The Art of Integration

Delivering Integrated Education, Care and Support Services for Young Children and their Families

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This paper describes and explains why and how The Infants’ Home’s (TIH) provides integrated service delivery. It draws on documentary evidence, and interviews with current and past staff, TIH Board Members, and parents.

The report illustrates the ways TIH has intentionally adapted integrated service delivery based on its long-held commitment to social justice, children’s rights, and concern for the most vulnerable in society. Its practice is grounded in contemporary best-practices, to respond to the changing needs of children, their families and the communities in which they live.
1. What is Integration?

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 (Press, Sumsion & Wong, 2010).

Integrated services come in many forms. They may offer a range of services and supports from the one site; they may operate in different sites throughout the community through partnerships negotiated between agencies sharing a common commitment to supporting families in the best way possible; or they may combine both approaches. Whatever they look like, successfully integrated child and family services develop in response to their community context and have a clear and deliberate intent to collaborate in the best interests of children and families.

The history of integrated services at TIH can be traced back to its inception. The integrated model has evolved and adapted to meet the needs of the wider community. Their current delivery incorporates a range of early childhood education and care, health services and specialist supports. Many of these programmes are offered from TIH grounds in Ashfield, Sydney. However, in keeping with the organisation’s commitment to reaching out to children and families, TIH works with partner agencies to provide services such as specialist playgroups and family day care in locations throughout wider Sydney.
Why Integration?

Current research and human rights’ perspectives strongly advocate the inclusion of children with additional support needs in mainstream services as the most beneficial and socially just approach to service provision. Integration contributes to a sense of community, children’s development of empathy and their understandings of equity.

There is growing recognition that the most effective way to support families facing multiple challenges is for professionals from diverse disciplines to work collaboratively and consistently to provide access to the range of services and supports families may need.

The failure of stand-alone, fragmented services to adequately support the increasingly complex needs of many families has given rise to increasing interest in integrated approaches (Moore & Skinner, 2010; Moore, 2008).

Exemplar programmes such as Toronto First Duty (2008) in Canada, and Penn Green (Whalley, 2006) in the United Kingdom, have provided insights into the impact on children, families and communities of effective and sustained professional collaborations, and the key drivers of success.

TIH is committed to supporting all families, including those in the most difficult of circumstances. Integrated services can provide a range of professional expertise to families in a way that supports family functioning and children’s wellbeing.
Integrated service delivery is now widely advocated, and a feature of Australian Government policy. The Australian Government’s Agenda for Early Childhood advocates for “high-quality, accessible and affordable integrated early childhood education and child care” (Australian Government DEEWR, 2010) on the grounds that integration will better meet the needs of children and families, particularly those facing multiple challenges or living in difficult circumstances.

The Social Inclusion Agenda is similarly supportive of integration seeking to overcome family and community disadvantage through strategies such as early intervention and prevention; partnerships with stakeholders; and services tailored to the needs of communities (Social Inclusion Unit, 2009).

The literature is clear that successful integration requires thoughtful and targeted action at multiple levels, from legislation, through governance, to front line service delivery (Edwards, 2009; Horwath & Morrison, 2007; Press, Sumson & Wong, 2010; Whalley 2006).
3. The Infants’ Home Model of Integrated Service Delivery

Originally an orphanage, this dynamic organisation has constantly evolved in response to changing community context by providing a diverse range of services. Now operating from an early education and care platform, TIH has consciously worked to integrate its multiple services, to more effectively meet the diverse needs of children and families.

TIH provides integrated, universal and targeted, education, care and support services for young children and their families, with a particular focus on reaching children and families facing challenging circumstances.

TIH model of integrated service delivery is firmly grounded in a long-held commitment to social justice and is based in evidence of current best practice in early years’ service provision.

TIH’s model of integrated service delivery is multi-faceted. The model facilitates the inclusion of children with additional needs into mainstream services and provides families seamless access to additional services if/when required. The model also contributes to the development of a TIH ‘community’ that is fully integrated into the wider service network and local community.

The TIH integrated service model provides a cohesive and holistic suite of services ‘that maximises the impact of different disciplinary expertise in a shared intent to respond to family and community contexts’ (Press, Sumson & Wong, 2010).
There are four main elements of the TIH Model. Firstly, there are core **universal services** open to all families in the community. Secondly there are **specialist services** that respond to the particular needs of children and families. Thirdly, there is a **strategic deployment of resources** to ensure that TIH reaches out to families in difficult circumstances who may otherwise miss out on the assistance they need. Fourthly, and most significantly, professionals from each of these services work together and with families to develop **shared goals and strategies** to support children’s wellbeing, health and development.

**Early Education and Care (ECEC)**

High quality early childhood education and care (ECEC) is central to the TIH integrated service delivery model and these TIH services are available to all families. Research shows that experiences in the early years of a child’s life can have profound effects on their later development, learning, health and well-being. TIH’s integrated service delivery model is based on understandings of best practice in the early years.

The ECEC program, which consists of 4 early learning and development centres, caters for children aged 6 weeks to 6 years. The pedagogical program is delivered and/or overseen by early childhood teachers with a four year degree and supported by high numbers of staff to children (higher than required by national standards). The curriculum is informed by current best practices (including the Early Years Learning Framework), and emphasizes: language, emergent literacy, early mathematics skills; motor, social, and emotional development; health and nutrition; structured and unstructured play; and parent involvement and education.

The ECEC program is a universal service; it is open to any family to enrol. However, in keeping with its commitment to social justice, 30% of places are targeted for families facing challenging circumstances (for instance, families where there is domestic violence, substance misuse, mental health, homelessness or living in a refuge, young mothers, a family member with a disability, social isolation, or refugee, Aboriginal, and culturally and linguistically diverse families).
Early intervention services

All families, at some time, need support to provide the safe, secure, stimulating environments that are optimal for their child’s growth. However, support services in the early years are particularly important for families living in very challenging circumstances (such as those where there is mental or physical ill-health or substance misuse, social isolation or economic stress etc).

TIH’s integrated service delivery model removes barriers to families’ access to services and facilitates coordinated responses to the often complex needs of these most vulnerable children and families to improve children’s developmental outcomes.

Early intervention is made accessible to families in many different ways. In recognition that the best interests of children are served when there is continuity of communication and care between children’s homes, communities and services, intervention support is provided within TIH grounds, in families’ homes, and in locations throughout the community.

Depending upon the nature of the issues families and children face, early intervention support can be found within the ECEC programs, through community playgroups, or via health services. For instance, TIH provides post-natal support, parent education, health screening, speech therapy, occupational therapy, and art and play therapy. In addition, families can access mainstream and specialist playgroups. For example, the Building Blocks programme provides small group therapy for children with autism, parallel support for their carers followed by a specialist playgroup. The MyTime Playgroup provides peer support for parents, grandparents and carers of young children with a disability, developmental delay or chronic medical condition.

Importantly, children within the ECEC program benefit from close collaborations between families, ECEC staff and allied health and social welfare to meet the holistic needs of children and enable them to participate fully in program activities. Children enrolled in ECEC are able to access the GP clinic for health screening, immunisations, eye tests and general consultations. Where needed, allied health professionals work closely with early childhood educators to provide on-site specialist and inclusive interventions. Through such activities TIH provides a fully inclusive service where children with additional needs are integrated into mainstream settings, with the support of the specialist team wrapped around each child.

TIH has a long and on-going commitment to socially just practices, advocacy for children’s rights and working with the most vulnerable children and families.
It is social justice. That’s what drives me more than anything else. I just see a better world for everyone; not just for children that are experiencing any sort of disadvantage but for others as well, I think that it advantages everybody.

(STAFF MEMBER)

Specialist Health Services

Along with early childhood education, maternal and child health services have been a cornerstone of TIH’s support to children and families. Post-natal support to parents is an important strategy in ensuring children’s wellbeing. The Sydney Hope Family Cottage provides on-site support and home visits for infants from birth to eighteen months by qualified early childhood health nurses. It advises families on issues such as lactation, feeding, sleeping, settling and general parenting. As children grow, additional health screening is available through the GP clinic. If specialist interventions are required, the SpOT clinic provides access to speech pathology, occupational therapy, psychological services and social work services to children aged 0-6 years.

Shared commitments, goals and strategies

TIH has, since its inception, provided a wide range of services to children and families. However, integration necessitates that professionals with different expertise come together to share their understandings and collaborate with each other and the families and children with whom they work.

The development of shared goals and understandings is a key plank of integration and is driven by commitment. How this occurs is outlined in the next section.

Integrated service delivery contributes to TIH’s Vision of a socially inclusive “society in which each child is given the opportunity in early childhood to develop the abilities to meet life’s challenges and opportunities (TIH Annual Report, 2011, p.1) and to its core principle: “to provide each child with every opportunity” (p. 20).
How does integration occur?

The Infants’ Home’s model of integration is theory driven and based on evidence and on-going evaluation. It is enacted through strong, collaborative working relationships across disciplinary boundaries and supported by good governance, strong leadership and sound financial management.

A range of theoretical perspectives underpin integrated service delivery at TIH. Understandings about children’s development are informed by ecological systems theory. This theoretical perspective emphasises that children are unique, multi-faceted individuals whose development is interconnected with, and profoundly influenced by, their changing familial, social, cultural and political contexts. TIH’s commitment to integrated service delivery is also informed by the understanding that identification and intervention of developmental concerns early in children’s lives can prevent or lessen their negative impact.

Integrated service delivery at TIH is also informed by family centred practices, attachment theory and strengths based approaches that build on children’s and families’ existing strengths, contribute to their well-being and empowerment. Professionals work from the perspective of the child within the family, and in particular they recognise the fundamental role of relationships and uphold a commitment to families’ rights to decide service delivery preferences.

A model based on evidence and on-going evaluation of ‘what works’

TIH’s integrated service model reflects international ‘best practice’. But as a learning organisation, TIH also constantly reflects on its practices through on-going assessment of children’s learning and development, client feedback and research and evaluation.
Through reflection on their program, staff at TIH have identified that working in integrated ways that draw on expertise of professionals from multiple disciplines, has lead to the early detection of concerns with children’s development and/or difficult family circumstances and their timely and seamless referral to appropriate services - delivered largely within TIH.

TIH’s integrated approach means families often receive all the support they require within the one site without having to tell their story multiple times.

Feedback from parents, especially those who have a child with a disability, strongly supports an integrated model.

Sebastian [not real name] really thrives on being in a busy environment with lots of activity and noise and fun and stuff going on and lots of attention directed towards him. When we get there in the morning his little friends are there and call out “Sebastian, Sebastion” so his little friends are there and his primary carer - she just cuddles him, he loves her. So I think his experience is very positive. (Parent)

Another parent of a child with a disability noted that through integration everybody works together to give her child intervention in a consistent, sustained and cost effective way. Likewise, staff at TIH argue that integrated service delivery, where families access all their additional support needs, reduces duplication and over-servicing of families and also reduces the costs associated with travel from one service to another.

In a further example of the benefits of integrated ways of working, the strong working relationships that have developed between TIH and the Principal of a local school (following professional development related to how to work effectively with families with vulnerabilities and how to transition children from these families into schools) supported the successful transition of a child from TIH to Kindergarten.

“Integrated means that you look at the whole child, you look at the child’s needs, and you look at the environment that they’re in, and you bring the services that they need to the environment. An integrated service means that, if one child has a, let’s say a need for a speech therapist then that need is met within the classroom and it means that the other children may also gain the skills that are being used to assist –one child can then be used to assist all children.”

(BOARD MEMBER)
CASE STUDY

Joe’s (not his real name) parents have mental health and substance abuse issues that leads to their financial instability and which makes it difficult for them to parent in appropriate and consistent ways. By accessing funding, staff at TIH were able to offer Joe a place in the ECEC service. They also helped Joe’s family access drug and alcohol support services. As Joe attended the ECEC program, staff identified that he finds it difficult to follow instructions and has a tendency to be non-compliant. Consequently, the ECEC professionals and occupational therapist, worked together to develop a number of strategies, such as the use of social stories and visuals, to support Joe engage in the learning opportunities in an appropriate way. In the year prior to Joe starting school, however, staff became concerned that when Joe went to school – and faced a highly structured environment – he would react in negative ways. Consequently, Joe’s primary ECEC carer and OT approached the school principal and all three worked together to develop a plan for how best to transition Joe into school. Despite the number of challenges in his life, Joe’s transition into school was a positive experience for him, his family and his school teacher – who continued to use the strategies initiated at TIH.

This case study highlights how, with careful and proactive planning, ECEC service professionals and school teachers can work together in the best interests of the child. Unfortunately, however, the separation between early years settings and schools, which is entrenched by divergent histories, legislative requirements and funding arrangements, make such cross institutional collaborations the exception rather than the norm.

A model enacted through strong collaborative working relationships across disciplinary boundaries

A central feature of successful integration is an organisational culture and ethos that values and cultivates inter-professional expertise (Edwards, 2009; Horwath & Morrison, 2007; Whalley 2006).

At TIH, professionals from diverse disciplinary backgrounds work collaboratively to provide the range of services on offer. Medical and allied health, social welfare and ECEC professionals, share their specialist knowledge, expertise and understandings about health, nutrition, family support, early intervention and education, to contribute to the overall program as well as the development of individualised programs and
The Infants Home clearly has a primary objective of caring for children, and that comes through very strongly. And basically they’ll experiment or they’ll find ways to work around to get the best result for the kids and the family as well. They understand that the purpose of day care is to help the family as a unit.

(PARENT)

A particular emphasis in TIH is to increase the skills of early childhood professionals so that they can deliver individualised programs for children in consistent and on-going ways throughout the child’s attendance in the ECEC setting.

A Model that Values Collaboration and Strong Partnerships

Although TIH has a history of providing a diverse range of services, it understands the importance of working in partnership with community agencies to support families meet the challenges that face them.

TIH has developed a highly respected profile in the local community. It participates actively in Interagency Networks and has strong links with local services (such as General Practitioners, women’s refuges, local councils and community centres). Referrals in and out of these services are frequent. Strong links with the community assists TIH identify community interests and needs and also enables TIH to provide families with accurate information about the types of local services available.
CASE STUDY

Staff at TIH often identify mothers of children attending ECEC who are the victims of domestic violence. Staff provide information and, where the woman is in agreement, refers them to the local women’s refuge where they and their child will be safe and they can, for example, access the support of a social worker, get counselling, legal advice and find alternative housing.

Reciprocally, TIH provides child care so that women who are staying at the refuge can attend appointments. TIH also runs parenting groups (such as financial literacy courses) in conjunction with the women’s refuge.

TIH welcomes collaboration with external agencies. For example, TIH works with other agencies (such as Autism Australia) and community groups (such as a ‘Dad’s group’ at a local school) providing facilities for playgroups. It invites external services into TIH programs to provide additional specialised support for children and/or families. For instance, TIH works closely with the Spastic Centre to provide inclusive ECEC settings - joint family meetings between the Spastic Centre, families and TIH, ensure clear understandings about families’ goals and consistently of treatment so that TIH is supplementing and contributing to the work of the child’s therapists. Likewise the Spastic Centre provides TIH with advice and equipment to ensure accessibility of the environment.

Further, TIH strives to support other ECEC services in the area by providing advice and professional development opportunities and referring clients. It is a testament to the credibility of TIH work with children and families that former staff often seek professional support from TIH. TIH plans to build on its existing role of supporting professional development and knowledge generation in the ECEC field.

A model supported by sound governance, financial management & strong leadership

TIH’s integrated service delivery model is only possible through sound governance and financial management, and strong leadership.

Governance

Built on a history of over 130 years, TIH has a strong and committed board with members who bring diverse knowledge, skills and expertise to the governance and strategic development of the organisation.

Integration means connecting all the parts so that you become a seamless service. To give an example here, it may be that our Sydney Hope Family Cottage sees a child or family and identify that they may benefit from being in the Learning and Development Centres. So then they get a referral, they come here. And then they may have speech issues identified and they may be referred for therapy. So it’s about the intertwining and cooperation between all of the services so that for the family it’s almost like one service. So it’s really about making it easier for families to access support.

(Staff Member)
Board members, in conjunction with the CEO, actively seek balanced representation from families, early childhood and family professionals, and those with broadly based governance skills. Having one employing body supports the vision of the leadership team in achieving full integration.

**Sustainable Financial Management**

Working in integrated ways incurs additional costs for early years’ services. Costs arise from providing additional services, employing a range of professionals and providing the time needed for deep professional exchange and collaborative ways of working. There are also costs associated with supporting integration through professional development and staff support.

TIH’s historical commitment to multi-disciplinary services has enabled the organisation to work toward integration from a solid foundation. Its ongoing commitment to supporting all families, but especially those from vulnerable circumstances, through integrated service delivery requires careful and innovative financial management. TIH’s funds its model from revenue from a variety of sources and prioritises expenditure so that it is able to meet its commitment to children in difficult circumstances.

It has a deliberate strategy to diversify its sources of income. However, an ongoing challenge rests in the reality that income from different funding streams is often tied to particular types of services and forms of service delivery. Unfortunately, the conditions of funding tied to each area are barriers to the integrated ways of working that better support children and families.

**Leadership**

Strong, well-informed, resourceful and resourced leadership is critical for supporting integrated service delivery. Leadership structures are constantly evolving at TIH in response to new ways of working. Currently, to support close working relationships across professional boundaries, all health and education staff report to one manager.

TIH’s leadership team comprises the CEO and representation from early childhood education, community outreach, health and finance. The team is committed to integrated service delivery as an effective way of supporting children and families.

TIH leaders are responsible for keeping the vision of integration alive and supporting the staff in their efforts to get there. The leadership team is supported by several staff members who are committed to integrated service delivery and act as ‘champions’.
5.

The Journey Continues

TIH’s journey towards integrated service delivery is on-going. The organisation is currently moving from an interdisciplinary to a transdisciplinary model. Their vision is to have allied health practitioners working as primary caregivers alongside early childhood educators, to strengthen the holistic approach of providing early education and early intervention.

A particularly exciting and major development is the design and construction of a new purpose built Early Learning and Care Centre – a “multi-purpose regional hub” (Annual Report, 2011, p.3) - that will support integrated service delivery.

The Early Learning and Care Centre’s state-of-the art design will enable TIH to cohesively deliver a range of services under one roof, affording families seamless access to: child care and education, medical and allied health programs, counselling and parenting education, child and maternal health.

It will provide meeting spaces for local organisations and be a base from which to provide community outreach.

In addition, it will contribute to the early childhood field by aiming to be a centre of excellence, providing an exemplar of integrated service delivery, and by offering professional development and research opportunities.

This purpose-built Early Learning and Care Centre will be a place where children gain the best opportunities early in life; a place designed to meet the complex needs of our community’s most vulnerable families; a place where each child’s unique potential will be nurtured. The early Learning and Care centre will be a focal point for best practice and cohesive service delivery. (TIH Annual Report, 2011, p.25).

"Moving to a transdisciplinary approach presents its own set of challenges related to professional identity, regulatory implications, and financial sustainability. However, research suggests that the transdisciplinary approach to service delivery provides more sustained outcomes for children and families."

(The Infants’ Home CEO)
Conclusion

This project has reported on The Infants’ Home model of integrated service delivery. The process is intentional, dynamic and evolving.

It is driven by the organisation’s on-going commitment to social justice and children’s rights and recognition that some children and families may require additional support.

It is informed by sound understanding of current theory and research about the most effective way to support contemporary children and families.

It is grounded in an understanding of and responsiveness to local community needs.

It is built on a foundation of good governance, financial security and high quality service delivery.

It is supported by strong and effective governance, leadership and an evolving management structure.

It relies on staff commitment to the goal of integrated service delivery and their willingness to work in new and flexible ways so that their collective knowledge and skills can be consolidated to meet the needs of all children, their families and communities.
References


Appendix

What we’ve learnt about creating integrated services

The Infants’ Home’s journey towards integrated service delivery is built on a tradition of innovation and responsiveness to the needs and young children, their families and communities. Through this intentional but dynamic and evolving process TIH has learnt many lessons. Some of the lessons learnt by TIH may be of interest to other services wishing to move towards integrated service delivery.

The suggestions below are given in a spirit of collegiality: They should not be read as a recipe for successful integration.

The journey towards integrated service delivery requires careful strategic planning

• Ensure your strategic plan incorporates clear actions, resources and drivers towards becoming integrated and that your plan is built on and contributes to your organisations’ vision and mission;

• Ensure your organisation’s leadership is well-informed:
  – Begin with an organisational audit of existing services: quality / service mapping / existing practices and processes.
  – Keep up to date with current research and literature on integration.
  – Visit other services that are working in integrated ways.
• Consult widely: Staff, families, other agencies and services in the area, legislative bodies (e.g. Department of Community Services); funders (federal and state government and donors); external peak bodies and experts; early intervention services; and early childhood organisations.
• Involve key stakeholders in different levels of decision making.
• Careful financial planning is required otherwise Integration of services can be expensive and become unsustainable.
• The focus of integration should be seamless service delivery without over servicing or making families dependant.

Moving towards integrated service delivery is an on-going journey – with lots of twists and turns

• Consider integration as a learning journey.
  – Set realistic and achievable goals – eg. consider what model of integration will support your local community without replicating other services.
  – Start slowly and take small steps that build on existing strengths and successes.
  – Recognise that integration can take a long time.
  – One of the critical requirements towards integration is delivering high quality services. There is no point integrating if the foundation is not strong.
  – Understand and be respectful of the existing services in the area, demographics of the community and the demand for services.
  – Develop real partnerships
  – Be prepared to make sacrifices (e.g. reshaping services or allowing external organisations provide services)
  – Recognise that there will be mistakes along the way.
  – Acknowledge that challenges will continually present, and be prepared for setbacks.
  – Recognise that there may be some losses – e.g. resignations from staff.
• Be flexible & responsive.
• On-going development is motivated by success – so take time to celebrate the successes.

“There’s a very strong role for families in the management of the service, so that the service philosophy and policies really are coming very much from a family perspective and not just a professional one.

(Former CEO, The Infants’ Home)
Sound governance, financial management & leadership is essential to support integrated service delivery

Integrate service delivery:

- Consider whether your current organisational structure will allow you to drive integration?
- Ask yourself if you have the necessary skills within the leadership team and staff to champion integration
- Pay attention to the financial model of your service. Can you afford the additional costs associated with integrated service delivery?
- Can your funding be integrated to maximise returns?
- Careful articulation of the benefits of integration for the most vulnerable of children and families may be required to maintain philanthropic donations.
- Encourage and support your leaders to be visionary, conciliatory and supportive.
- Consider engaging external mentors to support leaders in their role.
- Support and encourage staff who ‘champion’ integrated service delivery.

Procedures need to support integrated service delivery

- Ensure your policies are clear and transparent.
- Check your enrolment, intake and referral procedures are:
  - clear, well understood and regularly reviewed.
  - streamlined and facilitate communication between services.
  - support the development of linkages and strong and on-going relationships with external organisations to ensure clear referral pathways.
- Consider quarantining places in mainstream services to ensure access by vulnerable families.
- Ensure staff recruitment procedures explicitly mention the need to work in integrated ways. Include probing questions about working in inter-professional teams in employment interviews.
- Ensure role descriptions provide clear expectations about working in integrated ways.
- Develop collaborative approaches to assessment, planning and evaluation.
- Be aware of the ways different professionals use space:
  - Spaces / floorplans need to allow for flexibility so they can be used in new and innovative ways.
- Undertake regular service review & evaluation.

"My approach was to help potential funders see that yes these families do need support, but showing them in a different light to the ‘deficits’ that they’d been used to hearing about. And I struggled with that, not so much with other people in the profession, but people such as supporters and volunteers.

(Former CEO, The Infants’ Home)"
It is crucial to ensure staff are supported to deliver integrated services

- Recognise that in integrated services all professional, support and ancillary staff have an important role to play.
- Be aware of power, status, cultural and class issues.
- Support staff reflection and development of understandings of how integrated service delivery operates in practice by providing professional development opportunities, supervision and time for reflection.
- Recognise that change can be stressful for staff, and that working with vulnerable families can also induce stress.
- Allow opportunities for staff to express fears and concerns (e.g. in relation to their professional identity).
- External facilitators may be beneficial for supporting inter-professional dialogue.
- Provide opportunities for EC staff to ‘get off the floor’ and work closely with allied health professionals.
- Provide regular, timely, frequent, clear communication.
- Make visible taken-for-granted assumptions and discuss and interrogate differing concepts of:
  - the child v family
  - strengths v needs.
  - individual v group work.
  - immersion v separation.
  - participation v inclusion.
  - professional hierarchies.
  - multi / inter & transdisciplinary work
- Recognise that inter-professional relationship building takes time.
- Encourage staff to work in flexible ways.
- Provide an organisational culture that acknowledges that much can be learnt from failures as well as successes in which staff feel safe to take risks.

“Staff have to do the communicating to make it work. So I would advise service managers to sit down and work it through with their staff. I’d ask them first of all: Why do you want to do it? Is it just because you think this is a great model, or are your staff actually indicating that there’s a need? I would look at how you could actually start the process of a gradual integration because you’d need to look at the kind of children; the kind of issues the children you’ve got in your service are currently dealing with and how they’re being addressed at the moment; and what is available in the community. I think you need to do a lot of work around finding out if there any other services offering the same thing before you go down this track. You don’t just go into this because it’s trendy. You go into this because there’s a clear need and you can bring the resources that you need on site.”

(FORMER CEO, THE INFANTS’ HOME)
Communication is the key!

- Foster communication with outside services:
  - Develop linkages and partnerships with local community organisations, services and educational settings (e.g. other ECEC settings, schools, colleges and universities).

- Foster communication within the service:
  - Program time for formalised, focused communication & discussion.
  - Support professional exchange of information and documentation about children and families.
  - Take ad-hoc opportunities for conversations.
  - Recognise that communication with families is critical.
  - Provide honest and transparent reports of progress to stakeholders (families / staff / Board / funders).

"Communication is the key to making it work.

(Former CEO, The Infants' Home)"