service co-ordination and integration therein. In Section 4, we provide a summary of major activities that projects within the Strategy undertook to improve connectivity between services or between people and services.

The key attributes that distinguish different approaches to improving service connectivity are discussed in Section 3, with some background to each idea from the literature. This section also provides examples and, where relevant, comments from projects and Department of Family and Community Services (FaCS) staff.

The last section provides a summary of key lessons from the literature. These lessons are presented as “laws” of service integration and are based on work by Leutz (1999) and critical factors for success in improving service connectivity identified by Ragan (2003).



## **2 Integration and co-ordination of services in the Stronger Families and Communities Strategy**

### ***2.1 The Stronger Families and Communities Strategy***

The Stronger Families and Communities Strategy is an Australian Government initiative to help build family and community capacity to deal with challenges and take advantage of opportunities. It has a special focus on those at risk of social, economic and geographic isolation.

#### **The Strategy 2000-2004 (Phase 1)**

The first phase of the Strategy primarily consisted of seven linked initiatives that provided funding and support for projects in the community. These initiatives were either community or family focused:

##### Community focused initiatives:

- Potential Leaders in Local Communities;
- Local Solutions to Local Problems;
- National Skills Development for Volunteers Program; and
- Can Do Community.

##### Family focused initiatives

- Early Intervention Parenting and Family Relationship Support;
- Stronger Families Fund; and
- Early Childhood Initiative.

The Strategy 2000-2004 also incorporated four broader initiatives as follows:

- Greater Flexibility and Choice of Childcare;
- Longitudinal Study of Australian Children;
- National Skills Development of Volunteers (non-linked project component, including International Year of Volunteers activities in 2001); and
- Can Do Community (non-linked project component, including Web page and awards).

This paper focuses on projects funded under the seven linked initiatives within the first phase of the Strategy. By 30 July 2004, over \$83 million had been allocated to more than 640 projects funded under these initiatives. Only those projects that involve substantial components of service integration or co-ordination have been considered.

This paper also identifies issues associated with service integration and co-ordination that may assist new projects funded through the second phase of the Strategy.



## The Strategy 2004-2009 (Phase 2)

The new Strategy builds upon the achievements of the first phase of the Strategy, and is part of the Australian Government's development of a National Agenda for Early Childhood.

There are four initiatives in this new Strategy. These are:

- Communities for Children;
- Early Childhood—Invest to Grow;
- Local Answers; and
- Choice and Flexibility in Child Care.

## 2.2 Principles underpinning the Strategy

The first phase of the Strategy was underpinned by a set of eight principles. These have been continued in the new Strategy. One of these principles was **improving service integration and co-ordination**. The first phase of the Strategy described the issues related to this principle as follows:

*There is a large network of services right across Australia provided by governments, businesses, community organisations and volunteers. Yet families and individuals sometimes find it difficult to access the help and information they need, when they need it. Integrated and co-ordinated services are about linking up services and information at a local level.*

Identifying and accessing the appropriate service from those available can be a difficult undertaking for individuals and families. Services tend to function as discrete entities, independent of each other. This fragmentation often results in duplication of efforts and the creation of service silos that exclude some people who need support.

Initiatives that focus on improving integration and co-ordination between services seek to ensure that families and community members have access to the right service at the right time to address their specific needs. They place the child, family and community at the conceptual centre of their approach, instead of adopting a traditional, discrete, service orientation. The current delivery of services is analysed from this new perspective, and activities are planned and implemented so that comprehensive and cohesive sets of services are readily available and accessible to address needs.

Improved integration or co-ordination of services directly relates to other principles within the Strategy, such as:

- **Working together in partnerships.** Effective partnerships between the various service providers are necessary to develop initiatives to improve service integration or co-ordination.



- **Encouraging a preventive and early intervention approach.** If prevention or early intervention is to be successful, a cohesive system of services is needed. Improving service integration or co-ordination assists in the timely identification of need and subsequent provision of help, so that problems do not become entrenched.
- **Supporting people through life transitions.** It is often at points of life transition, when their service needs change, that people experience access problems within a fragmented services system. Improving the integration or co-ordination of services across life transitions ensures that individuals are supported and do not fall through the gaps.
- **Building capacity.** The capacity of the services system to respond effectively to expressed needs is directly enhanced through increased integration and co-ordination.
- **Making the investment count.** Improving integration and co-ordination of services results in multiple outcomes that improve service targeting and maximise investments. These include better understanding and recognition of community-wide needs, identification of service gaps, better matching between individual needs and services to address needs, and elimination of duplication of effort.

### ***2.3 Support for improving service integration and co-ordination***

Both the first and second phases of the Strategy placed an emphasis on improving service integration and co-ordination. Strong support for this emphasis emerged during the consultation process associated with the Australian Government's proposal to develop a National Agenda for Early Childhood.

The report generated from that consultation (Australian Government Task Force on Child Development, Health and Wellbeing, 2003) highlights a number of key messages about the need to improve integration and co-ordination of services. For example:

- Many respondents said that “more needs to be done in linking up and co-ordinating services”.
- While people thought the three key action areas proposed were a good start, they also pointed to the need for “an integrated approach across different sectors”.
- Improving ‘continuity of care’ was seen as “part of a core strategy for improving child outcomes in pregnancy and postnatal care”.
- Disability support groups raised “co-ordinated and consistent care between service types” as a major issue, while parents of children with disabilities reported “difficulties in getting professional advice and access for their children to mainstream services”.
- Service providers and non-government organisations said that the current system of early learning and care services was “confusing and unworkable for some families, and particularly disadvantages those children most in need”.
- There was clear support for more continuous and ‘seamless’ service delivery from pregnancy to school with welfare organisations frequently commenting that “families most in need are often the ones that are not accessing services”.



- Improving service cohesion and access, by building on the existing infrastructure, was seen as important by local government and community-based organisations, with 'one-stop shops or multipurpose early childhood centres "being popular as potential strategies".
- "Linkages can help demystify the system for parents, helping them to negotiate the confusing social service maze, building their self-confidence".
- Service providers would like collaborative partnerships to result in (among other things) "better integration between existing policies and initiatives".

That support was recognised and affirmed in the release of the draft framework for the National Agenda for Early Childhood (Australian Government, 2004). That framework included the following targeted outcomes for the Australian early childhood system:

- more integrated planning across and between levels of government;
- commitment to build on current effort and make additional investments that maximise links and encourage partnerships between stakeholders; and
- better integration of services and supports on the ground.

Each of these targeted outcomes resonates with the first phase of the Strategy principle of improving service integration and co-ordination. The second and third targeted outcomes directly support and overlap that principle, while the first recognizes the importance of improving the policy, planning and governance links at the governmental level in order to foster better links at local and regional levels of service planning and delivery.



### 3 Key attributes of approaches to achieving service integration and co-ordination

This section discusses the key attributes that distinguish different approaches to improving connectivity of services. These attributes comprise:

- degree of connectivity sought—where the degree of connectivity sought lies on a continuum, ranging from better linkage (among services or between services and people) through better co-ordination (in a structured and formal manner) and on to full integration of services;
- focus for change—whether the approach to change focuses on connectivity among services themselves or on connectivity between services and people;
- impetus for change—whether the change is being imposed from the top down or is being pushed from the bottom up;
- level of the service system—whether the change affects connectivity across the same level in the service system (horizontal connectivity) or among different levels of the system (vertical connectivity); and
- range of organisations involved—the number and size of organisations involved.

The following sub sections discuss each of these attributes in more detail and provide examples of projects incorporating aspects of each attribute. It is important to note that most reforms targeting improved connectivity will involve all of these attributes. The manner in which each attribute manifests in a given reform will affect how that reform should be approached and the interactions among the attributes also will similarly influence the approach to reform and the effort required to effect change.

#### 3.1 Degree of connectivity sought

Most writers describe initiatives seeking to improve service connectivity along a continuum, based on the degree of connectivity sought. Leutz (1999) analysed initiatives in the United States and the United Kingdom, identifying a continuum that ranges from linkage at one end through co-ordination and on to full integration at the other end.

**Linkage**—this degree of connectivity is relatively minor. Services remain discrete entities and generally continue to operate as usual. Initiatives could include increasing staff knowledge of the range of services available so that they can appropriately refer people when particular needs are identified, or improving the availability of information for community members about services they can access. Within a fragmented and complex services system, increasing the links between the multiplicity of available services or between people and these services is an important component of ensuring that people can access the right service at the right time.



**Co-ordination**—this degree of connectivity is more extensive and formalised. While services continue to remain discrete, they participate together in a structured and planned manner. For example, information is shared systematically, referral protocols or pathways are implemented and transitions between services are carefully managed. Designated co-ordinators may be established to ensure people are able to access services, and participating services are clear about each other's responsibilities. Service gaps are identified and addressed, as are duplications or inconsistencies.

**Full integration**—in this form of connectivity, discrete services cease to exist, replaced by a new service, unit or program. Funds previously attached to the discrete services are now pooled, and managed by the new entity that has its own policies and administrative structures. Staff work with the same client record, and share the same information systems.

### **Application within the Strategy**

Within the first phase of the Strategy, projects that had a major interest in improving connectivity were located at the linkage and co-ordination end of this continuum. It does not appear, from the information available, that there were any projects at the co-ordination and full integration end.

Many projects identified "linkage" as a theme within their activity. This is not surprising, as even 'new' services or programs need to connect with the existing services environment to ensure that their service is used. They may, for example, be reliant on referrals from other services so they need to develop "linking" type relationships with these services for these referrals to occur. 'New' services or programs can often spend a substantial amount of time and effort during their establishment phase in positioning themselves within the existing services system.

There are a smaller number of Strategy 2000-2004 projects that had a more explicit focus on improving the connectivity between available services through either linkage or co-ordination. Some of these projects extended to active collaboration among several organisations to co-ordinate services. Some of these models extended as far as forming joint committees to oversee or jointly plan the project and its activities.

Fully integrated services were not so easily identified, although a number of projects involved some degree of service integration. In particular, some projects centred around an existing community centre or similar facility exhibited elements of wanting to provide a suite of related services to people and families, based on identified individual or family needs.



### Example 1: A linkage level project

#### **A Web site for youth services**

This project set out to create a single, virtual access point. The Web site provided young people, parents, educators and employers with clear pathways and information about employment, education, social welfare issues, community support and government services. The Web site's user selected the option most closely resembling their personal circumstance, with the site then providing the relevant links, contacts, and information such as how to access local services.

This project improved linkages in three ways:

- Youth were able to access relevant services more easily;
- Service providers were able to refer more appropriately; and
- Services and community organisations were working together on a joint initiative that required ongoing commitment to ensure information remained current.

### Example 2: A co-ordination level project

#### **Support service for families where a parent has a mental illness**

This project arose from an inter-agency planning and consultation process, set up to examine ways to improve the services and supports available for families where one or both parents have a serious mental illness and young children. It was known that these children are at risk of poor health and social outcomes, without access to the right supports when needed. The project was led by an inter-agency committee and aimed to:

- develop protocols and pathways for agencies who support families where parents have a mental illness to ensure the needs of the children were adequately addressed as an early intervention and prevention measure;
- to enhance cross agency workforce development to understand the needs of these kids and families to work better with them; and
- to create more local networks, similar to what had been happening in the community through an earlier project, to enhance inter-agency planning and collaboration to better support these families and children.

These aims extend beyond the linkage level, involving active co-ordination and collaboration, manifested through the inter-agency nature of the project committee, joint planning, establishing common service protocols and pathways, and joint workforce development.



### Example 3: A co-ordination and integration level project

#### **Establishment of a new community centre for families with young children**

This project was formulated as an integrated service model, located within a disadvantaged community with high incidences of single parent families, low income households and culturally diverse social groups. The project's aim was to provide a highly integrated range of health, care and educational supports to families of children aged up to 12 years old.

A distinguishing feature of this project was its de novo, or starting afresh, approach, establishing a new family centre, within the precinct of a local primary school. Other prominent features of the approach were the focus on active, local community involvement in substantial roles, and the involvement of three State government agencies as the partners.

The project was viewed as successful in achieving many of its objectives. Key factors contributing this success were identified by FaCS project officers and the project participants as being:

- The high level of community engagement in roles that drive the services delivered by the centre—"activities usually initiate from parent requests first with service providers working together to respond to their needs".
- The focus on service integration—"staff operating from one site coming from different disciplines eg. Early Childhood, Community Development, Education, Health but working together for common goals".
- The high level of support from the project partners, with all three partners investing substantial material resources (funds, staff or capital). More importantly, the three agencies actively co-operated to make the project succeed. This active co-operation was driven by a shared understanding of the project purpose and goals, based on active co-operation to develop the model, prior to seeking funding.

Other writers identify more points along their connectivity continua. For example, Rogers and Moore (2003:6-7) cite the Harbin and West (1998) continuum of organisational models for early childhood intervention service delivery. There were six points identified along this continuum as follows:

1. **Single, stand-alone programs** operating autonomously and without links to other programs
2. **Network of programs** largely operating autonomously but beginning to co-ordinate their services
3. **Loosely-coupled co-ordinated system**, with primary co-ordination of services between two or more programs within an otherwise networked system
4. **Moderately-coupled co-ordinated system**, with a lead agency or core group of agencies co-ordinating planning and service delivery among a multi-agency group
5. **Strongly-coupled co-ordinated system**, with leadership and decision-making shared among a multi-agency group which delivers services cooperatively
6. **Comprehensive system for all children**, provided through a local inter-agency co-ordinating council composed of a broad array of child and family services.



### **3.2 Focus for change**

Connectivity initiatives can differ according to where they focus or orient their activities. There are two basic types (Martinson 1999).

**Service system focus**—the initiative is oriented towards reforming the actual service system by bringing existing services together in a more integrated manner. This could be through changes in service structures and funding. For example, discrete services may be brought together to create a new “mega-service”. This could also be through joint planning between services to ensure that a comprehensive and cohesive set of services is available. That is, a virtual integration of service delivery. For example, discrete services jointly identify and address gaps, conflicts, inconsistencies and duplication in the system of services they provide to a particular group of people. Discrete services may change their eligibility criteria or adjust the range of programs they provide as outcomes from this virtual integration.

**Service provision focus**—the initiative is oriented towards improving the connections between people and existing services, with various services being engaged in the process of improvement. Co-location of services is an example of this focus and service co-ordination is another. That is, a model where designated providers have are responsible for assisting individual families or community members to navigate the service system, perhaps acting as their advocate to gain access to particular services or even brokering this access.

These two foci are not mutually exclusive. Some initiatives may focus simultaneously on improving the connections among services as well as those between people and services.

#### **Application within the Strategy**

Strategy 2000-2004 projects with an emphasis on service integration or co-ordination appeared predominantly to have a service provision focus. This is not surprising, as the goals for this focus are less ambitious and more realistic for the mostly discrete services that have sought project funding. Some projects may be nested within a wider community initiative with a service system focus, but at the time of writing there was insufficient information to ascertain whether this is the case.



#### Example 4: A service provision focused project

##### **Service redevelopment among community service providers**

This project undertook a service redevelopment strategy, which focused on services used by young children and their families. The model used by this project has as its primary goal the improvement of early detection and response to health, development and behavioural concerns in children aged up to eight years.

The underlying model works with local government and with existing service providers to, among other things, help those services to work cooperatively with each other and with parents and young children.

This project implemented the model in two areas of an urban municipality. During the planning phase of the project, existing early childhood services were mapped and gaps identified. Community advisory groups were formed, to raise community awareness and to identify the primary goals and objectives of the project. These groups also offered a forum for informal contacts between service providers and improving the links between those agencies.

Following the project planning, the service map was developed further into an on-line directory of services, making it available as a tool for inter agency referral of clients. This outcome required service agencies to adopt common referral forms and procedures, further enhancing the links and the co-ordination between the services.

The other major activity was the training of service providers in the application and use of a tool specifically devised for the early detection of behavioural and developmental problems in young children. A wide range of providers was provided with training and support.

This project focused on supporting the existing infrastructure of service providers but in a co-ordinated way, focused on community need. It involved community members extensively, created opportunities for inter agency planning and co-operation, and provided tools and training to allow a more co-ordinated approach to detection of early childhood problems with subsequent service referrals.

### **3.3 Impetus for the initiative**

The origin of the impetus to improve connectivity can affect the initiative and what it achieves. This impetus can originate in two ways:

- **Top-down**—for example when a government program imposes this approach or encourages it through calling for funding submissions in which this is a stated requirement; or
- **Bottom-up**—for example, when local services see the opportunity to improve and act upon it (Martinson 1999).

Top-down approaches often result in unexpected changes. Partly this can be attributed to different interpretations of key words like “integration” or “co-ordination”. The policy intent can be quite different to how that intent is perceived by the services themselves. A recent Australian study has shown that community and public sector practitioners use key integration terms like co-operation, co-ordination and collaboration in ways that are quite different and specific (Keast and Brown 2004). These uses may not correspond to their meanings within the relevant policy context.



Integration that is imposed also may encounter resistance, regardless of the worth of its underlying rationale. Service providers are used to functioning as autonomous entities, so a requirement to integrate can be threatening to them. This approach needs effective change management, if the outcomes sought are to be achieved.

Bottom-up approaches will be context specific, depending upon the local range of services available and whence the impetus originates, within that local service system. Government programs that encourage bottom-up approaches need to anticipate considerable diversity in the models or patterns of integration that emerge. Bottom-up approaches often rely upon individual champions to drive the change. There is always the risk that, if the champion leaves before the integrating initiative has become customary practice, the initiative collapses.

### **Application within the Strategy**

The first phase of the Strategy did not prescribe particular changes in the service delivery system in order to improve connectivity. Rather the inclusion of “improving service integration and co-ordination” as one of the principles underpinning the Strategy encouraged projects to consider this aspect within their specific activities. As a consequence, there was considerable diversity in the bottom-up approaches across the projects that consciously addressed this principle.

#### **Example 5: A bottom-up project**

##### **Linking parents of young children in a geographic region to information, support, networking and referral services**

The project’s objective was to increase the capacity of parents to help their children acquire the fundamental skills required throughout life. A key strategy of the project was to collaborate with and foster linkages between existing groups and programs—such as playgroups and parenting programs—to ensure a co-ordinated approach.

The project grew out of an original model devised and effected by staff and parents at a local primary school. Subsequently, that model was replicated and expanded to the regional level. It retained a very strong local flavour, with community committees formed in different towns, involving both (representatives of) service providers and parents.

Initially, the project was set up with a co-ordinator championing and overseeing the establishment of the structures and service links. Because of the strong, local involvement, the long term aim of the project was for many components of the co-ordinator role to become integral to each community committee. This strategy for achieving fundamental, sustainable change reflects the values and mind set inherent in the bottom-up approach.

### **3.4 Level of the service system**

The service system is extremely complex and initiatives to improve connectivity can be associated with different types of service activity, such as policy functions, financial management, administration and actual service delivery (Leutz 1999). Some initiatives may encompass all aspects of activity, while others may focus on just one.



The service system also is fragmented and multi layered. There are mainstream services, which are generally available, and others that are specialised. That is, they are available only for people with particular needs or at particular life stages. Connectivity initiatives may be targeted towards different levels within this system. Sometimes they are differentiated according to whether they focus on horizontal or vertical connectivity.

**Horizontal connectivity**—these initiatives focus on services that operate at the same level within the service system to ensure that service delivery is coherent, comprehensive and consistent. For example, improving the connectivity between the various mainstream services available to support families with young children.

**Vertical connectivity**—these initiatives focus on improving the connectivity between services that operate at different levels within the service system: for example, between the different levels of schooling, or between the acute and community health sectors, or between the policies of the different levels of government.

### **Application within the Strategy**

Within the first phase of the Strategy there were examples of both types of connectivity.

#### **Example 6: A project focused on horizontal connectivity**

##### **Parenting services for young parents**

A young parents' group was set up to provide young people with support and information relating to their pregnancies and parenting. The service was established in response to a perception that mainstream services in the area were not fulfilling the need for these services, specifically for young people.

The group developed and delivered an antenatal education course, as well as setting up and running a parental support group and a child health advisory service focused on improving the skill and confidence of young parents.

Young parents who experienced problems with parenting were referred to other services with a parent focus, including child care centres, the State Government agency responsible for youth and family services, and an NGO welfare organisation

#### **Example 7: A project focused on vertical connectivity**

##### **Family support centre for indigenous families**

The project was developed as a partnership between three groups to provide a multi faceted family support and resource centre for the community in a rural, local government area. It focused on children, families and youths exhibiting anti social behaviour.

In order to deliver its services, the project operated at several levels in the service spectrum. It provided crisis support and immediate services on a short term basis (such as food for homeless people), as well as providing long term programs of service and assistance (such as counselling, training workshops and strengths based personal development for young people).

The three partner groups formed a range of working relationships to link many agencies and organisations through the community services field. These other partners included all three levels of government, local community centres, area health services and community groups.



### 3.5 Range of organisations involved

The range of organisations involved within any initiative to improve service connectivity has a number of implications for implementation. As the range increases, so does the complexity of the tasks required and the challenges faced. Examples of areas that this increasing complexity can affect include:

- **stakeholder engagement**—the greater the number of involved parties, the longer it may take to engage organisations in the initiative;
- **the original aim**—this can change quite substantially, through the process of reaching consensus among a large number of involved organisations;
- **initiative management**—while relatively simple initiatives may be managed by existing services staff, as the number of agencies involved increases, the management role becomes more onerous, in some cases requiring a designated manager, supported by a governance structure agreed to by all stakeholders;
- **costs**—the resources needed to establish the initiative (including staff time) are likely to be greater, the more agencies that are involved;
- **the time frame**—generally the more ambitious the initiative, the longer it is likely to take to establish all the mechanisms necessary to support the initiative. This is often underestimated at the outset, and can have direct consequences for initiatives operating within a fixed time frame in being able to achieve their original intent.

There is significant scope for interaction between this attribute and the level of the service system attribute (see Section 3.4). Where change is being effected among multiple levels of the service system, the likelihood increased of there being a wider range of organisations of different sizes and with different operating models.

These areas are also affected by the degree of connectivity sought within the initiative (see Section 3.1).

#### Application within the Strategy

Projects in the first phase of the Strategy that sought to improve connectivity varied in the number and complexity of organisations involved within their particular initiative. They ranged from the relatively modest through to the very ambitious. Some were very locally specific and contained, while others were broad ranging in nature. Analysis of progress reports indicated that the range of services included in the initiative did have an impact.

#### Illustrative comments from ambitious projects

- *Addressing the systemic barriers to family focused service delivery among key service providers has so many layers, from workforce training to workforce instability, to limited service agency mandates, to State and Commonwealth policies and resource availability. It is easy to be overwhelmed or believe it is an impossible task!*
- *Gaining common vision and understanding among all stakeholders is a major challenge of the project and is time consuming.*
- *...there were several months delays before all public stakeholders' authorities confirmed their participation.*



## 4 Specific activities for improving connectivity

The specific activities through which connectivity can be improved vary, depending on many factors including local context, scope of services and the particular client group. This section outlines a selection of activities evident within the projects in the first phase of the Strategy.

### 4.1 *Single access point*

The plethora of services available can be very confusing for individuals and working out what is the right service to address a particular need can be a major challenge. One specific strategy used to address this problem is to create a single access point for individuals to obtain information. This access point can be either:

- **A physical space** such as an information centre where community members can drop in to obtain information; or
- **A virtual space** such as a web-site with links to service information for particular types of needs.

Both require marketing to ensure that individuals are aware of the single access point, and there are examples of both types within the first phase of the Strategy.

#### **Example 8: A single, virtual access point**

##### **A Web site for youth services**

This project, also described earlier on page 9 of this report, sought to develop a simple, useful website resource with a focus on youth issues and resources in a large, semi rural region. As such it provides an example of using a virtual space to create a single point of access. One of the key project activities was the marketing of the Web site through schools, youth services, council, Job Network and indigenous groups. This marketing ensured that potential users were aware of its existence.

There were a few projects that involved establishing a physical access point, that is, an information centre. The following example was chosen for its innovative approach to creating this single access point.



### Example 9: A single, physical, access point

#### **Establishment of a new community centre for families with young children**

This project placed great emphasis on establishing a suitable physical space from which to operate. In this case, a specific facility was to be provided but it required some work to be carried out before being occupied. In the interim, the project partners agreed to use an existing building, located in the heart of the community it sought to serve—at the local primary school.

Capitalizing on having a physical location that could be used to readily advertise and identify the service, it was able to create a unique environment that characterised the aims and philosophies of the service model. The importance of the one single shop front to the success of the project is supported by the following comments:

- *The community have created a space of their own which has become the heart of the project where service providers and families work together.*
- *[the centre] has become a community hub with high numbers of families involved in activities or just 'dropping in' daily.*
- *The warm, friendly and engaging environment that has been facilitated at [the centre] has not only created learning opportunities but increased community strengths and relationships that goes beyond the centre itself and reaches out to the streets and homes of local families.*

## **4.2 Joint planning**

Joint planning involves various organisations participating together in the development of a services plan for a particular client group. These organisations may be small or large in number, and their services plan will vary in the range of services and service needs considered. Some services plans will be very comprehensive, while others will be quite contained in scope.

The services plan is generally developed from the results of service mapping, that is identifying:

- The eligibility criteria and range of services provided by each participating organisation;
- The referral pathways and client flows between the participating organisations and their services;
- Gaps in services, or duplication of services within the planning parameters.



**Example 10: Service mapping resulting in project proposal**

**Setting up a community centre co-ordinator role**

- *The undertaking of service mapping resulted in the identification that both communities lack access to sound information networks. Their awareness of, and therefore use of existing services is very low. Contributing factors include:*
- *A large majority of services are based externally to the communities and the mechanisms of awareness and access is not clear at the local level;*
- *Service delivery is ad hoc for various reasons, including extremely poor road conditions (and) Actual service delivery is often not congruent with the advertised time/date;*
- *Government service delivery is not integrated with other externally-based services coming to the community;*
- *Methods of service delivery often fail to consider or accommodate community culture/behaviour, for example services being delivered on pension day when most people leave the cluster communities to access neighbouring service centres;*
- *Absence of a community 'place' where services can be delivered and that can act as a local agency and community contact point for information. This limits service visibility and the effectiveness of outreach service delivery.*

This service mapping resulted in the submission of a proposal to the Strategy to establish an information and access co-ordination centre.

There are many examples within the first phase of the Strategy of projects that resulted from joint planning processes involving multiple agencies or organisations. This is not surprising, given the emphasis within the Strategy on partnerships and networks and on local solutions to local problems. The youth services website project, referred to previously, is an example of a project that arose through joint planning, in this case through the youth initiative of the local area's Consultative Committee.

There is also some evidence to suggest that service delivery within some local communities would benefit from increased joint planning.

**Example 11: A comment indicating the need for joint service planning**

*A project with the same target group was also funded through FaCS in our area. We tried to work together, however, we often found ourselves in competition in accessing funds to survive.... For a small community where funds are not readily available, this did create unnecessary tension.*

This comment underlines a real issue for small, community based groups dependent on external funding for their survival. The first phase of the Strategy invested some effort—through the State and Territory Officers and, in some cases, local project officers—to counter this sense of competition by encouraging collaboration among applicants with similar objectives overlapping communities of interest.

Nevertheless, the degree of local understanding and knowledge required to minimise the problem is significant. In this regard, the community planning approach adopted for the *Communities for Children* initiative, within the new Strategy, may be effective.



### 4.3 Service co-ordination

Service co-ordination refers to a designated role within the services system that has the responsibility for improving connectivity between community members and available services. This co-ordination can occur in two ways:

- **Putting people in touch with the right services**—the service co-ordinator assists community members to navigate the services system and access the right service to address their particular needs.
- **Co-ordinating the delivery of services themselves to improve people's access**—the service co-ordinator works with available services to ensure that services are delivered at the appropriate time to meet people's needs.

There were examples of both types within the first phase of the Strategy.

#### Putting people in touch with the right services

There is enormous variety in the operational forms of this type of service co-ordination. It can, for example, range from a one-off activity through to intensive ongoing assistance (sometimes also referred to as case management). Some forms may be universally available while others can have tightly prescribed eligibility criteria. This diversity is reflected across the projects within the first phase of the Strategy.

#### Example 12: Illustrating diversity of projects putting people in touch with the right services

- A long term project, funded for approximately \$750,000, which involved six major objectives. One of its objectives was the enhancement of parenting skills and family relationships. This was effected through several strategies, including establishment of parenting information centres in two rural centres, placement of material in public libraries and preparation of an information leaflet for placing on Web sites.
- A project set up to improve the life and relationship skills of young people, which focused on doing this through high school based programs. The project received \$140,000 of Strategy funding and included a major objective of improving links between school communities and local service providers. It was located in a large rural centre.
- A project to establish a single point of access for families to receive a range of preventive and early intervention services. The project received \$420,000 of Strategy funding, over four years. The project was located in an urban community and involved multiple community agencies. A community desk was established, with partner agencies sharing time at the desk, allowing families and community members to access multiple services from a single location. The project also included an information service and referrals to other support services.
- A project that aimed to, among other things, "increase young parents' and service providers' awareness of available services and resources in the community", then to "assist young parents to access mainstream services as needed". The project operated through a State based, non government organisation and provided a support group, home visiting, advocacy and counselling. It proved very effective in linking young mothers to support services and opportunities to increase their independence. This project was an expansion of an existing service provided by the organisation.



The success of this activity in improving connectivity is linked to:

- the knowledge and skills of the designated co-ordinators, e.g. their knowledge of available services needs to be current; and
- awareness of the availability of the service co-ordinator, e.g. community members need to know that they can access the service co-ordinator for assistance.

### **Co-ordinating service delivery to improve people's access**

Within the first phase of the Strategy, this form of service co-ordination generally related to the provision of services to people in remote communities, where the service providers travelled to the community. Co-ordinating the delivery of services sought to ensure that this occurred in a manner and at a time that best met the needs of the community members.

#### **Example 13: A project co-ordinating service delivery to improve people's access**

##### **Improving parents' capacity to prepare their children successfully for later learning and development**

This project was established in a large rural region and grew out of a local community program, which had been developed among teachers and parents at a primary school in one of the regional communities. The project targeted families with children aged up to four years and was driven by concern over poor social and other skills among these children. Factors, including rural isolation, changing family structure and lack of extended family support were cited as contributing to these concerns.

The project brought together a diverse set of partners, including the State education department, several local government authorities, the area health service, schools another State Government department, community associations and service clubs. These agencies contributed staff, venues, funding and other resources, as well as participating in project oversight and planning of services.

Community based committees were set up in seven communities across the region, advising on community needs and providing the basis for networking within the communities and between service providers and the communities.

The success of this form of activity in improving connectivity is reliant upon the willingness and/or ability of service providers to cooperate in the co-ordinated approach.

## **4.4 Co-location of services**

This activity seeks to improve connectivity by locating service providers from different organisations within a single geographical setting. The objective is to provide community members with access to one service delivery point for multiple services, instead of expecting community members to travel to multiple sites to access the same set of services. The term "one-stop shop" is often used to describe this form of connectivity. Since the service providers located together generally continue to be employees of their discrete organisations, this model of connectivity does not represent full integration (as described previously).



The general benefits for community members of co-location of services are:

- Relative ease of access and convenience; and
- Improved quality of service provision, due to the increased level of reciprocal knowledge that individual service providers acquire by communicating directly with each other.

While the individual service providers also benefit, due to their increased knowledge, they can however also be disadvantaged. For example they may feel alienated from their employer organisation, or find it difficult to keep current with their organisational policies. If they provide their service in multiple “one stop shops” on a part-time basis, they may feel disconnected (a case of ‘your integration is my fragmentation’). For co-location of services to work effectively, planning needs to include strategies to minimise any potentially negative impact on the providers themselves.

**Example 14: A project using co-location of services**

**Refurbishment of a building for provision of a wide range of services to a community**

This project was funded to establish a resource centre and co-ordinator for services to a public housing suburb. Funds covered refurbishment of the building used to house the service delivery facilities and a co-ordinator to manage the networking among service providers to use the centre.

The centre provided a service delivery point for primary medical care, dental care, tenancy and housing advice, indigenous community support services, relationships counselling and community care.

Examples of service providers who participated include a team of specialist nurses who visited twice weekly and the Australian Tax Office, who provided in situ training for Tax Help volunteers. Negotiations also were initiated to also have a regular presence from the State’s housing department and from Centrelink, at the Centre.

## **4.5 Service outreach**

This form of connectivity involves taking services to the potential users, rather than waiting for potential users to come to the service. Within the first phase of the Strategy, there were a number of projects that included service outreach as an activity to increase connectivity. In terms of service co-ordination, an outreach strategy may involve travelling to an existing service delivery site for another organisation.



### Example 15: Projects using service outreach

Having established a community hub within a local primary school, this project then became the point of service delivery for providers from the State's education department, children's services agency, as well as the child and youth health agency. These providers visited the community centre on an outreach basis from their usual service locations, conducting programs in response to the needs identified through the project. As a result, not only did access to services increase but the outreach workers developed "an understanding of each others core business and [were] co-facilitating several groups that have an education and health focus".

In one project, a specially fitted caravan staffed by community nurses and family support workers visited suburban backstreets and nearby communities. It provided a mobile health and nutrition service and was well received. People who had not accessed services previously welcomed staff into their homes.

## 4.6 Brokerage

Brokerage is an activity aimed at connecting clients or community members with the services that they need, when they need them. It seeks to improve access through the purchase of particular services to address individuals' specific needs. A designated fundholder—generally a service provider itself—has discretionary funds at its disposal that enables it to procure the necessary service.

Providers often experience difficulties in obtaining access for their clients to specific services, making the availability of brokerage funds to purchase access both appealing and effective. There are however potential implications with respect to brokerage funds within a project context that need to be taken into consideration. These include:

- **The potential for over-servicing**—an individual's need for services is derived from a needs assessment and, generally, the more comprehensive the assessment procedure, the more likely it is that additional needs will be identified where fulfilling the additional need may result in only marginal benefits to the individual. Therefore, service brokers have to determine which unmet needs best can be addressed through brokerage to achieve the optimal benefit for each individual, rather than to service all identified unmet needs, resulting in over-servicing for minimum additional benefit.
- **The potential to target brokerage inappropriately**—linked to the risk of over-servicing. Since brokerage funds are unlikely to be available to address **all** identified needs for **all** clients, service brokers need to set priorities across needs and clients, aiming to maximise the benefits gained from brokerage funds expended. Otherwise some clients may experience over-servicing at the expense of others who could have benefited more from the brokered service.
- **The potential for queue jumping**—within a service delivery environment characterised by waiting lists for some services, using brokerage funds can lead to some individuals "jumping the queue". That is, they receive access to a service by virtue of the application of brokerage funds, for which otherwise they would have had to wait in turn. This circumstance raises the risk of inequality within the service delivery system.



To minimise the impact of potentially negative consequences from brokerage, it is important that processes are established to ensure that brokerage expenditure is accountable and within the available funds. Business rules and operating procedures are needed to guide brokerage decisions—which clients, under what conditions, for how long and at what cost.

Other co-ordination and integration strategies also can work to mitigate risks of negative impacts from brokerage. For example, when several organisations provide the same service in an area, a broker can queue jump by shopping around among those providers. However, establishing co-ordinated service planning, based on a community level needs assessment, common assessment and referral protocols leading to a common waiting list among the providers, will prevent this happening.

**Example 16: Brokerage within the first phase of the Strategy**

- This project was established through a partnership between a local government authority, a non government family services provider and a community and child health centre. It operated in a large metropolitan municipality and aimed to, among other things, expand the existing children’s and families’ service system. One strategy for doing so was to apply brokerage funds to get “existing service providers to commence service provision in the area”, where new service needs were identified.
- A non government community health provider received funding to create a mental health community worker position. That worker’s role was to focus on disadvantaged families in a large, urban area, operating on an outreach basis. In particular, the role supported parents living with a mental illness. The worker received referrals from the organisation’s service partners. Brokerage funds were used to allow flexibility in the support of these families.

The brokerage funds were aimed at uses such as “children’s worker, ethnic family support, additional services already provided by other organisations, Indigenous specific family support, course fees for participants to attend programs, child care, purchasing one off services such as home cleaning, sports club fees for children, costs of training materials”.



## 5 Key lessons

This section of the paper outlines key lessons from the literature about initiatives to improve the connectivity between services or between people and available services. It begins with higher order lessons, that have implications for policy and planning of large scale initiatives, before addressing practical lessons for programs and their implementers.

These lessons are based on the work of Leutz (1999) and are expressed as “laws” of integration. Leutz identified five basic lessons, which he expressed as laws, based on his analysis of major initiatives in the United States and the United Kingdom to integrate social and health services for people with disabilities or chronic illness. These lessons are echoed in other literature, both internationally and within Australia, that focuses on efforts to improve connectivity between different streams in human services, such as workforce and welfare. These lessons have particular relevance for the new Strategy and its *Communities for Children* initiative.

The five laws presented here are:

- Law 1—You can integrate all of the services for some of the people, some of the services for all of the people, but you can’t integrate all of the services for all of the people.
- Law 2— Integration costs before it pays.
- Law 3— Your integration is my fragmentation.
- Law 4— You can’t integrate a square peg and a round hole.
- Law 5— The one who integrates calls the tune.

### **5.1 Law 1: You can integrate all of the services for some of the people, some of the services for all of the people, but you can’t integrate all of the services for all of the people**

The human services system is not only fragmented, but it also provides a very complex combination of universal and highly specialised services. Everybody does not require all available services, but each individual does require access to the right service at the right time to address a particular need.

Many connectivity initiatives focus on the services available for sub-groups of people who are perceived to be in the greatest need, e.g. families from linguistically or culturally diverse backgrounds, people with disabilities, people in socially disadvantaged or remote communities, very young mothers. Yet even within these sub-groups, individuals will vary in their service needs. Other initiatives focus on improving the connectivity associated with universally available services, e.g. improving people’s access to information about what is available.



Clearly there are choices to be made in initiatives to improve service connectivity. The key questions are:

- Who needs what degree of improved connectivity between which services?
- What are the priorities (since not everything can be done simultaneously)?

Addressing these questions is an important component of service system planning. Within the *Communities for Children* initiative, they will be important considerations for projects in their development of community action plans. Consequently, two further questions then arise—how are these needs and priorities to be identified and by whom?

Leutz (1999) provides some guidance on the question of how to identify needs and priorities. He suggests that considering the relationship between characteristics of needs and those operational aspects of service systems, through which connectivity can be improved, can assist in this planning:

- **Needs characteristics**—these may include duration (long, moderate or short), urgency (immediate, soon, some time), scope of services required to address need, capacity for self-direction, and the severity and stability of the underlying problem and its symptoms.
- **Operational aspects of service systems**—these may include identification of people with needs, needs assessment, practice to address specific needs, management of referrals and transitions between services, case management, information collection and sharing, multiple funding sources and benefit entitlements.

Considering this inter-relationship within the context of their local service system can help planners to identify where improvements in connectivity could be made and for whom.

The question of who makes the decisions about needs and degree of connectivity also can be informed by these considerations but is more contextually dependent. That is, it depends on a range of additional factors that may be weighed differently in one setting than they would in another. These factors include the sources of funding for the integration process, the underlying strategic aims of the integration process and the political sensitivities (local, regional and national) associated with the integration process.

## **5.2 Law 2: *Integration costs before it pays***

Improving service system efficiency is often a stated goal for connectivity initiatives. Potential benefits are perceived as including reductions in duplication, improved targeting and timeliness of service provision that may prevent later needs for services, and opportunities for services to provide new, expanded or more intensive support for their clientele through any savings generated.



However, these initiatives also incur costs, which can have implications for the initiative and its success. These costs include:

**Staff time and support costs**—these can include the time spent in meetings to plan or learn about the initiative, or in training associated with new skills or operating procedures. Staff engagement in the new initiative is vital to its success, but sometimes this has not been resourced appropriately within the initiative’s budget. Similarly costs associated with evaluating the effects of the new initiative are often over-looked or under-resourced in its budget. This may require staff to find the time to undertake this activity, often at the expense of service delivery or personal leisure time, causing resentment and undermining the initiative’s potential success.

**Service costs**—depending on the type of initiative, there can actually be cost disincentives for services in participating. Services have their own budgets and are likely to jealously protect these against any effort to reduce them, even though it might be in the interests of improved system connectivity. For example, system planning might indicate that two services are providing the same activity for the same group of people. Neither service may be willing to change if there are cost implications such as one giving the resources for that activity to the other, or losing some funding by no longer offering the activity. “Turf guarding” is commonly observed among services in initiatives seeking to improve connectivity.

**Start-up and ongoing costs**—there is some evidence to suggest that new funding facilitates improved connectivity. However there are real implications for sustainability for any initiative that is tied to seed money. For example, where connectivity has been improved through employment of designated co-ordinators whose salaries are paid from project funds, ceasing project funding is likely to result in the termination of their role, unless an established service assumes funding responsibility. Within a context of tightly managed service budgets, the latter outcome is unlikely.

These cost implications will be important planning considerations for projects funded through the *Communities for Children* initiative in the new Strategy.



**Comments by projects undertaking some degree of service co-ordination or integration, relating to the effort required to establish and sustain models of service co-ordination**

- *... generally not achieved as much as they thought they would by this point in the project ... time and resource constraints of setting up an organisation from scratch ... being the key issue.*
- *Ensure that there is adequate time in the establishment phase for the project to develop before outcomes are expected.*
- *The initial project timeline was not appropriate for the amount of time it took to establish the project.*
- *Had initially intended to service 3 regions but it became clear very quickly that with only 0.6 FTE available that 2 regions only was feasible.*
- *Staff training and expertise is critical.*
- *Schools indicate that the process of change can not be accomplished without the support of an external specialist agency and project worker time.*
- *Sustain workforce for future project if possible as they carry knowledge of project and networks.*
- *A recommended minimum of 3 years of funding.*
- *...the starting point for this project was a community that is 4th generation unemployed and amongst the lowest school retention rate in Australia. [after] two years ....whether we have brought the participants far enough along the continuum to make this a self sustaining project remains to be seen.*

### **5.3 Law 3: Your integration is my fragmentation**

Initiatives to improve service connectivity are generally based on the principle of placing the client at the centre, and considering the services system from this perspective, identifying and addressing problem areas. However there are a number of potential issues associated with client-centred initiatives.

Firstly, “the client” can be defined in many different ways, with varying degrees of specificity. Any initiative to improve service connectivity for one specific client group may be at odds with the service needs, or existing service connectivity for another group. For example, improving service connectivity for children in a local context may affect the way in which services are provided to other community members.

Secondly, service providers are interested in outcomes for the people they manage, and based on their experience, are likely to see opportunities to improve the services system. For example, their clients may experience difficulty accessing other services or navigating the system. However, depending on where they are located within the system and the people to whom they provide their service, providers are likely to have different perspectives on what needs to be improved and how it should be done. For example, providers who work with children from culturally or linguistically diverse backgrounds will have a different perspective to those who work with children with disabilities. Managing different and even competing priorities for change is one of the key challenges in initiatives seeking to improve service connectivity.



The following comment by a project exemplifies this quandary—“ From the families point of view they would rather see a specialised tailored support service ... however this is not likely to be funded by State or Commonwealth government so sustainability efforts have been directed into the current State-wide systematic change project.”

Finally, client-centred changes in the service system can affect service providers themselves, sometimes making their service provision more fragmented. This is especially the case for providers who manage multiple sub-categories of people. The more they are asked to do differently for an increasing number of special categories of their clientele, the more difficult it will be for them to comply.

Within the services system, the experiences of the general practitioner provide a classic example. Since this service is vital in the health and well-being of community members of all ages, general practitioners are deluged with requests to participate in projects and information about other services (including self-help groups, community functions) for a large array of specific sub-categories of their patients. While each discrete request or piece of information is worthwhile, it is not humanly possible for individuals to process and act on all received. In planning an initiative to improve service connectivity, it is important to be mindful of the impact that proposed changes may have upon the providers themselves.

In this case, Divisions of General Practice have proven to be a useful means for effecting co-ordinated change in general practice. Divisions are regional in nature and provide general practitioners with local support and linkage, as well as providing a conduit for communication between policy makers and practitioners. As such they have played an effective role in systemic changes in general practice, by providing a means for obtaining general practitioner input into decisions about the nature and direction of changes, as well as being a vehicle for the delivery of change programs.

No such equivalent exists in the family and community services sector and the environment does not exist to replicate this model there. However, the idea of facilitating change through organisations with active roles in supporting local communities and providers can be seen in the *Communities for Children* model for the new Strategy.

**Observations by projects and FaCS project officers, about problems with differences in views of what is needed to deliver integrated services**

- *Ongoing partnership work is proving difficult due to high turnover of staff and lack of commitment from managers of other organisations to work in a collaborative way.*
- *...[an] issue ... was that the other two organisations do direct service provision/crisis work and believe the [third partner] is doing work that is out of scope rather than the other way round...*



#### **5.4 Law 4: *You can't integrate a square peg and a round hole***

Generally the greater the disparity between services across the multiple dimensions by which it is possible to describe them, the more difficult it will be to bring them together in a more connected manner. Some of the important dimensions commonly mentioned in the literature, in which barriers can be encountered, include:

- **Service philosophy or mission**—that is, how each service (and the service providers within it) perceives the rationale for their existence, their goals and priorities.
- **Service autonomy**—this can manifest itself in two ways. First, services vary in their degrees of autonomy in making decisions about change. Second, some services may perceive initiatives to improve connectivity as potentially undermining their autonomy (turf issues).
- **Organisational rules and regulations**—some services, particularly large and complex ones, may have internal rules or regulations that need to be accommodated before participation can occur (for example, entering into a formal agreement or contract).
- **Performance requirements**—some services may have performance reporting requirements that constrain their ability to participate, particularly when their funding is tied to the achievement of specified targets that may be more difficult to demonstrate, due to increased connectivity.
- **Information systems**—services will vary in their information system capabilities. Some will have sophisticated systems and others more rudimentary ones, while in some community based services (for example, small community groups), systems may be non-existent. Where information systems exist, they are likely to be incompatible, constraining the meaningful information flow between services that is so important in improved connectivity.

In the planning stage of any connectivity initiative, it is important to understand the differences between the services that are being considered for involvement. This understanding will help to determine whether the initiative is feasible and to anticipate some of the issues that might arise during the process.



**Example 17: Organisational constraints affecting the establishment and operation of integrated service models**

**A partnership model to work with communities in housing estates**

This project was formulated as a partnership between three organisations and set out to deliver services to communities in three, separate housing estates. The project was to undertake service development mapping and needs analysis, with subsequent interventions tailored to meet the identified needs in a complementary and co-ordinated manner.

A key part of the model was service brokerage, allowing the partner organisations to manage and dispense funds to broker services for community clients.

For legal reasons, the three organisations were not able to establish a working arrangement that would allow them to meet FaCS's preference for a single (SFCS) funding and service agreement. Ultimately, three separate agreements were needed to allow the project to proceed.

The delays caused by these legal constraints meant that the organisations experienced funding delays for service commitments already made, while the contractual conflicts were dealt with.

**5.5 Law 5: The one who integrates calls the tune**

Regardless of where the idea for the connectivity initiative originates from, it is the actual people providing the services who determine what happens. There are two potential issues associated with this phenomenon.

Firstly, when the people providing the service are not engaged early on in the initiative, they may choose not to participate at all or may sabotage aspects of the implementation. This can occur even in jointly planned initiatives, because representatives on planning committees tend to hold administrative positions in their organisations, rather than be the service providers themselves. If these individuals are not able to galvanise the involvement of staff in the organisation that they represent, then the initiative will experience implementation problems. Planning needs to ensure that there is an effective communication strategy in place within each of the participating organisations so that all providers are in the loop.

Secondly, connectivity initiatives often tend to be built around the solutions that providers think will be in the best interests of the client group who use their services. However, the direct involvement by service users themselves in the planning of these initiatives is often not considered. In fact, many providers may feel that this involvement would be inappropriate, or even perceive it as a potential threat to their professional autonomy or values. Provider control of service provision, and of the solutions to improve service connectivity, is increasingly at odds with community attitudes and expectations of increased user involvement in decision-making. These differing views need to be carefully managed to ensure that the initiative's potential is not jeopardised.



## 5.6 Critical success factors

Several writers identify factors that can be critical to the success of initiatives seeking to improve service connectivity. These can vary in their relevance to particular initiatives, depending on such features as the scope of the initiative, the number of organisations involved and their relative size. Ragan (2003) identified the following critical success factors in his extensive study. Where available, relevant comments from projects, funded through the Strategy, have been included.

- **Leadership**—someone or a core group of individuals who initiate the change and galvanise others to participate.

### Comments from projects

- *Lack of a strong school partner meant school data was not followed up.*
- *The Community Advisory Group has been an important vehicle to develop strong relationships and understandings with the organisations participating.*

- **Management skills/experienced managers**—the skills and experience of the person/people with the specific role of making the change happen are critical to its success.

### Comment from a project

- *The commitment of ... staff on both middle and upper middle management levels have helped to break down barriers on a ground level.*

- **Staff training and development**—generally the changes associated with improving service connectivity will require some training and development of staff so that they are familiar with the new procedures or acquire needed knowledge or skills. Staff training was a common feature in most projects funded under the Strategy and particularly so for co-ordination projects that involved changes to protocols (such as referral procedures) and practices (such as assessment procedures).
- **Willingness to take chances, experiment and change**—improving service connectivity is about doing things differently, which requires participants to be willing to change rather than hold on to old ways of operating.
- **A clearly defined, shared mission**—all participants need to have a shared view of what they are trying to achieve and why.

### Comments from projects

- *The selection of pilot sites arrived at through open and strong consensus on the Steering Committee.*
- *Continue to learn in partnerships the importance of working collaboratively, flexibility in meeting work tasks and project challenges, yet being clear about boundaries and responsibilities of the various parties.*



- **Community involvement**—this is particularly important in planning, setting goals and priorities as it helps to prioritise the activities.

**Comments from projects**

- *Decision to consult widely with consumers and service-providers in designing the training, thus increasing the relevance of the material produced.*
- *The Community Advisory Group has been an important vehicle to develop strong relationships and understandings with the organisations participating.*
- *Community participation meant that activities were relevant to their needs and helped with word of mouth referrals from other parents rather than relying on referrals from service providers.*

- **Strength-based, client-focused processes**—a focus on the strengths of individuals and families within assessment and case management processes.

**Comment from a project**

- *Working from a strengths perspective is a powerful tool to empower families and encourage local parents to solve local problems.*

- **Stability of local leadership**—this provides continuity within the initiative and helps to embed it into the routine way in which services are provided.

**Comment from a project**

- *... advised that the project was progressing well and then [the project co-ordinator] left and project effectively imploded thereafter, eventually being terminated early.*

- **Measuring performance**—this is important in understanding whether the changes are achieving their intended outcomes. In areas of community and family development and strengthening, the views and experiences of the communities and service users are paramount in properly assessing performance. Also, it is useful to reflect performance measures back to the service providers, to avoid a sense of disconnection between program managers and service deliverers.

**Comments from projects**

- *Action research documentation is a time-consuming task and, with the pressures on people and meetings, not a lot of time tends to be devoted to consideration of findings.*
- *Review processes did fulfil their purpose in keeping the program on track.*

- **High quality personal relationships**—the nature of the relationships between the people involved in the initiative, and particularly those of the manager(s), will have a direct influence on the outcomes of the initiative.



- **Teams**—initiatives will generally be more successful when they are team-based, rather than reliant solely on individual efforts, and in larger scale initiatives, there are likely to be multiple teams: effective skills in teamwork will also be critical.

**Comments from projects**

- *Collaboration between all parties remains a positive of the project.*
- *Continue to learn in partnerships the importance of working collaboratively, flexibility in meeting work tasks and project challenges, yet being clear about boundaries and responsibilities of the various parties.*

- **Resources**—initiatives need to be adequately resourced in order to be successful.
- **Time, patience and hard work**—the amount of effort and the time needed to achieve change should not be underestimated in any planning.

**Comment from a project**

- *While the relationship between the Program and the [State Government Department] is a strength of the project, it has involved negotiation and mediation processes to ensure that communication between a non-government organisation and a large government agency have remained clear. It is a tribute to all organisations' dedication to young parents that issues, resulting from the informal vs. formal natures of the two differing organisations, were resolved.*

- **Size matters**—setting the scope of the initiative to ensure that it has a reasonable likelihood of success is an important aspect of planning and design: as discussed previously, the more ambitious the initiative is, the greater the challenges that it faces.
- **Positive attitude**—seeing obstacles and problems as resolvable, or as opportunities for improvement, rather than daunting or insurmountable barriers.



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