Reviewer's report

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

Version: 2 Date: 19 February 2010

Reviewer: Jeanine Young

Reviewer's report:

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 (eg. 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.

Given the multidisciplinary nature of early childhood education a justification for excluding CINAHL database would be advantageous; although it is recognised 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.

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, eg 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
The manuscript adheres to the relevant standards for reporting and data presentation (except for Boxes should be provided at end of manuscript?) 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.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.