

**Applying Resilience Theory to the Transformation of
Bureaucratic Systems: Reforming Early Childhood
Development Systems in Australia**

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Introduction

Although there is a growing recognition of the role that personal resilience plays in the lives of people, the role of resilience in systems is not so well understood. Over recent years, as a society, we have become much more familiar with the concept of personal resilience, or what has been often been called “being able to cope” or “inner strength”. Resilience has been looked at in a variety of settings and in a variety of populations, (eg grieving people, refugees, Indigenous communities) and more recently, there has been growing attention paid to how we might foster personal resilience in the early childhood years. Resilience theory however, looks at resilience much more broadly than the personal level, examining resilience at a *systems* level, as Brian has outlined for us – defining it as *the ability to absorb disturbances, to be changed and then to re-organise and still have the same identity*.

The language of resilience theory is becoming more commonplace in our public discourse, with the media for example, referring to “tipping points” in areas as diverse as sledging in cricket¹, swine flu², and most recently, by Kevin Rudd in relation to Australia’s health system³.

There is a growing body of work around the role of resilience in social ecological systems, however the role resilience theory can play in helping us to understand and transform bureaucratic systems has not yet been explored. It is widely acknowledged that many of our key bureaucratic systems need transformation – we have just seen the release of a blueprint for a reformed health system, and the last 18 months has seen proposed, significant changes to our education and childcare systems. Our child protection systems have reached breaking point, and no longer protect the most vulnerable members of our society, and none of our systems have adequately addressed the needs of our Indigenous population.

Today, I want to briefly look at four major Australian bureaucracies as an example of how and why resilience theory may provide a very useful framework to help us make the required transformations to systems which will meet the needs of the Australian population in the 21st century.

¹ Atherton M. 2008. Sledging reaches a tipping point 13 Jan 2008.

<http://www.telegraph.co.uk/sport/cricket/2288703/Sledging-reaches-a-tipping-point.html>

² SMH. 2009. Australia's swine flu tally soars to 303. *May 31, 2009*.

<http://news.smh.com.au/breaking-news-national/australias-swine-flu-tally-soars-to-303-20090531-brbl.html>

³ The Age. July 28, 2009. Australia's health system at tipping point: Rudd

<http://www.theage.com.au/national/australias-health-system-at-tipping-point-rudd-20090728-dzgy.html>

These bureaucracies are health, education, child care and child protection and one of the reasons why it is so important for these bureaucratic systems to be flexible and adapt to significant change (ie be resilient) is because of their intersection to form Australia's early childhood development (ECD) system.

The health system has responsibility for children from before they are born, providing antenatal care and education for parents, and then is responsible for nurturing and maintaining the health of the infant and child from birth, as well as the overall wellbeing of the family. Early identification and intervention in areas such as vision, hearing, speech, fine and gross motor development and developmental delay all fall within the remit of the health system, as does laying the foundations for a healthy lifestyle. Unless the health system provides the bedrock from which children can develop, sub optimal outcomes will result. Education and childcare nurture children and support their development intellectually, emotionally and socially whilst no child can develop to their full potential in the presence of physical, sexual or emotional abuse and neglect.

I would note here that a number of other systems are also key players in ECD, not least of which are Treasury and Finance and Community Services, however the four systems noted above are the four pillars on which ECD is built

So why does it matter whether systems that support ECD are resilient?

There is now wide recognition of the central importance of early childhood as a contributor to long-term health and education outcomes and to the resilience of society as well as personal resilience. Worldwide, governments are now recognizing the critical importance of learning and health experiences in the very early years of life and the need to re-organise existing services and introduce new ones in ways that will enhance the physical, intellectual and social attributes and personal resilience of tomorrow's citizens.

The Commonwealth Government has stated that "*Investing in the health, education, development and care of our children benefits children and their families, our communities and the economy, and is critical to lifting workforce participation and delivering the Government's productivity agenda*"⁴. Whilst investment is the starting point of an early childhood development system, the other pillar is integration – integration of the systems and services which directly and/or indirectly impact on the family and child.

⁴ DEEWR. 2008. Early Childhood Overview. <http://www.deewr.gov.au/earlychildhood/Pages/Overview.aspx>

If we are to achieve the vision of the National Early Childhood Development Strategy released in July 2009 – ie *By 2020 all children have the best start in life to create a better future for themselves and for the nation*⁵ then systems have to be able to work together as an integrated whole to ensure the ambitious goals and targets outlined in the strategy can be achieved. Health, education child care and child protection have historically worked in their own particular silos with little interaction. The Commonwealth / State divide in funding and administration of these services has also worked to produce rigid and non responsive services which often do not meet the needs of the populations they are aimed at.

The issue of a system functioning to support the *system* rather than meet the needs of the population it was developed to serve is an ongoing one. The 2008 Garling Report⁶ into Acute Care Services in NSW provided example after example of a health system working to maintain *itself* rather than the patients it was designed to serve. His many examples included:

*a skilled workforce spread too thinly and too poorly supported in the dozens of administrative tasks which take them away from their patients.(p3)
were senior specialists to do their ward rounds before 10 o'clock in the morning and thus discharge their patients before noon and free up each of those beds for another patient, the hospital would save many, many bed days and shorten the waiting time for patients to get a bed*

Justice Wood, in his 2009 report on Child Protection⁷, (again in NSW) noted that:

Too many reports are being made to DoCS which do not warrant the exercise of its considerable statutory powers. As a result, much effort and cost is expended in managing these reports, as a result of which the children and young people the subject of them receive little in the way of subsequent assistance, while others who do require attention from DoCS may have their cases closed because of competing demands on the system.(piii)

⁵ Council of Australian Governments. 2009. Investing in the Early Years – A National Early Childhood Development Strategy. http://www.coag.gov.au/coag_meeting_outcomes/2009-07-02/docs/national_ECD_strategy.pdf

⁶ Garling P. 2008. Final Report of the Special Commission of Inquiry Acute Care Services in NSW Public Hospitals. Overview. [http://www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/vwFiles/E_Overview.pdf/\\$file/E_Overview.pdf](http://www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/vwFiles/E_Overview.pdf/$file/E_Overview.pdf)

⁷ Wood, J. 2008. Report of the Special Commission of Inquiry into Child Protection Services in NSW Executive Summary and Recommendations. <http://www.dpc.nsw.gov.au/publications/news/stories/?a=33794>

Within our education system, Australia's extremely complex school funding systems serve to entrench inequalities, promote duplication, and interfere with efficient planning and quality improvement processes.^{8, 9}

And indeed, the recent problems with ABC Childcare could be considered in this light, with the importance of fostering and supporting the input of the private sector into childcare systems and services in Australia becoming more important than the need to ensure that the services provided were sustainable and appropriate in assuring early childhood development

We are all aware of these many failings in our systems, but how do we address them? First and foremost, it is increasingly evident that what has worked (or hasn't worked) in the past can no longer be tinkered with around the edges, and the changes called for by Mr Garling, Justice Woods, and the recent Health and Hospitals Reform Commission are almost revolutionary for both the culture and the functioning of these systems. We should also not forget that whilst I have spoken of four bureaucracies, there are actually 9 – one of each of the four in every state and territory and the Commonwealth!

Whilst both Federal and many State Governments are currently introducing significant reforms to their ECD systems, the issue of how these systems can interface effectively is becoming increasingly important. There is however, currently little clarity about what comprises an "integrated" ECD system. It is agreed that the education, child care and health systems contribute core components, but interestingly, whilst there are significant reforms being suggested for Child Protection systems, there is not consensus that this should be included in an integrated ECD system, as has happened in the UK.

So how can resilience theory assist us in transforming these systems?

We have said that Resilience is the ability of complex systems to maintain their general structure and functions (their broad "identity") even though they must adapt and change in various ways within that broad identity – and that is exactly what these ECD systems are required to do. For effective, integrated services which will meet the 21st century needs of families and children, the four nominated systems need to work much more collaboratively and provide their services in new and perhaps unfamiliar ways.

⁸ Angus M (2007). Commonwealth-State Relations and the Funding of Australian Schools. [Making federalism work for schools: due process, transparency, informed consent](#). C. L. Sydney, NSW Public Education Alliance.

⁹ Dowling A (2007). Australia's School Funding System. Camberwell, Australian Council for Educational Research.

Working together requires flexible and responsive systems which allow multidisciplinary and inter sectoral collaboration, encourage innovation in ideas and alternatives and can respond to the “shock” of the changes required to the core culture of a system. There has, to date, been no systematic assessment of the ability of these systems to change and adapt to shifting circumstance – in fact there is evidence that they are relatively inflexible and unable to change.

There are few chances to implement systemic change and we should be grabbing our current opportunities with both hands. It is therefore important to understand all the variables which will impact on the change processes required to transform our ECD systems so that policies and procedures which will enhance rather than impede their adaptability and resilience can be developed. Understanding the structure and functioning of each of the four systems involved in ECD is vital if these systems are to function effectively together. Each of these systems has their own distinct and separate workforce, funding mechanisms, governance, services and perhaps most importantly, their own cultures and changes and adjustments to all of these elements will be required.

Whilst some changes will be structural and legislative, in many ways these are the easiest as they are tangible activities – it is when we begin to look at professional boundaries and organisational cultures that a particularly complex picture starts to arise. Thus – the issue of complexity raises its head, and we are indeed talking about a complex series of systems! The health system in particular, is increasingly being recognised as a “complex adaptive system” with its myriad of professions, a requirement to deal with all people across the lifespan, multiple sub systems (acute care, chronic care, allied health) and extensive range of services, the health system is “more than just the sum of its parts”¹⁰.

Whilst perhaps not quite as complex as the health system, the education and child care systems are also complex bureaucratic systems, with multiple levels of administration, service delivery and providers. The child protection system whilst not encompassing as broad a range of services and providers, faces its own particular challenges, with a number of high profile cases in a number of states highlighting the fact that, as with health, nineteenth century solutions do not address twenty first problems.

¹⁰ Sturmberg J and Martin C. 2009. Complexity and health – yesterday’s traditions, tomorrow’s future. *Journal of Evaluation in Clinical Practice*. 15:543 - 548

It has been said that the “*lens that we use to investigate any phenomenon has a profound effect on what we see*”¹¹ (p83). The Resilience Alliance (2007) notes that “*people base management actions on how they think the world works*” and so identifying and understanding these “lenses” or “mental models” which policy makers and system planners use is vital if we are to understand how systems function, the level of their resilience and adaptability and how to transform them¹².

Resilience theory says we need to look to the broader systems in which any system is embedded, and to smaller, local systems which are embedded in the system being examined. This is particularly relevant for systems such as health and education operating at Commonwealth, state and local levels, with multiple services embedded in them.

In order to bring about the changes required to implement these strategies, it is vital that a significant change management process is undertaken. Resilience is a major factor in organisations and systems, which allows change management activities to be undertaken and to achieve success. Recent change theory sees change as a dynamic and complex process which must consider the historical, cultural and political most particularly the organisational context in which it occurs.¹³

It is important to remember that Australia does not exist in a vacuum and we are in the fortunate position of being able to draw on significant international experience, such as the “Every Child Matters” program from the UK, incorporating “Safeguarding Children”¹⁴ and the US’s ABCD and Sure Start programs¹⁵

The challenge than that faces us in transforming our ECD systems is not insignificant. The push for reform, with the provision of supporting resources is a key enabler of change, as is the now very large bank of evidence around the importance of the early years. There are also many examples of how services can be flexible and adaptive, and provide care that meets the needs of children and families in their local communities and the importance of the

¹¹ Anderson R. & McDaniel R., Managing Health Care Organizations: Where Professionalism meets Complexity Science. *Health Care Management Review*, 2000. 25(1): p. 83-92

¹² The Resilience Alliance, *Assessing and managing resilience in social-ecological systems: A practitioners workbook*. 2007. <http://www.resalliance.org/3871.php>

¹³ Iles V and Sutherland K. *Organisational Change. A review for health care managers, professionals and researchers*. 2001. London: London School of Hygiene and Tropical Medicine

¹⁴ Department for Children, Schools and Families. 2009. Every Child Matters. <http://www.dcsf.gov.uk/everychildmatters/about/>

¹⁵ Halfon N, Russ S, Oberklaid F, Bertrand J and Eisenstadt N. 2009. An International Comparison of early Childhood Initiatives: From Services to Systems. The Commonwealth Fund. <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/May/An-International-Comparison-of-Early-Childhood-Initiatives.aspx>

willingness of the various key stakeholders to come together to drive reform should not be underestimated.

Whilst significant reform processes have begun at state and Commonwealth level to bring the early childhood care and learning systems together with the education system, the policies and processes for linking these with the Health and Child Protection systems is much less clear. A number of major policy initiatives have been developed by the Federal Government and COAG, such as the National Early Childhood Development Strategy, the Early Years Learning Framework for Australia, the National Framework for Protecting Australia's Children and the National Health and Hospitals Reform Commission Final Report and crunch time for their implementation is coming.

Unfortunately, we are not like Captain Picard from Star Trek, who is able to turn to his Lieutenants with an imperious "make it so". [and I make no inferences here at all of Prime Ministers past or present]! For us to "make it so", we must map and understand our ECD systems, identify strengths and barriers to integration, and most importantly develop shared understandings of the purpose and outcomes of an integrated system.

Resilience theory provides a way to harness these very important positive drivers of change and use their strength to develop strategies and interventions which can assist in overcoming the existing barriers to integration between disparate systems and allow them to come together to develop a sustainable way forward.