Author's response to reviews

Title: Child Health Partnerships: a critical review of program characteristics, outcomes and their relationship.

Authors:

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Author's response to reviews: see over
Dear Melissa

RE: Child Health Partnerships: a review of program characteristics, outcomes and their relationship by Kapila Jayaratne, Margaret Kelaher and David Dunt

On behalf of my co-authors, I am submitting the revised version of the manuscript titled as above for possible publication in BMC Health Services Research.

Please note that the word “critical” is removed from the title as suggested by the reviewers.

We have addressed the comments of the reviewers and Minor Essential Revisions in a revised manuscript. All changes made to the manuscript are given in highlighted text (in yellow) and with trackchanges. We have modified referencing style so that it meets guidelines as set out for the journal BMC Health Services Research.

Please also find attached herewith a point-by-point response to the concerns of the reviewers.

Kindly accept the revised article for publication in the BMC Health Services Research.

Sincerely,

Kapila Jayaratne
A detailed rebuttal to the reviewers’ comments

Reviewer: Neil Wigg

This is a very ambitious paper. The value of the paper lies in the compilation and comparison of policy-driven major Child Health Partnership programs. Unfortunately the scope and comparability of outcome data from the Programs studied are insufficient to draw strong conclusions about the value of partnership approaches in Child Health policy. The authors have focused attention on health outcome measures to assess the contribution of partnership arrangements. **Not really true as we also consider parenting and partnership outcomes.** Therefore the conclusions they are able to reach are relatively weak.

The authors may wish to comment on the following (discretionary revision):

This paper does not address a key policy issue of whether or not formal interagency partnerships provide better outcomes than the alternate approach of providing each of those agencies (who would be partners) with additional funds for service delivery. This issue may only be able to be addressed through program indicators, such as measures of access and occasions of service.

- Also requires comparison in trials where the comparator receives such extra funding. However these do not really exist and question can not be answered

Partnerships are proposed to address program shortcomings in Child Health, as one means of addressing the reality that program funding is required in one government agency in order to achieve outcomes in another ie invest in Early Childhood, to achieve Health Outcomes. This can be justified within government by imposing partnership requirements. However the evidence for improved outcomes is needed.

- We provide evidence for such improved outcomes to the extent that they exist.

The authors may also wish to comment upon the costs of supporting formal partnerships and whether or not this reduces the available funds for single agency service delivery. This is similar point to one in second para.

- In the trial situations which we were considering this would not have occurred. Whether it would occur in real life is another question that we are unable to really comment. Again, many of the evaluations of child health partnerships have not addressed economic parameters.
Reviewer: Linda Shields

1. Question well defined? Yes
2. Methods appropriate and well defined? Yes
3. Data sound? Yes. While there are probably many such programmes which have not been included, possibly because they have not been published widely and therefore not picked up in the searches, I am a little surprised that the “Family Partnerships” programme, a British partnership programme1 and which has been rolled out across Western Australia, was not included.
   - No articles related to this particular partnership programme were picked up from the databases within the search criteria we used for this study.
4. Meet relevant standards re reporting etc.? Yes
5. Discussion and conclusions well balanced and supported? Yes
6. Limitations discussed? Yes
7. Acknowledgment of work of others? Yes
8. Title and abstract reflect paper? Yes
9. Writing acceptable? There are several grammatical and typing errors that need fixing.

I have enjoyed this paper. It is easy to read, and provides description of its target programmes. I am not so sure that “critical” is a word that should be used, though. The paper is descriptive, but no less important for that.
   - We agree with this and would take the word “critical” out of the title to the paper
I suggest publication once the minor errors have been corrected, and that it be termed a descriptive, rather than a critical paper.

Reviewer: Jeanine Young

General comments

Governments across the globe wrestle with a common set of challenges when delivering services. First, how do you ensure citizens can identify and receive a mix of services that are right for them? And second, how do you design a service delivery system that can deliver those services? It has become increasingly apparent that there is need to reconfigure the services we provide to young children and families in order to achieve better outcomes for young children, families and society. These changes are necessary due to major social and economic changes at an international and local level, changes in family composition and circumstances, service delivery issues, worsening developmental outcomes (e.g. psychosocial), new knowledge of factors affecting child development and functioning, and evidence of efficacy and cost effectiveness of early intervention. Developed countries have continued to get richer however measures of wellbeing have ceased to rise, particularly in terms of mental and physical health, academic achievement and social adjustment (Moore 2008).

Families increasingly expect early childhood services to be delivered in an integrated, coordinated way. Integrated service delivery is especially important for families with additional needs, who are often in contact with many professionals, working in different service systems. The early childhood literature provides substantial evidence that the early years are crucial in a child’s development, children develop through their relationships with others, and that supporting families effectively requires a comprehensive, coordinated family centred service.

A plethora of child health programs are used throughout the world with varying levels of evidence and rigour in content and the processes used for implementation (including integration) and evaluation. The authors are commended in undertaking a critical review of programs based on child health partnerships in order to provide evidence for use in future programs to guide decisions made about partnerships, service delivery, outcome measures and economic viability.

The aims of the review are succinctly addressed in the introduction and set in the context of the known literature and the identified gaps. Dowling et al (2004)’s framework for conceptualising successful partnerships was appropriate however the paucity in critical review of information to identify characteristics of successful child health partnerships and impact on child health and wellbeing outcomes was highlighted, and addressed by this review.

Methods

Further justification for why the review was limited to selected developed countries with the most advanced development of the partnership model and the criteria or method as to how this ‘advanced level’ was determined (as stated in Background), would be useful given that it provides the scope of the review. However, if the review according to the criteria detailed in methods, only yielded programs from select English speaking developed countries, please clarify, as the Method section did not mention limiting review to select developed countries. Appropriate provision of inclusion and exclusion criteria.

- In fact the search methods only revealed articles from these four countries.
Accordingly, “We focus on programs from selected developed countries that represent the most advanced development of the model” –removed from the Background

“We also limited our focus to programs in English-speaking developed Countries” –removed from the Methods

The 6th dot point in Box 2. -removed

<table>
<thead>
<tr>
<th>Box 2 Inclusion criteria</th>
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<tbody>
<tr>
<td>1. Systematic programs launched either at national or state/county level</td>
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<tr>
<td>2. Involved more than two stakeholders in partnership building or service integration</td>
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<tr>
<td>3. Partnerships are based at local areas</td>
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<tr>
<td>4. Sustained for a sufficient length of time (at least two years)</td>
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<tr>
<td>6. Implemented in four selected English-speaking countries</td>
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Given the multidisciplinary nature of early childhood education a justification for excluding CINAHL database would be advantageous; although it is recognized that there is a lot of overlap in the coverage of CINAHL and MEDLINE/PubMed. Both cover the nursing and allied health journal literature, though CINAHL indexes some journals in these fields that are not included in MEDLINE. MEDLINE provides more comprehensive coverage of the biomedical journal literature as a whole, though CINAHL does index some of the core clinical medical journals. If you are only interested in the nursing or allied health literature, using CINAHL is probably a good idea. However, if you are doing research on a multidisciplinary topic, you should probably use MEDLINE or both. Given this is a critical review of the literature (and unlikely that it would have yielded further articles of interest) it could be argued that CINAHL should have been searched and included as part of the search strategy.

-We carried out a check in CINAHL using the same search terms outlined in our Methods section. However, searching in CINAHL yielded no extra studies.

Data soundness

The critical review comprised a discussion which compared and contrasted the programs (n=11) in terms of target group, partnering agencies, highlights of program model and activities included; and for programs which had an evaluation component (n=7), in terms of evaluation design and evaluation outcome. Inclusion of a measure of the level of integration in partnerships that was achieved for each of the programs measured against an independent scoring system (independent of each program’s own evaluation measures) would be useful particularly in terms of recent publications relating to this area, eg recent policy brief ‘Integrating Services for Young Children and their Families’ published by the Centre for Community Child Health, Royal Children’s Hospital and Murdoch Children’s Research Institute (2009) which focussed on the important role of integration in the success of any early childhood program. The level of integration in the service models presented in this review were limited to partnership formation (whether successful or not) and comments made about each
model in terms of service delivery. Using a set of criteria to determine the level of integration across each of the systems would have been useful, e.g., the 5 point level of integration Indicators of Change which show progress toward integration using Levels 1-5, used in the Toronto First Duty program (Corter et al. 2006).

This inclusion of a measure of the level of integration in partnerships that was achieved for each of the programs measured against an independent scoring system is in principle a good idea. It would be very difficult for us to determine the level of integration post hoc. We recommend something similar to this for a follow-up study. We have added remarks on this aspect under Conclusions.

The manuscript adheres to the relevant standards for reporting and data presentation (except for Boxes should be provided at end of manuscript?) need to check this and the conclusions were adequately supported by the data, building on previous literature. The authors’ findings were consistent with previous findings in the literature, that while research evidence is currently very limited, and no one particular model is accepted as best practice as particular characteristics of programs should reflect local needs, there is evidence that integrated service delivery has positive benefits for children, families (and professionals) and that well-integrated early childhood services result from integrated policies and practices at all levels: whole of government, regional, service and team.

The authors have highlighted factors that promote and hinder the effective integration of services which can be used to inform future planning and policy development and consistent with findings of recent reviews of the literature have highlighted the need for these programs to be sustained over time in order to best measure service effectiveness.

The title and abstract appropriately capture the content of the manuscript and the writing is at the level acceptable for publication with minor typographical and grammatical edits.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

- Justification for why the review was limited to selected English-speaking publications from developed countries with the most advanced development of the partnership model (and/or the criteria or method as to how this ‘advanced level’ was determined)
- Justification for excluding CINAHL database

Typographical errors and grammatical errors (errors of tense)
Page 3 – Reference 2 – direct quote, requires page number
Page 7, 2nd paragraph: Since this exercise did not yield a significant, not yielded
Page 7: ‘…highlights of the program (Table 1), and …’
Page 6: Point 2: Involved more than two… needs to be past tense as with other points
Page 9: ‘Commonwealth’ not ‘Common Wealth’
Page 9: A majority of programs included not only children but also their families or….
Page 13: Several programs have paid attention to nutritional support
Page 14: ‘cover childcare costs’ not ‘cover up childcare costs’
Page 17: Box 3 – benefit from Legend to show which programs make up the denominator when referring to proportion of programs.
Page 19: missing some closures to brackets, et Toronto First Duty); Sure Start –
Children Centres)
Page 19: check last sentence on page for flow: should be ‘to lead to improved family and better community wellbeing.’ Not ‘and community wellbeing to better…’
Page 20: Partnering agencies: ‘Whether service sectors were included and the level…’
Page 25: Replace ‘Contrariwise with ‘It is also possible’.
Page 29: Box 4: point 2 needs ;
Page 29, Box 4; point 6 needs ‘in addressing the’
Page 29: ‘and a more generic evaluation design.’
Ensure that referencing style meets guidelines as set out for the journal BMC Health Services Research.
-all the above Minor Essential Revisions are attended