

Integrated Early Years Provision in Australia

A research project for the
Professional Support Coordinators Alliance (PSCA)

Dr Frances Press, Professor Jennifer Sumsion, Dr Sandie Wong
Charles Sturt University, Bathurst



Acknowledgements

Frances, Jennifer and Sandie would like to thank Kaye Colmer and the PSCA for their direction, input and support throughout the duration of the research. Research assistants Tania Cowgill, Tamara Cumming and Jan Duffie brought sanity to our lives and helped the project immeasurably. We owe special thanks to our research team: Jan Duffie, Joy Goodfellow, Anne Kennedy, Marie Lewis, Anne Stonehouse and June Wangmann. The research was greatly enriched by their skills and collective insights.

Needless to say, without the willingness of integrated service providers to share their experiences and expertise the project would have come to nought. We are particularly grateful to those providers who took the time to fill out the survey, answer our phone calls, and let us in the door!

The following Integrated Services provided invaluable support to the research by opening their doors to us to conduct the case studies: Richardson Child Care and Education Centre (Australian Capital Territory), Quantin Binnah Community Centre (Victoria), Ngala (Western Australia), Little Yuin Aboriginal Pre-school and Multi-Purpose Family Centre (New South Wales), Kyabra (Queensland), il nido (South Australia), Gowrie (South Australia), Caboolture Early Years Centre (Queensland), Boroondara Kindergarten (Victoria), and Blue Mountains Stronger Families Alliance (SFA) (New South Wales). We are grateful to the staff, parents and management of these services for their enthusiasm, insights and openness.

Thank you to everyone who took time out from their busy lives to help us define integrated services.

This project was funded by the PSC Alliance (National Professional Support Coordinators Alliance). This alliance comprises the Professional Support Coordinators (PSC) of each state and territory of Australia.

This PSC initiative is funded by the Australian Government under the Inclusion and Professional Support Program to provide professional learning and support to Australian Government funded children's services.

What a privilege it has been to work with such an insightful and committed group of people.

Contents

Acknowledgements	a
Contents	b
Executive summary	c
Recommendations.....	e
Recommendations relating to the policy context	e
Recommendations for the professional support of integrated services	f
Recommendations for the professional support of early childhood services	h
Introduction.....	1
Literature review	3
Methodology	29
The research findings	34
Policy	34
Key characteristics of effective integrated services	41
Governance	41
Leadership	44
Organisational culture and ethos	46
‘Frontline’ interdisciplinary professional practice and team building	49
Defining integration.....	53
References.....	54
Appendices	58
Appendix 1: Summary reports of case study sites.....	59
Appendix 2: Data base of Integrated Services.....	80

Executive summary

This report is published at a time when all tiers of government are concerned with developing new forms of service delivery to better meet the needs of children and families, particularly those dealing with multiple challenges. As a result, numerous policy initiatives have emerged which support the development of integrated early years' services.

In the policy and research literature, the term integration encompasses a broad span of meanings, including intergovernmental collaboration, the co-location of services, and the bringing together of early childhood education and care. This report focuses on how fully integrated service delivery, as defined by Moore (2008), is supported and achieved. It builds on Moore's (2008) comprehensive review of integrated services produced for the Victorian Department of Education and Early Childhood Development. It conveys the findings from a national survey of Australian integrated services and case studies of ten integrated services drawn from six Australian states / territories undertaken for the Professional Services Coordination Alliance by the authors of the report.

Both literature and the empirical data generated for this project highlight that effective integration is multilayered and multidimensional. The achievement of full service integration, therefore, requires action at numerous levels including:

- government policy;
- governance;
- leadership;
- organisational culture and ethos; and
- front line professional practice and team work.

Each of these levels requires a commitment to, and an infusion of, inter-professional practices and the development of inter-professional expertise. As Edwards (2009) emphasises, developing inter-professional practices and expertise does not involve becoming a kind of 'hybrid' professional who can work across disciplines. Nor does it mean relinquishing discipline-specific expertise to become a 'generic' professional. Rather, expertise in inter-professional practice entails, amongst other capacities, the ability to look beyond the boundaries of one's own discipline; recognise common values; appreciate different practices based on discipline specific knowledge and skills; and negotiate differences in priorities.

Valuing and cultivating inter-professional expertise, therefore, also requires expertise in articulating one's own disciplinary specific knowledge base and skills. The findings from the research project outlined in this report indicate that such components of inter-professional literacy should be a focus for professional development for early childhood education and care professionals working in integrated services.

The case studies undertaken for the project reported here reveal a wealth of practice wisdom about integrated services and about fostering inter-professional practice. They also highlight the commitment of leaders and practitioners to integrated service provision and their innovative and insightful approaches to addressing the inherent complexities involved. There is a great deal to learn from existing services and much to be gained from showcasing these effective practices. The expert understanding, processes and systems developed within these services provide a strong foundation for expanding and enriching the professional knowledge base about integrated services. Because effective inter-professional practice is integral to the success of integrated services, and because it entails new ways of thinking and working, a sustained focus on professional development is imperative.

Despite the enthusiasm for integrated services, a number of caveats are warranted. Above all, integration should not be pursued for its own sake, but rather as a result of consultation with the community, in ways that are responsive to community context, and with the overall objective of improving outcomes for children and families in the community. Moreover, there is no one effective approach to integration. Hence, policy and professional development programs should recognise the value of diverse approaches rather than advocating for a standardised, 'one size fits all' integration model.

If the current interest in integrated services is to be sustainable and their potential benefit maximised, action is needed at three levels: government policy; the service; and practitioners, themselves. Action at the level of government policy must include ongoing and adequate funding to support effective and ongoing inter-professional collaboration. Action at the service level must include the development of structures, processes and mechanisms that foster and support inter-professional practice, with particular attention to the roles and contributions of early childhood educator and care professionals within integrated services. Action by professionals must include a commitment to developing and refining the kinds of inter-professional capacities outlined in this report.

Recommendations

The following recommendations arise from the research findings.

Although outside the scope of the PSCA, the first set of recommendations addresses a range of contextual influences that the research has highlighted as important to the ongoing development of integrated services. While these rest outside the professional development brief of the PSCA, they have a profound impact upon the direction and effectiveness of integrated services, and thus the impact of the professional development that is provided.

The second set of recommendations concerns the foci for the professional support of integrated services.

The final set of recommendations concerns professional support for ECEC programmes within integrated services.

To some extent, the division between these latter sections is artificial because the positioning of ECEC within integrated services is closely related to the enactment of inter-professional practice, and how this is facilitated at the levels governance, leadership and team. As a result the PSCA may wish to consider the development of training packages targeted to ECEC within integrated services, and in addition, the development of partnerships with other agencies to provide joint training in areas in which ECEC representation is key to developing effective partnerships and collaborations in an inter-professional context.

Asterisks (* or **) against recommendations indicates a potential role for the PSCA.

Recommendations relating to the policy context

1. We recommend that government policy support the ongoing development of fully integrated services through:

- 1.1 adopt a clear, unambiguous and broadly accepted definition of integrated services;
- 1.2 articulate a clear purpose and vision for integrated services that is directed to improving outcomes for children and families;

· We believe there is scope for the PSCA to consider these recommendations in so far as they pertain to ECEC services. For instance, examples of streamlined funding agreements and innovative industrial agreements may be beneficial for the PSCA's role in management training and resourcing.

- 1.3 break down the barriers between care and education through using language that encompasses EC settings as care *and* education (for instance, “early learning centres”);*
- 1.4 actively foster the development of inter-professional networks focused on integrated service delivery, professional exchange and alliances through seminars, network meetings and conferences;
- 1.5 develop structures that support the collation and dissemination of findings from research and evaluation on integrated services (such as a national web-based clearinghouse, professional seminars and conferences);
- 1.6 showcase innovative practices and processes that consolidate integration;*
- 1.7 collate examples of consistent and streamlined accountability requirements in funding agreements;*
- 1.8 gather and disseminate examples of industrial agreements that have achieved equitable pay and conditions for professionals working together;*
- 1.9 allocate funds for in-service training specifically targeted to the governance of integrated services;
- 1.10 allocate funding for a national integrated services conference that addresses the three levels of governance, leadership and practice and enables information sharing and exchange;
- 1.11 acknowledge in funding and accountability requirements the time needed to establish a service that is responsive to local needs and conditions;
- 1.12 monitor the impact of short term funding on the effectiveness of service delivery; and
- 1.13 emphasise the importance of disciplinary and community representation in governance arrangements.

Recommendations for the professional support of integrated services

Professional development for governance and leadership

The effective governance of integrated services is critical. In relation to the work of the PSCA, it is essential to the success of integrated services that the ECEC programme is incorporated as an equal partner in the suite of services available to families, and that the expertise of skilled early childhood professionals is recognised and utilised. That is, that the care and education of young children is not peripheral to the work undertaken with families, but a central component. This requires intervention at the level of governance and leadership training. Hence the following recommendations concern foci for the ongoing support at the level of the integrated service. This is not the primary focus of the work of the PSCA, but one which the PSCA needs to be cognisant of, and which may be a focus for future partnerships.

2. We recommend that professional development should be tailored to the governance of integrated services that supports:

- 2.1 representative structures and processes in governance arrangements that emphasise disciplinary, community and family representation;
- 2.2 the *development and alignment* of vision, processes and professional practice;

- 2.3 inter-professional working relationships, in areas such as:
 - 2.3.1 collaborative tender writing; and
 - 2.3.2 strategic financial management that recognises the elements of service delivery known to be crucial for the success of integrated service delivery, including:
 - *inter-professional working relationships;*
 - *collaboration across and between services/agencies;*
 - *research and evaluation;* and
 - *professional development.*
- 2.4 ongoing research and evaluation to determine the effectiveness of the service in improving outcomes for children, families and local communities;
- 2.5 change management;
- 2.6 strategic planning and implementation; and
- 2.7 responsive employment and staffing practices.

3. We recommend that professional development showcase innovative processes and practices in governance, for example:

- 3.1 inter service agreements;
- 3.2 equitable industrial agreements; and
- 3.3 single enrolment procedures;

4. We recommend professional development and support for the leadership of integrated services that:

- 4.1 promotes whole-of-service leadership structures for integrated services, in which ECEC expertise is represented;
- 4.2 facilitates evidence based organisational leadership;**
- 4.3 shares information on leadership approaches that foster successful integration;**
- 4.4 addresses issues such as:**
 - planning, implementation and evaluation;
 - team building and delegation;
 - effective communication, including embedding effective communication structures;
 - conflict resolution; and
 - mentoring.
- 4.5 showcases flexible and creative staffing arrangements that provide time for inter-professional collaboration, professional development, practitioner inquiry, and other essential elements of effective integration.**

** We recommend that such professional development also be made available to the directors and staff of ECEC within integrated services.

- 5. Joint professional development should be available to personnel in the management, leadership and governance tiers of integrated services in order to inculcate the continuity and shared understandings needed for effective strategic decision making.**

Professional development for effective inter-disciplinary professional practice and team building.

Effective inter-disciplinary teams require the development of shared understandings and respectful collaborative relationships.

- 6. Professional development should be targeted to developing cohesive, collaborative practices across and within teams of integrated services through:**

- 6.1 the development of shared values, goals and objectives (vision / philosophy building);**
- 6.2 Training in strengths-based; child centred; and family centred approaches;**
- 6.3 Modeling the value of drawing on resources from literature from multiple disciplines and professions (e.g., about the development of networks; collaboration; organisational change; problem solving); **
- 6.4 Encouraging the utilisation of support services, such as clinical supervision;**
- 6.5 Modeling the use of inclusive terminology consistent with integration;** and
- 6.6 assisting in the development of contextually relevant research and evaluation methods;**
- 6.7 flexible and creative staffing arrangements that provide time for inter-professional collaboration, professional development, practitioner inquiry, and other essential elements of effective integration;** and
- 6.8 showcasing practice frameworks and other relevant documentation developed by services. **

Recommendations for the professional support of early childhood services

The final set of recommendations concerns specific professional support for early childhood services. Please note however, that many of the preceding recommendations for professional development can be usefully tailored to support the work of early childhood services.

- 7. Professional support should seek to maximise the impact of early childhood educator's expertise within integrated services through:**

- 7.1 emphasising the importance of pedagogical leadership in integrated services;
- 7.2 encouraging and enabling ECEC personnel to actively contribute to the development of 'inter-professional literacy';
- 7.3 encouraging the establishment of networks for the directors of ECEC programmes within integrated services so they have a forum for information exchange, problem solving and support;
- 7.4 investigating the potential to establish a national 'virtual' network for EC directors within integrated services;

- 7.5 supporting staff to develop their vision, purpose and goals for their service and articulate how they work to achieve these goals;
- 7.6 supporting effective practice by addressing areas such as:
- clarification of terminology and philosophy and effective ways of representing and articulating these;
 - advanced communication and inter-professional literacy skills (e.g., articulating complex ideas clearly; shifting registers, as appropriate, from generic to discipline specific language; critiquing ideas and practices in respectful and supportive ways);
 - collaborative teamwork skills (e.g., relationship building; negotiation);
 - creative problem solving/solutions-focused approaches;
 - critically reflective practice (including a focus on addressing difficult issues such as unequal power relations);
 - effective documentation (e.g., of principles, structures, processes) for use in the service, and wider dissemination;
 - professional inquiry (e.g., appreciative inquiry) and other means of building a local evidence base about the impact of effective processes;
 - linking theory and practice, and using both to inform the other;
 - incorporating strategies for listening to the voices of children and others who are often marginalised;
 - developing and strengthening collaborative professional and other networks in the local community; and
 - engaging effectively with communities, especially those communities where there is a history of disengagement.

Introduction

This report is the outcome of national research on the provision of Integrated Services in Australia. The research was commissioned by the Professional Support Coordinators Alliance (PSCA) and led by Dr Frances Press, Professor Jennifer Sumsion and Dr Sandie Wong from Charles Sturt University.

The PSCA supports Australian Government funded children's services to engage in professional development and support activities aimed at enhancing service provision and quality outcomes for Australian children. Aware that State, Territory and Australian Government moves towards integrated service provision potentially impact upon existing child care infrastructure, the PSCA commissioned the research in order to contribute to: our understandings of integrated provision and the role of children's services in future integrated service provision; and to identify essential learning for successful integration. From this research, the PSCA aims to develop professional learning resources to support successful integration and to enable child care services to be active participants in integration initiatives.

Project brief

The Project Brief provided by the PSCA proposed a national research project to:

- conduct an analysis of integrated early years provision in Australia and, through adopting a systems approach, identify the key success factors and evidence for essential learning requirements to make integration a reality;
- develop a definition of integration for use within the Australian context and commensurate with Australian Government policy; and
- make recommendations for the professional learning needed to support successful integration.

The specific research objectives of the project were:

1. To further the understanding of integration through examination of best practice examples through international and Australian literature reviews.
2. To identify and study examples of integration occurring within the Australian context—including 'components' of a best practice integration model. This study includes an analysis of Australian State and Federal initiatives.
3. To conduct an analysis of integrated early years provision in Australia and, through adopting a systems approach, identify the key success factors and evidence for essential learning requirements to make integration a reality.
4. To develop a definition of integration for use within the Australian context and commensurate with Australian Government policy.
5. To make recommendations for the professional learning needed to support successful integration.

Structure of the report

The research was informed by a rich literature review, emailed survey, face-to-face case studies, and teleconference focus groups. The data and findings collected from this research and contained within the report provide an in-depth understanding of the factors that enhance integration in the Australian context.

The report is organised into the following sections:

- Literature review
- Methodology
- The research findings
 - Policy
 - Key characteristics of effective integrated services
- Defining integration
- Recommendations
- Conclusion
- Summary reports of case study sites

Literature review

Introduction

The following literature review on integrated early years provision is the first component of the larger research project. This literature review builds on the comprehensive work undertaken by Moore, for the Centre for Community Child Health (CCCH) (2008) in its *Evaluation of Department of Education and Early Childhood Development (Victorian DEECD) Children's Centres*. It does so by focusing on:

- relevant policies of Australian governments;
- literature that has become available since the CCCH review was undertaken;
- relevant literature published prior to, but not included in, the CCCH review; and
- literature with a particular focus on children's services within integrated services referred to in the CCCH review that warrants revisiting.

It provides an in-depth review of issues and challenges identified in the literature as critical to address in the development of integrated services, with particular reference to integrated services with an early childhood education and care (ECEC) component.

The Australian policy context

The documents examined for this section of the review include the Annual Reports (2007/8 and 2008/9) of government departments responsible for the delivery of early childhood education and care, and other relevant documents accessible on government websites.

These documents clearly indicate that integration is an important concept in the Australian policy context. All Australian governments, to a greater or lesser extent, make reference to the importance of 'integration' in relation to the delivery of early childhood education and care services, and a desire to provide 'integrated services'. The Australian Government's Agenda for Early Childhood as described on the Department of Education, Employment and Workplace Relations (Australian Government DEEWR) (2010) website, for instance, is to provide 'integrated early childhood education and care':

The Australian Government's agenda for early childhood education and child care focuses on providing Australian families with high-quality, accessible and affordable integrated early childhood education and child care. The agenda has a strong emphasis on connecting with schools to ensure all Australian children are fully prepared for learning and life. 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.

Similarly, many State/Territory government websites have statements about the importance of integrated early childhood services—such as the one below from the Queensland Department of Education and Training (Qld DET) (2009) web site:

Providing quality, integrated early years services results in better outcomes for families, children and the community.

What is meant by ‘integrated services’, however, remains unclear—primarily because the term is used in several different ways throughout government policy documents—with two types of usage dominant. The first is where care and education are integrated; and the second where a range of child and family programs are made readily accessible and available to families. An important focus of government policy in relation to both these understandings of integration is the inter- and intra-governmental arrangements needed to facilitate new forms of service delivery.

Collaborative arrangements to facilitate Integrated Service delivery

A number of developments are evident in government policies, focused on enhancing the integration of early childhood service delivery. There is, for instance, a movement towards greater collaboration between the Commonwealth and State/Territory governments, aimed at facilitating integration of Commonwealth and State/Territory funded services that support children and families. As an example of this collaboration, the Commonwealth and State/Territory governments, through the Council of Australian Governments (COAG), recently agreed to two National Partnerships to provide ‘integrated’ children and family centres.

In addition, several State governments are moving towards greater coordination and collaboration across and between the government departments responsible for the provision of services for young children and their families; that is, towards a ‘whole of government’ approach to early childhood service delivery. In Tasmania, for instance, the government seems to have been moving towards a ‘whole of government’ approach to ECEC service delivery for some years. Its 2005 publication *Whole of Government Early Years Policy Framework for the Early Years* (Jenkins, 2005, p. 15) identifies some challenges for government in the delivery of services for children:

Despite the many positive initiatives in Tasmania around early child development, up to this point there has been a lack of overall whole-of-government strategic direction articulating overarching policy goals and developing a shared vision and priorities for the early years. Responsibilities for resourcing, coordinating and delivering services for children are spread across agencies, with diffuse leadership and hence no single central point.

One of the six principles of the Tasmanian framework, therefore, is that (p. 17):

Integration of services across agencies and organisations should take place to create holistic environments for young children and their families, with strong local coordination and co-location of services wherever appropriate to meet local need.

Similarly, the New South Wales government, in response to the *Keep Them Safe* report is focusing on an integrated approach to child protection (Department of Community Services [NSW DoCS], 2009). This shift has resulted in government restructuring, and new laws being passed to facilitate the sharing of information across and between agencies.

In Queensland, the Office for Early Childhood Education and Care (Qld DET, 2009), has likewise committed to:

...develop and implement a Queensland early years strategy to provide a comprehensive, whole-of-government approach to enhancing the health, development, learning, safety and wellbeing of young children and their families.

Taking a lifespan approach to service provision, the Victorian government is moving towards “... the Government’s vision of an integrated, 0–18 birth-to-adulthood system...” (Vic DEECD, 2009). As in other States/Territories, Victoria’s new direction has resulted in a government restructure which has “...integrated the administrative management of education and early childhood services in Victoria’s regions” (Vic DEECD, 2009, p. 16). To support this move a Children’s Services Coordination Board was established in 2005 under the *Child Wellbeing and Safety Act 2005* that:

...brings together key decision makers in government departments to ensure the coordination of activities affecting children...The role of the Children’s Services Coordination Board is to coordinate the efforts of different programs and consider how to best deal with cross-portfolio issues. The Board’s work therefore includes identifying strategic opportunities for crossagency collaboration, particularly regarding more integrated service delivery and monitoring activities across government (Vic DEECD, 2009, p.160).

Finally, the Western Australian Government Department for Communities recently released a discussion paper on *‘Integrated Service Development’*. The paper proposes the development of a framework for early childhood service delivery, based on integrated services as a model (Western Australian Department for Communities (WA DfC) (2009).

Integrated ‘care and education’ services

A dominant use of the term ‘integrated children’s service’ evident in government documents is to refer to services simply where ‘care’ and ‘education’ are provided within one setting. Most often this refers to the co-location of long day care services (care) and pre-schools (education), but it is also used to refer to care services staffed by early childhood teachers. For instance, the South Australian government, which claims on its website that it “leads the nation in providing integrated care and education programs for children aged 0-12 years”, defines its integrated centres in the following way (South Australian Department of Education and Children’s Services [SA DECS], p. 17):

Integrated centres offer a DECS funded preschool program together with a licensed child care service from the one location.

Conversely, in New South Wales, with its long history of integration of care and education in childcare (through its licensing requirement for early childhood teachers in long day care settings) there is little mention of this type of integration, as it appears to be a taken-for-granted assumption.

Given its dominance, this rather narrow view of integrated services as ‘care and education’, could be problematic if it overshadows more ambitious and broad ranging moves toward more complex models of integrated children’s services.

Integrated child and family services

The second dominant use of the term ‘integrated children’s service’ evident in the government documents is in reference to services where there are a range of programs available for children and families. This use of the term is more in-keeping with the meanings identified in the literature addressed in the rest of this review, and those used in overseas contexts.

Integrated child and family services may be co-located, as in ‘one-stop-shops’. For example, in reference to its integrated Early Years Centres, the Queensland government (Qld DET, 2009, n.p) states:

These one-stop shops focus on families with children aged birth to eight years, and provide early childhood education and care, family support and health services.

Similarly, the Northern Territory, in its ‘Framework for EC’ *All Children have the Best Possible Start: A framework for Action*, specifically refers to “a ‘one-stop-shop’ approach to developing and locating services” (Education Advisory Council, n.d., p. 29). To facilitate this approach, the document refers to a need for “improved information sharing at all levels” (p. 29). Interestingly, it also speaks of the need to involve “local families and communities” in the “planning and design of services and programs” (Education Advisory Council, n.d., p. 29). It is one of the few government documents reviewed that specifically mentions the involvement of local families and communities.

Integrated child and family services may also be ‘virtually’ integrated as in the case where services are located in different places—but there are strong links between services, and child and family access is actively facilitated. The Commonwealth government funded Child Care Links Projects are examples of virtual hubs. One of the first Commonwealth initiatives to integrate early childhood services, these projects employ community workers operating out of childcare centres, to collaborate with families, local organisations and services, which are usually located elsewhere, to identify and address ‘gaps’ in service delivery¹.

Integrated child and family services can also be a hybrid, having some co-located services and other virtual aspects; as in South Australia’s Children’s Centres which “include care and education from birth through to the early years of school, parent/carer information and education, parenting networks, *and links to* [emphasis ours] health services including immunisation, health checks and advice and therapy services” (SA DECS, 2009, n.p).

Integrated child and family services tend to be provided, or supported, by governments in areas of disadvantage. In particular, the integrated services proposed through the COAG National Partnerships aim to provide services in areas of high disadvantage and specifically target Indigenous populations.

There is some difference evident in the documents, however, about *where* governments believe integrated child and family services should be located. In some states, such as Queensland, Tasmania, Victoria, and the Australian Capital Territory (ACT) there seems to be a preference

¹ Whilst there is great diversity in how CCL is delivered, in response to local conditions, evaluation of the project indicates that the use of child care centres as hubs is an effective way to support children and families (Centre for Community Child Health, *Child Care Links Evaluation: Volume 1 Final Report, December 2005*).

for co-locating integrated services on or near schools. In particular, the ACT Government, in what it refers to as a 'nation-leading approach' (ACT Department of Education and Training [ACT DET], 2009, n.p) has developed integrated early childhood schools with services for children aged birth to eight and their families. The ACT Government's document *Early Childhood Schools: A framework for their development as learning and development centres for children (birth to eight) and their families* (ACT DET, 2008, p.1) states:

It is envisaged that these schools will develop as early learning and development centres. They will become regional hubs, providing integrated services for children (birth to 8 years) and their families. In addition to preschool to year 2 classes, these services could include child care, family support services and other services that support children's learning, health and well-being. It should be noted that although "birth to 8" is an accepted definition for the early childhood years, it does not exclude programs that might be provided to parents before the birth of their children. It is envisaged that each early childhood school will be unique. Each will provide a different mix of services, linked to existing regional services. Each site will develop its services over time, in partnership with its regional community and other agencies.

Whilst not all governments have a requirement that integrated child and family services be located on or near schools, all governments refer to childcare as being an essential component of such services.

This review of the Commonwealth and State/Territory government documents indicates that 'integration', as it relates to children's services, is highly topical and underpins a number of recent changes in government approaches to early childhood service delivery in the Australian context. The diverse ways in which the term 'integrated service' is used, however, has the potential to lead to confusion and misunderstandings across jurisdictions and sectors. To facilitate cross-sectoral discussion, shared understandings, and collaboration, this review has highlighted the strong need for a clear, concise and broadly accepted definition of 'integrated early childhood service' within Australia.

Defining integrated services

Not surprisingly therefore, the research brief requires the development of "a definition of integration for use within the Australian context and commensurate with Australian Government policy". Nevertheless, in order to undertake the literature review (and the other components of the research), it was important to have a working definition of integrated services, albeit one that could be refined based on subsequent research outcomes.

Moore's (2008, p. 6) literature review identifies three forms of 'collaboration / integration'. These operate at the levels of: policy; regional/local planning; and service delivery. The following discussion is concerned with integration at the service delivery level.

As noted in the Australian government policy context, as well as other literature, integrated services (and related terms) are also used to refer to the incorporation of early education with child care services (see for instance, Haddad, 2000); and co-operative work across different professional disciplines—often in areas concerned with child protection (see for instance, Horwath & Morrison, 2007) or children considered otherwise vulnerable (Cottrell & Bollam, 2007). Whilst this literature review will canvass issues relevant to these understandings of integration, our primary focus is on services which are inclusive of early education and care, but

have multiple additional components encompassing a range of other professional supports for children and families.

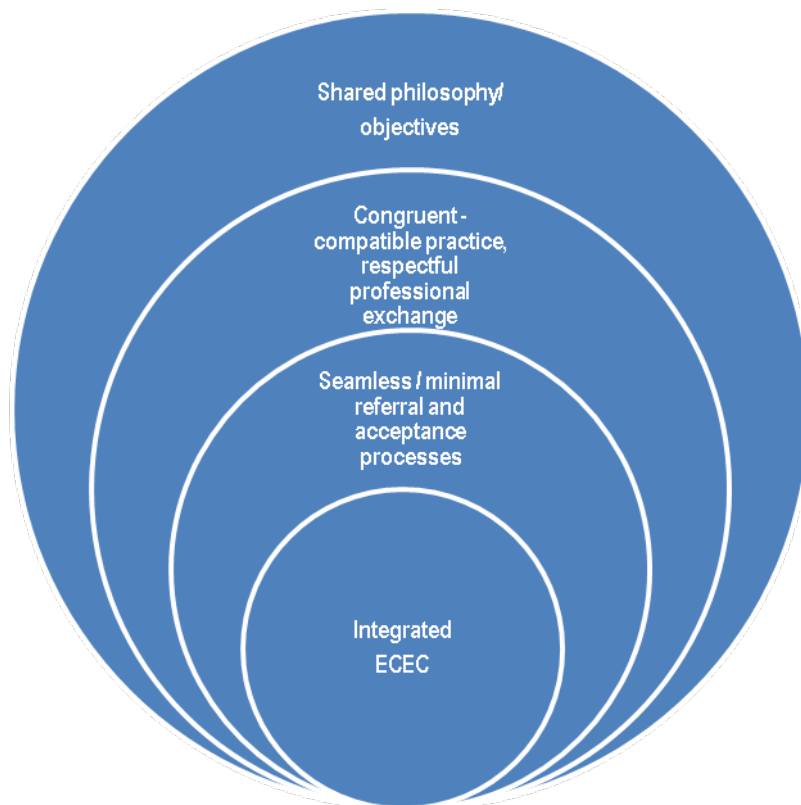
Our working definition of an integrated service is derived from understandings drawn from multiple literature sources and reflects an idealised model. It is in keeping with Siraj-Blatchford and Siraj-Blatchford's (2009, p. 2) description of integration as an ecological system "centred on the child and their family, served through service coordination, and supported through integrated organisations and agencies", and the definition proposed by the South Australian Integrated Services Forum that integration is "a dynamic approach to service delivery that brings together multidisciplinary teams who work in partnership with families through universal early childhood services" (Integrated Services Forum, 2009, n.p).

The diagram on page 9 (Figure 1) is an attempt to capture the key defining elements of our initial conceptualisation of an idealised model of integration. We build on this model to develop our final proposed definition (see p. 53).

The elements evident in Figure 1 emphasise the less tangible, process oriented elements of integrated service delivery. The diagram is descriptive of processes and organisational culture and ethos, rather than form.

In relation to the more tangible aspects of service composition, the literature emphasises that no single model of integrated service delivery will be effective in every community. Indeed, there is a recurring emphasis on service models being developed in consultation with local communities (e.g., Whalley, 2006). In an international review of integrated services Bertram et al. (2003) state that integrated services should aim to support a range of locally identified personal, family and community needs. Thus the following descriptions are put forward to illustrate, but not prescribe, the components of integrated services.

Figure 1: Diagrammatic conceptualisation of fully integrated child and family services.



Brown and Nixon (2006) describe the Burnside model for integrated services as including:

- ECEC;
- sustained professional home visiting;
- access to early childhood health and professional services as required; and
- parenting education and support (e.g., groups, supported playgroups, counselling, community development and advocacy).

Whalley (2006) describes the United Kingdom's Children's Centres' teams as comprising:

- early childhood teachers;
- adult community educators;
- health and family support workers;
- home visitors and researchers; and
- a focus for voluntary work and community regeneration.

The WA Integrated Service Department (2009, p. 10) proposes the following definition of integrated services:

Integrated services provide children and their families with easy access to a range of services focusing on ensuring all children achieve positive outcomes. Integrated service delivery has a universal service or whole of population targeted service as a base, a mix of other targeted services designed to meet local needs and the capacity to refer to specialist services. Integrated services provide early learning and development services for children from birth that are

responsive to the needs of children, with parents and communities participating in governance and management arrangements. Integrated provision includes:

- *High quality learning programs from birth, including child care and preschool/kindergarten programs*
- *Access to health care*
- *Services such as playgroups, toy libraries and crèches*
- *Before and after school and vacation care*
- *Strong connections with schooling including effective transition processes into full-time schooling*
- *Onsite support for children with additional needs and their families, and for the staff who work with them*
- *Parent support programs*
- *Links to other services such as housing and employment.*

Thus existing definitions of integrated services range from descriptions of process components, to the identification of staffing and program profiles.

Why integration?

In order to provide a context for the discussion of key characteristics of successfully integrated services it is useful to understand why the provision of integrated services is considered worthwhile. Moore's literature review (2008, p. 2) points out that the existing service system has difficulty effectively responding to the multiple and complex needs of increasing numbers of families with young children. Hence integrated service delivery is regarded as a potentially efficient and effective way of delivering the diverse services required by families.

Corter et al. (2008) assert that integration facilitates continuity. Citing Saracho and Spodek (2003), they note that continuity has a horizontal and vertical dimension. Horizontal continuity occurs when "the child and parent move across settings at one point in time" while vertical continuity refers to the child's developmental transitions over time. Facilitating greater continuity can mean fewer transitions for the child, more recognition of the child's individual needs, better and more consistent programming, and more consistent expectations and support from adults (Corter et al., 2008, pp. 775-6). The evidence base for the effectiveness of integrated services in terms of outcomes for children, however, is still emerging.

Early childhood education and care

It is clear that successful integrated services (inclusive of ECEC) recognise the inseparability of the education and care of young children. Although this research project is not primarily concerned with the bringing together of child care and preschool, it is evident that in some cases historical divisions between care and education have yet to be overcome (see for instance discussion in the Australian Policy Context section). To this end, it is important that the education and care component of an integrated service works from a sound pedagogical basis in which the divisions between these spheres are broken down. Bertram et al. (2003, p.11), state that an integrated service should:

Provide young children with equal opportunities for learning, with a developmentally appropriate curriculum that adopts integrated and more holistic pedagogic approaches in the field of early years.

Like Bertram et al. (2003), we regard ECEC as an important component of an integrated service. Firstly, an ECEC program provides a direct service to children that is safe and secure and in which children can engage in a variety of projects; further, good quality programs have been shown to enhance children's development and have the capacity to screen and identify impediments to children's development and wellbeing (a fuller review of this literature can be found in Press, 2006). Importantly, ECEC is able to provide a non-stigmatised entry point into other support services and has the capacity to provide support to children's learning and development early in the life course. The Promising Practice Profiles final report describes child care as one of the 'neutral, non-stigmatising venues' that can facilitate parent trust and engagement (Soriano et al., 2008, p. 47). The following key characteristics identified as important in building integration across disciplines are also important considerations for the development of effectively integrated education and care services.

Key characteristics of effective integrated services

We have drawn from the literature a number of key characteristics that contribute to effective and successfully integrated services. It is not our/the purpose here to tease out the different forms of integration (or perhaps more accurately, stages on the road to full integration) as this has been amply covered in Moore's (2008) review.

In the following section we highlight key characteristics at the different tiers of service delivery, as well as discuss key elements that cut across these tiers. This approach is in keeping with the view of Robinson, Atkinson and Downing (2008) that integration is multilayered and multidimensional.

The discussion is structured around four layers:

1. Governance;
2. Leadership;
3. Organisational culture and ethos; and
4. Frontline interdisciplinary professional practice and team building.

For each layer, we provide a brief explanation and overview; identify issues and challenges; and outline strategies that have been effective in some contexts.

1. Governance

The term governance is used in the literature on integrated services to refer to many different types of arrangements including inter-departmental collaborative work at government level (discussed in the Australian Policy Context section). For the purposes of this review, governance focuses on leadership at the Board or Committee level. In some instances, this will mean a single board managing an integrated service (for example, The Infants Home, Ashfield, NSW). In other cases, governance may relate to an interdisciplinary committee focused on fostering collaborative service delivery across independently managed services systems. Moore (2009)

describes informed and inclusive governance and planning as the first guiding principle for the establishment and operation of an integrated service.

Although in these senses governance represents the upper tier of management, it has a profound impact upon the operational dimension of services. Horwath and Morrison's (2007) review of the literature concerning integrated service delivery in relation to child protection, notes that governance provides the 'high-level' collaboration that can blend different organisational cultures (citing Das & Teng, 1998; Loxley, 1997; Sainsbury Centre, 2000) and has an important role to play in strategic planning and evaluation, for instance, by establishing collective performance indicators (citing Huxham & Vaugen, 2000). At its most basic level, the governance structure, through its internal representation, can facilitate the exchange of information between agencies (Hallett & Birchall, 1992; Miller & McNicholl, 2003, cited by Horwath & Morrison, 2007). As Glasby and Peck (2006) indicate, the governance of interagency partnerships affects the depth of relationship between partners. Full integration goes beyond sharing information; it also encompasses consultation, coordination and joint management.

Issues and challenges

Governance of an integrated service involves drawing together different disciplines with varying "cultural norms, value systems, and approaches to practice based on different professional training" (Horwath & Morrison, 2007, p. 64). This is inherently challenging, particularly if service integration is pursued with a view to developing mutually respectful professional partnerships that challenge and extend existing ways of working to more fully meet the needs of children and families. Ideally the governance model would be one that fosters what Glasby and Peck (2006) describe as **active participation**. Active participation occurs when organisations are strongly committed to working in partnership and regard collaboration as a "natural extension of their repertoire for tackling items on their own agenda, as well as those of other partners" (Glasby & Peck, 2006, p. 17).

The concerns of governance encompass systems, structure and funding. However, if these are developed without consideration of working relationships and outcomes, then "partner agencies can become preoccupied by the factors that divide them rather than those that unite them" (Horwath & Morrison, 2007, p. 58).

Strategies

In a review of the governance and management arrangements of children's centres under Sure Start the following features were considered to successfully contribute to successful governance:

- responsiveness to community needs;
- clarity with respect to functions and roles;
- commitment to promoting a common vision and values;
- robustness and sustainability to ensure continuity of quality service provision;
- engagement with parents to the fullest possible extent—ideally through significant parental representation on the Management Board or alternatively through parent forums;
- involvement with the wider community at a high level; and
- structured to promote partnership working and joint delivery (SQW, 2006).

Glasby and Peck (2006) emphasise the need for organisational transparency in governance arrangements to ensure public accountability and that services do indeed work in the public interest.

In her discussion of the leadership of Children's Centres in the UK, Whalley (2006, p. 10) describes the need to have models of governance that "are porous i.e. accessible, personal, engaging, adaptive and enabling."

2. Leadership

A key characteristic related to governance, but also distinct, is leadership. It is identified as a separate characteristic in so far as it describes the level of management (as well as the qualities of management) that rests between teams of staff and the organisation's governing body. To some extent, the characteristics, challenges and strategies relevant to leadership, are transferable both to governance and team work.

Siraj-Blatchford and Manni (2007) argue that strong leadership may be necessary in the initial development of high levels of collaboration and team work. Leadership is critical in engaging staff in improved ways of working together. This might be through providing the 'compelling narrative' that engenders commitment to change (Horwath and Morrison, 2007, p. 62); providing clarity about line management (who is accountable to whom); facilitating communication (Cottrell & Bollam, 2007); and professional development (Colmer, 2008).

In the Toronto First Duty Project, leadership was seen by at least one participating service as "a 'make-or-break' variable" (Toronto First Duty, 2008, p. 5). In this instance, strong leadership signalled the importance of the project. Hence it became possible to secure many essential supports, including an expansion in the number of ECEC places and staff release time. The Sure Start evaluation also cites the need for decisive leadership—at either the level of the organisation (or leadership team) or at the level of governance (SQW, 2006).

Some literature emphasises the leadership qualities of individuals, for instance, the role of the 'collaborative champion' (Hudson et al., 2003; Hallett & Birchall, 1992, cited in Horwath & Morrison, 2007) who has "high levels of credibility, influence, charisma and integrity [and is] acknowledged both internally and externally by other agencies" (Horwath & Morrison 2007, p. 61). However, reliance on the individual 'champion' may adversely impact upon the sustainability of ongoing integration (Boddy et al., 2008 cited in Robinson et al., 2008).

Whalley (2006) discusses the need for shared leadership in integrated services and refers to Children's Centres as likely to have a 'leaderful' team. Her diagrammatic representation of Guardianship domains (see Figure 2) provides a useful reference point for thinking about shared leadership structures.

Issues and challenges

Many of the challenges facing leadership are the same as those facing governance—creating unity and shared understandings across diverse disciplines. Bringing together teams of staff from different disciplines can also blur lines of accountability and management arrangements can be complex (Cottrell & Bollam, 2007).

Strategies

The Sure Start evaluation refers to the need for unified management with a single line management structure (SQW, 2006). Whalley (2005) emphasises that management processes must enable flexibility, responsiveness and innovation. Similarly, the Sure Start evaluation discusses the importance of *participative* approaches to staff management that are *trust-based*, and *accessible* (SQW, 2006). The desirability and effectiveness of leadership styles that provide clarity and guidance but enable staff innovation are emphasised by a number of writers (Cottrell et al., 2007; SQW, 2006; Whalley, 2005).

Siraj-Blatchford and Manni (2007) found that the following leadership qualities were strongly represented in effective settings: *contextual literacy*; a commitment to *collaboration*; and commitment to the *improvement of children's learning outcomes*.

They also identified that effective leaders focus on:

- identifying and articulating a collective vision;
- ensuring shared understandings and building common purposes;
- effective communication;
- encouraging reflection;
- commitment to ongoing, professional development (including critical reflection);
- monitoring and assessing practice through collaborative dialogue and action research;
- building a learning community and team culture; and
- encouraging and facilitating parent and community partnerships (2007).

Similarly, in reflecting on her leadership of an Australian integrated service, Colmer (2008) highlights, amongst other factors, the importance of:

- emotional support for staff and the creation of “an environment of trust” (p. 111) in which exploration and questioning is actively encouraged;
- formal and informal mentoring and peer support systems;
- a participative and distributed approach to leadership that provides practitioners with meaningful opportunities to exercise leadership;
- devolved responsibilities accompanied by considerable freedom in decision-making; and
- professional networks (local, national and international).

Many of the traits identified above are taken up more fully under discussions of organisational ethos, and frontline inter-professional practice and team building in the following sections of this literature review.

Figure 2: Whalley’s guardianship domains.

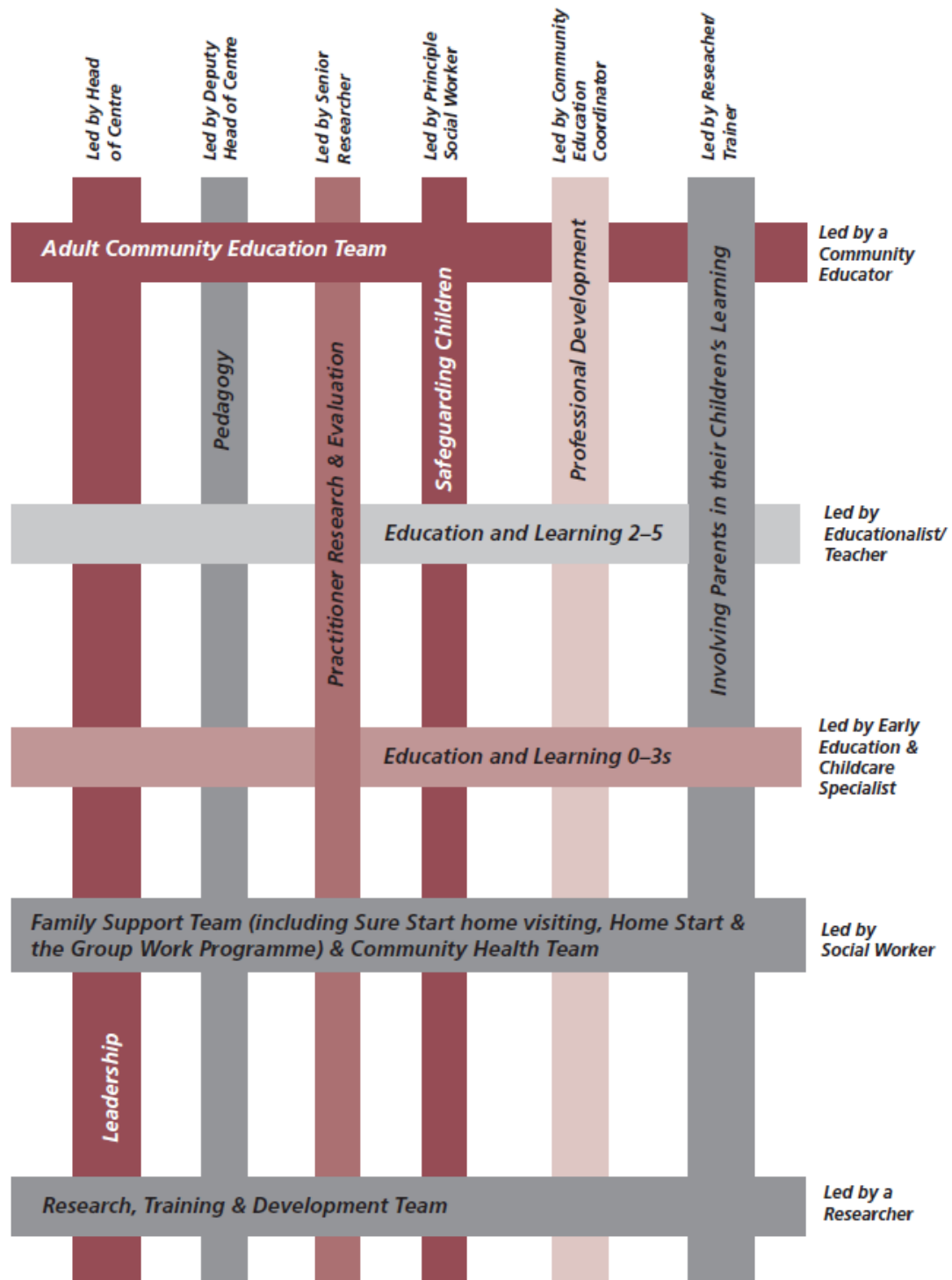


Figure 1: Guardianship domains. ©Whalley 2005.

3. Organisational culture and ethos

In a Norwegian survey of practitioner perceptions of inter-professional collaboration in child mental health care, Ødegard (2006) found that organisational, group and individual aspects or characteristics were all important. Yet in the literature reviewed, the role of organisational culture and ethos in effective integration is often referred to only indirectly. We have highlighted its importance in this review as we believe it warrants explicit attention.

Fostering a positive organisational culture and a particular ethos is an important part of leadership. However, organisational culture, in particular, also develops organically. Hence, the culture may not necessarily be reflective of the aims and intent of the organisation's leaders. For this reason, despite their close connections with leadership, culture and ethos are worthy of discussion in their own right.

Organisational culture refers to climate or 'feel' of the organisation and the shared values, norms and patterns of behaviour of those who work within it (Vecchio, Hearn & Southey, 1994). Taking a more narrow view, Ødegard (2006, p. 4) defines organisational culture as "a pattern of shared basic assumptions that the group has learned while solving its problems of external adaptation and internal integration". She notes that these assumptions "have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems" (p. 4). Amongst many other assumptions, they can include the dominant perceptions within a particular organisation of different professional groups and what they are able to offer; perceptions of other organisations; and views about the most appropriate and effective ways to collaborate. The point that Ødegard (2006, p. 8) is making here is that some organisational cultures "enhance collaboration, whereas others do not".

Colmer (2008) describes an organisational culture at the Gowrie Centre in Adelaide that is clearly conducive to collaboration. In addition to features referred to previously in the section on leadership, Colmer explains that "intellectual dialogue, debate and analysis...at a theoretical and creative level" is encouraged (p. 111). A positive outcome of this focus has been an appreciation of "the value of patience in exploring complex issues" (p. 111), including those associated with fostering integration.

The differences between organisational culture and ethos may seem blurred. We consider ethos to be a particular aspect of organisational culture—one that is grounded in ethical and philosophical beliefs. In essence, ethos can be thought of as a collective embracing of sustained, deeply held, shared view of "the right thing to do" (Moss, 2008, p. x).

Broadhead et al.'s (2008) moving account of the development and operation of the Sheffield Children's Centre in England exemplifies the powerful and inspirational role that ethos can play in the provision of effective integrated services. Broadhead et al. (2008) describe the ethos underpinning the Sheffield Children's Centre as a "cooperative ethos...within a context of social responsibility and caring for others" (p. 48). In his foreword to their account, Moss (2008, p. ix) sums up the ethos of the Children's Centre as:

...a living example of how a service can work with an ethic of care, responding to new needs and cries for help from families living in its hinterland...Faced by these needs and cries for help,

the centre's response has never been to pass by on the other side, to suggest that families try some other service, but to ask "What can we do, how can we provide 'culturally appropriate support'?"

Similarly, in relation to the Children's Centres established under the Sure Start initiative, Whalley (2006, p. 8) notes that:

In Children's Centres staff are working towards equality of opportunity and social justice, they are committed to developing the social capital and cultural capital in areas where families are experiencing poverty, and they are committed to developing Children's Centres as learning communities.

Issues and challenges

Ødegard (2006) alludes to a range of potential difficulties that may be associated with dominant perceptions held within an organisation that, in turn, contribute to its culture. For example, she suggests that if stereotypical perceptions of particular professions are widely held and remain unchallenged within an organisation, some professions will be more powerfully positioned within that organisation than others. The more powerfully positioned professions are more likely to be able to steer that organisation's agendas and directions. Hence, the effect may be to inadvertently "suppress other perspectives that could be of substantial importance" in achieving effective integration (Ødegard, 2006, p. 8).

In documenting the development of the Sheffield Children's Centre, Broadhead et al. (2008) refer to challenges associated with maintaining a deeply held ethos. In particular, they emphasise threats arising from shifts in government policy directions, funding uncertainties and instability in the Centre's relationships with the relevant bureaucracies. Their account highlights the courage needed and the risks associated with holding firm to beliefs, especially when the organisational ethos may not be fully aligned with that of the funding body.

In the South Australian context, Nichols and Jurvansuu (2008) identify a different type of challenge following their analysis of different notions of partnership underpinning the different 'policy framings' of integrated children's centres by the education and health sectors. They found stark differences in very basic understandings of who the partners were and the purposes of the partnership and how they might be achieved. These differences have major implications for how the 'core business' of an integrated service is interpreted within different policy framings and professional cultures (Nichols & Jurvansuu, p. 127). Hence, cultivating and embedding a coherent organisational ethos can be challenging, especially in situations where there remain enduring tensions, for example, between strength-based and deficit-based approaches.

Strategies

In synthesising findings of three UK studies of integrated services, Edwards (2009) identified several changes made by organisations that enabled more effective collaboration and integration. Edwards' findings point to the importance of an organisational culture that supports:

- *Risk taking and rule-bending*

For example, by supporting professionals in taking risks associated with bending rules in the interests of children's well-being. Rule bending may include "working directly with other

agencies, rather than keeping to line-management systems” (Edwards, 2009, p. 36). In a culture that supports judicious risk taking, rule-bending is likely to be seen as a reasonable response to “contradictions between emergent practices and the established systems of rules, protocols and lines of responsibility” (Edwards, 2009, p. 36).

- *Learning from experience*

For example, by being willing to alter line-management and supervision practices and organisational strategies, when these are identified by practitioners as a cause of frustration and an impediment to effective integration. Minimising the time lag between the identification of problems and introduction of measures to address them is also key. On the other hand, providing the time needed to learn from experience, and to develop and implement systemic changes that are sufficiently flexible to remain responsive to on-going learning is equally important.

- *Creating new and more effective tools*

For example, by encouraging practitioners from all services and professions involved in the integration to collaborate in the development of new assessment tools. Their participation is likely to mean that the new tools will be seen as valuable across the different services and professions involved.

- *Cultivating an outward-looking stance*

For example, by encouraging practitioners to: articulate their own expertise; share their knowledge; become aware of locally available expertise; and be responsive to the values, knowledge bases and priorities of other professions and clients.

In developing and sustaining the shared ethos of collective responsibility and reciprocity at the Sheffield Children’s Centre, Broadhead et al. (2008) highlight amongst other aspects, the importance of:

- a flat management structure and adhering to democratic principles and practices consistent with the Centre’s ethos;
- constantly promoting respect for diversity in all aspects of decision-making and practice;
- nurturing feelings of connectedness and partnership (between practitioners and families; amongst practitioners; and amongst families using the Centre);
- cultivating a collective, organisational identity and sense of solidarity;
- maintaining a healthy disregard for traditional boundaries where these are restrictive and a willingness to challenge taken-for granted policies and practices; and
- drawing on and learning from strengths and experiences.

We do not want to imply that all integrated services should have a similar ethos. Rather the intent of this section has been to emphasise the importance of a service’s ethos, along with its organisational culture, in creating the conditions for successful integration.

4. 'Frontline' interdisciplinary professional practice and team building

The focus in this section is on professional practice at the frontline, operational level, rather than at a leadership or organisational level, in contexts in which practitioners work directly with professionals from other disciplines.

In their evaluation of Sure Start, Malin and Morrow (2008) use the term 'inter-professional working' as a generic term to encompass multi-disciplinary activity, inter-disciplinary work, and trans-disciplinary work. These terms map on to the different levels or forms of integration identified by Choi and Pak (2006, 2007) cited by Siraj-Blatchford and Siraj-Blatchford (2009, p. 38), in their interpretative review² of effective practice in integrated early years services in England. For more detail, please see Figure 3.

Figure 3: Level/forms of integration and inter-professional practice

	Level/Form of Integration (adapted from Choi & Pak, 2006, 2007, cited in Siraj-Blatchford & Siraj-Blatchford, 2009)	Inter-professional practice (adapted from Malin & Morrow, 2008)
Multi-disciplinary	Draws on knowledge from different disciplines while remaining within disciplinary boundaries (additive)	Professionals from different disciplines work alongside each other—a kind of professional co-existence—with possibly some joint training
Interdisciplinary	Analyses and synthesises different disciplinary knowledge in working towards a coordinated, coherent whole (interactive)	Professionals from different disciplines: (i) share information and make decisions together; (ii) work within their respective disciplines to implement these decisions; and (iii) are jointly accountable for shared goals
Trans-disciplinary	Integrates different disciplinary knowledges and transcends traditional disciplinary boundaries (holistic)	Professionals from different disciplines: (i) adopt a shared problem-solving approach drawing on evidence gathered by a range of professionals; (ii) work in ways that enable skills and knowledge to be transferred across traditional disciplinary boundaries, and encourage the generation of new trans disciplinary skills and knowledge

² By 'interpretive', Siraj-Blatchford and Siraj-Blatchford (2009) mean the inclusion of small qualitative studies that would not normally meet the criteria for inclusion in 'systematic reviews', which focus primarily on large scale quantitative studies.

Siraj-Blatchford and Siraj-Blatchford (2009) make the important point that the multi-disciplinary nature of integrated services requires new ways of thinking about professional practice. They argue that a necessary first step is to become clearer about the nature and purposes of inter-professional work (professionals from different disciplines working together) and how that varies according to level or form of integration. Like Warmington et al. (2004), they consider it essential to move beyond descriptions of good practice models to develop new conceptual tools.

Conceptual tools enable in-depth analyses of effective professional practice and ways in which it can be fostered. Siraj-Blatchford and Siraj-Blatchford (2009), and Warmington et al. (2004), contend that it is only through analytical work of this kind that we can develop coherent and robust understandings of inter-professional practice. They suggest that theories of work, work practices, activity systems, adult learning and cultural change could provide useful starting points. Siraj-Blatchford and Siraj-Blatchford (2009) call for multidisciplinary research into the potential of these and other promising theories, to shed new light on inter-disciplinary professional work.

Edwards (2009) also argues for the need to develop new conceptual tools for thinking about integration. To this end, she introduces the useful notions of 'relational agency' and 'distributed expertise'. By relational agency, she means "a capacity for working with others to strengthen purposeful responses to complex problems" (p. 39). She argues that relational agency can heighten "practitioners' sense of themselves as professionals" (p. 40). It can also support "potentially vulnerable practitioners who are undertaking risky responsive work" that does not fit readily within 'the safety' of the accepted practices of their profession (p. 40).

By distributed expertise, Edwards (2009) means a network of expertise spread across many knowledge bases and skills of different professions. According to Edwards, when practitioners see themselves as a part of that network, they are more able to "look across the lives of vulnerable children, identify the complex components of risk...and work together to disrupt trajectories of exclusion..." (p. 38). Distributed expertise, she explains, is the opposite of tightening boundaries around a particular service in an effort to preserve established practices.

In summary, distributed expertise assists in enabling practitioners to "look beyond their own professional boundaries to recognise both different expertise and priorities, but also common values" (Edwards, 2009, p. 41). It is not about developing a kind of 'hybrid practice' that involves taking on the work of professionals from other disciplines (Edwards, p. 41); but rather about developing inter-professional 'literacy' as a basis for working collaboratively with other professionals.

In addition to the emerging conceptual work outlined above, empirical studies (i.e., involving data) have specifically investigated professional practices conducive to effective integration. For example, following a cross-national study involving integrated services in five countries Bertram et al. (2003) concluded that the quality of integrated services ultimately depends on "the quality of the professional staff who work in them and the adequacy of the infrastructure to nurture their professional commitment and ability to innovate" (p. 33). In a small qualitative study, Brock (2009) investigated the professionalism of twelve early years' practitioners working in integrated services in England. She identified seven dimensions of professionalism:

knowledge, education, skills, autonomy, values, ethics and rewards. Our focus, however, is on professional practice, rather than professionalism.

Extensive lists of desirable features, qualities and principles associated with effective integrated services have been generated from descriptions of good practice models (see, for example, Moore, 2008). Indeed, Warmington et al. (2004) contend that there has been an over-reliance on descriptions of practice. Heeding these criticisms, Robinson et al. (2008) undertook a systematic review of 35 studies of 'integrated working', mostly from the UK and mostly concerned with children's services.

Robinson et al.'s review highlighted that the shift from working within a 'single' professional context, to working with professionals from other disciplines (whether in multi-disciplinary/inter-disciplinary/trans-disciplinary ways) requires practitioners to take on new roles, responsibilities, and practices. These new ways of working can involve: broadening and diversifying professional roles and responsibilities; changing traditional, well-sedimented practices; and developing new knowledge and skills. Willingness and capacity to embrace new roles and responsibilities, change existing practices and engage in professional learning, contribute to a culture conducive to successful integration. Similar conclusions have been reached in many other studies (e.g., Malin & Morrow, 2008; Stanley, 2007).

Other enabling cultural characteristics conducive to successful integration referred to time and again in the literature (e.g., Anning et al., 2006; Broadhead et al., 2008; Edwards, 2009; Malin & Morrow, 2008; Robinson et al., 2008; Stanley, 2007) include:

- mutual respect for different professional knowledge bases and for the professional judgement of colleagues from different disciplines;
- commitment to developing effective ways of working across disciplines;
- commitment to recognising and working respectfully with families, children and communities in ways that focus on their strengths; and
- preparedness to engage in ongoing enquiry and reflection as a basis for decision making.

From the literature reviewed above, we have identified key issues, challenges and strategies. We discuss these in some detail below, in ways that will hopefully contribute to the development of the kinds of conceptual tools called for by Siraj-Blatchford and Siraj-Blatchford (2009), Warmington et al. (2004) and Edwards (2009).

Issues and challenges

This section focuses on issues and challenges associated with:

- i. Retaining specialist expertise while crossing disciplinary borders;
- ii. Reconciling tensions arising from different professional beliefs, knowledge bases and practices associated with different disciplines;
- iii. Securing support for different models of intervention; and
- iv. Developing and sustaining community participation and partnerships.

These challenges are discussed separately in this section but, in reality, they are interconnected. The nature of the challenges can vary with the different levels or forms of integration and inter-professional working outlined in Figure 3 (Stanley, 2007).

i. Retaining specialist expertise while crossing disciplinary borders

Definitions of professionalism invariably include, as a key criterion, a core of specialist knowledge—generally acquired through theoretical study, contextual knowledge and practical experience (Brock, 2009). Recognition for early childhood education and care (ECEC) as a specialist professional field required a long struggle. Hence, endeavours to safeguard its professional status, and that of early childhood practitioners, are entirely understandable³. Practitioners' concerns that their specialist professional knowledge and expertise may not be given due recognition or valued appropriately in integrated services, therefore, are not surprising. On the other hand, the maintenance of professional silos of specialist expertise, especially when reinforced through differences in the status, power and ideologies of the respective silos, severely inhibit endeavours to move beyond the most rudimentary forms of integration.

Robinson et al. (2008) offer useful ways of thinking through such tensions. They point out that the new roles needed in integrated services “demand a novel balance between profession-specific and generic skills” (p. xiv). An emphasis on balance has the potential to defuse anxieties about the devaluing and erosion of specialist expertise. Finding an appropriate balance must involve respect for different professional knowledge bases. Similarly, the emphasis on generic professional skills (e.g., communication, securing trust, cross cultural competence, problem solving) highlights a shared professionalism that transcends disciplinary boundaries and provides scope for joint professional learning.

A sense of shared professionalism implies mutual recognition. This provides a basis for working towards professional interdependence (Robinson et al., 2008). Professional interdependence requires an appreciation of the complementary strengths of different bodies of specialist knowledge and expertise. It also involves a commitment to maximising synergies to enable professionals working collaboratively to achieve more collectively than would be possible individually.

ii. Reconciling tensions arising from different professional beliefs, knowledge bases and practices associated with different disciplines

Professional interdependence requires mutual respect for difference, including respect for the professional judgements of colleagues informed by their diverse knowledge bases. Mutual respect provides a starting point for addressing the tensions that can arise from the differences in professional beliefs and practices arising from different disciplinary backgrounds.

Differences in professional knowledge bases, traditions and beliefs are reflected in different social constructions (socially mediated ways of thinking) of children, families, communities and their relationships with institutions (Moss, 2003; Nichols & Jurvansuu, 2008). These constructions have direct consequences for views about what constitutes appropriate priorities

³ The same could be said for many of the professions (e.g., nursing, social work) involved in the provision of integrated services.

and practices. For this reason, they can be a source of considerable tension, especially when it comes to team work.

Addressing these tensions successfully requires a commitment to interdisciplinary professional practice. Reporting on a study involving social workers in Northern Ireland, Kelly (2003) notes that ambivalence can readily translate into minimal efforts by staff to maintain contact and effective communication with colleagues, participate fully in team meetings, or work at addressing the endemic structural and organisational barriers to integration. Similarly, Robinson et al. (2008, p. viii) conclude that unless professionals feel a sense of 'real ownership' and unless that ownership is 'embedded' in the way the service operates, full integration characterised by professional interdependence is unlikely.

Moss (2003) maintains that an understanding of different professional cultures and traditions is crucial for professional interdependence. He emphasises the importance of professionals critically reflecting on "what may seem abstract areas such as culture, tradition and social construction because they can help us understand potential obstacles [in relation to moving towards full integration] as well as how these might be overcome" (p. 29). He contends that through collective critical reflection, it is possible to address fundamental issues. These include perceived differentials in status and power amongst professionals in integrated services and different social constructions; priorities and views about appropriate practices; and their flow on effects. In Moss' words, "rather than one culture colonising the other, the search must be on for a new shared culture and understanding" (p. 29).

The challenges involved in developing professional interdependence should not be underestimated. Indeed, the broader dominant culture values individualism, competition and compartmentalisation. It encourages the development of professional silos and actively "works against integrated service delivery" (Atwool, 2003, p. 34). To make fully integrated services "a reality", Atwool argues, "we have to be committed to working to change prevailing attitudes" (p. 34). Resisting professional stereotyping is one way of doing so.

iii. Securing team support for different models of intervention

Solid professional identities and mutual respect provide a base for the development of a distinctive group identity. Several studies emphasise the importance of integrated services developing their own distinctive 'identities'. In their account of the evolution of the Sheffield Children's Centre in England, Broadhead et al. (2008) describe the Centre's identity as a 'heartland' for its community and a catalyst for social change. This identity is strongly grounded in a shared commitment to valuing and promoting diversity. According to Broadhead et al. (2008), the sense of solidarity and strength that arises from a sense of unity, connectedness and self belief has been crucial to the Centre's success.

Similarly, in an evaluation of an intervention project funded by the Australian Government's Stronger Families and Communities *Invest to Grow* strategy, Aylward and O'Neil (2009) describe a sense of group identity (although they don't use that term) based around a joint commitment to adopt a model of professional practice based on attachment theory and Marvin et al.'s (2002) Circle of Security. An acceptance that "this is how we do things here" was central to the emergence of a team culture (Aylward & O'Neil, 2009, p. 25) and to improved professional practices.

It would be difficult to overemphasise the importance of a sense of solidarity, a shared ethos, common commitments and a “collective ownership of goals” (Robinson et al., 2008, p. 19). Yet “constructive disagreement and deliberation” (Bronstein, 2003, cited by Robinson et al., 2008, p. 19) are also key for successful integration. Talking through differences can disrupt taken-for-granted ways of thinking and provide practitioners with opportunities to reconsider the various explanatory theories and frameworks that underpin their professional practice. Anning et al. (2006, p. 10) investigated the “daily realities” of inter-professional teamwork in five well established teams in the UK. They found that the different theories and frameworks used by different professional groups constitute a distributed network of knowledges.

When knowledge of different kinds is distributed across the team, the knowledge base of the team can be thought of as fluid and responsive to changing circumstances (Anning et al., 2006). This way of thinking about ‘knowledge flows’ can accommodate the co-existence of different models of intervention within an integrated service. It means, for example, that medical models of intervention, based on addressing individual impairments, and social models, based on addressing the effects of discrimination that may be encountered by people with disabilities (Kelly, 2003), can co-exist relatively harmoniously. However, there must be mechanisms and processes in place to assist the team to tease out and critically reflect on the inevitable tensions and contradictions and to use these as tools for new learning (Robinson et al., 2008).

iv. Developing and sustaining community participation and partnerships

Effective integrated services require professionals to work together. They also require professionals to work together effectively with children and their families (Kelly, 2003). Robinson et al. (2008, p. 23) maintain that “strong involvement” of children, families and communities in the service design is central to the success of integrated services. They note, however, that this is not yet common practice. Relationship building and engendering trust are key to fostering participation by service users—including participation in decision-making (Broadhead et al., 2008). Nurturing and sustaining close relationships is vitally important, but intensifies the work demands on professionals in integrated services (Aylward & O’Neill, 2009).

Participation grounded in trusting relationships provides a potential basis for the development of partnerships between service users and service providers. Yet, for these partnerships to be sustainable, they must be based on more than relationships established between individuals—no matter how beneficial those individual relationships may be (Robinson et al., 2008; Siraj-Blatchford & Siraj-Blatchford, 2009). As Robinson et al. (2008) caution, it is essential that the terms participation and partnership are not conflated.

True partnerships require challenging issues to be addressed. These include power imbalances; differing views about what constitutes appropriate investment in the partnership; and tensions around inclusion and manageability, for example, in relation to accountability and governance. For this reason, Robinson et al. (2008, p. 71) advocate “careful consideration” of distinctions between participation and partnership, and what they might mean in specific contexts and circumstances.

Broadhead et al. (2008) provide rich accounts of the development of partnerships of various kinds at the Sheffield Children’s Centre, including partnerships between the families using the Centre and Centre staff. They describe examples of former service users who are now workers

at the Centre. These workers “understand the nature of the journey and the support needed” (p. 48) and are able to draw on “their own strengths and experiences” (p. 49). This shift from service user to service provider far exceeded government expectations of people who had been labelled “hard to reach” (Broadhead et al., p. 49).

Strategies

Ultimately, what constitutes an appropriate mix of strategies to develop and sustain effective inter-professional practice and team building in integrated services will depend on the context, including the culture within specific services and extent of integration already achieved. Despite the diversity of services and contexts, Robinson et al. (2008, p. viii) were able to synthesise from the literature several key enablers that contribute to service effectiveness overall. These are:

- clarity of purpose/recognised need;
- commitment at all levels;
- strong leadership and management;
- relationships/trust between partners; and
- understanding and clarity of roles and responsibilities.

We believe that these enablers are also crucially important in building inter-professional capacity amongst front line professionals working in integrated services. Here, we focus on three broad strategies that we see as especially important in contributing to the enablers listed above:

- i. Ongoing attention to team communication;
- ii. Professional development and staff recruitment; and
- iii. Induction and retention.

Although discussed separately below, they are closely interconnected. Similarly, although we discuss them specifically in relation to front line professionals, they are equally pertinent to organisational governance and leadership.

i. Team communication

Regular scheduled meetings, including those held via teleconference and email, and hard copy communication folders have all been used successfully to facilitate ongoing communication and information exchange amongst front line professionals (Aylward & O’Neil, 2009). Based on their fieldwork in integrated services, Anning et al. (2006) provide useful advice about team communication. Amongst their key points is the need to:

- include team members who may otherwise be at risk of seeing themselves as ‘peripheral’ (e.g., because they work part time, are seconded, or not physically located with a critical mass of core workers) are included in team communication and information exchange;
- hold at least some face to face team meetings wherever possible, because of their potential to break down professional stereotyping and prejudice arising from differences in disciplinary backgrounds and status;
- recognise and, if necessary, take steps to address the risk that meeting face to face may actually further entrench or exacerbate professional stereotyping, prejudice and hierarchies; and
- pay careful attention to the clarity and inclusiveness of language, for example by ensuring that specialist terms or acronyms are explained to all team members.

Following their evaluation of an Australian integrated service, Aylward and O'Neil, (2009) identified the need for an ongoing focus in team communication on:

- clarification of roles and responsibilities and service objectives and priorities;
- issues associated with the complexities of accountability and reporting on going;
- building a team culture and a sense of a shared enterprise; and
- procedures for managing disagreement and conflicts.

Similarly, in Canada, the Bruce/WoodGreen Early Learning Centre, a Toronto First Duty site (with a school and an early childhood service as lead partners) emphasised the importance of opportunities for team communication (Toronto First Duty, 2008). Making time to work together (e.g., to develop a common approach to behaviour management and for joint programming and collective problem solving) assisted in breaking down unhelpful internal hierarchies based on differences in pay and status and in team building.

ii. Professional development

Aylward and O'Neil (2009) advocate careful analysis of existing strengths and professional learning needs in order to provide appropriate professional development support. They suggest that such an analysis could be undertaken, in part, through staff appraisal processes. They also favour a mix of internally and externally provided staff development and emphasise the need for staff development to be inclusive, as far as possible. While in general agreement, Anning et al. (2006) point out the importance of also ensuring that professionals have opportunities to further develop their specialist knowledge.

Incorporating opportunities for networking and for learning about the roles and experiences of team members from other professional backgrounds into professional development sessions can assist in promoting awareness and appreciation of the insights and skills of practitioners from different disciplinary backgrounds (Aylward & O'Neill, 2009). Indeed, Aylward and O'Neill (2009 p. 26) found that such activities "helped to raise the profile of childcare expertise and the professional recognition of childcare staff".

In addition, Aylward and O'Neill (2009) suggest that staff who have particular skills and expertise might be able to take on training and mentoring roles, as long as they themselves receive appropriate professional development support, allocated time to take on additional responsibilities and recognition for doing so. Aylward and O'Neill also consider team building exercises, staff exchanges and staff 'shadowing' team members from other disciplines to be potentially valuable learning opportunities.

Participatory learning through reflective processes and action research is advocated widely (see, for example, Anning et al., 2006; Campbell, 2009; Broadhead et al., 2009; Robinson et al., 2008). These approaches to professional learning and development can be useful in exploring differences (e.g., in relation to expectations concerning confidentiality, assessment and evaluation); identifying risks, opportunities, and ways of managing pressures; and building in flexibility (Anning et al., 2006; Robinson et al., 2008).

Participatory learning and action research can also be useful in working through dilemmas. Anning et al. (2006) identify different types of dilemmas (structural, ideological, procedural) in considerable detail and outline possible ways of responding to them. They also provide a range

of professional practice scenarios developed from their research data, as well as useful suggestions for how these scenarios can be used to facilitate professional learning.

All the approaches referred to in this section aim to develop strong learning communities, characterised by supportive collegial relationships, a sense of ownership, innovation, and a commitment to ongoing learning, and an emphasis on jointly sharing risks and rewards (Campbell, 2003; Robinson et al., 2008).

iii. Recruitment, induction and retention

Changing work practices takes time as well as motivation (Aylward & O'Neill, 2009). Because of the substantial investment of time and resources required to change practice, Aylward and O'Neill argue that careful attention needs to be given to staff recruitment, induction and retention. Priority needs to be given to recruiting staff who are committed to working in ways consistent with the ethos of the service (Aylward & O'Neill, 2009); who can demonstrate key qualities such as enthusiasm, reflexiveness and flexibility (Robinson et al., 2008); and who have a professional identity that is sufficiently secure "to feel safe about transforming it" (Anning et al., 2006, p. 76).

Substantial induction programs are also needed. They should incorporate processes that acknowledge feelings of anxiety, destabilisation and vulnerability. These feelings are common amongst professionals unused to working in integrated services as they adjust to inter-professional team work and begin to construct new professional identities (Anning et al., 2006).

Aylward and O'Neill (2009) advocate paying particular attention to retaining staff who have demonstrated an ability to work effectively in integrated services. They refer to the possibility of staff gaining accreditation for their inter-professional expertise. They also suggest that retention packages be considered.

Conclusion

In summary, we began this review by outlining the Australian Policy Context, identifying a recent shift towards greater integration in early childhood service delivery across all Australian governments, but also that 'integrated services' is a term with diverse meanings. We provided several definitions of integrated services that might offer a useful starting point for developing a nationally consistent definition. Arguing for the inseparability of education and care, we then identified key characteristics that contribute to effective and successful integration, highlighting some of the issues and challenges, and strategies that have been found to be useful.

The considerable literature emerging about integrated services highlights that it is an important concept, with potential benefits for children and families. As yet, however, very little of that literature is Australian. While it is possible to learn a great deal from accounts and analyses of effective integration in other contexts, caution is needed when making judgements about relevance to the Australian context. In our view, there is a clear need for rich Australian data that can provide insights into factors that contribute to effective integration in our policy environment, with its particular set of opportunities and challenges. Such data will help to illuminate the issues identified in Moore's (2008) review and explored in more depth here.

As this review has highlighted, these are complex, multi-layered issues. These issues play out at all tiers of an organisation, and thus require an integrated, 'whole of organisation' response. In our view, this should not be an imposed response, but rather one that is arrived at through inclusive, participatory discussion, particularly with communities, and careful consideration. Responses need to have a strong theoretical base. They need to be grounded in an in-depth knowledge of the organisation and its aspirations, strengths and limitations. And they need to take into account the broader policy environment, while looking for opportunities to proactively shape that environment. Reflexive approaches to organisational and professional development will be key. They will require new, research-informed tools crafted from conceptually rich understandings of integration.

Methodology

Introduction

In order to achieve the objectives of the research brief (see p. 1), the methodology was designed to enable the identification of *elements and processes* that lead to successful and sustainable models of integrated delivery and to uncover the professional learning requirements that support high quality, high equity outcomes in integrated services. Further, the development of the methodology was guided by the following understanding of high quality, effective integrated services. That is, integrated service models must be based on:

- the best interests of children;
- respectful, collaborative partnerships with families;
- sound principles (i.e., ethical, pedagogical, research-informed);
- strengths-based rather than 'deficit' approaches; and
- an acknowledgement of the child within the context of their family/kinship relationships and wider community; and
- an understanding of the importance of diversity in types of service provision to suit varying local contexts.

In addition, we believe in the potential for high quality, well resourced early childhood education and care programs to be at the centre of integrated service provision. Further, regardless of the model or location of services, we believe that early childhood pedagogical leadership is essential to support positive outcomes for children.

Method

In this section we outline the proposed methodology for the research, and describe subsequent variations in approach and the rationale for these. The project was divided into five components, each linked to a specific research objective.

Component 1: A literature review building on the work undertaken by the Centre for Community Child Health (2008) and international and Australian research. (Relates to Research Objective 1)

Component 2: The identification of best practice models through an analysis of international and Australian best practice models (and approaches) to ascertain suitability (and relevance) for the Australian context. This analysis included a scoping exercise to map current models of integration in Australia and to determine successful models of integrated service provision. (Relates to Research Objective 2)

Component 3: The development of a definition of integration for the Australian context commensurate with Australian Government policy. (Relates to Research Objective 3)

Component 4: The identification of key performance enablers (i.e., the factors that contribute to successful integrated provision). (Relates to Research Objective 4)

Component 5: Recommendations for essential learning for participation in integrated provision based on evidence. (Relates to Research Objective 5)

Component 1: Literature review

In the knowledge that a comprehensive literature review on Integrated Service provision had been conducted by the Centre for Community Child Health (CCCH) in 2008, the literature review for this research project was designed to consider and build on the latter. It focused on relevant government policy at the national and state/territory level; literature available since 2008; literature published prior to, but not included in, the CCCH review; and literature concerned with the role of early childhood education and care services within integrated services.

Component 2: Identification of best practice models

As the aim of the research was to identify the processes and elements that contribute to effective integration, the research team was mindful of the need to recognise the diversity of effective service models. Thus three approaches were proposed to obtain information on diverse models of best practice:

- The development of a mapping tool;
- The distribution of a survey; and
- Case studies (refer to Component 4).

The mapping tool: In order to guide the selection of case study sites that reflected diverse models of best practice in integrated services, the research team developed a mapping tool. The mapping tool was designed to identify variations in service provision along criteria such as length of operation; auspice; service mix; location; and physical design).

Survey distribution: The original proposal was that a sample of approximately 50 integrated services would be invited to participate in a survey and that the survey responses would help inform decisions about which services to invite to participate in subsequent case studies. The research team originally envisaged that they would readily obtain a centralised database of integrated services (centralised at either the national, or state/territory government level). This proved not to be the case, and so a research assistant (Jan Duffie) was employed to search government and other relevant websites to develop a national data base of integrated services (see Appendix 2 for final version).

This database, which originally included 116 services, was used as a basis for distributing an electronic email survey. Because of the delay caused by the need to develop a database, survey distribution occurred just before the end of the 2009 year. Because many services close at this time, it is likely that this timing resulted in a relatively poor response rate (approximately 5%). Hence the survey was recirculated in January 2010. The second round distribution resulted in obtaining approximately 10 more responses.

The relatively poor response rate prompted the research team to employ a research assistant (Tamara Cumming) to phone services that had not responded to the survey, to verify whether or not they were integrated services and to invite them to respond to the survey. This resulted in six additional responses (25 responses in total). It also resulted in the removal of a number of incorrectly identified services from the database. In total, staff from 49 (of the original 116) services confirmed that they considered their service was an integrated service.

Component 3: The development of a definition of integration

Component 3 was to develop a definition of integration for the Australian context commensurate with Australian government policy. It was our original intention to hold targeted teleconferences with a number of stakeholders to develop the definition and then to conduct face-to-face focus groups during our visits to each of the ten case study sites, to 'road test' the preferred definition. However, given the delay in identifying integrated services this plan was slightly modified.

Instead, a draft definition, broad enough to reflect the diversity of integrated services that responded to the survey and/or were visited during the project, commensurate with Australian government policy, and informed by the literature, was developed by key researchers during a two day face-to-face meeting (see Component 5 below). This draft definition was then 'road tested' with a range of key stakeholders, through five targeted teleconferences.

Participants for each teleconference focus group were identified by the research team (during our two day data analysis meeting). Further nominations were made by the PSCA. The aim was to include a diverse range of people with expertise in integrated service delivery from across Australia. Nominees were contacted by a member of the research team via email and invited to participate on a date that was mutually convenient. The five groups totalling 14 participants included:

- Directors /managers of integrated services;
- Representatives of management and sponsoring bodies;
- Representatives of Federal and State government; and
- Researchers.

An Indigenous professional working in Human Services was also invited to participate but was unavailable on the nominated dates.

A copy of the draft definition and model, and a list of key characteristics identified during the case studies, was emailed to the participants prior to the teleconferences. The teleconferences, which lasted up to one hour, were chaired by one member of the research team and were either scribed by a second research team member or recorded and later transcribed. Participants were invited to respond to the following provocations:

- what do and don't you like about the definition;
- what is missing;
- what aspects are overemphasised; and
- any other comments .

Key points arising from the teleconferences were synthesised and incorporated into the definition and diagram presented on page 53.

Component 4: Identification of key performance enablers

The original research proposal sought to gather data to inform the identification of key performance enablers through three approaches:

- A survey (see Component 2);

- Face-to-face case studies (Category 1 case studies); and
- Case studies developed from secondary sources (Category 2 case studies).

The survey included descriptive questions about the service and open ended questions concerning factors considered to inhibit and enhance successful integrated provision.

Face-to-face case studies. Potential sites for case studies were identified by drawing on the local knowledge of PSCA representatives, research team members, and survey responses. The proposed sites were entered into the mapping tool to ensure that a sufficiently diverse range of models were selected for in-depth case studies. On this basis ten sites were selected. Case studies were conducted in Western Australia, South Australia, Victoria, the Australian Capital Territory, New South Wales and Queensland. Six were metropolitan, three regional and one rural. Five were less than five years old, with the longest established service being 96 years old. Five services were located in a purpose built building; whilst others operated along the lines of a precinct model or virtual hub. A number of case study sites had a single governance body; others operated using inter-service agreements (implied or explicit). Each was unique on its mix of services.

Consent to participate in the research was sought from each site, before site visits were conducted. Prior to the visit, the research team member sought background reading about the service. A 'pre-visit' phone call was held with director of each service (or other nominated person) to jointly identify the main areas of focus for the visit. Services were visited by a member of the research team, for approximately 1 to 1.5 days. In general, visits involved a guided tour, discussions with key personnel, unobtrusive observations, and (where appropriate) sitting in on relevant activities (e.g., meetings). Some visits involved focus groups with staff and/or families. The primary focus of the visit was to identify and probe in some depth the more complex issues associated with successful integration. The focus was on "How and why has this service been able to be successful?"

Case studies developed from secondary sources (Category 2 case studies). The original research proposal envisaged that 3 to 5 case studies could be developed from evaluations and comprehensive reports from long standing integrated services. However, once located, the information on these services was not in sufficient depth to enable the development of such case studies, often being in the form of PowerPoint presentations or short information papers. Where appropriate, information that was thus sourced was incorporated into the literature review. As the survey data and the site visits both generated rich sources of data it was decided to redirect effort into refining the data base of integrated services (see Component 2).

Once the data was gathered, an intensive face-to-face meeting was held with the key researchers to analyse the data and consider implications for advocacy, leadership and professional development (see Component 5).

Component 5: Recommendations for essential learning

In order to determine the recommendations for essential learning to inform the professional development focus of the PSCA, the researchers held an intensive, face-to-face, two-day meeting. At this meeting the research team:

- refined the synthesised findings from the literature review, survey and case studies;

- examined the case study and survey findings against the findings of studies reported in the literature;
- identified the implications of the findings for the further development of successful integrated service provision; and
- suggested foci for professional development.

The research findings

A key component of the research was *to identify and study examples of integration occurring within the Australian context*. As part of fulfilling this objective and *identifying key components of successful child and family service integration*, the research team developed a comprehensive database of integrated services, distributed an email survey to all services identified on the data base and conducted ten face-to-face case studies. The summaries of these case study sites can be found in Appendix 1.

For thematic integrity and ease of cross referencing, the discussion of the research findings has been organised to correspond with the structure of the literature review.

It commences with a review of the Australian Policy Context. It then examines findings related to Governance, Leadership, Organisational Culture and Ethos and concludes with a discussion of and Frontline Professional Practice and Teamwork.

Policy

Findings relating to the policy context coalesce around four key themes:

- Vision and purpose;
- Accountability and research;
- Workforce issues and professional development; and
- Funding.

Many of these findings are similar to those identified in the New Zealand context by Atwool (2003) and in Britain by Siraj-Blatchford and Siraj-Blatchford (2009).

Vision and purpose

The first theme identified in data related to the policy context was that of the ‘vision’ or meaning of integrated services. There was a degree of confusion amongst participants about what the term ‘integrated service’ actually means. It was clear that in many circumstances the term ‘integration’ continued to be used in relation to the integration of ‘care and education’. For example, a number of services that self-identified as ‘integrated’ (for example on their web site descriptions) were found only to provide early education and care, and no other child and/or family service. This finding suggests that the care/education dichotomy is a long way from being resolved in Australia. Strong leadership is required, both in the ECEC field and those responsible for ECEC policy development, to consistently advocate for the amalgamation of care and education. In this regard it is imperative that our professional and political leaders’ use language that clearly describes ECEC settings as places of care *and* learning.

There also seemed to be some uncertainty about what constitutes an integrated service. For instance, participants were often unclear if what they were doing could be judged integrated. They questioned, if a service provides a location for ‘other’ projects to operate is it integrated, or does it require more than this? And: What are the defining features of an integrated service? It

was also apparent that whilst most services had a child and family focus, some targeted their services more specifically on the child, others on the family, still others on the community. This raises a question of “Who should be at the centre of integrated services—the child, the family, or the community?” Whilst no one model is better than another—it is important to recognise that the different foci have implications for the types of services provided. One particular phrase that resonated strongly with the research team was a focus on “the child within the context of their family”. The apparent confusion around what constitutes an integrated service reaffirms the need for an unambiguous, broadly acceptable definition. It also suggests that service staff need support to clearly articulate their services’ vision, their purpose in providing an integrated service, and the ways they work to achieve their goals.

In addition, few participants displayed a rich understanding of government policy around integrated service delivery. This is possibly because of the lack of consistency in the use of the term ‘integrated service’ at different levels of government and/or the lack of readily available information about integrated service delivery (see previous discussion of the Australian policy context). Indeed several respondents commented that government practices actively operated against integration. For example, one respondent commented:

While government departments are happy to support the theory of integrated services, the bureaucratic structures are unable to allow the services to function as they should. More change or flexibility needs to be allowed.

Similarly, in response to a question about factors external to the service that effect service delivery, a respondent noted:

Empiring rather than empowering. Some government departments are so tied up in red tape that they are unable to provide relevant services which are accessible and attractive to the community. This creates huge barriers, as the community agencies are expected to fill the gaps with few resources and high demands.

This finding suggests that those working in governments not only need to be clear about their vision and purpose for supporting integrated service delivery, but also to work in more integrated ways themselves, and better communicate their ideas on integration to the broader professional community. Indeed, one respondent stated there was a need for:

Strong leadership by Government agencies about cross-agency partnerships and responsibilities.

Despite the lack of clear understanding about the meaning of integrated services it was evident that many of the services visited as part of this project or responding to the survey were working in integrated ways. There was, nevertheless, great diversity amongst participant services. For example, they differed in terms of whether they were co-located or operated as virtual hubs; the types of services they provided; the type of program at their core—if indeed they had a core service; the professional backgrounds of the staff; the level of community involvement; and who were their main clients—children, families and/or community, and so on.

The diversity amongst the integrated services was largely due to their different histories, in particular, whether they were purpose built or had grown over time in response to local community needs. For many services the shift to integration was intentional, in response to

locally identified concerns with service delivery. One respondent to the survey noted for instance:

Services, whilst part of the same group, operated more as “silos”, despite their being one combined management board... There has been a deliberated[sic] move to action service integration as a powerful tool to utilise our physical and financial resources more effectively, and provide families with a more comprehensive service and support options.

Similarly, another respondent noted:

Examination of service delivery from the child and family point of view highlighted internal, systems barriers to access for families, particularly those who are least confident, least proficient in verbal and written English or those least likely to persist.

Interestingly, a number of respondents from services that had ‘grown over time’ reported the challenge of operating within their existing physical infrastructure. For example, one respondent reported:

We need more physical space for community development. Our service grew very quickly since integration and reduced the accessible space for ‘other’ services such as cooking groups, budgeting groups, young mothers groups etc.

Similarly, a second respondent said:

The building/facilities limit quality, integration and flexibility. Not enough forward planning or resources were spent to set up a service that has expanded and grown since it first opened.

These findings illustrate the somewhat organic nature of the development of integrated services, as they tend to grow to accommodate to changing local conditions. It follows that any policy decisions relating to integrated service provision must: i) recognise and build on the strengths of existing good practice models; ii) recognise the different pathways to integration; iii) recognise that it takes time to establish an integrated service that meets local needs; iv) allow flexibility and facilitate innovation; and v) be broad enough to encompass a range of different service types. Without such considerations there is a danger, that external influences may shift the focus from locally recognised needs. As one respondent cautioned:

As success is achieved other outside services and agencies wish to place demands without considering that the service is always about responding to the needs of the local community members rather than demands of government and non-government organisations.

Accountability and research

The second theme to emerge from the data in relation to the policy context was accountability and research. Whilst participants recognised the need for accountability, many found complying with multiple legislative and reporting requirements quite burdensome. One respondent noted for instance:

[Government] Systems duplicate instead of complement.

In particular, most of the participant integrated services visited were funded by two or three different departments, within different levels of government. These various departments often required the collection of different types of data, over different periods of time. Greater

consistency and streamlining of accountability requirements across and between government departments would ease the burden on services which may in turn result in the collection of better quality data. Indeed one respondent called for:

One funding model (pipe dream!!!).

Further, given the time spent by service staff on data collection it is important that the data be *useful*. Much of the data participant services were required to collect appeared to relate to ‘outputs’ for performance monitoring (e.g., how many children attend the program). Whilst a certain amount of performance monitoring data is necessary, if we want to know how effective a program is we must collect data that measures outcomes. Indeed, outcomes focused evaluation is very much needed as, despite the movement towards integrated services internationally, there is still very little known about the efficacy of this approach in terms of its impact on children’s development (Siraj-Blatchford & Siraj-Blatchford, 2009). We do know from international experience, however, that it takes time for changes to manifest (Siraj-Blatchford & Siraj-Blatchford, 2009). Therefore, to inform government decision making, and fill the gaps in our knowledge about integrated service delivery, a coherent, structured, long-term approach to process and outcome evaluation is required—perhaps through the development of an integrated services research framework/agenda that articulates with and builds on international evidence.

In addition to their mandatory reporting requirements, some service staff participating in this project were highly committed to researching and documenting their work and sharing this with others. One respondent reported:

The learning has been exciting and ideas have grown out of the work, so we feel we have gone from strength to strength and that the services are beginning to have a large impact in terms of the outcomes we are seeking for children and families.

Much of this research contains valuable lessons about how to deliver and ‘what works’ in integrated services. However, the quality of the research is variable. Further, it is not always easy to access. Several respondents were, nevertheless, able to clearly indicate how they believed their service had improved service delivery since it became integrated. Some of the benefits attributed to increased integration included:

For families:

- smoother transition across programs;
- ease of movement between universal and targeted programs; and
- increase in utilisation of mainstream services by traditionally hard to reach families (e.g., families with a child with a disability/low socio-economic/CALD).

For services:

- greater efficiency in resource utilisation;
- stronger & clearer governance arrangements; and
- greater collaboration and understanding across disciplines.

However, respondents also noted:

- increased workload – particularly for coordinators; and

- service integration can increase costs.

Performance monitoring, evaluation and research can potentially enrich our understandings about integrated service delivery. However, it comes at a cost to services, which needs to be fully recognised in funding models, perhaps through targeted/allocated funding. Further, few staff working in integrated services have skills in outcomes focused planning, evaluation, or research methodologies. Whilst there are professional training opportunities related to evaluation, these are often operated on a for-profit basis (such as Results Based Accountability) and can be prohibitively expensive, especially for small organisations. The provision of low-cost professional development in research is therefore recommended. Finally, there is little point in conducting evaluation and research if the information is not shared. Therefore, structures should be put in place to: i) support the collation and dissemination of findings that foster synergies and identify gaps in knowledge (such as a national web-based clearinghouse on research into integrated services); and ii) enable professional exchange and alliances to develop (such as through seminars, network meetings and conferences).

It is clear that greater consistency and streamlining of accountability requirements across jurisdictions would benefit integrated services, by freeing up administrative time and enhancing goal clarity. Further, a structured, long-term approach to evaluation that addresses important questions related both to processes and outcomes and the direction of funding targeted to research and evaluation could be of enormous benefit to existing and future integrated services.

Workforce issues and professional development

The data also highlighted a number of workforce issues. First, although many of the participants in this project were highly skilled and committed to integrated ways of working, several participants expressed some concern regarding a lack of professionals 'in the field' with skills and experience at working in this way. This is perhaps not surprising given that integrated service delivery is a relatively new approach. In particular, there was an apparent lack of knowledge of governance structures, and skills in how to work in collaborative partnerships with 'other' professionals (see sections on Governance and 'Frontline' Interdisciplinary Professional Practice and Team Building for more details). There is then a need for a range of professional development measures (see recommendations). Mentoring programs or professional networks may be particularly useful. One respondent noted for instance:

I would like to be connected to other integrated services to learn from their journey, structure and outcomes.

Second, whilst many participants were clearly leaders within their organisation there was an apparent lack of leadership at the macro level. For instance, participants we interviewed had deep practice wisdom and provided extremely valuable insights into what works in integrated service delivery, but little of this knowledge was shared more broadly. This valuable resource could be far better fully utilised if there were mechanisms for these leaders to share their ideas - for instance, through funded mentoring programs.

Third, it was noted by some participants that working in integrated services, because it increased their contact with challenging clients (e.g., those with substance abuse or mental health issues), exposed professionals to additional emotional and psychological strain. Whilst

some professions (e.g., social work) are well used to utilising services, such as clinical supervision, to support their psychological wellbeing, the need for such services is less-well understood by other professions, in particular, ECEC. The PSCA has a role to play in advocating the utilisation of support services, such as clinical supervision.

Last, participants noted that inequitable working conditions amongst staff, such as disparate pay and leave concessions, sometimes worked against service integration. If professionals are expected to work in more collaborative ways, there may need to be some attention paid to reducing the disparity between the pay and conditions of the different professions through awards systems. It is interesting that most of the services that responded to the survey are managed or overseen by EC professionals. The PSCA perhaps has a role to play here in advocating for improved conditions for ECEC staff. Further, given the relatively low status of ECEC professionals, the existence of professional hierarchies (whether real or perceived), and the continued absence of ECEC professionals at government decision making levels (Cheeseman, 2008), there is a danger that ECEC will be silenced and marginalised within integrated services. The PSCA therefore has an important role in ensuring the ECEC voice is heard.

Funding

The final theme that emerged from the data in relation to the policy context was funding. Many staff in participant services reported having insufficient funds to provide the resources they identified were necessary to respond to the needs of their community. Indeed, many respondents reported supplementing their services' funding through community fundraising events, applying for grants (for instance, one participating service received a solar hot water system from a local business because local families signed-up for systems) and utilising volunteers. These efforts have a lot of incidental benefits, such as building individual and community capacity, and social capital. However, organising such efforts is not cost neutral, it requires service staff time and resources. Further, the funding and support is unreliable and unsustainable. Whilst this additional income and support can provide the 'icing on the cake' it should not have to be relied on by services to provide core business. One respondent noted, however, that the service was heavily reliant on volunteers for essential routine maintenance:

Requiring volunteers to contribute in order to maintain a high standard of cleanliness and order. The centre is used by seven community groups, and cleaning and gardening and maintenance is not considered as central to the Hub role informing, connecting and empowering the community!

There is then a need for realistic funding models that recognise the true cost of delivering high quality services to children and families. In particular, lack of funds is jeopardising staff's capacity to provide integrated services, as was noted by one respondent:

As wages and running costs increase, it is becoming increasingly difficult to extend or even maintain services to provide a more integrated service for families and young children. It is vital that some infrastructure funding linked to integration services is established, otherwise services such as ours will be forced to reduce services.

Given the diversity of integrated services (outlined above), it is important that funding for integrated service delivery be able to be used in flexible ways to enable services to respond to

the local context. A number of the participants were quite innovative in who they developed alliances with (e.g., local businesses), the types of services they provided and so on: funding should continue to facilitate such ‘unusual alliances’.

However, there is also a need to ensure that funding is spent on those elements that we know are crucial to the success of the program, particularly as, when service staff are under tight fiscal constraint, some aspects of program delivery can be ‘squeezed out’. Elements that should be protected by targeted funding include:

- *Inter-professional working relationships*: additional time is needed in integrated services to support inter-professional working relationships. However, several respondents reported that existing funding models often fail to recognise non-direct service delivery.
- *Collaboration across and between services/agencies*: inter-agency cooperation takes time and money.
- *Research and evaluation*: discussed.
- *Professional development*: discussed above.

Another issue identified related to funding, was that most of the integrated services visited operated through funds that staff won through competitive tendering processes. Such competition can operate against collaboration. Somewhat contradictorily, there is increasing requirement in government tender processes that services work collaboratively. Such cooperation takes time and money. If collaboration is required then new innovative ways of awarding tenders may need to be developed. The PSCA may have a role here in supporting service staff to develop skills in collaborative tender writing.

Most significant in terms of funding, was participants’ concern with the short term funding of many projects. Participants noted that with short term funding services cannot guarantee long-term commitment to their local community and this leads to mistrust. This was especially the case where services were situated in areas of entrenched social disadvantage, where it often takes some considerable time to build community trust—especially in communities where there is existing mistrust of government programs. Further, in areas of entrenched disadvantage it is unlikely that short term projects will make significant changes to outcomes. For example, in response to the question “What additional supports would you like to see?” one respondent stated:

Understanding that sociological change is generational and so funding needs to reflect this rather than expecting a two year, three year or ten year program will work miracles.

In addition, short term funding of services leads to temporary and insecure employment; sometimes resulting in worker stress, and—when staff move on due to insecure employment—loss of skills, knowledge and expertise at a large cost to organisations. This is an area that warrants further investigation.

Key characteristics of effective integrated services

Following the format of the literature review the following discussion is structured around the four layers of:

- Governance;
- Leadership;
- Organisational culture and ethos; and
- Frontline interdisciplinary professional practice and team building.

Governance

Robust, effective and committed governance arrangements emerged as a pivotal element of effective integrated services. Although integration adds complexity to governance arrangements, it is clear that effective governance both *models* and *facilitates* integrated service delivery on-the-ground. This finding is consistent with that of Horwath and Morrison's (2007) literature review which pointed to governance as providing the 'high-level' collaboration needed to blend different organisational cultures and Glasby and Peck's (2006) assertion that the governance affects the depth of relationship between partners.

Just as each case study site showcased integration in unique ways, each case study site had different models of governance. Diverse governance models were also evident in the survey responses. Indeed, variations in governance arrangements may well be a necessary response to local conditions. For instance, one highly successful model of integrated service delivery comprises many individual services, each independently managed. However, overarching these services is a facilitating committee, auspiced by local government, that ensures service collaboration so that families can readily access multiple supports through a 'single door'. Other governance arrangements are tailored to guiding the strategic development of a single entity, albeit comprised of multiple services. Governance structures may differ according to whether they are overseeing the development of a new service or aiming to reconfigure established organisations. While models of governance may differ, a number of key characteristics emerged as important to effectiveness.

*Good governance from the **inception** of service development /redevelopment* appears more likely to achieve success than trying to work backwards.

*Governance needs to be underpinned by a **vision**.* The vision has to be evidence based and informed by/responsive to/owned by the community. The vision, or underpinning philosophy, can then become a reference point for key institutional processes and decisions e.g., strategic planning, group decision-making, and human relations policies and practices.

*Governance must be able to **support** a vision* by facilitating congruent change. It can not obstruct change by holding on to/ failing to challenge established practices that do not reflect the vision.

*Governance must seek to **embed change*** through strategic planning and strategic decisions. This requires a deep knowledge of each area of service delivery and the community in which the

service is located as well as a sound evidence base from which to work. Structures for planning and decision making must allow for / encourage a broadening of perspectives. Strategic plans need to be actively used, referred to and evaluated.

*Governance has a role in **nurturing shared understandings** across areas of professional practice.* This may need to involve developing explicit agreements between organisations and/or professional areas. The governance structure itself can mirror on the ground inter-professional practice through its representative structure and collaborative, goal focused decision making processes.

*Governance needs to **foster community ownership**.* It needs to connect with the community rather than appear remote from the community. By community we mean other agencies and organisations within the community (such as services, businesses, and local government) and families. A sense of community ownership was regarded as important to generating shared commitment. Hence, it is important to provide multiple avenues for involvement and to be creative in engaging the community. Similarly, governance cannot be too far removed from the staff working within the organisation. For example, one service successfully introduced a portal of relevant electronic information containing service information and planning decisions on the service intranet which was open to parents and staff and gave these users the capacity to add to it.

*Governance needs to **foster family engagement**.* For families in particular, multiple, ongoing processes and avenues for involvement can widen the base of family engagement and families' meaningful impact on service direction. A number of survey responses emphasised the centrality of family involvement, for instance referring to "establishing from the outset...a planned strategy of engagement with children and families"; the benefit of having "a strong sense of welcome that underpins all service provision..."; or conversely identifying a barrier to integration as being "service providers with their own agendas—not the needs of the families, as expressed by the families".

*Governance establishes **clear and ongoing lines of accountability**.* Ongoing accountability and reporting to the board helps ensure that day to day practices are congruent with the service philosophy and that the processes and decisions fostered by this level of management are responsive to the issues facing staff and families.

Good governance can be facilitated through external support. Access to governance training can transform poor or mediocre governance into effective governance. Further, making governance training accessible to a broad cross section of the community can enable change from the ground up (and thus community responsiveness); and become one avenue for family involvement.

In a number of case study sites, very specific process and procedural changes had been instituted at the level of governance which had made a profound and positive impact on the journey to integration. Two highly significant areas were processes relating to staffing and enrolment procedures for families.

In relation to staffing practices, case study sites stressed the importance of procedures and frameworks that enabled the employment of staff philosophically aligned with the overall vision

of integration. Such practices included the philosophy and direction of the organisation being explicit when seeking new staff; honesty and transparency about expectations of existing and potential staff in their role as members of a team working in an integrated service; targeted support that enables staff to take on new ways of conceptualising their roles and practice; and a preparedness to deal with obstructive behaviour. In addition, some single organisation integrated services were successful at addressing professional divisions at the structural level through developing enterprise agreements with integrated pay scales. In at least one organisation, there was further transparency by making pay scales freely available on staff intranet.

Structural professional divisions were further broken down by the development of procedures that streamlined families' access to service delivery. Multiple soft entry points enable families' ready access the range of services and supports they may require. However, this ideal can be encumbered by the enrolment and screening procedures of individual service providers. Some sites had been successful in developing single enrolments and information templates thus enabling the ready sharing of information. These flexible templates allowed information to be documented in a way that was accessible and useful across professions. For example, a single set of case notes for each child with notes from all professionals involved. The introduction of such procedures not only assisted families in gaining access to support; they also helped make transparent potential professional tensions, for example, between a focus on the child and a focus on family. This could then become a point of professional reflection and discussion leading to more cohesive responses to family situations.

In many respects these findings mirror the features identified through Sure Start as successfully contribute to successful governance: responsiveness to community needs; clarity with respect to functions and roles; commitment to promoting a common vision and values; robustness and sustainability to ensure continuity of quality service provision; engagement with parents to the fullest possible extent; involvement with the wider community at a high level; and structured to promote partnership working and joint delivery (SQW, 2006).

Importantly, effective governance provides ongoing support to the leader or leadership team so that the success of integration is not all vested in one person thus helping build sustainable change.

Leadership

“Building the bridge as you walk on it” (Quinn, 2004).

This section of the discussion concerns leadership at the day to day service level, and focuses upon the role of the Director/CEO/Coordinator of the integrated service. Even so, there is correlation and inter-changeability between some of the characteristics discussed under governance and the skills, traits and capacities that will be discussed in this section.

Leadership is pivotal to facilitating fully integrated services, the “‘make-or-break’ variable” (Toronto First Duty, 2008, p. 5). Moving to integration is complex involving, for instance, role re-negotiation, new ways of professional practice and community engagement, and the building of a common identity. This requires sophisticated skills in managing change, building sustainable change in daily practice, and progress toward long term goals. Data from both the surveys and case studies indicate that the absence of funding for a whole- of-service coordinator was considered a major impediment to effective integration. A number of services noted that progress toward integration was considerably enhanced when funding was available to employ a coordinator for the integrated service, and impeded when such positions were cut back.

In highly effective services, leaders were identified as being inspirational, informed and dynamic. The conduit between the governance structure, staff and the community, effective leaders were highly respected for their knowledge base and their capacity to work with governance, staff and the community to build strategic change. Survey responses emphasised the impact of having leaders who worked well with staff referring to coordinators and managers as having “good personal and professional relationships with program coordinators”, or displaying a “willingness to support staff”.

Having a sound theoretical foundation gave leaders the impetus to advocate for change, and the capacity to motivate others to work toward change. They were instrumental in vision building and generated a sense of possibility about making a difference to children’s lives and displayed a commitment to families.

Most service leaders identified through the surveys and case studies held formal qualifications. Many of these qualifications were in Early Childhood Education, although qualifications in areas such as Community Welfare, Social Work, and Business Management were also present. However, the case study data indicated that successful leaders actively sought to broaden their perspectives and those of each team beyond the framework of their profession. They had the capacity to build trust and generate an organisational culture characterised by collaboration, openness to new ideas and risk. In addition, they were able to take the long term view, seeking to build change over time.

In many instances, a single person was identified as instrumental in commencing and sustaining the move toward integration, providing the “compelling narrative” that engenders commitment to change (Horwath & Morrison, 2007, p. 62). However, it was also clear that integration cannot be achieved and maintained by individual effort alone. Actively supportive governance and a structure such as a leadership team help distribute responsibility, understanding and motivation in sustainable ways. Hence, many successful leaders were also focused on building

distributive leadership within their teams. There was a caution in this however. Because building integration can require profound changes in attitude and practice, a consensus model was not always successful and decisive leadership was sometimes needed to shift people and practices out of professional 'comfort zones'. There needed to be a preparedness to disrupt old ways of working and pull people out of entrenched, comfortable silos while also respecting people's fears about the change process.

Nevertheless, many leaders seemed to be able to strike a balance between guiding change and facilitating change from the bottom-up in ways which fostered the organic development of the organisation.

Effective leadership focused on developing shared understandings within and across staff teams. This was actively supported by management through strategies such as:

- Structuring in regular time for collective professional reflection, often scaffolded through the use of particular (theoretical) tools e.g. Appreciative Inquiry.
- Purposeful staff meetings. Meetings were focused on generating reflective discussion about issues relevant to philosophy and practice, rather than housekeeping.
- Regular fora, other than staff meetings, for people to 'sort things out' about practice: including discussions concerning 'why we do what we do'; 'can we do it differently?'; articulating and challenging practices; thinking about what the benefits might be; and creative problem solving.
- Providing opportunities for staff to experience the work and practices of other professional disciplines in the service so that there was increased capacity for the development of shared perspectives.
- In at least one instance, a training manager ensured appropriate and relevant professional development for staff utilising opportunities both within and outside the service.

In addition, effective leadership valued the existing and potential strengths of staff and actively nurtured leadership potential within staff teams through strategies such as:

- mentoring;
- providing training to staff; and
- enabling them to 'practice' leadership by taking on specific leadership roles.

Such strategies seemed to embed integrated thinking, a sense that everyone working in the service shared a common purpose and was 'living it together'. In addition, staff reported a sense of personal and professional growth that increased their commitment to the service and the ideal of integration. Everyone knew that they had an important role to play. Everyone expected to contribute and expected that their contribution was valued.

Leaders' networks, or their capacity to create networks were also important. They displayed a capacity to work in the system, had or created extensive strong links with other agencies and were creative in seeking funds.

Leaders also noted the importance of providing avenues for staff and services to authentically articulate and document what they did. This was also regarded as key to building support and respect for the service. Further, leaders were also good at recognising and celebrating success.

Organisational culture and ethos

As foreshadowed in the literature review, organisational culture and ethos was an important enabling factor in successful integration. Many case study participants highlighted, in particular, the importance of:

- an overarching philosophy encompassing shared vision, sense of purpose and principles;
- a strong sense of collective ownership, characterised by excitement, optimism, enthusiasm, passion; and
- trust, openness and an expectation of being heard.

Some of these aspects have been raised in relation to governance and leadership but, because of their importance, are expanded upon below.

Overarching philosophy

The overarching philosophy of each case study service was articulated differently. Some services were described as family centred, with an emphasis on the family within the context of the community. Others were seen as child-centred, with an emphasis on the child within the context of the family. There was a common emphasis, however, on:

- strengths based approaches (encompassing a focus on the strengths of staff as well as those families' strengths); and
- holistic approaches to working with families, with a focus on exploring priorities and options.

Interestingly, what was meant by terms such as strengths-based approaches, holistic approaches, family centred and child centred, seemed to vary considerably.

Generally, the overarching philosophies of the case study services were based on ecological models that were informed directly or indirectly by Bronfenbrenner's (1979) model. Some services had developed visual representations that linked their philosophy, purpose and structure. One service, for example, had based its visual representation of its 'integrated service framework' around three concentric circles: 'Child in Society', 'Child in Community', and 'Child in Family'. The framework also incorporated four components: 'Programs', 'Places', 'Partners' and 'Principles' that represent:

the breadth of the work undertaken by ... [service name] across all of our programs, the locations from which the organisation works, partnerships that strengthen and facilitate [service name]'s programs and activities and principles that underlie the work that we do.

In some services, there was also a strong commitment, within a broad ecological model, to a particular approach or way of working. For instance, one service had adopted the 'Circle of

Security' approach based on attachment theory. This approach permeated the work of the entire service, thus creating a basis for a collaborative organisational culture and ethos. Although a different kind of ethos to that described by Broadhead et al. (2008), it seemed similarly powerful.

Indeed, in this service, the adoption of the Circle of Security approach also constituted a strong philosophical statement. As the Director explained:

Our model ... positioned the early childhood staff as part of the intervention ... where the early childhood program is just as important as the therapeutic intervention is supporting the family.

Her statement reflects a vision of integration based on helping the community to understand early childhood education as a central part of the social infrastructure for supporting children and families.

Developing an overarching philosophy and vision essential for successful integration is time consuming. Funding is needed to provide time, as a survey respondent from a newly established service emphasised:

*We are taking the time in the beginning ... to create a shared understanding ... **but** this does take time and we need funders to understand the importance of laying strong foundations.*

As numerous case study participants and survey respondents pointed out, there is a limit on the unpaid time that staff, especially those on low wages awards, can reasonably be expected to devote to this crucial but time-consuming task. Yet unless all staff actively contribute, collective ownership and commitment is unlikely.

Collective ownership

In all of the case study services, the overarching philosophy was 'brought to life' through a tangible sense of collective ownership. Identified by Robinson et al. (2008) as essential to successful integration, collective ownership could be seen in the sense of excitement, optimism, enthusiasm and passion evident in much of the data. There was excitement, for example, about the:

- possibilities for making a difference to children's lives;
- new ideas being explored within the service;
- synergies that could be achieved from working inter-professionally; and
- scope for personal and professional growth.

Staff in one service described how they felt that they were embarking together on a "new and different journey". In another service, participants emphasised the satisfaction and other intrinsic rewards that come from a "rich way of working...with people from different backgrounds... and [the opportunities to] get our heads together and share resources". In yet another service, staff described their work environment as "an inspiring workplace ...the richest [possible] professional environment". In many services, there was a "willingness to being professionally stretched".

Collective ownership and collaborative learning generated a sense of strength, professional agency and effectiveness. For example, one survey respondent noted: "Together, we are much stronger..." Another survey respondent commented:

The learning has been exciting and ideas have grown out of the work, so we feel we have gone from strength to strength, and that the services are beginning to have a large impact in terms of the outcomes we are seeking for children and families.

Staff had a quiet confidence about their capacity to contribute to the lives and wellbeing of children, families and communities through their skills in building partnerships. They were generally optimistic about the possibilities for change. They recognised, however, that achieving real change requires concerted effort and goodwill from willing participants over long periods. Moving towards working in more integrated and complex ways invariably involves a steep learning curve, as many participants pointed out. Indeed, the process of learning is ongoing and, as one person put it, "goals are never really achieved".

Trust, openness and an expectation of being heard

Trust (amongst staff; amongst staff and families) was considered essential. Without trust, participants emphasised, it would not be possible to develop the relationships, shared vision, collaboration, or openness to new ideas that they considered necessary for successful integration. Nor would it be possible to challenge the kinds of deeply entrenched views that hinder integration, or take the risks needed to 'stretch' personally and professionally. As a member of the research team noted, "there seemed to be a real trust in the process and each other that they would work it out together".

In several services, the ethos was described as one where people could expect that:

- their voices would be heard;
- the important role they had to play was recognised;
- their contribution would be valued; and
- everyone would contribute and be reciprocally respectful of others.

Some case study participants touched on the challenges associated with balancing authority, responsibility, and staff's right to be heard, regardless of the level at which they employed. Challenges associated with unequal power dynamics and whose (and what kind of) voices spoke the loudest, however, were generally not explored.

Developing and sustaining the organisational culture and ethos was seen as the responsibility of all, not just the responsibility of the governance body and leadership. A survey respondent described how:

The trusting relationships built up ... is empowering. ... We assist each other as we recognise that everyone has something to contribute. We recognise that we are dependent on each other and expect the best from everyone.

The importance of a well articulated philosophy and vision; a collective sense of ownership; and trust in cultivating an organisational culture and ethos conducive to integration is summed up in the following observation from the notes of a member of the research team:

Through inspired leadership, strong values, philosophies and shared visions, Service X has become a learning organisation which has achieved and continues to work towards further integration across its organisation. All arms of the organisation work together to understand, respect, challenge and improve the knowledge base, policies and practices. It is a learning organisation in action, always striving towards best practice.

The characteristics of the organisational culture and ethos identified amongst the case study services were very similar to the findings of the literature review reported earlier. Further details of how this kind of organisational culture and ethos were reflected in day to day front line professional practice and team building are described in the following section.

'Frontline' interdisciplinary professional practice and team building

Many prominent themes relevant to frontline interdisciplinary professional practice and team identified in the data have been touched on in earlier sections of this report. Because they are so fundamental to professional practice and team building, they are elaborated on here with a particular focus on:

- careful use of language;
- practice frameworks / guidelines; and
- fostering flexibility and creativity.

Language

It would be difficult to over-emphasise the importance of language when endeavouring to address the issues and challenges of inter-professional practice identified in the literature review. This section highlights four aspects associated with the use of language that stood out particularly strongly in the data.

The first aspect involved the importance of using an inclusive common language of integration that is consistent with an integrative philosophy and vision. Like the literature reviewed, the data indicate that the deliberate use of generic terms such as 'early learning', 'early learning centres' and 'professional learning and development' in preference to more traditional terms such as 'preschool' and 'child care' is central to working successfully across disciplinary borders. Particular care may need to be taken to use inclusive language with parents and families who may be accustomed to and expect the use of more traditional terms.

The second aspect involved the need for a shared language that reflects the philosophy, vision and principles of the service, while providing scope, where necessary, to retain specialist disciplinary language. Case study services were endeavouring to develop the kind of inter-professional literacy to which Edwards (2009) refers. For example, in one case study service, the term 'strengths-based' was used consistently across the service to acknowledge and encompass child strengths, family strengths and staff strengths. In the same service, the term 'solution-focused' was given a particular meaning that emphasised 'listening' as well as 'acting'. Terms such as these provided a common or generic language for communicating across disciplinary borders. Practitioners were not expected to relinquish their discipline specific language. Rather, they had a responsibility to choose the most appropriate language for the particular context.

The third aspect involved attention to symbolic language, and especially to the symbolic power of metaphor. For example, the notion of entry through 'one door' that subsequently opened up multiple doors to different services and options for families was used by a number of case study services to emphasise their holistic approach. Symbolic language can also operate in ways that contradict a stated commitment to integration. Anecdotal evidence (not from the case study services) of reserved parking spaces for designated professional groups (e.g., the community nurse) in car parks of integrated services sends powerful but unhelpful messages about professional divisions and hierarchies.

The final and, in some ways, perhaps the most important aspect of language was the crucial need to be able to articulate the professional knowledge base underpinning one's practices. The findings reinforced that making explicit one's professional knowledge base and rationale for decision making is essential to effective negotiation within inter-professional teams. It was also seen as crucial for engaging in the professional dialogue necessary for inter-professional learning. Several case study participants expressed concerns that many early childhood professionals appear to find it difficult to articulate their knowledge base and to explain the reasoning behind their professional decision-making. They were concerned, therefore, that early childhood professionals' contributions can be easily overlooked in multi-professional teams. Addressing this problem was considered a high priority by case study participants and survey respondents alike.

The points discussed above were evident in the literature reviewed for this project. Interestingly, an issue discussed at length in the literature, but which did not surface during the case studies, concerned the most appropriate terminology to convey the notion of professionals working together in complementary and synergistic ways. In Figure 3 (p. 19), we distinguished between multi-disciplinary, inter-disciplinary and trans-disciplinary ways of working. The case study data suggests that each of these ways of working can be appropriate in particular contexts at particular times. Ideally, professionals in integrated services would move deliberately and seamlessly across all three ways of working, according to the demands of the particular situation.

Practice frameworks/guidelines

Powerful statements are conveyed by everyday practices. Hence, as many case study participants emphasised, it is essential that day-to-day practices, as well as day-to-day language, actively foster integration.

In some case study services, practice frameworks and guidelines have been developed to help secure consistency in practices within the service. For example, one service developed a 'C-frame' (Connect, Collaborate, Change with families and across staff) that identifies twelve principles to support work undertaken in all programs within the service. The 'C-Frame' is one of a set of documents outlining expectations, principles and practices developed within the service. Documentation includes a:

- Service Delivery Model;
- Community Practice Framework;
- Staff Development Framework; and a
- Line Manager's Guide.

Practice frameworks and similar scaffolding structures and mechanisms were helpful in supporting professional practice, dialogue, learning and inquiry. Across the case study services, the focus for dialogue, learning and inquiry varied according to context, although the following were emphasised:

- strengthening the theoretical base underpinning and guiding practice;
- articulating practices and decisions and the rationales for them;
- developing a systematic and critical approach to reflective practice that encompasses challenging taken-for-granted assumptions about practices (“taking our values and philosophy and pulling them apart”);
- refining skills in actively listening and responding non-judgementally and respectfully to other staff and parents (who may be drawing on quite different knowledge bases and premises);
- making complex professional judgements, particularly associated with ethical issues (such as knowing one’s professional limits versus too readily dismissing difficult challenges by taking the view, ‘that’s not my business’); and
- working from an evidence-base, including evidence developed through professional inquiry / practitioner research (so that practitioners are not just passive recipients of external evidence but also actively create it).

High expectations of staff and of their professionalism were evident. For example, in one service, all staff participate in a comprehensive, twice-yearly review process that involves a substantial peer and parent review component. This process identifies strengths and directions to build on for further professional learning and development. Apart from a considerable time commitment, it requires trust; taking responsibility for one’s view, including provision of supporting evidence; and setting goals that will enhance the professional practice of individual staff and be of benefit to the organisation as a whole.

The same service has a strong tradition of ‘nepurla’—an Aboriginal term meaning “coming together to yarn and to sort things out” in a group. It involves “yarning about why we do what we do, and can we do it differently?” Nepurla gatherings of up to twenty staff take place every six weeks or so, with smaller groups meeting in between. These meetings are needs driven and provide many scaffolded opportunities for practitioners to assume project leadership responsibilities with mentoring support.

Practitioners in this service are also expected to take considerable responsibility for ensuring that meetings are purposeful, productive and enable the meaningful sharing of information amongst staff from different disciplines in a spirit of ‘reciprocal offerings’. They have agreed to reserve staff meetings for important issues (not housekeeping) and to start with a ‘cameo video’ as a discussion starter and a prompt for group reflection. In a different service, staff share responsibilities for leading meetings via a rotating chair system that assists all staff to feel valued and capable.

Mechanisms and processes such as these provide a structure in which practitioners from different disciplines can develop the impetus and skills necessary to work as an integrated team. As one Director/Coordinator commented, it is through built-in opportunities to engage professionally with each other that staff come to realise that “that if they don’t work as an integrated team, the project does not achieve the outcomes we want”.

These mechanisms and processes must be sufficiently robust to enable the inevitable difficult issues and tensions to be teased out and addressed (Robinson et al., 2008). Some survey responses and case study data referred to tensions arising from different images of and beliefs about childhood, child-rearing and parenting that can be associated with different disciplines. They also referred to tensions arising from ingrained beliefs about the value and role of various disciplines involved in integrated services and the hierarchical ordering of those disciplines. Similar tensions are highlighted in the literature. They reinforce the need for a conceptualisation of inter-professional literacy (Edwards, 2009) that encompasses advanced communication, negotiation and team building skills.

Fostering flexibility and creativity

Across the case study services, there was a clear realisation of the impossibility of anticipating all of the challenges that are likely to arise, especially when starting a new integrated service. Hence, the importance of creative problem solving strategies that could be used to 'chip away' at change over time was emphasised. Building in flexibility and creativity took many forms, including developing:

- skills in knowing how to work (in) the system and building connections to get what is needed for the service and for families;
- generic problem solving skills, including analytical approaches, to become better equipped at managing diverse, complex and often unanticipated situations;
- research skills to foster growth in developing and expanding professional knowledge about how issues of particular interest or concern to the service could be addressed;
- familiarity with and an understanding of different sections of the service;
- ways to use physical spaces in a flexible manner to encourage team work; and
- links and partnerships with universities and training institutions to investigate innovative practicum opportunities, pathway programs and qualifications in inter-professional practice.

Collectively, the strategies outlined in this section help to illuminate the ideas proposed in relation to fostering inter-professional practice and team work in much of the literature reviewed for this project. It is worth highlighting, however, that the intent is not to move to a position where every staff member has the same skills or can take on every role. That would clearly defeat the purpose of integration, which aims to draw on and maximise the benefits of different expertise.

Defining integration

Component 3 of this research project was to develop a definition of integration for the Australian context commensurate with Australian government policy. As stated previously in the methodology section, a draft definition, developed by the researchers, was ‘road tested’ with a range of key stakeholders, through five targeted teleconferences.

Key points arising from the teleconferences were synthesised and incorporated into the following definition and accompanying diagram.

Integrated services provide access to multiple services to children and families in a cohesive and holistic way. They recognise the impact of family and community contexts on children’s development and learning and focus on improving outcomes for children, families and communities. Through respectful, collaborative relationships, they actively seek to maximise the impact of different disciplinary expertise in a shared intent to respond to family and community contexts.



References

- Anning, A., & Ball, M. (2008). *Improving services for young children*. London: Sage.
- Anning, A., Cottrell, D., Frost, N., Green, J., & Robinson, M. (2006). *Developing multiprofessional teamwork for integrated children's services*. Maidenhead: Open University Press.
- Anning, A., & Hall, D. (2008). What was Sure Start and why did it matter? In *Improving services for young children: from Sure Start to children's centres* (pp. 3-15). London: Sage.
- Atwool, N. (2003). If it's such a good idea, how come it doesn't work? The theory and practice of integrated service delivery. *Childrenz Issues*, 72.
- Australian Capital Territory Department of Education and Training (2008). *Early childhood schools: a framework for their development as learning and development centres for children (birth to eights) and their families*. Retrieved from http://www.det.act.gov.au/_data/assets/pdf_file/0005/23855/Early_childhood_schools_final_web.pdf
- Australian Capital Territory Department of Education and Training (2009). *Early childhood schools*. Retrieved from http://www.det.act.gov.au/teaching_and_learning/early_childhood_schools
- Australian Government Department of Education, Employment and Workplace Relations (2010). *Early childhood policy agenda*. Retrieved from http://www.deewr.gov.au/EarlyChildhood/Policy_Agenda/Pages/home.aspx
- Aylward, P., & O'Neil, M. (2009). *Through the looking glass: A Community partnership in parenting. Invest to Grow Final Evaluation Report*. Retrieved from http://health.adelaide.edu.au/gp/publications/Through_the_looking_Glass.pdf
- Bertram, T., Cranston, A., Formosinho, J., Formosinho, J., Frangos, C., Gammage, P., Hebenstreit-Muller, S., Krassa, P., Pascal, C., Rabbe-Kleberg, U., Tayler, C., & Whalley, M. (2003). *International integration project: A cross national study of integrated early childhood education and care centres in five countries*. London: British Council and Department for Education and Skills.
- Broadhead, P., Meleady, C., & Delgada, M. A. (2008). *Children, families and communities: Creating and sustaining integrated services*. Maidenhead: Open University Press.
- Brock, A. (2009, September). *Seven dimensions of professionalism for early years education and care: a model of professionalism for interdisciplinary practice*. Paper presented at the Annual Conference of the British Educational Research Association, Manchester.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Brown, T. & Nixon, C. (2006). Educational success from the bottom up: support for early childhood learning within Uniting Care Burnside. *Developing Practice*, 17, 26-31.
- Campbell, A. (2003). Developing and evaluating early excellence centres in the UK: Some issues in promoting integrated and 'joined-up' services, *International Journal of Early Years Education*, 11(3), 235-244.

- Colmer, K. (2008). Leading a learning organisation: Australian Early Years centres as learning networks. *European Early Childhood Education Research Journal*, 16(1), 107–115.
- Corter, C., Patel, S., Pelletier, J. & Bertrand, J. (2008). The Early Development Instrument as an evaluation and improvement tool for school-based, integrated services for young children and parents: the Toronto First Duty Project. *Early Education and Development*, 19(5), 773–794.
- Cottrell, D., & Bollom, P. (2007). Translating research into practice: the challenges of establishing a new multi-agency team for vulnerable children. *Journal of Children's Services* 2(3), 42-63.
- DfeS (2006). *Championing children: a shared set of skills, knowledge and behaviours for those leading and managing integrated children's services*. Retrieved from <http://publications.teachernet.gov.uk/eOrderingDownload/DFES-04012-2006.pdf>
- Education Advisory Council (n.d.). *All Children have the Best Possible Start: a framework for action*. Retrieved from http://www.det.nt.gov.au/_data/assets/pdf_file/0004/9076/eac_early_childhood_report.pdf
- Edwards, A. (2009). Relational agency in collaborations for the well-being of children and young people. *Journal of Children's Services*, 4(1), 33-43.
- Glasby, J., & Peck, E. (2006). *We have to stop meeting like this: The governance of inter-agency partnerships*. Integrated Care Network.
- Haddad, L. (2000, Aug-Sept). The ecology of day care: Building a model for an integrated system of care and education. Paper presented at the *European conference on quality in early childhood education*, London.
- Horwath, J., & Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse & Neglect* 31, 55–69.
- Jenkins, S. (2005). *Whole of government policy framework for the early years*. Retrieved from http://www.education.tas.gov.au/early-learning/early_years/early-years-resources/Earlyyearsframework.pdf
- Kelly, B. (2003). Working together to support children who have intellectual disabilities, and their families. *Childrenz Issues*, 7(3), 50-55.
- Malin, N., & Morrow, G. (2008). *Evaluating Sure Start: interprofessionalism and parental involvement in local programmes*. London: Whiting & Birch.
- Moore, T. (2008). *Evaluation of Victorian children's centres: Literature review*. Melbourne: Department of Education and Early Childhood Development. Retrieved from <http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/integratedservice/childcentreview.pdf>
- Moss, P. (2003). Rethinking public provision for children. *Childrenz Issues*, 7(2), 24-30.
- Moss, P. (2008). Foreword. In P. Broadhead, C. Meleady, & M. A. Delgada. *Children, families and communities: creating and sustaining integrated services* (pp. ix-xii). Maidenhead: Open University Press.
- New South Wales Department of Community Services (2009). *Annual report 2008/9*. Retrieved from http://www.community.nsw.gov.au/annual_report09/index.htm

- Nichols, S., & Jurviansuu, S. (2008). Partnership in integrated early childhood services: An analysis of policy framings in education and human services. *Contemporary Issues in Early Childhood*, 9(2), 118-130.
- Ødegård, A. (2006). Exploring perceptions of interprofessional collaboration in child mental health care. *International Journal of Integrated Care*, 6(4), 1-13.
- Queensland Department of Education and Training (2009). *Integrated early childhood development programs and services*. Retrieved from <http://deta.qld.gov.au/reports/annual/08-09/performance-reports/ecec/intergrated.html>
- Press, F. (2006). *What about the kids? Policy directions for improving the experiences of infants and young people in a changing world*. Retrieved from <http://www.ccypcg.qld.gov.au/resources/publications/What-about-the-kids.html>
- Robinson, M., Atkinson, M., & Downing, D. (2008). *Supporting theory building in integrated services research*. Slough: National Foundation for Educational Research.
- Siraj-Blatchford, I., Clark, K., & Needham, M. (Eds.). (2007). *The team around the child*. Stoke on Trent: Trentham Books.
- Siraj Blatchford, I., & Siraj Blatchford, J. (2009). *Improving development outcomes for children through effective practice in integrating early years services*. Centre for Excellence and Outcomes in Children and Young People's Services. Retrieved from http://www.c4eo.org.uk/themes/earlyyears/effectivepractice/files/c4eo_effective_practice_kr_1.pdf
- Siraj-Blatchford, I., & Manni, L. (2007) *Effective leadership in the early years sector (ELEYS) study*. Retrieved from http://www.gtce.org.uk/133031/133036/139476/eleys_study
- Soriano, G., Clark, H., & Wise, S (2008). *Promising practice profiles: Final report*. Melbourne: Australian Institute of Family Studies.
- South Australian Department of Education and Children's Services (2009). *Annual report 2008*. Retrieved from <http://www.decs.sa.gov.au/docs/documents/1/DecsAnnualReport2008.pdf>
- SQW (2006). *Research to inform the management and governance of children's centres: Final report to DFeS. Sure Start*. Retrieved from http://www.sqw.co.uk/file_download/23
- Stanley, F. (2007). Investigating the practical challenges of integrated multi-agency work In I. Siraj-Blatchford, K. Clarke & M. Needham (Eds.), *The team around the child: Multi-agency working in the early years* (pp. 121-133). Stoke on Trent: Trentham.
- Toronto First Duty (2008). Informing full day learning: Lessons from the TFD research at the Bruce/WoodGreen Early Learning Centre. *Submission to the Early Learning Advisor on Full Day Learning*. Toronto, Ontario: Toronto First Duty. Retrieved from http://www.toronto.ca/firstduty/tfd_submission_to_ela.pdf
- Vecchio, R.P., Hearn, G., & Southey, G. (1994). *Organisational behaviour: Life and work in Australia*. Sydney: Harcourt Brace.
- Victorian Department of Education and Early Childhood Development (2009). *Annual report 2008/9*. Retrieved from www.education.vic.gov.au/about/publications/annualreport/annual2009.htm

Warmington, P., Daniels, H., Edwards, A., Brown, S., Leadbetter, J., & Martin, D. (2004). *Interagency collaboration: a review of the literature*. Bath: Learning in and for Interagency Working Project.

Western Australian Department for Communities (2009). *Integrated service development: a framework for children and family services*. Retrieved from <http://www.communities.wa.gov.au/childrenandfamilies/childcare/Documents/Integrated%20Service%20Cover%20090402.NoPrint.pdf>

Whalley, M. (2006). Leadership in Integrated Centres and Services for Children and Families. A Community Development Approach: Engaging with the struggle. *Childrenz Issues (10)2*: 8-13.

Appendices

Appendix 1: Summary reports of case study sites

Blue Mountains Stronger Families Alliance – New South Wales

Geographic location

NSW Blue Mountains City Local Government area.

Years of operation

The Stronger Families Alliance (SFA) operates as an integrated service system. It was formed in 2006 through a state government, local government and community sector partnership.

The overarching goal is working towards collaborative system delivery among the many and varied organizations represented in the Alliance.

Sponsorship / auspice

The Alliance is convened and resourced by the Blue Mountains City Council.

Governance and organisational structure

The SFA is a collaboration of 20 government, community agencies, peak and civic organisations responsible for children aged 0-12 years.

In response to community needs the SFA has recently developed a detailed and comprehensive Child and Family Plan for the Blue Mountains local government area. This is a ten year blueprint for the coordinated development of all government, community and voluntary organisations working with children and families in the area. The plan identifies three core directions;

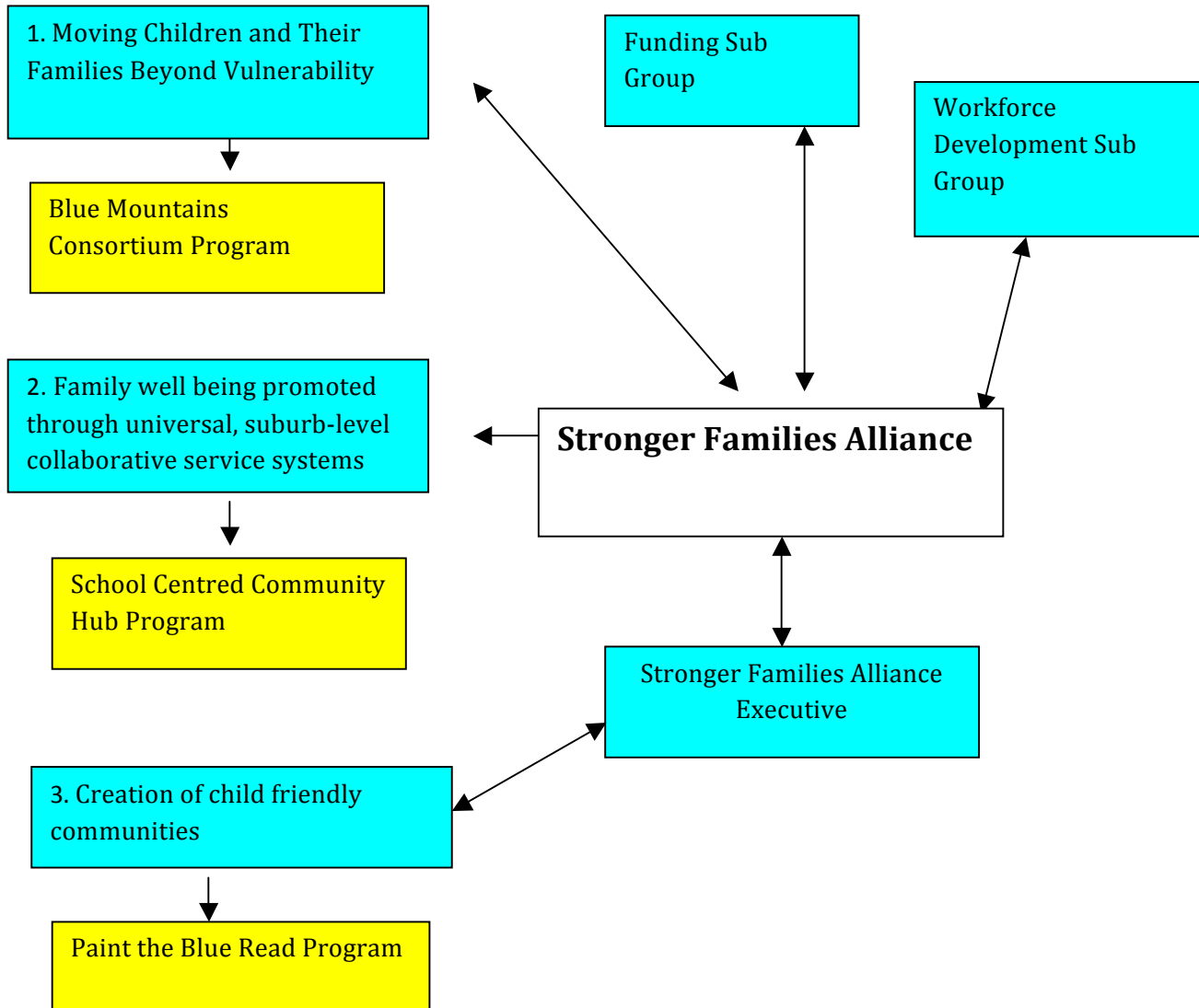
1. Moving Children and their Families beyond Vulnerability
2. Family wellbeing promoted through suburb level service systems
3. Creation of child friendly communities

There are currently three initiatives being implemented to address each of these directions;

- The School Centred Community Hub Program
- Paint the Blue Red Program and
- Blue Mountains Consortium Program.

The overall governance structure of the SFA and its programs is represented in the following diagram.

2010 Stronger Families Alliance Governance Model



Multi-service collaborative groups focused on (i) systems level change & / or (ii) creating new multi-service / interdisciplinary programs falling under the governance of the Stronger Families Alliance.



New multi-service, virtual, interdisciplinary programs governed by the Stronger Families Alliance and aligned with the Stronger Families Alliance Child and Family Strategic Plan.

The Governance structure is dynamic and is regularly reviewed to reflect more sophisticated levels of integration as the group develops.

The Blue Mountains City Council's Child and Family Services Development Officer worker has overall management responsibility for the SFA and the Alliance is embedded in Council's key strategic documents.

Physical structure

The SFA is a virtual integrated network as reflected in the above diagram.

Community context

The Blue Mountains City Council local government area is extremely diverse . It comprises 27 settlements (villages) across a ridge line with a total populations of around 78,000. The socio-demographics vary considerably from village to village with some pockets of extreme social disadvantage and high levels of unemployment. The 2006 census data for the whole area showed 4.9% unemployment, 32.9 not in the labour force and an Indigenous populations varying from 0.3 to 8.1% depending on the area.

Range of services offered

The School Centered Community Hub Program (SCCH)

Each of the SCCHs is unique and offer a range of programs and activities that meet the needs of each community's infants, toddlers, preschoolers and primary aged children. These services include baby groups, supported playgroups, play gyms, baby health clinic, transition to school programs, Out of School Hour Care programs, recreation programs, parent coffee and chat sessions, and parent programs. Parents may also elect to attend common interest groups, recreation, education and employment programs. Each Hub is overseen by a universal, suburb level collaborative steering committee.

Paint the Blue Red Program

This program promotes the value of early literacy at a community level so that children enter school ready for formal reading. New activities are added as the program grows. Activities include early literacy stalls at community events that offer reading tents, dressing up as characters from children's books and visits by program mascot Billy Bookie, annual reading days where reading events occur simultaneously at businesses, libraries, schools and other places visited by children

The Blue Mountains Consortium Program (BMC)

The BMC develops collaborative, multidisciplinary programs aimed at moving children and their families beyond vulnerability. The program uses a collaborative case management system and also provides workforce development including resources and training to implement evidence and strength-based practice.

Boroondara Kindergarten-Victoria

Service location

Boroondara Kindergarten is located in the suburb of Richmond, Victoria. Richmond is an inner Melbourne suburb which like many similar suburbs close to the city, has both gentrified areas and public housing estates which provide low cost housing for predominantly refugee and migrant families from Asia and more recently from Africa.

Community contexts

Boroondara is situated in close proximity to the Richmond North public housing estate which was built after slums were cleared in the late 1960s. Recently, the low rise blocks in this estate have been demolished as part of a State government neighbourhood renewal project which will result in public housing being replaced with a mix of public and private housing. The high rise public housing apartment blocks will remain on the estate. The culturally and linguistically diverse nature of the local community is reflected in the families enrolled in the Centre (over 30 different languages or dialects spoken; 50% of families are from Vietnamese backgrounds), and in the staff profile (five out of the eight staff are from CALD backgrounds). While the majority of families enrolled in the service are from CALD backgrounds, there are also a small number of Anglo-families from local and adjoining communities who have chosen to enrol in the Centre.

Governance and organisational structure

Boroondara is owned and managed as a not-for-profit children's services by a parent elected Committee of Management which meets monthly. All staff are employed by the Committee of Management. As a relatively small service, the organisational structure reflects that of most preschools/kindergartens in Victoria, with a Director who reports to the Committee of Management. The Centre Director currently combines working within the four year old preschool program with her management duties. Staff meetings are held weekly.

Sponsorship/auspices

As a licensed preschool centre Boroondara receives State government funding. The centre actively seeks additional funding to support their work from a range of sources such as philanthropic trust funds, State government, local government, and Service clubs such as Rotary.

Years of operation

Boroondara Kindergarten has been operating as a service for children and families since 1914 which makes it one of the oldest children's services in Victoria in continuous operation. Boroondara was originally established as part of the early Free Kindergarten Union movement to meet the needs of children living in slum conditions. The Centre's Aboriginal name meaning 'shady tree,' was adopted by the women who established the Centre. Boroondara was initially based on a type of LDC model where children were provided with full day education, health and care programs. During the depression, the Centre provided food for local families and children who were experiencing great need. The shift to a sessional model of kindergarten was made in the 1950s- a change that occurred in many of the early kindergartens at this time.

Physical environment

Boroondara operates from an attractive large building which was renovated extensively three years ago using a \$250, 000 State government Child and Family hub capital improvement grant. The renovations were planned with future extended integrated service delivery in mind. The renovations allow flexible and multiple use by staff in existing services and local community groups. The kitchen is the hub of the building and is used to support learning programs for children as well as for cooking experiences with families. A feature of the Centre is its large, interesting outdoor environment which is particularly important given that most of the children who attend the Centre live in high rise apartments on the public housing estate with limited access to safe play spaces.

Services provided

Boroondara is providing the following services for children and families:

- Kindergarten/preschool program (4 to 5 year olds-year prior to school entry)
- Occasional care programs (18 months to 5 years)
- Specialist playgroups (FDC, Early Intervention, Sudanese community)
- Community-run activities such as sewing groups for women
- Parenting classes on topics selected by parents, which have included nutrition and cooking for children, behaviour guidance and school readiness.

The Centre attempts to provide flexibility and choices for families by offering both sessional and occasional care programs which means children can attend for up to three days a week from 8.30 to 4pm. Some staff work across these programs which supports continuity and relationships with children and families.

While the current service provision is limited, Boroondara has previously offered a more extensive range of services with a particular focus on adult education or family support services. For example, they offered adult language classes for local migrant and refugee families; a regular home visiting program on the Estate as well as organising swimming classes for migrant or refugee women living on the Estate. These services were possible because the Director was funded for a significant amount of non-teaching time which gave her the time to develop and extend the services provided and to network with the wider community.

Caboolture Early Years Centre – Queensland

Geographic location

Caboolture, Queensland - approx 70 kms north of Brisbane

Years of operation

The service began with community consultations and the establishment of an advisory group in mid 2007 and formally began operations in August 2008.

Sponsorship / auspice

The EYC is funded by the Queensland Government and sponsored by The Gowrie (Qld) Inc. The Gowrie is a community-based not-for-profit organisation, established in 1940, that provides a range of high quality services for young children and their families. The EYC is auspiced by the Gowrie Board of Management, which comprises 7 members, a staff representative and the Gowrie CEO.

Organisational structure

A range of staff delivering specialist programs and projects, and administrative personnel, are directly responsible to the Centre Manager. Two Team Leaders work conjointly overseeing quality and responsiveness of programs; one responsible for ECE&C staff, the other for Family Support staff. All staff at EYC are responsible to the Centre Manager and child health nurses are responsible to the Qld Health Nursing Unit District Manager.

Physical Structure and Environment

The Caboolture EYC site are purpose built buildings, designed by Qld Dept of Works, with a large secure car parking area at the front of the building. There are two main buildings. One houses the main programs in one large space, and kitchenette/staff office. The outdoor play area is spacious with some fixed structures. These areas would need refurbishment for the establishment a Kindergarten. The second building has administrative offices and an open space for 'universal drop in' programs as well as private meeting rooms.

The EYC model required the development of an "Early Years Centre and Satellite" sites - a "hub and spoke" model with a number of different service sites, operated by a single staff member, in four (4) surrounding communities.

Community Context

The EYC is located in a local residential community surrounded by a public primary school, Qld Health regional office, and a TAFE and Caboolture hospital. The local catchment area has over 20,000 children under the age of 9 years. Demographics include a range of cultural groups with an average proportion of Aboriginal and Torres Strait Islander and large population of Samoan families. It is a designated low socio-economic (SEIFA Band I) area with high long term unemployment and identified domestic violence, child abuse and substance abuse clients. The area is also noted for high new birth rates. The centre also receives referrals from families

connected to a local prison. The area also has pockets of high income earners and the catchment area includes coastal and rural communities.

Range of Services

The EYC provides services for families with children from birth-8 years and expectant parents.

The EYC was designed and established as an integrated child and family support service and provides a universal entry point to a range of services, such as early childhood health, early childhood education and care and family support, across the promotion, prevention and early intervention continuum. Universal and targeted services are from three core categories of service delivery – Health; Family Support and Early Childhood Education & Care. Services and programs are offered through centre based, satellite, and outreach, and through home visiting.

Universal services previously included a licensed OHSC service but this was closed at the end of 2009 due to poor utilisation. The service is working towards the establishment of a sessional Kindergarten. All services are free to families (except licensed services).

The service delivery model incorporates a strength-based, brief solution focused intervention model underpinned by Attachment theory in its work with children and families.

Universal services are offered on a regular basis, either daily or weekly or monthly and currently these services include Child Health Clinics, Parenting courses; Kids Club for school aged children, PlayConnect and My Time for families with children with a disability; Play Time and the Multicultural Playgroup are supported playgroups and *Community Cuppa* provides an opportunity for parents to connect and develop relationships with other parents, and to access a range of services and supports while at the EYC while children are cared for.

Staff provide support to individual families, through universal services or through Brief Targeted Intervention services. Referrals are also made to other providers to assist with family interests/needs or when long term case management is required. ECE&C staff visit licensed children's services in the catchment area (about 95 services including 27 schools) to provide professional development or to advise them of EYC services.

Qld Health provides Child Health Nurses to EYC and they offer a range of parallel services (opportunistic health programs) alongside universal programs.

Targeted services include: Teen parents; Aboriginal, Torres Strait Islander and Pan Pacific Islander families; Fathers in detention soon to reunite with their children; families from CALD backgrounds; with multiple births; Children in Prep – Year 3 experiencing anxiety and/or relationship issues and Parents and children with diagnosed disabilities. Other programs include – Young Mother's Group; and the Men's Group.

Gowrie – South Australia

Geographic location

Gowrie SA is a dynamic, community-based organisation leading the development of innovative and responsive services for children and families and building leadership capacity in the wider South Australian early childhood community.

Gowrie SA extends over two sites, Thebarton and Underdale, in the suburbs of Adelaide.

Years of operation

It has been in operation since 1940 (originally known as Lady Gowrie Child Centre) as a demonstration early childhood centre with multidisciplinary roots. Although it remained a children's centre in a number of guises, in recent years the centre has returned to a multidisciplinary approach and focussed on integrated service provision.

Auspice and agency

Gowrie SA is auspiced and managed by a single Board which is also the employing body.

Organisational structure

The Executive Director is directly accountable to the Board. Within the organisation there is a rather flat structure of team leaders and senior leaders who take part in shared leadership. The rather flat structure within Gowrie is considered extremely important for supporting integration because it affords many staff members the opportunity to gain organisational perspective and, in the case of emergent leaders, experience in addressing challenging situations with the support of other members of staff.

Physical structure

Both sites have purpose built buildings for direct service provision. At Thebarton the building is a heritage building and is distinguished by a spacious garden setting while nearby on the same site is the Gowrie Training Centre, the third arm of the integrated organisation. The purpose built child care building at Underdale is of 1990's origin.

Community context

The Thebarton site is located in a mixed / industrial area while the Underdale site is adjacent to a higher education precinct within a new housing estate.

Range of services

Gowrie SA has a range of services around its 4 key functions including:

- Direct service provision - integrated preschool and childcare programme at Thebarton and child care at Underdale;
- Early intervention parenting programme for families;
- Professional development services through Gowrie Training Centre; and
- Resource Centre for the South Australian early childhood sector

Working within the one organisation across different physical locations, with staff from different professional and theoretical backgrounds is challenging. Change in Gowrie SA has taken concerted effort and goodwill from willing participants over long periods. This organisation does not attract any additional funds for this endeavour. The emerging organisation is a high quality, seamless and relevant relationship-based service for the child and family. For the staff, the evidence suggests this integrative endeavour has promoted high levels of commitment, motivation, personal growth, professional development and career satisfaction.

il nido – South Australia

Geographic location

il Nido Children's Centre is a metro service located in the suburb of Paradise in the east of Adelaide, South Australia. While operating in the Campbelltown area, it is open to a diverse community coming from the local area and beyond (eg. The Hills area and people passing the service en route to work).

Years of operation

As an integrated children's centre, il nido has been in operation since January 2010. This site brought together previous elements of the service namely il nido Childcare Centre and Campbelltown Preschool Centre, with extended health services and parenting support.

Auspice and governance

il nido Children's Centre is auspiced by a partnership between the Department of Education and Children's Services, the SA Department of Health and the Department for Families and Communities as one of South Australia's Children's Centres for Early Childhood Development and Parenting. This service reflects a whole of government and integrated service delivery model, outlined in *The Virtual Village: Report of the Inquiry into Early Childhood Services* and recommendations from *The Layton Report* and outcomes from the UK initiative *Every Child Matters*. As a non profit organisation, il nido is managed by a Governing Council made up of 12 parent and community representatives known as the il nido Management Committee.

Organisational structure

There is considerable model complexity in the organisational structure. The Council is responsible for the management of the service although not all of the employees are answerable to them or employed by them. There are five different employing bodies for staff involved at the centre. The Director is answerable to the Council although she is an employee of the Department of Education. Other senior staff members are employees of two Government departments while being accountable to the Director on a day to day basis. Childcare and preschool staff are employees of the Council, and one staff member, responsible for Through the Looking Glass program, is employed and managed by an outside body, Gowrie- Adelaide.

Physical structure

il nido is a new, purpose built, children's centre that brings together a range of services directed at children's learning, development and health as well as parenting support and community engagement in the one complex.

Community context

il nido operates in a relatively low socio-economic suburb populated by people from diverse cultural backgrounds in particular Anglo Saxon, Italian (3rd and 4th generation), African and Indian. It is conveniently located next to the Campbelltown Primary School and the Charles Campbell Secondary School.

Range of Services

Universal and targeted services within il nido include:

Preschool, childcare, counselling, parent support service, financial service, playgroups, Dad's group, African Parents' group, intensive play therapy / art therapy, Through the looking glass (Ttlg) parenting program focusing on attachment, child and family health services as well as a community development program.

Kyabra - Queensland

Geographic location

The agency covers the geographic area of Mt Gravatt to Calamvale (including Algester, Parkinson, Acacia Ridge and Coopers Plains) in outer Brisbane, Queensland. Services are located over a range of locations / suburbs with some component services being clustered in the same location.

Years of operation

Kyabra has operated as an integrated service for more than ten years.

Auspice and governance

The not-for-profit Kyabra is auspiced by one entity for all services offered, Kyabra Community Association Inc. It is governed by a single Board made up of community representatives and professionals. The Board embraces a philosophy of acknowledging and empowering users of the organisation through Board involvement.

Organisational structure

The CEO answers directly to the Board. Management cascades from the CEO through Senior Services Manager to individual team managers / leaders of individual services within teams (e.g. Families Change team comprising Limited Hours Child Care (LHCC), Families HUB and Family Relationship Education and Training. There is a large administrative team and the organisation uses working parties to work on the likes of projects, grants and OHS aspects.

Kyabra has recently completed a process of structural change. The new structure contains a senior management level which did not exist previously. The focus for this organisation is to continue to work in an integrated way, offering clients a 'no wrong door' approach to engagement. Part of the structural change has been to create a new team, Families Change Team, which consists of services that had previously existed within other team areas. The focus of work for the new team is early intervention rather than the predominant child safety/protection focus that exists in the team that formerly housed two of the Families Change Team services, Limited Hours Child Care (LHCC) and Families Hub.

Physical structure

The service is situated over a number of sites within the precinct. The LHCC for instance is located in an old one-roomed playroom plus storeroom with verandah and bathrooms adjoining. An 1880's community hall also adjoins this playroom and access is permitted to the children on some occasions. The main office for Kyabra and other services within the Families Change Team to which LHCC refers, are situated in a neighbouring suburb of Runcorn.

Community Context

The catchment area has a diverse socio-economic mix. The predominant cultures represented in the area include African, Australian, Chinese, Korean, Japanese and Indonesian. The community is the home for many refugee families.

Range of services

Kyabra is a dynamic and multifaceted organisation with the motto of *Strength in Community*. It is an organisation grounded in social justice and strength-based practice, progressing the hope for a fair and safe community through

- Community development;
- Disability services;
- Housing support services;
- Foster and residential support services; and
- Early intervention and education services.

These services are offered through an integrated service delivery model.

Within this large organisation, it is difficult to look at discrete sectors because of the integrative nature of its operation. However, a look at LHCC within the Families Change team gives a snapshot of some of the integrative synergies present in the organisation. LHCC provides childcare with mixed aged groupings for 14 children per session during school terms for 41 weeks per year. 20 hours per week (within this it also offers emergency care and occasional care).

The childcare programme is characterised by skilled, responsive and empowering interactions between staff and children, staff and volunteers, staff and other staff and staff and parents. While the program is open generally to the catchment area, referrals are accepted from other Kyabra service areas (e.g. foster care children and children with special needs and their siblings). The programme embodies a strong community development ethos. A very active volunteer program operates within LHCC, providing strong links with the community. Volunteers are sourced from parents of children attending the centre, general community and from clients of other service areas within Kyabra (eg Disability Services). Volunteers are supported, mentored and, where there is a desire and if applicable, upskilled through early childhood studies. Volunteers take on very meaningful roles within the service on their learning journeys. The centre also provides a venue for school based traineeships. This is in conjunction with the local High School. Trainees are enrolled in Certificate Three in Early Childhood studies.

LHCC is viewed within the team as a direct service where the children and other clients can be safe and secure. It is client oriented particularly through aspects such as its volunteer programme. Other programs offered by the Families Change Team include:

- Mobile play bus community playgroup offerings in local parks or other outside venues and community events;
- Parent trail – a creative group for parents living with a mental illness;
- Adolescent group meetings – working with Kids of Parents with mental illness;
- Strong association between LHCC and local primary school with a pre prep program (Early Starters Programme). This is offered at the primary school and organised and implemented by a group of Year 12 students from the local high school who are undertaking Certificate II in Community Services and Certificate II in Volunteering; and
- Parenting support and information evenings e.g. Emotional Intelligence and Resilience in children presented by the Director of LHCC and the Hub Co-ordinator (who is a Counsellor and also early childhood qualified)

Little Yuin Aboriginal Pre-school and Multi-Purpose Family Centre – New South Wales

Geographic location

Little Yuin Aboriginal pre-school and Multi-purpose Family Centre is built on Yuin Country, at Lake Wallaga Koori Village, Bermagui, a former Aboriginal Mission Station, approximately 60kms south of Mourya.

Years of Operation

Little Yuin Aboriginal pre-school was opened twenty years ago. The Multi-purpose Family Centre, first mooted in 2000 to respond to community calls for the provision of a range of family and other services at the pre-school, was officially opened in April 2009.

Sponsorship / auspice

Little Yuin Aboriginal pre-school and Multi-purpose Family Centre is a not-for-profit organisation funded by a range of State and Federal Government departments. It actively seeks additional external funding (for example from local businesses) to support its initiatives.

Governance Structure

Little Yuin Aboriginal pre-school and Multi-purpose Family Centre is owned by the Merrimans Local Aboriginal Land Council. It is managed by a volunteer Aboriginal committee, consisting mainly of family members and Wallaga elders.

Organisational Location

A non-Indigenous Director oversees the day to day running of the pre-school, with the assistance of a non-Indigenous Teacher's Assistant, Aboriginal Administrative Assistant and Indigenous Support Worker. There is also a large pool of, mostly non-Indigenous, volunteers who regularly work at the pre-school reading to and playing with the children. The Family Centre is overseen by a non-Indigenous Project Officer with the assistance of the Aboriginal Administrative Assistant.

Physical Structure

The pre-school has one large play room, an office, kitchen, storeroom, laundry and bathroom facilities. It is well equipped with a range of indoor and outdoor learning materials including many which reflect Aboriginal culture (e.g. puzzles / dolls / books). There is a large landscaped outdoor play area, the development of which was contributed to by members of the local Community Development Employment Projects (FaHCSIA funded).

The Family Centre is co-located at the pre-school in a purpose built extension. It has a large open room with an internet cafe; a smaller room for meetings, a kitchenette and access to a small covered outdoor area.

Community Context

Little Yuin Aboriginal pre-school and Multi-purpose Family Centre primarily serves the Aboriginal community of Wallaga Koori village and the region. However, non-Indigenous

children also access the service. A bus picks the children up from home in the morning and drops them off in the afternoon. Wallaga Koori village has a population of approximately 150 people, 1/3 of whom are under 18years old. It is a highly disadvantaged community with high levels of unemployment, substance abuse and domestic violence.

Range of services offered

Little Yuin pre-school is licensed for 25 children aged 2 – 6 years (5 2yr olds). It operates four days a week during school terms. The children attend from 9am – 3pm, three days, and the fourth day is for staff preparation and development.

The Family Centre runs the following services:

- Sister to sister: a DEEWR funded program working to reduce family violence
- School holiday programs
- Homework study centre
- Internet café

In addition, the Family Centre makes a small charge to other services operating the following programs out of the Family Centre:

- Women's legal aid.
- Job Network.

Ngala – Western Australia

Geographic location

The main site for Ngala (an Aboriginal word meaning “we too”, “mother and child”) is in the suburb of Kensington just south of the city of Perth. The facility includes a Parenting Centre with overnight and day stay accommodation for mothers and babies, a statewide helpline service and parenting education, an administration section and a long day care centre. In addition, Ngala will be opening a long day care centre at Perth’s domestic airport in June 2010.

Outreach services are located in community facilities at eight metropolitan ‘hubs’ north, east and south of Perth as well as a ‘hub’ in the Pilbara region mining communities (in conjunction with Woodside). Ngala also operates virtual hubs - a website and video conferencing facilities) in conjunction with other services at regional Community Resource Centres.

Years of Operation

Ngala was established in 1890 as the House of Mercy. It was subsequently known as a ‘mothercraft home’ providing short term care for children 0-3 years, an adoption service, and a centre for training mothercraft and child health nurses. By 1975 Ngala was providing short term care for up to 89 infants and young children with an average stay of 1 year. The Ngala’s long day care centre opened in 1971.

Sponsorship / auspice

Ngala is a not-for-profit organisation. It has government funding for selected operations at the Parenting Centre and Community Programs, and actively seeks additional external funding to support other initiatives. Ngala also has links with universities and has been successful in gaining research grants.

Governance Structure

Ngala (consisting of 5 companies) is governed by a Board with 7 members who are representative of different professional disciplines and includes an early childhood academic. The Board has a clear purpose and acknowledges the importance of good governance.

Organisational Structure

Responsibility for Ngala’s Children’s Services, Community Services and Family Services (i.e. 3 companies) lies with the Chief Executive Officer, two Directors and within the Early parenting Services, four Managers who are accountable to the Director Early Parenting Services. While accountabilities suggest a hierarchical structure, in practice these key staff have worked together to establish common program policies and practices identified in 2005 as an interdisciplinary ‘one Ngala’ approach.

Physical Structure

The main site at Kensington is a substantial building that includes administration offices, facility for family overnight stays and a purpose built long day care centre.

Community Context

While the range of services varies across locations, the focus of service delivery is on the well-being of children living in diverse families and communities. The diversity includes families from disadvantaged and isolated areas, 'fly in and fly out' families, indigenous families and those from other cultural groups as well as families who have accessed services because they particularly value the services' support in their parenting role. Referral/access is often through the Ngala Helpline.

Range of services offered

Ngala provides universal services (e.g. Helpline and information on the Ngala website as well as Long Day Care); targeted services (e.g. Parenting and Play Time specifically directed towards the more disadvantaged communities); and intensive/specialist services (includes Day and Overnight Stay programs to support mothers and babies). Programs include: parenting education such as *Parenting and Play Time* held in a number of locations; family consultation service including video conferencing; early Learning and Development (i.e. 52- place long day care centre on site that caters for approx. 120 families); therapeutic group programs; prison parenting program; indigenous parenting & children's program; Hey Dad WA (support for fathers). The target group is children from birth to school age and their families.

Quantin Binnah Community Centre - Victoria

Geographic location

Quantin Binnah is located in Werribee in the City of Wyndham. Wyndham is a local government area on the western fringe of outer Melbourne and is experiencing the largest and fastest growth of any local government area in Victoria with an average of 53 babies born per week (City of Wyndham website). Werribee is a large geographic area which retains much of its original farming spaces, especially market gardens, as well as having medium density housing estates, businesses and shopping precincts. Quantin Binnah is located in close proximity to a Government and a Catholic primary school.

Community contexts

The local community contexts reflect an outer Melbourne suburban profile. Families with young children comprise the majority of households. When Quantin Binnah was built by Shire of Werribee (now the City of Wyndham), it was located within a new community where there were very few other services for children and families apart from two primary schools.

Years of operation

Quantin Binnah began operation in 1992 and has been providing services to children and families in Werribee from that time.

Physical structure

Quantin Binnah operates from a very large, single story, purpose built premises. The Centre is resourced well and provides comfortable physical spaces and environments for children, families and staff. The building has been extended several times to cater for the increasing demand for services as the local population has grown. The latest extension is a Cafe which has been funded through a large Commonwealth government grant under an adult education funding program.

Sponsorship/auspice

Quantin Binnah was built under the auspices of the former Shire of Werribee, now the City of Wyndham. The Centre is built on land owned by the local government. Quantin Binnah operates as an independent service within the local municipality.

Governance structure

Quantin Binnah, is a not-for-profit community centre managed by a committee of management comprised of twelve volunteers including parents using the service and a local government councillor. Members are elected annually. The committee of management meets monthly. The full time Manager of the Centre and the senior leadership team also attend the meetings and provide written reports. All staff working at the Centre, except for the Maternal & Child Health nurse, are employed by the Committee of Management. The M&CH nurse is employed by the City of Wyndham.

Operational structure

The organisational structure at Quantin Binnah could be identified as a relatively 'flat' structure with the Manager working closely with four senior staff members from each of the key service areas: OSHC, LDC, Preschool and Community Development. The senior management leadership team work with the staff in their respective programs or services as well as collaborating with each other on key issues. The organisational structure also encompasses partnerships with other community services such as local primary schools, Victoria University of Technology and parent volunteers who support the centre by volunteering in the uniform shop or by assisting with the book club, fundraising, typing, or the annual craft market.

Range of services

Currently, Quantin Binnah is providing the following services for children and families:

- Long day care
- Kindergarten/preschool including a Saturday morning program
- Three year old programs
- Out of school hours and vacation care programs
- Specialist play groups
- Maternal and Child Health Nurse service
- Community development services (adult education) such as women's life style classes
- Adult services such as an anger management program held in the Centre in the evening and run by Life Works an external family support agency.

In addition to the services provided on site, QuantinBinnah also manages and operates four OSHC programs located in school sites within the municipality. Quantin Binnah also manages a 45 place long day care centre, Woodville Childcare at Hoppers Crossing.

Local community groups use the Quantin Binnah premises for a range of purposes on weekends. The Sudanese community, for example, holds a church service in the Centre on Sunday mornings. With the services managed by the Committee and the additional community usage, Quantin Binnah operates seven days a week for 50 weeks of the year. Approximately 1400 children per week attend programs provided or managed by the Centre.

Richardson Child Care and Education Centre – Australian Capital Territory

Geographic location

Richardson is one of the housing areas that emerged in the southern Canberra area over twenty five years ago.

Years of operation

The Richardson Child Care and Education Centre (CC&EC) has been in operation as a child care centre for 27 years and has operated as an integrated service since 2005.

Auspice and Governance

Richardson CC&EC is auspiced by Communities @ Work, a not-for-profit organisation, managed by a voluntary Board of Directors. C@W, has operated for over 30 years. It offers a range of child care and education centres and community services to about 40% or over 140,000 client contacts, from over 30 locations, each year in the community in the ACT and surrounding areas.

Organisational Structure

The Centre Manager is responsible for the CC&EC and has line management to the Director, Child Care & Education Centres. Staff from Parenting Matters and the Richardson Family Links program report directly to the Executive Director, Children's Services Division.

Physical structure

The Child Care and Education service, Parenting Matters (PM) and Richardson Family Links (RFL) all operate from the one site. Some refurbishment of the site happened when PM and RFL programs were transferred to the site. It is well maintained building, offering a welcoming and aesthetically pleasing environment for children and families.

Community Context

The area is characterised by high levels of family disadvantage and high risk due to long term unemployment; low income and substance abuse. There are minimal social/health facilities and many families are socially isolated. The main cultural groups represented are indigenous Australians, non-indigenous Australians, Lebanese and Sudanese.

Richardson CC&EC is located opposite the local Primary School that includes a government preschool; and next door is the Richardson Support House offering a range of health and psychology support services; Family Day Care and In Home Care Coordination Unit. These services are all part of the Richardson Community Hub. The services get together several times a year

Range of Services

Richardson CC&EC offers a 54 place long day care for children from birth to school age and B&A school care for children up to 8 years – full time; part time; occasional and school term care. A range of qualified and experienced staff ensure the centre is focused on building positive

relationships between staff, children and families and where education and well being is a priority.

Operating within the Richardson CC&EC building and also managed by C@W are:

Richardson Family Links –RFL works with the child care staff and parents to provide them with activities and resources to support better parenting. RFL works with staff, children and parents. Programs include – resource library; program ideas and excursions; Grandparent and kinship support group; social activity workshops for parents; coffee/craft groups; and facilitated playgroups.

Parenting Matters – PM is a service for parents with children from 2 to 8 years. Staff only work with the parent and provide individual, practical parenting support that develops new skills that promote and maintain positive relationships between parent/child. Home visiting and a Supported Playgroup is also provided but focus is on good outcomes for parents.

Appendix 2: Data base of Integrated Services

Australian Capital Territory

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Richardson Hub (includes Richardson Family Links, Parenting Matters and Richardson Child Care and Education Centre)	May Gibbs Close	RICHARDSON	2905	02 6291 6870
Tuggeranong Child and Family Centre				02 6207 8228
Gungahlin Child and Family Centre				02 6207 0120
West Belconnen Child and Family Centre*				

New South Wales

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
The Infants Home Child and Family Services	17 Henry Street	ASHFIELD	2131	02 9799 4844
Kurrajong Early Intervention Service	2 Grampian Place	WAGGA WAGGA	2650	02 6926 2466
Glenmore Park Child and Family Precinct	c/- Penrith City Council 601 High St	PENRITH	2751	02 4732 7777
St Josephs Family Services	Walters St	PORT MACQUARIE	2444	02 65836464
Stronger Families Alliance	Blue Mountains City Council	BLUE MOUNTAINS		
SDN Child & Family &		GRANVILLE		02 9897 3635

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Children's Services Program				
Little Yuin Aboriginal Preschool Family Centre	(Far South Coast NSW)	BEGA	2550	044737396

Northern Territory

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Yuendumu Child and Family Centre				0488958502 08 8956 4102
Maningrida Child and Family Centre*				
Gunbalanya Child and Family Centre*				
Palmerston Early Learning Centre	15 Hutchison Terrace	Bakewell	0832	08 8932 8000
Ngukurr Child and Family Centre*				

Queensland

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Lady Gowrie Child Centre / Caboolture Early Years Centre	228 St Paul's Terrace Fortitude Valley	BRISBANE		07 3252 2667 07 5428 1477
Mt Isa Child and Family Centre*		MT ISA		
Cooloola Child and Family Centre				07 5482 9012
Nerang Early Years Centre				07 5578 1346
Browns Plains Early Years Centre				07 3800 4177
Cairns Early Years Centre*				
Koolkan Early Childhood Centre and Family Support Hub	Wuungkan Street	AURUKUN (Cape York West Coast)	4871	07 4060 6051
Kyabra Community Association		BRISBANE		

Inc. (Kyabra)				
North Gold Coast Early Years Centre				07 5578 1346
9 Indigenous Child and Family Centres committed to Qld by 2014				

South Australia

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Lady Gowrie Child Centre	39a Dew Street	THEBARTON	5031	08 8352 5144
Il nido Children's Centre	22 Campbell Road	PARADISE		08 8365 3839
Elizabeth Grove Community Campus Children's Centre	20 Haynes Street	ELIZABETH GROVE	5122	08 8255 7515
Hackham West Children's Centre	9 Vintners Walk	HACKHAM WEST	5163	08 8382 6161
Family Zone Ingle Farm Hub	Ingle Farm Primary School	INGLE FARM		08 8349 6099
Salisbury Highway Childcare Centre	Salisbury Downs	ADELAIDE		08 8258 4170
Kura Yerlo Children's Centre		SOUTH AUST		08 8449 7367
Halifax Street Children's Centre	257-259 Halifax Street	ADELAIDE		08 8223 2240
Renmark Children's Centre	204 Eighteenth Street	REMARK	5341	08 8586 6063
Port Augusta Children's Centre	Carlton School Rupert Street	PORT AUGUSTA	5700	08 8642 6504
Ocean View College Children's Centre	Gedville Road	TAPEROO	5017	08 8248 2593
Keithcot Farm Children's Centre	5 Keithcot Farm Drive	WYNN VALE	5127	08 8251 2700
Point Pearce Aboriginal School		POINT PEARCE	5573	08 8836 7210 08 8836 7234

Café Enfield	<i>C.a.F.E Enfield Children's Centre Pateela Street</i>	ENFIELD	5083	08 8342 3329
--------------	---	---------	------	--------------

Tasmania

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Geeveston District High School				
Bridgewater Child and Family Centre (with outreach to Geeveston)*				
9 more Child and Family Centres committed for Tasmania				

Victoria

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
St Arnaud Children's Precinct	5 Walker Street	ARNAUD	3478	03 5495 2666
Parkside Green Community Centre (OR Parkwood)	Cnr Catherine and Community Hub	HILLSIDE	3037	03 83616506
Eastern Access Community Centre	75 Patterson Street	RINGWOOD EAST	3135	03 9879 3933
Best Chance (Child and Family Care Network)	583 Ferntree Gully Road	GLEN WAVERLEY	3150	03 8562 5100
Oakleigh Primary School	20 Warrigal Road	OAKLEIGH	3166	03 9568 6315
Bannockburn Community Centre	2 Pope Street	BANNOCKBURN	3331	03 5220 7127
Warracknabeal Children's Centre	11 Werrigar Street	WARRACKNABEAL	3393	03 5394 1751

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Lake View Children's Centre	Cnr Reserve Drive and Lakeside Drive	MOUNT BEAUTY	3699	03 5754 4848
Strathdale Children's Centre	145 Crook Street	STRATHDALE	3550	03 5443 5868
Laverton Children's Centre	15 Crown Street	LAVERTON	3028	03 9360 0964
Taylor's Gully Children's Centre	87-89 D'Arcy Street	STAWELL	3380	03 5358 9000
Kerang and District Children's Centre	2 Murray Street	KERANG	3579	03 5452 1357
Poets Grove Family and Children's Centre	Elwood Primary School 18 Poets Grove	ELWOOD	3184	03 9531 6563
Deer Park Preschool	Cnr Furlong Road and Carmody Drive	CAIRNLEA	3023	03 9363 1762
Pakenham Springs Children's Centre	Cnr Livingstone Blvde and Heritage Blvde	PAKENHAM	3810	03 5629 6069
Springside Children's Centre (formerly known as Northlake Community Children's Centre)	Becca Way	CAROLINE SPRINGS	3023	03 9747 7307
Wangaratta Children's Services Centre	1 Handley Street	WANGARATTA	3677	03 5721 2635
The Harbour Family and Children's Centre or (Victoria Harbour Children's Services Hub)	Seafarer's Lane	DOCKLANDS MELBOURNE	3008	03 8624 1000
Murrindal Family Centre	100 Murrindal Drive	ROWVILLE	3178	03 9759 6078
Rosedale Community Centre	2-8 Cansick Street	ROSEDALE	3847	03 5199 2333 03 5143 8839
Malcolm Creek Children's Centre	87-91 Grand Blvde	CRAIGEBURN	3064	
Beaconsfield Community Centre	1 O'Neills Road	BEACONSFIELD	3807	03 8768 4400
Torquay Children's Services	27 Grossman's Road	TORQUAY	3228	03 5267 2297

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Hub				
Yarra Junction Community Hub – Upper Yarra Integrated Family and Children’s Centre	2442-2444 Warburton Highway	YARRA JUNCTION	3797	03 59672776
Yarrowonga preschool and occasional care centre	Lot 17 Orr Street	YARRAWONGA	3730	03 5743 1182
Sea Lake Children’s Centre / Mallee Minors Childcare Centre	55 Mudge Street	SEA LAKE	3533	03 5070 1387
Mill Park Lakes Preschool	280 Gordons Road	SOUTH MORANG	3752	03 9404 2623
Hihett Children’s Centre (Livingston Kindergarten)	1 Livingston Street	HIGHETT	3190	03 9599 4661
Littlecroft Family Resource Centre	51 The Strand	NARRE WARREN SOUTH	3805	03 9705 5590
Bentons Square Community Centre	Cnr Bentons Square and Dunns Road	MORNINGTON	3931	03 5977-2468
Clayton Community Centre	9-15 Cooke Street	CLAYTON	3168	03 9541 3130
Mitcham Children and Family Centre / Lucknow Street Children’s Services Centre	37 Lucknow Street	NUNAWADING	3131	
Churchill and District Community Hub	9-11 Philip Parade	CHURCHILL	3842	1300 367 700
Ararat North KinderCare	66 Blake Street	ARARAT	3377	03 5352 2211
Wendouree Children’s Centre (Yuille Park P-8 Community College)	Grevillia Road	WENDOUREE	3355	03 5339 5555
Dimboola Children’s Centr / Dimboola Early Learning Centre.	27 Hindmarsh Street	DIMBOOLA	3414	03 5389 1130

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Yea Children's Centre	The Semi Circle	YEA	3717	03 5797 3070
Boorandarra Children's Centre / Boroondarra Kindergarten.	75 Cooke Court	RICHMOND	3121	03 9428 3619
Lakeside Children's Centre	2 Olympic Way	PAKENHAM	3810	03 5629 6069
Yoralla Narre Warren Central Children's Centre.	4 Malcolm Court	NARRE WARREN	3805	03 9704 6757
Yoralla Western Early Childhood Services / Altona North Kindergarten	30 Ronald Avenue	ALTONA NORTH	3025	03 9932 2162
Tarneit Community Children's Service / Tarneit Kindergarten / Tarneit Community Learning Centre	150 Sunset Views Blvde	TARNEIT	3029	03 9748 9822
Quantin Binnah Community Centre	61 - 75 Thames Boulevard	WERRIBEE	3030	03 9742 5040
Eastern Access Community Health	46 Warrandyte Road	RINGWOOD		03 5962 4704
Wallaroo Child and Family Centre	6 Wallaroo Place	HASTINGS	3915	03 5979 2365
The Homestead Child and Family Centre	Homestead Run	ROXBURGH PARK	3064	03 9308 9066
Port Melbourne Child and Family Hub				

Western Australia

SERVICE NAME	ADDRESS	SUBURB	P/CDE	PHONE
Midvale Early Learning and Parenting Centre	Shire of Mundaring Children's Services			08 9274 4499
Lady Gowrie Child Centre	275 Abernethy Road CLOVERDALE WA 6105	PERTH		08 9478 7500
Halls Creek Child and Family Centre*				
Ngala	9 George Street,	Kensington	6151	08 368 9368

*Proposed services