Share your story
Acknowledgements

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Frances Press, Sandie Wong and Jennifer Sumson
Research Institute for Professional Practice Learning and Education (RIPPLE)
Charles Sturt University, 2012.
Introduction

Integrated approaches to supporting children and families are increasingly being recognised around the world as a way to improve the health, wellbeing and learning for children and families. In Australia, the National Early Childhood Development (ECD) Strategy aims to improve families’ access to services and programs by providing a system where services are integrated and interdisciplinary. The strategy calls for the ECD workforce (ie, across health, family services, education and care) to work together to engage with children and families. Among other things, this challenges workers and organisations to build the necessary skills and knowledge to work in integrated ways.

With the rise in integrated working, there is an opportunity to share stories (or case studies) that describe successful partnerships. This allows others to hear positive stories about what is working well, and to be inspired about what can be achieved.

During 2012, the South Australian Department for Education and Child Development sought stories of integrated working in early childhood development from around Australia. The result includes this collation of stories which focus on integrated and collaborative work in early childhood development. Some of these stories have been directly submitted by organisations wanting to share their successes and achievements and others have been collated from previous case study research on collaborative practice and integrated programmes.
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bestchance Child Family Care and bestchance Training

Background

bestchance is a community organisation providing universal, specialist, educational and welfare child and family services to communities throughout Melbourne’s eastern and south eastern region. It employs over 45 full time staff, 120 part time staff and has almost 100 volunteers. Although a number of services are offered from the bestchance site in Ferntree Gully Rd, it also provides kindergarten cluster management in other locations.

Originally the Burwood Boys’ home, bestchance has developed over the years into an integrated child and family programme. It responds to contemporary needs by providing early education and care, early intervention, professional development and more recently kindergarten cluster management.

From our early days of institutional child care and crisis support, we now focus on implementing early intervention strategies and respectfully work alongside families to develop skills, resiliency and self-sufficiency.
Agencies & team(s)

The range of services operating out of bestchance include:

- **The Cheshire School** Special Education Primary School. This school provides a 12 month specialized intervention program for children at significant risk of failure in mainstream school. This unique program enables negative habits to be broken and disruptive behaviours to diminish, resulting in happier, engaged and socially confident students. It is delivered in an environment that empowers children to succeed and creates a positive pathway for their learning.

- **Early Childhood Intervention** provides support, mentoring and parent education, educational and therapy programs for children 0-6 years with developmental delays and/or disabilities.

- **Childcare and Kindergarten** offer education and care programs for very young children. Based on play-based and child-directed learning, they provide children with the best chance to grow, learn and discover within a safe, caring environment.

- **A Parent and Child Support Program (In-home support)** for parents with young children. Targeted to parents who are isolated from community or family support, or need assistance to cope with their changed or challenging circumstances, the programme offers professional family assessment, referrals, volunteer home-visiting support, and a weekly supported playgroup.

- **A Community Support Program** provides advice and support to people experiencing financial or emotional difficulties. Through the programme people can talk through issues, find assistance in setting priorities and address immediate needs (through vouchers, food parcels and the like). The key aim is to develop strategies and skills in partnership with clients thereby empowering them to manage similar issues in the future.

- **Kindergarten Cluster Management** provides administrative support to 18 member kindergartens in relation to issues such as staffing and regulatory compliance. It actively promotes good quality early childhood programmes.

- **The Volunteer Program** recruits, matches and retains skilled and committed volunteers to support the successful delivery of programs with the wider organisation.

- **bestchance Training.** As a Registered Training Organisation bestchance training provides Certificate and Diploma level programs in the area of community services, children’s services, aged care and educational support.
The story of integrated working

The bestchance mission is to:

Create and deliver in an extended family environment, services that are practical, reliable and responsive to the life issues experienced by families and their children, with an emphasis on early childhood.

The walls of bestchance display a number of quilts sewn by volunteers. These quilts offer a powerful metaphor for the notion of integration and collaboration. They illustrate the connectedness possible when a range of different things come together into one.

“IT is about developing relationships. When we work with a family ... we come together to discuss ... who is best to work with the family based on the best relationship rather than on the role. It is about using the relationship rather than the role and this is better for families. This sort of just developed as we had more meetings to discuss families and it made sense to do it this way.”

Despite the size of the organisation, there is an evident sense of mutual purpose. Staff report how the executive staff live out the ethos of care through their practices: “People care all over the place—because care emanates from the top we feel it”.

In order to build and strengthen professional collaboration, bestchance created a 12 month position for a Program Leader to design a framework for integration: the bestchance Integrated and Inclusive Services Framework. This has really helped the various arms of the organisation work together to deliver a more responsive and comprehensive suite of support for families.

Strategies such staff ‘role-swapping’ have been instrumental in building a cohesive approach to working with children and families.

The job swapping helps us to get to know the people and the program. This makes it easier to access someone as you know them. I remember names now and we know what each other does, it creates a human feeling and a feeling of familiarity. When I can approach someone things come more easily. This is about developing relationships.
Joan’s Story
Joan (a pseudonym), is a mother of a child with a disability. She describes bestchance as a place where “the doors are always open”. For Joan, bestchance has provided a place for her to sit and talk with other parents facing the same issues, and to access counselling and training. She speaks of how the staff “connect things and find things for you….They sometimes find things you didn’t even know you would need”. She appreciated the openness of the service is open to the whole family network - including grandparents:

There is a whole community and you are made to feel a part of it. You feel like you have an extended family.

Because of the relationships bestchance has with all the local schools, Joan was able find the ‘best fit’ for her child when the time came for him to begin school. As part of her child’s transition to school the staff undertook a range of tasks to assist the family, including: teachers accompanying the family to the new school and spending time in the classroom with the child; participating in orientation day; and providing regular follow.

Advice to other services moving toward integration

Go for it but don’t be impatient as it takes time and willingness from the top down and someone deliberately driving the process. It can’t be left to chance and requires resources allocated to it. You have to look at making it sustainable through recruitment and induction processes and professional learning.

… You also need to support the learning of the management team. You need a rigorous induction process and then an ongoing professional learning support about working a collaborative way….You have to support the development of the management team so they can work differently.
We aim to achieve the ideas of a one stop shop, no wrong doors ....
and hence make a difference for families.

For more information on bestchance, please see: http://www.bestchance.org.au/

This story is based on published and previously unpublished material from research on Early Years Collaborative Practice, funded by the Victorian Department of Education and Early Childhood Development and undertaken by Charles Sturt University. The published report is Wong, S., Press, F., Sumsion, J. and Hard, L. (2012), Collaborative Practice in Victorian Early Years Services: 10 Project Sites and can be found on:

Thanks to bestchance for sharing their time and Dr Louise Hard for her excellent notes.
Children’s Centres for Early Childhood Development and Parenting (Children’s Centres)

The benefits of inter-professional teamwork with allied health staff in children’s centres: Supporting vulnerable children and families

Background

Children’s Centres for Early Childhood Development and Parenting (Children’s Centres) are part of the South Australian Government’s reform of early childhood services. They are a whole-of-government approach to providing early childhood services in South Australia (SA). They support children from birth to eight years and their families to achieve the best possible learning, development, health and wellbeing outcomes by bringing together care, education, health community development activities and family services in one universal setting.

The lead agency, The Department for Education and Child Development (DECD), partners with SA Health to deliver some of the health services. One partnership program is the Allied Health in Children’s Centres Program whereby occupational therapists and speech pathologists are part of the team of Children’s Centres staff delivering services to children and families.

The following case study highlights how this team can enhance a young child’s health, development and learning outcomes and strengthen his family’s foundation for supporting his development through inter-professional teamwork. It illustrates how different disciplines, internal and external to the centre, can work collaboratively in providing a comprehensive, integrated and multi-faceted service to meet the unique needs of families.

Agency and team(s) involved

- Children’s Centre staff including Allied Health Program staff, care and teaching staff in Children’s Centres
- Disability SA

The story of integrated working

A young boy linked with his local Children's Centre in Adelaide in 2010 as a toddler attending childcare. The youngest of 5 children, one of his older siblings had been identified as having developmental delays and he himself was also a client of Disability Services due to his suspected global developmental delay. In observing and interacting with the mother, staff suspected that the mother may have a learning difficulty. The team, in consultation with his mother, identified a range of concerns for her child including going to sleep, communicating and talking, drooling, behaving appropriately and biting other children. The team supported the family to deal with these issues, including an aspect his mother found especially pressing - going to sleep. The occupational therapist worked with his mother and other Children's Centre staff teaching them about dealing with his sensory needs so he could get himself to sleep. The therapist showed them calming techniques that can be used in daily routines at home and at the centre, such as
slowing down, decreasing auditory stimulation by talking quietly and slowly, and applying deep pressure such as loving, squeezing hugs. The therapist also worked with the mother on establishing consistent sleep routines and strategies for home. Two weeks later his mother reported how much easier it was to get him to sleep after applying some of the strategies.

Recognising that his biting of children reflected his sensory difficulties and frustration of not being able to communicate effectively, the occupational therapist worked with his mother and the other Children’s Centre staff to alter his environment to cater for his needs. The therapist demonstrated the use of deep pressure to provide him with sensory input which he was seeking and to help him self-regulate his behaviour. She encouraged his mother to give him big, squeezing hugs or squeeze his shoulders and recommended that he wore weighted backpacks during play to apply pressure. Some simple gestures were also modelled which the child responded to (for example gestures for ‘stop’ and ‘finished’). In addition, he was included in a small SPOT (Speech Pathology and Occupational Therapy) group. These groups focus on integrating both Speech Pathology and Occupational Therapy goals simultaneously into sessions with the children. The child’s mother attended some of the group sessions. The speech pathologist also referred the mother to the centre’s Family Services Coordinator (FSC) for additional support for a family crisis.

His mother accepted the invitation to join a parent program run by the Speech Pathologist - *It Takes Two to Talk* - to strengthen her skills to facilitate his communication development. The mother has been a consistent attendee of the group and has been supported in attending this group by the Psychologist (from Disability Services) who also worked with her, by attending some of these sessions with her. The mother has also accessed some formal and informal individual consultation sessions with the speech pathologist and occupational therapist. In addition, the child has been a focus of centre case discussion meetings. These discussions have ensured that key staff members are informed of the child and family’s needs and plans have been made for future actions. Contact was also made with the Disability Services speech pathologist and occupational therapist to ensure open lines of communication and that everyone was aware of the intervention this child was receiving.

**Conclusions**

The boy, now aged 3 years 9 months, is able to conduct himself more appropriately in the preschool setting. He is more able to regulate his behaviour, indicated by participating in group activities more appropriately without biting other children. He is more able to communicate effectively, using sounds and hand gestures more and is engaging with adults and children. He is able to follow the routine in the centre more. He is now sleeping better and his mother has indicated that he goes to sleep more easily and she spends less time getting him to sleep. Both his mother and other staff have reported that their repertoire of strategies to interact with him have increased and indicate that his performance overall is better. They reported that the Allied Health program was informative and influential in providing them with strategies to assist the child’s development.


Submitted directly for the 'Share your story project 2012'.
Early Years Centres: A case study in Integrated Service Delivery

Background
The Department of Education, Training and Employment, Queensland, funds the operation of four Early Years Centres (EYCs) at Caboolture, North Gold Coast, Browns Plains and Cairns in Queensland. EYC services are delivered from a variety of locations including a main centre facility, satellite facilities, and outreach/mobile and home visiting services.

As part of the Queensland Government’s commitment to ensure all Queensland children have access to a kindergarten program by 2014, EYCs deliver kindergarten programs and/or innovative strategies that support children and families to access and participate in kindergarten programs.

The EYCs have trialled a number of strategies and activities to support increased access and participation in local kindergarten programs of children from targeted client groups, including:
- children in the year prior to Prep (i.e. turn four years by 30 June), and their families, who are not accessing a kindergarten program; and
- children from birth to 3 years, and their families, who are vulnerable or at risk of not accessing a kindergarten program, including Aboriginal and Torres Strait Islander children, children from culturally and linguistically diverse (CALD) backgrounds, and children with disabilities.

The integrated support program offered at EYCs to assist families to access kindergarten programs includes mobile playgroups, volunteer home visiting programs and kindy start-up packs.

This case study relates to a family participating in the volunteer home visiting program delivered in south east Queensland and the benefits and challenges of integrated service delivery for this particular family.

Agency & team(s) involved
- Early Years Centre
- Early Years Centre Coordinators (multiple)
- Early Years Centre Volunteers (x 2)
- Queensland Health
- YMCA
- Mobile playgroup
The story of integrated working

A family was referred to the EYC by Queensland Health staff who had been working with the family. No previous relationship existed between the family and the EYC, so staff initiated home visiting to assist with learning support for four children aged under five years, including an infant with suspected learning difficulties.

The Volunteer Home Visiting program trains and supports volunteers to deliver in-home educational support to 12-24 families per year. Program participants are children and families who are not accessing existing services offered at the EYC, with a particular focus on Aboriginal and Torres Strait Islander families, culturally linguistically diverse families and children who are living with medical conditions or a disability. The program aims to:

- support families experiencing isolation or who feel marginalised from participating in universal early childhood development programs;
- provide early childhood education in the home setting; and
- support families transition into universal programs, such as playgroups and kindergarten, including accompanying families to initial visits.

Establishing a rapport with the family

The family’s previous negative experience with an early childhood centre meant that EYC staff encountered initial resistance and a negative view of early childhood services by the parent.

It took a period of engagement with the family for trust to develop. Based on the relationship and trust that had been established, Volunteer Home Visiting personnel were able to discuss the value of kindergarten participation and support the parent to re-engage with an early childhood centre and facilitate the younger children to attend mobile playgroups.

Workforce partnerships

The partnership between the EYC and Queensland Health assisted in the early identification of the family requiring assistance. From this, EYC staff were able to implement early intervention strategies and provide services for the family.

The EYC staff hold regular case referral and case reflection meetings that bring together service providers from various disciplines to:

- reflect on practices and progress and needs of case families;
- share relevant information to support families;
- share professional development updates and opportunities;
- debrief and share information about challenges to roles; and
- co-ordinate referrals and information, including with family support workers.

These meetings include practitioners from a broad range of disciplines and include multicultural, disability and Indigenous support, advice and referral services. The EYC also has a close connection with the local state school Early Childhood Development Program. Collaborative work between the EYC and school supports children with a disability or additional learning needs. Case studies are shared with Queensland Health, and health experts are consulted to obtain a broad understanding from a health perspective, including paediatric or speech therapist advice.
Specific activities to integrate early childhood development and family support work at the EYC include:

- establishing a Steering Committee with representation from partners and team members, to discuss community and client needs, and appropriate service responses and practices;
- developing a new neurologically-based play program to support children’s development in the year prior to entering kindergarten;
- working with the local Indigenous health and child and family centre to develop a play program to meet the specific early childhood development needs of Aboriginal and Torres Strait Islander children; and
- inclusion of disability services, non-government health organisations and hospital social workers to discuss and share ideas regarding inclusive practice and support, as well as referral pathways to support families who have a child with a disability.

A broad range of inter-connected factors are taken into consideration when designing strategies and programs to successfully engage vulnerable families. The challenges encountered within this case study were:

- initial family resistance to engage with other services due to previous negative experiences with early childhood services;
- a history of domestic violence within the family; and
- the complexity of needs within the family.

To overcome barriers and challenges within this study, the EYC considered the complexity of the situation and acknowledged that the process would be protracted, whilst trying to identify obstacles and work through them with the client. Professional family support was provided alongside the volunteers and constant feedback between staff, volunteers and family support was crucial in maintaining positive relationships and successful integrated service delivery.

The family continues to successfully use and engage with the volunteer home visiting program and has recently engaged with the mobile playgroup program. The program was equipped to meet the family’s complex needs in a flexible manner and provide referral options where necessary.

Sustainability of this approach is reliant upon strong relationships and partnerships between service providers and government agencies.
Conclusions

Working in partnership has resulted in this family successfully obtaining the required support and advice including educational, social and medical support. An integrated approach supported successful outcomes by:

- Working holistically - recognising that families live in communities that shape learning opportunities available to children and the way in which parenting occurs.
- Working from a strengths base. Families with complex and multiple challenges have strengths that have enabled them to get through one day at a time. Recognising and validating these strengths is an essential component of demonstrating respect and building a relationship based on trust.
- Working to empower families by listening to families and working with them towards outcomes of their choice.
- Focusing on relationships and building trust between service providers and families, which is essential for improving outcomes and allowing time to build relationships.
- Working with families and children where they are - outreach into the community and making contact in places where families already spend time is important to ensure that there is not always an expectation that families will ‘come to the service’.
- Working in a way that avoids labelling including using a universal venue so families do not feel stigmatised when accessing a service.
- Working to build community networks – while no one service can offer everything, staff with good networks can work with families across multiple agencies and ensure that service delivery is effective and efficient.

Benefits for this family participating in the volunteer home visiting program also include: engagement with early childhood education and care services, referral to other agencies (where required), and community engagement, potentially reducing isolation and social stigma.

Submitted directly for the 'Share your story project 2012'.
East Gippsland Early Years Committee: 
Working in partnership to improve outcomes for children and families.

Background

In 2004, East Gippsland early years service providers pledged to develop a shared, long-term and strategic approach to their work.

Communities for Children funding and the Municipal Early Years planning process provided the opportunity to build on this pledge. East Gippsland Shire and Uniting Care Gippsland agreed to be part of the development of a coordinated service redevelopment plan. This led to the formation of the East Gippsland Early Years Committee (EGEYC).

EGEYC identified that sustaining and developing early years leadership and direction beyond funding cycles was a key challenge. To address this, EGEYC developed a plan that incorporates annual implementation commitments and is reviewed every five years. Using an ecological approach, the plan identifies outcome areas for children, families, services and communities.

The highlights of this approach have been:

- Local services using the *East Gippsland Early Years Plan 2008-2013* (the Plan) to guide their service planning;
- Improved capacity among local service organisations to undertake outcomes-based planning and evaluation;
- The creation of regional partnerships that use outcomes-based planning and evaluation approaches in their work;
- Local services regularly sharing resources and information;
- Services supporting each other to promote and implement the Plan

“[It has been helpful] to develop common goals based on agreed need, to understand evidence-based practice to meet the need, and to share generated evidence that can be used to improve service delivery.”

Agency & team(s) involved

The EGEYC partnership includes Gippsland Lakes Community Health, Orbost Regional Health (ORH), East Gippsland Shire Council and Uniting Care Gippsland. The committee also has links with the East Gippsland Primary Care Partnership.

Membership of the EGEYC has evolved over time. From inception, the committee has used partnership agreements to outline members’ roles and responsibilities. As facilitating partner of
Communities for Children, UnitingCare Gippsland has taken a leadership role in facilitating the EGEYC. In practice, partners have shared key responsibilities for the partnership, including chairing meetings, taking minutes and hosting meetings.

The story of integrated working

The primary purpose of the EGEYC partnership has been to improve outcomes for children and families through a focus on the early years. This drove the development of the EGEYC partnership agreement, along with responsibility for governance of Communities for Children, the Indigenous Early Years program and the Family Support Innovations Project.

The East Gippsland Early Years Plan 2008-2013

The EGEYC partnership began developing the Early Years Plan 2008-2013 (the Plan) in 2006, aiming to create an integrated vision for 2008-13 for early years services in the region.

The planning process included two masterclass sessions that brought key local decision-makers together to build their early years understanding and be involved in regional early years planning. The EGEYC then took responsibility for completing the Plan by building on work developed during the masterclasses.

To develop the Plan, EGEYC partners participated in Platforms Service Redevelopment training. EGEYC used the Platforms manual as a guide to shape the strategic vision and framework from an outcomes-based perspective. Developing the Plan took 18 months, illustrating that partnership work takes significant time and commitment.

Happily, the resulting Plan has yielded returns beyond the direct work of the partnership, including providing strategic guidance for the East Gippsland Municipal Early Years Plan and the Family Violence Partnership.

Over time, developing and implementing the Plan and providing governance to Communities for Children and other programs became increasingly difficult for EGEYC. A major concern has been the partnership’s reliance on Communities for Children to fund all of the activities in the Plan. The EGEYC needed a unique approach and strategic position, independent of Communities for Children. In order to address these concerns and work towards achieving autonomy for EGEYC, Communities for Children established its own governance structure in 2010.

Rachel Bell from UnitingCare Gippsland explains the uncertain ground that the partnership has often found itself on:

“Dependency upon government support can be a limiting factor ... government funding is still primarily based on outputs rather than outcomes, whereas the East Gippsland Early Years Partnership is working from an outcomes-based plan. There are also challenges with different levels of resourcing (and often under-resourcing) available to services for children and families.”

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¹ As reported in Community Collaboration case study report developed by the Department of Planning and Community Development, 2009 developed by Dr. Carla Pascoe.
Since 2012, the EGEYC has used a new method to support its service partners to implement the Plan. Organisations select an outcome area, develop an action and evaluation plan relevant to the outcome, and report to the committee on progress, challenges and successes. This method has highlighted diverse understandings among relevant service providers of what entails outcomes-based planning and evaluation. While there are advantages to this method, it has also reinforced services working in isolation with an activity focus, rather than services working together with a strategic approach.

Some members continue to be concerned that day-to-day operational and service issues, exacerbated by staff turnover, divert energy from the focus provided by the Plan. In turn, this impacts on momentum, focus and members’ meaningful participation in the partnership. These issues prompted a partnership review in 2012, which revealed that members continue to maintain an ongoing and significant commitment to the partnership, as a way to develop innovative approaches to improving outcomes for children and families.

**Integrated working**

While there are examples of strategies and activities that have contributed to outcomes identified in the Plan, it has been difficult to establish a culture of integrated practice. One example of working towards collaboration is Dala Yoroo, the Aboriginal Children and Family Centre currently under construction in Bairnsdale. A number of EGEYC partners have worked together to contribute to the development of this centre, including its governance models. Other examples of integrative work include the activities funded by the Communities for Children program, which focuses on the principle of integrated service delivery to guide the activities it funds. For instance, the region has an acute shortage of early intervention places for children needing support for additional needs. An EGEYC working group’s proposed solution included a key service provider working within universal service settings (such as playgroups and early childhood education and care services) to conduct assessments and run groups with children and parents; and build the capacity of parents and ECEC staff to support the children’s development.

**Conclusions**

The EGEYC has operated for nearly nine years. During this time, EGEYC has been instrumental in improving outcomes for children and families through partnership activities and programs. It has promoted evidence about the importance of early childhood development and the benefits of taking an outcomes-based planning and evaluation approach to early years service delivery.

Reviews indicate that organisations involved in the partnership value the benefit of working in an integrated way. However, practical opportunities to deliver integrated approaches remain limited, as structural issues (such as funding streams, reporting, organisational processes and priorities) continue to create barriers. Nevertheless, integrated planning has created a common vision and a Plan towards which a range of organisations are working.

While the identified population indicators are yet to shift, EGEYC members understand and are committed to the long-term work required to achieve this. At the individual level, there are many examples of how services have helped to improve the lives of families and children, as a direct result of the partnership’s vision and direction.
A key success factor has been the genuine commitment and effort of members. However, the EGEYC has not been immune to challenges and conflict. The partnership’s mix of personalities, skill and available resources (such as time) has influenced the effectiveness of the partnership at times.

Nevertheless, the partnership has persisted in trying new approaches and regularly reviewing current practices. The committee has come to understand that social change takes time and goes through stages; patience and an understanding of this are vital. Its members hope that developing and disseminating this case study will help the partnership to celebrate its successes and gain renewed energy and commitment to its cause.

Some key lessons:

- Sharing information is vital.
- Regular conversations about expectations are crucial and partners need to be realistic and honest in this process.
- Ongoing program funding can provide greater consistency and continuity for partnerships.
- Regular reviews provide an opportunity to revisit the meaning and purpose of a partnership.
- Dedicated resources are needed to support facilitation.
- A change of focus from outputs to outcomes is challenging for governments and Not for Profit organisations.

Submitted directly for the 'Share your story project 2012'.

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2 As reported in Community Collaboration case study report developed by the Department of Planning and Community Development, 2009 developed by Dr. Carla Pascoe.
Kalparrin Early Childhood Intervention Service and Grace Park Preschool

“A partnership to honour children of all abilities”.

Background

Kalparrin Early Childhood Intervention Service (ECIS) and Grace Park Preschool are situated in Greensborough in the Northern Region of Melbourne and provide services for families residing in the local government areas of Bantule, Wittlesea and Nillumbik.

Both services are not for profit organisations. Kalparrin ECIS is governed by an independent Board of Management and Grace Park Preschool is run by a parent management committee.

Kalparrin has a long history of working with children with disabilities and their families. It was established in 1976 by a group of parents meeting in their homes to provide mutual support. It is now one of the major providers in the Northern Region of Melbourne of specialized early intervention services.

Grace Park Preschool was opened in 1967 as a community based preschool. In 1977 a special needs group was started at Grace Park Preschool and was the first of its kind to operate in the state. In 2006 Grace Park Preschool and Kalparrin ECIS formed a partnership to offer a 4 year olds Inclusive Kindergarten Program for community and children with special needs. This is strong collaboration between the two services in the delivery of this programme.

Agency & team(s) involved

Within Kalparrin: Strong inter professional collaborations are evident in within Kalparrin ECIS which caters for children with additional needs from birth to 6 years. It provides specialized teaching, speech therapy, occupational therapy, hydrotherapy and family support. Kalparrin recognises that the family is the primary educator of their children therefore staff focus on supporting families to build on their strengths. The aim is to provide children and families with the skills, knowledge and support needed to optimise the developmental opportunities and potential of each child. The staff work in partnership with families and encourage shared responsibility in decision making and in the implementation of the program.

Kalparrin and Grace Park: The Kalparrin and Grace Park 4 Year Olds Inclusion Program is the product of a collaborative partnership. The program at Grace Park Preschool includes children with special needs and children meeting typical developmental milestones. Grace Park teachers work in conjunction with Kalparrin teachers and to tailor a program which caters for each child in an inclusive environment which fostering independence and acceptance.
The story of integrated working

A strong motivator for the collaboration is Kalparrin’s philosophy which states that, where appropriate, children with disabilities must be placed in programs that also have mainstream children.

Kalparrin’s priorities are directed by a *Five Year Strategic Plan* (2009-2014). This plan includes the following Mission:

> To provide parents and families with the knowledge, skills and support to meet the needs of their child.

And Vision:

> To optimise the child’s development and ability to participate in family and community life.

The importance of collaboration is underscored by the following objective:

> To continue growth of Kilparrin through value added partnerships and expanding services to more families.

The Plan is a ‘living document’ which plays a pivotal role in establishing the priorities of the organisation.

In developing an inclusive programme, Kalparrin and Grace Park set out to:

- provide quality preschool experiences for all children and families
- demonstrate that differences are part of the diversity of human beings
- Promote empathy and understanding

The Guiding Principle for the preschool partnership is:

> To provide preschool education for children of all abilities. The Inclusive Group aims to offer a program that promotes self confidence, self esteem, independence, behavioural, social, cognitive and motor skills.

This partnership is backed up by a *Memorandum of Understanding* which makes agreed expectations explicit and includes provision for joint professional development. In identifying factors for success, communication comes up tops “*a key characteristic of effective collaborative practice*” and as “…*an essential feature within the planning framework*”.

To ensure that the programme is truly inclusive it offers small group sizes, experienced specialist staff as well as qualified preschool staff and on-site support from therapists. Kalparrin funds and employs a teacher with early childhood qualifications and relevant special education training and experience, and an assistant. Grace Park funds an early childhood teacher. There is a team approach to all planning, teaching and evaluation.

Kalparrin and Grace Park staff co-teach in the Inclusion group across all areas, including assessments and observations, programming, evaluation, liaison with parents and committees.
The inclusive format enables atypical children the ability to develop social cues from typically developing peers, the ability to generalise skills within a mainstream framework, and the opportunity to play and learn in a mainstream setting. Typically developing children have the opportunity to learn patience, to develop their ability to empathize, to share different ways of learning, and develop positive self esteem and confidence via helping others.

“Staff give parents and children the respect they deserve”

For more information on Kalparrin, including video of interviews with parents, please see: http://www.kalparrin.com.au/

This story is based on published and previously unpublished material from research on Early Years Collaborative Practice, funded by the Victorian Department of Education and Early Childhood Development and undertaken by Charles Sturt University. The published report is Wong, S., Press, F., Sumison, J. and Hard, L. (2012), Collaborative Practice in Victorian Early Years Services: 10 Project Sites and can be found on: http://www.eduweb.vic.gov.au/edulibrary/public/earlylearning/collaborativepraceservices.pdf

Thanks to Kalparrin and Grace Park for sharing their time and June Wangmann for her excellent notes.
Kyabra Community Association Incorporated
“Strength in Community”

Background

Kyabra Community Association Incorporated is not for profit community based organisation in the outer southern suburbs of Brisbane. The agency covers the geographic area of Mt Gravatt to Calamvale (including Algester, Parkinson, Acacia Ridge and Coopers Plains). Services are dispersed over several locations/suburbs, with the majority of services being clustered in the same location.

Kyabra describes itself as

*inspired by a vision of fair, thriving, sustainable communities that instil hope, embrace diversity, promote safety, and in which all people feel a sense of belonging.*

Deeply rooted in social justice principles, and strengths based practice Kyabra provides a range of support services to children and families. This is a large and dynamic organisation, the components of which share many synergies, partnerships, connections (inside and outside the organisation) and resources.

Agencies & team(s)

Kyabra consists of five teams: an early intervention team which work with families, disability support services, supported accommodation services and homestay services, fostering and kinship care, and community development team.

In addition, to offering an extensive range of services, Kyabra builds strong agency networks so that it can direct people to external support as needed.

This case study primarily focuses upon the *Families Change* team, which brings together three of the child focused Kyabra services: Limited Hours Childcare (LHC), Family and Relationship Services (FRSs) and the Childcare Hub.

- **Limited Hours Childcare** (LHC) operates mixed age groupings for 14 children per session, 20 hours per week, during school terms. This programme is characterised by skilled, responsive and supportive interactions between staff and children, staff and volunteers, and staff and parents;

- **The Family and Relationships Service** (FRS) delivers parent training sessions throughout the year. Parenting support and information evenings are held in response to the wishes and needs of families in the LHC, Kyabra clients and in the community generally;
• The Childcare Hub runs: facilitated playgroups; a playbus to take playgroup out to the community and attends other community events; adjunct childcare; community training across the spectrum of early years issues and parenting, referrals and information; and weekend camps for foster children.

The story of integrated working

The work of Kyabra is underpinned by a family strengths based approach and a community development ethos.

The organisation has grown and changed over time in response to community needs. Families Change emerged out of a strategic change of direction in 2010 whereby Kyabra reconfigured a number of services into a new team structure in order to create a more accessible and integrated programme to children and families.

Children and families may gain assistance through any one of the component services. From any entry point they can become connected to other parts of the organisation and its partners according to interest or need. Referrals happen in a range of directions, weaving a web of enduring relationships. For instance, on the day of our visit two children with additional needs had been referred from the activities of the Hub to LHC so that they could receive a day a week
Share Your Story

of special attention away from their siblings. Co-ordination and placement of additional supports for families, such as housing, occurs through close liaison with other components of Kyabra and through up to date knowledge of local community services.

Kyabra works hard at maintaining responsive working relationships with other community agencies and strives to build skills and opportunities for a diverse range of volunteers. For instance, there is a strong association between LHC and the local Sunnybank Primary School. Through this, a pre prep programme, the Early Starters Programme, is offered from March through till October. Early Starters is organized by a group of Year 12 students from Sunnybank High School who are undertaking Certificate II in Community Services and Certificate II in Volunteering. Access to the Kyabra bus and driver enable LHC children and families to be involved in the Early Starters programme. Through its volunteer programme, Kyabra provides support to volunteers through mentoring and training. Kyabra LHC volunteers are provided with the opportunity to work with the students from the High School and thus each group is able to extend their skills and networks.

Homework Club

Underpinnings supporting the integrated service delivery model are organisational leadership (in the teams and management team and Board), good communication (informal as well as formal), professional development, and constant attention to honouring their strength based and community development approaches to their work.
Advice to other services moving toward integration

Integrated service delivery does not have to be a one stop shop offering everything to all people. Rather there is a role for an integrated service to know where other local services are and what they are currently offering. Current knowledge and awareness of the wide range of resources available and relationship with that service can be beneficial as this information can be fed back to the client.

Depending on the client and the situation, the role of the integrated service may be to smooth the way for the client with another service or to walk the journey with them so that they are supported enough to find the support they need. At another time, the client may be capable to do this alone and the appropriate support for them may be very practical say providing emergency child care while they undertake the business themselves.

For more information on Kyabra, please see: http://www.kyabra.org/home/.
Their newsletter provides a great insight into their activities and can be found on: http://www.kyabra.org/uploaded_files/Kyabraadabra_June2012.pdf

This story is based on published and previously unpublished material from research on Integrated Early Years Provision in Australia funded by the Professional Support Coordinators Alliance (PSCA) and undertaken by Charles Sturt University. The published report is Press, F., Sumson, J. & Wong, S. (2010). Integrated Early Years Provision in Australia. Professional Support Coordinators Alliance:

Thanks to Kyabra for sharing their time and Jan Duffie for her excellent notes.
The Learning and Development Strategy (LADS) for Tasmanian Child and Family Centres: A strategy that supports change.

Background

This story is about the Learning and Development Strategy (LADS) for Tasmanian Child and Family Centres. Child and Family Centres are being developed in Tasmania to improve the health and wellbeing, education and care of Tasmania’s very young children by supporting parents and enhancing the accessibility of services in local communities.

The LADS aims to support practice change as communities move towards integrated service delivery models for young children and their families. The LADS involves the Royal Children’s Hospital Centre for Community Child Health working alongside the Tasmanian Child and Family Centre Project Team and local enabling groups inclusive of professionals, volunteers and families.

The LADS has been the subject of action research throughout implementation so – while it will take time for the full impact of the strategy to be evident – there are numerous highlights and achievements to report.

Key achievements and highlights during the past three years have been the creation of a culture of learning and development based on a partnership model where parents and community members have been meaningfully engaged in planning processes and decision making, creating a forum to build shared ideas, language and relationships.

Agency & team(s) involved

The Tasmanian Early Years Foundation (TEYF) is providing funding for the LADS from 2009-2013. The funding employs two workers to design and facilitate the strategy, contract specialist training providers, and enable staff and community members to be actively involved in the establishment and operation of 12 Child and Family Centres across Tasmania. These are:

- Beaconsfield
- Bridgewater
- Burnie
- Chigwell
- Clarence Plains
- Derwent Valley
- East Devonport
- Georgetown
- Geeveston
- Queenstown
- Ravenswood
- St Helens (Break-O-Day)
A number of government and non-government organisations are actively involved in the LADS. TEYF also fund action research to support the strategy.

The story of integrated working
What were we trying to achieve?

After 100 years of research on organisational and community change, the single most frequent finding is that the people who will have to live with the results of change must be involved in designing it.

(Guerra and Backer, 2011)

The LADS was designed to ensure meaningful participation of community members in a process of change.

What did we do?
The LADS has two main components:

1. Change facilitation
   Facilitation of the change process follows the CCCH Platforms Service Re-development Framework. Platforms is an evidence-based framework designed to assist local communities refocus services for children and families, and strengthen the capacity of communities to promote positive outcomes for children. The LADS emphasises participation by community members and service providers. Facilitated discussions support the development of detailed plans that include the local story, visioning, outcomes-based planning, determining the relevant form of local integration, identifying data sources, and the design of data collection tools. The context of each community produces a unique place-based plan.

2. Training and development
   Fundamental to supporting the change process has been the ongoing delivery of Davis and Day’s Family Partnership Training to support the notion of local partnership. This partnership model is the tool for supporting the development of quality relationships across services and community members. To this end the LADS has support from the Family Partnership UK authors to facilitate this model for both local service workers and engaged community members. Aboriginal Cultural Competency, Father Inclusive Practice, state-wide learning forums and more have also been part of the training and development mix.

The Action Research Project (O’Byrne, 2012) noted the importance of taking time for relationship building as a means to genuinely engage parents, services and other community members in Child and Family Centre conversations and processes. Modelling a respectful and inclusive approach has been facilitated by locating Community Inclusion Workers in each Child and Family Centre community state-wide and offering workshops run by the Learning and Development Strategy to help strengthen relationships.

The outcomes of the LADS have been highlighted in the Action Research Project Report (O’Byrne, 2012).
‘The rollout of a state-wide and locally planned Learning and Development Strategy supported the expansion of a culture of learning and development and provided crucial support for change. This has been particularly important in supporting changes to the way families are engaged in planning and development processes. Systematically rolling out training in the Family Partnership Model to strengthen relationships has developed a critical mass of people familiar with the Family Partnership Model. It has also enabled the sharing of ideas and language and a common approach to building and maintaining helpful relationships.’

Further, having a state-wide approach has helped consistency; it enables common and shared language across the communities and at various levels of government.

The voices of parents and service providers below outline the change that has occurred:

“I was unwilling to get involved at first because I was nervous. When I first started going to the Child and Family Centre workshops, I was very anxious, but now I walk in and feel okay. We are all there for the same reason …” Parent

‘Hi, I am just a mum here to support the local community’. Their reply was who they were and the words ‘YOU’RE NOT JUST A MUM! You’re a very important person and we are all delighted you came along today.’ This was just what I needed to hear and the nerves started to ease.” Parent

“LADS has provided us the opportunity to come together as service providers, friends of the community, parents and children in a less formal way to learn together. The relationships that are flourishing are due to the fact that there is an explicit emphasis on building relationships and respect. Parents are more confident in expressing their thoughts and there is a feeling of belonging when we are altogether. We laugh, we struggle with ideas and problems and we learn together – it is one of the most powerful and uniting experiences I have had in this community and I leave each session with a feeling of hope.” Service provider

Learning:
It is the experience of the LADS facilitators that certain factors enable the successful roll out of the LADS in Tasmania. The enabling factors are:

- an informed and motivated Social Inclusion Community Liaison Officer
- a supportive Local Enabling Group Chairperson
- active participation in the sessions by local community members alongside local service providers
- slowing discussion down to ensure shared understanding on key issues
- providing food and drinks at meetings
- varying the facilitation/format of sessions (whole group, small groups, individual reflection etc)
- statewide Project Team overseeing the project
- high-level interagency team for ISD at all governance levels.
**Barriers/Challenges:**
The LADS has also come to recognise factors that inhibit the smooth roll out and facilitation of Learning and Development sessions. These include:

- lack of understanding of the local benefits of the LADS process
- individuals in key positions not being prepared or ready to include Learning and Development in the CFC development process
- a belief by some Local Enabling Group participants that this process is something separate that they do not need to be involved with
- supporting and sustaining community representation
- time available for LADS sessions and overall timeframes
- change of leadership (e.g., management of state-wide project)
- focus on capital build (‘a centre’) that is consuming and limits time spent focusing on conceptual integration across a larger geographical area
- multilayer buy-in required to enable the necessary change at all levels
- helping all involved to understand the enormity of the change required and the level of commitment needed.

**Conclusions**
The interim findings of the Action Research Project suggest that a dedicated Learning and Development Strategy is essential to support the change process needed to design and implement place-based integrated service models.

It must be noted that the term ‘integration’ became a hindrance for Tasmanian Aboriginals and instead C&CF are now using the term partnership model or collaborative partnership model depending on their context. It is also important to acknowledge that the current structure and governing policies of participating agencies will not support full service integration. In reality, it is expected that the resulting service models are more likely to reflect a meaningful collaboration between participating services.

**References and Further Reading**


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O’Byrne, M (2012), Tasmanian Child & Family Centre Action Research Report, Centre for Community Child Health, Royal Children’s Hospital Melbourne (Unpublished report)

CCCH (2009a), Integrating Services for Young Children and their Families, Policy Brief Number 17, Centre for Community Child Health, Royal Children’s Hospital Melbourne

This story comes from the Community Child Health research group, Murdoch Childrens Research Institute and the Royal Children's Hospital Centre for Community Child Health. Our mission is to conduct research and to synthesise and translate knowledge to inform policy, service and community development, professional practice and parenting. This mission is discharged through clinical work, educating professionals who work with young children and parents, population research, and advocacy.
Linking Schools and Early Years: Coordination, collaboration and integration—communities working together.

Background
This story is about the Linking Schools and Early Years (LSEY) project based in three Victorian communities: Corio-Norlane (City of Greater Geelong); Footscray (City of Maribyrnong); and Hastings (Mornington Peninsula Shire). Each community is working to enable community support so that children arrive at school able to take advantage of all learning opportunities.

The communities focus on three outcomes:
1. Children and families make a smooth transition between early years services and school.
2. Early years services and schools actively connect with families.
3. Schools are responsive to the individual learning needs of all children.

External evaluation has been part of LSEY from the outset with data collected in 2008, 2010 and 2012. The evaluation helps tell the LSEY story about local actions that have contributed to improved service coordination for children and their families.

Agency & team(s) involved
LSEY is led by community partnerships working collaboratively, planning and implementing a more coordinated service system. These involve:

- **Community Partnership groups** which involve management from early education and care services (ECEC), primary schools, child/family community services, local and state government.

- **Practitioners/Educators networks** which involve educators and practitioners from early education and care services, primary schools, child/family community services, local and state government

The story of integrated working
Through LSEY’s evidence-informed practice, people see the value of communities working together to achieve coordinated, collaborative and integrated practice and to learn from the LSEY evaluation findings and community experiences.
Working together for children

Previously there was a lot of discussion about school readiness...in Linking Schools and Early Years it's not even talked about anymore, because what it's about is planning for individual children...to make that transition or that experience best for that child...I think that's been a quantum shift. (Regional Representative).

- In Hastings, LSEY aimed to communicate consistent information about the transition to school for children and families, and to highlight the educational opportunities available at schools within the community. As a result, ECEC services and schools developed a single Transition Calendar that provided dates and information about school transition programs and activities across the locality. Calendars were distributed through ECEC services and displayed in venues including the library, Maternal & Child Health, medical centres and council offices.

- In Corio/Norlane, ECEC services and schools collaboratively developed an informal transition program that involved Peer Swaps between early years programs and schools, and opportunities for children and families from early years programs to spend time in the school environment. This was designed to enable educators to get to know each other and for children and families to get to know the school environment, educators, staff and other children and families from both ECEC services and schools.

- In Footscray, the community worked to engage families across early years and prep programs. This involved one school re-developing their prep program from a formal and traditional program to an inquiry-based learning environment with greater capacity to engage families and offer diverse and responsive approaches to learning styles. Another example involved a school-led research project undertaken with three key ECEC ‘feeder services’ that explored current curriculum programs and transition approaches and the potential for greater consistency. The processes developed stronger relationships and greater coordination between these ECEC services and the school and resulted in a program that engages families in their child’s education from the beginning of the school year and a learning environment that ease children and their families into their school learning experiences.

Working together for families

Engaging families is not just about running activities for families. It’s about an attitude change, it’s about thinking about how you do things, listening to and working with parents. It’s hard to change attitudes. (Prep Teacher)

- In all LSEY communities, professional development and family consultations were an initial step. Joint learning around respectfully engaging families and encouraging them as partners in their children’s learning, coupled with gaining feedback from families on ECEC service and school operations, programs and practices informed initial activity development.
• **In Hastings**, ECEC services, schools and community services mapped all parent engagement approaches and activities to identify gaps and areas for action. This resulted in a range of formal and informal opportunities for families to spend time in ECEC services and schools. Some of these included, playgroups on school grounds, social events, classroom participation, information sharing, interviews and information sessions regarding their child’s educational program. Many of these have been joint ECEC–school activities, which also support the transition to school.

• **In Corio/Norlane**, a family-friendly review template was developed by ECEC services and schools and implemented within individual services/schools. The results were shared at a network meeting and ideas were collaboratively created to improve parent engagement practice around welcoming environments, communication and opportunities for involvement in school and classroom activities.

• **In Footscray**, a ‘Community Connections’ research project was undertaken with a range of culturally and linguistically diverse families with young children. The research explored how and where people identify their community and social connections, and how they use these networks to gather information about early childhood development and education services. The research aimed to identify gaps in the coordination and provision of early childhood development and education services (0-8 years) for families and children, particularly looking at how under-served groups learn about and make use of local services. The findings will support the Footscray community partnership, as well as other community stakeholders, to better engage local families and plan more coordinated approaches to local service and information provision.

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**Working together for an early years profession**

_As we have learned together, time and time again, it is the quality of our relationships that makes the difference._ (Prep Teacher).

• **In all LSEY communities**, peer swaps were undertaken to enable educators to spend time in each other’s programs and build a shared understanding of their roles in children’s learning. This has been effective as part of developing relationships among local ECEC services and schools, which have been the foundation for establishing effective local partnership groups and networks.

• **In Hastings**, a ‘Plan Together Teach Together’ program provided opportunities for early childhood and prep educators to work together to explore learning and teaching approaches. Practitioners jointly developed an inquiry-based program to be co-delivered in both an early childhood and prep program. Joint development and delivery of the lesson plan increased educators’ awareness of the consistencies and inconsistencies in early childhood and school programs and the value of using similar activities and teaching styles.

• **In Corio/Norlane**, early childhood and prep educators worked with a local specialist support service to pilot a model for responding to children who require additional support to make a positive transition to school and engage in the available learning opportunities.
The pilot sought to trial a partnership approach to planning for and supporting children between early years services, schools and community support services. The intention was to build the capacity of prep and early years educators to be responsive to the individual needs of children through professional development and mentoring. This pilot has trialed a new way of working between intervention services, ECEC services and schools and provided an unanticipated impetus for private, state and Catholic school specialist support services to work together in aligning their local professional development dates and themes.

- **In Footscray**, a ‘Transition Timetable’ was developed that brings together the roles of all stakeholders involved in providing a positive transition to school for children and their families, including early years services, schools, early intervention supports and local government.

- **In all LSEY communities**, early childhood and prep educators share information about children’s learning throughout their transition to school using the Victorian government Transition Learning and Development Statement. They have developed a shared understanding of what information is useful to share within the key child outcomes areas and established a ‘one-pager’ to create a common language across ECEC services and schools to ensure information shared is meaningful. Educators also undertake a personal handover of the Transition Statements to enable them to discuss the information (with parental consent).

**Working together for supportive policy**

- **All LSEY communities** have worked together to implement Victorian government policy. The relationships developed throughout the project have enabled a coordinated and collaborative approach to the:
  - Transition Learning and Development Statements – a document completed by ECEC services and families and shared with schools throughout the transition period.
  - Victorian Early Years Learning and Development Framework which brings together the national Early Years Learning Framework (EYLF) and Victorian primary schools curriculum

  > I wouldn’t have appreciated the work put into the Transition Statements by kinder teachers. I would not have taken much notice of the statements when they arrived, if I had not been involved in this process. (Prep Teacher).

- **In all LSEY communities**, ECEC services and schools have the opportunity to share teaching approaches and practice through local networks. The VEYLDF is used as a framework to support practice sharing and has resulted in greater engagement in the framework, particularly from a school perspective. Learning outcomes and activities are identified before network meetings and educators come prepared to describe the learning intentions and activities they use around each outcome.
Conclusions

The LSEY evaluation has demonstrated positive process findings from the evidence-informed approach and suite of activities described above. Some of these include:

**Relationships**
- Opportunities to collaborate have developed local relationships
- Strong local relationships have created functional partnerships
- A shared understanding and common language are being created
- Increased capacity of early years and schools to work together
- Greater participation in cross-sector meetings and training

**A smooth transition**
- More children are participating in transition activities
- Children and families spending more than one day in the school before starting school
- Schools have enhanced transition activities and programs
- More schools are visiting early years services and vice-versa
- More parents are satisfied with transition programs

**Engaging families**
- More opportunities for parents to engage in their children’s learning
- More parents spending time in early years services and schools
- Community services have more conversations with families about early years services and school
- Parents report good relationships with early years and school staff

**Responsive schools and services**
- Increased information sharing between early years and schools
- Increased information sharing between families and ECEC services/schools
- Modified prep programs to provide diverse learning opportunities
- All schools implement individual learning programs
- More parents share information about their child with schools
- More referrals from community services to early years services

The LSEY project’s community partnership approach has demonstrated that when communities work together to plan and implement strategies for children and families, local relationships strengthen and enable more effective and responsive support. Local collaboration builds capacity in education and health/support service practice and community level leadership and governance develops.

_I’ve been working in this community for 40 years and I would classify LSEY as the most important thing that has come up in this time and we want to make sure the program progresses at the end of the year (2012)._ (Service Manager, Local Community Organisation).
The LSEY communities will continue to work towards their shared vision of an early years profession that can improve outcomes for children and their families through more formalised locally responsive community-led governance arrangements.

Key features of the LSEY approach have developed over time, within the project communities, as the foundation for sustainability planning and action currently occurring. Local relationships, partnership working, leadership and responsiveness is informing what sustainability looks like and is developing differently across each community as they continue trialling processes, formalising partnership/governance structures and advocating for resources to work towards a sustainable future.

Ongoing evaluation and review are processes built into the LSEY approach that will support their strategies for achieving sustainable partnerships and actions.

LSEY has run for six years, funded by The R.E. Ross Trust and Victorian Department of Education and Early Childhood Development and led by the Royal Children’s Hospital Centre for Community Child Health and Murdoch Childrens Research Institute.

For further information about LSEY experiences please see: www.rch.org.au/lsey

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Ngala
‘Parenting with Confidence’

Background

With a history of more than 122 years of service to the community, Ngala is Western Australia’s oldest charitable organisation. Ngala’s main aim is to provide and promote a range of programs and services that help families develop resilience, life skills and their own resources to enjoy an independent and fulfilling family life. Ngala’s mission is to enable ‘parenting with confidence’. Its vision is to be ‘highly recognised and accessible’.

Each year about 40,000 families across Western Australia benefit from Ngala’s holistic approach. Each year Ngala has direct contact with approximately 40% of families in WA with new born babies. Its parenting helpline takes over 25,000 calls a year. Families can access information, education, family support, and early learning and development (child care) services through to therapeutic, individual and family group interventions, including those where children are at risk. Most families self-refer, an indication of the high community regard in which Ngala is held.

Since 2005, all Ngala’s services have operated under a ‘one Ngala’ ethos and approach. One Ngala has been key to ensuring cohesiveness across this large, complex, multi-site organisation. In 2008, Ngala restructured into three entities:
- Ngala Children’s Services (operating the early learning and development services)
- Ngala Community Services (operating Education Services & Community Programs)
- Ngala Family Services (operating the Private Hospital including Day Stay & Overnight stay services).

All three entities continue to work as ‘one Ngala’.

Ngala’s Predecessor: The Alexandra Home for Women in Highgate in the 1950s.
Agency & Team(s) Involved

On its original site in Kensington, Perth, but now in a modern purpose-built facility, Ngala operates a 52-place early learning and development (child care) centre, and a day stay and overnight stay for mothers. It operates a second, 92-place early learning and development centre at Perth domestic airport.

Ngala also provides an extensive array of outreach services in nine hubs throughout greater metropolitan Perth, and in rural and remote areas including ‘the Pilbara hub’ serving mining communities. In addition, it has established virtual hubs or communities through a comprehensive website and video conferencing network, as well as the extensively used parenting helpline. This means that Ngala has multiple entry points.

Ngala provides three kinds of services. These are described in Ngala’s Integrated Services Framework as:

• Universal Services: aimed at the general population and include the Ngala Helpline, Parenting and Professional Education Workshops and early years resources, and two early learning and development (child care) centres;

• Targeted Services: geographically or culturally targeted, and include Ngala’s Parenting and Play Time at Merriwa, Noranda, Mirrabooka, Kwinana and Rockingham and Ngala’s Indigenous Parenting and Children’s Service; and

• Specialised/ Intensive Services: staffed by interdisciplinary teams who offer intensive support for parents with young children. These include Ngala’s Day Stay and Overnight Stay Services and the Parenting Advice and Support Service at Bandyup Women’s Prison.

Ngala works in partnership with many organisations, including government departments (state and federal), businesses, community organisations and universities and further education providers. For more details, see: http://www.ngala.com.au
The Story of Integrated Working

Ngala’s Service Delivery Model, Integrated Services Framework and Practice Frameworks have been crucial to achieving a one Ngala ethos, philosophy and cohesiveness across Ngala’s many services, programs and activities.

**The Service Delivery Model**

Ngala’s Service Delivery Model encompasses its Integrated Services Framework and its Practice Frameworks. The Model and the various frameworks all emphasise:

- evidence-based practice,
- research and evaluation,
- reflective, strengths-based and solution-focused approaches,
- organisational leadership and governance, and
- innovation and the development of staff.

The Service Delivery Model is based on 12 principles:

1. Accessibility
2. Seamless Transitions
3. (valuing) Diversity is our strength
4. (being) Robust and Flexible
5. (being) Creative and Innovative
6. Valuing active listening
7. Commitment to a common understanding
8. Working in partnership
9. (sensitivity to the) Cultural context
10. Prevention and early intervention focus
11. Interdisciplinary staff

Everyone at Ngala – staff (including senior management), volunteers, families – commits to upholding these principles.

**The Integrated Services Framework**

Ngala’s Integrated Services Framework sits within the Service Delivery Model. Strongly influenced by Bronfenbrenner’s (1979) ecological model, it has three elements: Child in Society, Child in Community and Child in Family. These elements place the child at the centre while recognising the ecological nature of families’ experiences of parenting young children.

Ngala staff appreciate that parenting is a complex undertaking and that many complex and interconnected factors contribute to children’s and family’s experiences. They share a belief that:

“.. complex issues facing families call for a different approach to problem identification, solution setting and action. In this context collaboration is considered the most appropriate and effective approach to achieve integration. This is one reason why the concept of interdisciplinary teams and partnerships with external agencies is crucial to bringing together a diverse set of people and perspectives, (and) collaborative approaches which enable holistic views of complex problems or issues” (Ngala, 2010, p. 1, drawing on Keast & Mandell, 2009).
**Ngala’s Practice Frameworks**

Within the Service Delivery Model are a number of Practice Frameworks. The overarching Practice Framework is the ‘C-Frame’ (Connect, Collaborate and Change), originally designed as a parenting skills development framework. Ngala staff use the C-Frame to assist them to work collaboratively with families towards positive change. Staff also use the C-Frame to assist them to work collaboratively with colleagues towards positive change in the workplace.

The C-Frame asks staff to think of their work with children, families, colleagues and communities as involving four main phases:

- Phase 1: Creating a collaborative relationship.
- Phase 2: Developing a commitment to change.
- Phase 3: Contextual analysis.
- Phase 4: Negotiating change and intervention

In each phase, staff are expected to engage in “regular, scheduled and ongoing” reflective practice and action learning” (Ngala, 2008, p. 30).

Use of the C-Frame throughout Ngala, including by senior management, has been highly beneficial. For example, it has benefitted:

- **Staff**: by enabling a shared philosophy of practice and a common strengths-based ‘language’ that accommodates and respects individuals’ expertise. It also assists staff to develop their understanding of and respect for professional expertise across disciplines.

- **Staff/family relationships**: by reinforcing particular perspectives and approaches, therefore helping to build a more secure and stable environment based a continuity of shared understanding.

- **Children**: by providing continuity and consistency based on shared expectations.

- **Ngala, as an organisation**: by fostering known and consistent approaches across all its services, which assists in ‘branding’ Ngala’s work and further raising its profile and ‘presence’ within the community.

Beneath the C-Frame, sit a number of other practice frameworks, including the Community Practice Framework, the Staff Development Framework, a Results-based Accountability Framework and an Interdisciplinary Research Framework.
Conclusion

Ngala’s Service Delivery Model, Integrated Services Framework, and Practice Frameworks have been crucial in supporting Ngala on its journey to a fully integrated model of working – a truly ‘one Ngala’. They provide a common language for articulating a shared passion and commitment to the work of Ngala. They provide a cohesive structure for staff, families and children. An importantly, they also support reflection, action learning, questioning and critical thinking necessary for development and growth.

“Staff began to see Ngala was on a ‘journey’ rather than needing an ‘end point’. This is often difficult for staff to live in a state of evolution and trust that the journey is going to be a worthwhile state in and of itself. It is not unlike the early parenting journey where staff are enabling a partnership approach to travelling with the client problem and assisting to solve their current concerns”. (Ngala, 2010)

References


This story is based on published and previously unpublished material from research on Integrated early years provision in Australia, funded by the Professional Support Coordinators’ Alliance, and undertaken by Charles Sturt University. The published report is: Press, F., Sumssion, J. & Wong, S. (2010). Integrated early years provision in Australia: A research project for the Professional Support Coordinators’ Alliance.

Thanks to Ngala for sharing their time and expertise and to Dr Joy Goodfellow for her detailed and insightful notes from her visit to Ngala.
Richardson Integrated Service:  
Supporting staff to work with families with complex needs

Background
Richardson Child Care and Education Centre, Richardson Family Links and Parenting Matters are co-located services auspiced by Communities @ Work, a not-for-profit organisation. The services operate in an area of Canberra characterised by high levels of family disadvantage and high risk due to long term unemployment, low income and substance abuse. There are minimal health and community services in the area and many families are socially isolated. A range of cultures are represented and the population includes Indigenous Australians and refugees.

Supporting families who have complex needs can be challenging: This story explains how staff at Richardson are supported and sustained in their work.

Agency & team(s) involved
Richardson Child Care and Education Centre, Richardson Family Links and Parenting Matters work together to provide a range of services for children, families and the local community:

- Richardson Child Care and Education Centre provides long day care, occasional care and school term care for children up to school age.

- Richardson Family Links works with childcare staff, children and parents within the child care program to support parenting through activities and provision of resources (e.g. facilitated playgroup; resource library; excursions; Grandparent and kinship support group; social activity workshops for parents; coffee / craft groups.

- Parenting Matters works with parents of children aged two to eight years old, providing individualised practical support aimed at developing skills that promote and maintain positive parent/child relationships.

Located in close proximity are Richardson Support House which offers a range of services (e.g. psychologist; mental health social worker; and family support) and Richardson Community House which has a large family day care scheme and playgroups. Together these services constitute the Richardson Hub. Located opposite is Richardson Primary School and Pre-school.
The story of integrated working

For families in the area with complex needs, access to range of services can be facilitated by the Richardson Hub. Staff members comment:

*Having all services at one site means families don’t have to go elsewhere. They get to know about the other services. They trust us. And we can identify their needs.*

*Referrals can be speedier, and less formal when all services are on site and under the same auspice.*

This ease of access can make a real difference to families.

*We helped a really distraught parent who was inquiring about childcare. In two hours we had her linked up to a range of services. She couldn’t believe it. She was so isolated. What a relief it was to her!*

Nevertheless, socially marginalised families can often be distrustful of services, and it can take time and considerable effort from staff to develop the relationships that facilitate families’ access:

*Even though families are already at the centre, it can be hard to engage them at first – we’re still seen as an outsider. It needs time. They see us around. The children get to know you. Then families feel more confident.*

Working with families with complex needs can be challenging, however. As the following comments suggest, staff can find the work emotionally draining and stressful.

*Working full time with high needs children and families can be very draining for staff. There are always problems – there’s a lot of stress.*

*Staff can feel exhausted or be overwhelmed by the complexity of family issues and the number of children and families with high support needs.*

The challenges can be especially stressful where staff are young and/or inexperienced, as is often the case in childcare:

*Many staff in childcare are very young and inexperienced. Some of the emotional challenges can be hard around some of the complexities of families.*

Adding to the stress are the pressures of complying with the multiple regulations and funding agreements associated with the various programs accessed by families with complex needs.

*Compliance pressures are ‘coming through the roof’ and take staff time and resources away from core work.*

Staff require on-going professional support and development, and organisational structures, processes and procedures that ease and facilitate their work and sustain them. One of the benefits of integrated services is the ability to draw on the diverse professional expertise within the service to facilitate professional exchange and growth. At Richardson, for instance, when the service first
shifted to an integrated model opportunities were made available for staff from the various programs to meet and learn about each others’ work. These processes helped prepare staff for the transition, increased their knowledge of working with families with complex needs and reduced staff anxiety:

When the new program for children of parents in rehab began staff from that program came and spoke to us about the background of the families, issues for children and what our role could be. We had workshops on the impact of drugs and alcohol too. We were less anxious then.

Further, on-going opportunities are provided to deepen these professional relationships between diverse staff and facilitate exchange of knowledge about how to work effectively with families with complex needs:

The organisation provides opportunities for all staff, within and across disciplines to have professional development together.

Working with families with complex needs often requires staff to acquire skills and knowledge outside their core professional expertise, so formal training opportunities constitute an important component of staff professional development.

At Richardson a range of formal training opportunities are provided to support staff. Some that staff have found particularly relevant relate to the following topics

- Sensitive communication in difficult situations
- Managing behavior
- Diffusing aggressive behavior in adults
- How to network
- Supporting community development
- Developing and sustaining partnerships
- Basic counseling skills
- Managing emotional challenge.

Simply providing or offering professional development opportunities is not enough, staff also need to be freed from existing duties and given time to attend. At Richardson, above ratio staffing in the childcare centre, and the employment of casual staff enables staff to be relieved to attend professional development opportunities.

In addition to supporting existing staff to work effectively with families with complex needs, it is also important that organisations attract staff with the skills, capacities and dispositions to work with these families. Staff recruitment processes at Richardson are open and transparent to ensure the ‘right people’ are employed. According to one staff member:

The recruitment processes need to attract the right people. They can’t be insular. If they only want to work in once service – then it’s not suitable for them.

Staff working are further supported when leadership is inspirational and effective. At Richardson, managers are committed to integrated work as the most effective way to support families with complex needs. They share this enthusiasm with the staff:
The Manager has helped staff to see the benefits not just to children and families but to us and how we work.

The managers work from a strengths based perspective to build the capacity of staff:

*We use a strengths-based approach with staff too. We find what they are good at or interested in – and use these areas as a means to upskill staff.*

Further, the reporting and organisational structures at Richardson enable managers to remain close to the work so that issues can be identified, and effective and timely processes put in place to support staff:

*The organisational structures and reporting structures allow senior managers to work closely with direct service delivery staff – they get to know them and the issues well.*

Even when staff are well supported, however, there are times when the stressors of this complex work may threaten the health and well-being of staff and professional assistance may be required. At Richardson, a confidential counseling service is available to all staff:

*We offer free counseling for staff to assist them with some of the challenging work situations they face.*

**Conclusions**

Working with families with complex needs can be challenging, stressful and demanding – but if staff are appropriately supported and sustained it can also be highly rewarding. As staff at Richardson comment:

*Working in this type of setting is socially and emotionally more engaging and a richer experience than just working in a child care centre.*

*The work is challenging but it is so rewarding to see positive changes in children and families. Families change and grow for the better – I wouldn’t work anywhere else.*

The Infants’ Home, Ashfield
A journey towards Integrated Service provision
“To provide each child with every opportunity”

Background
This story is about one service’s journey towards integrated service delivery. It explains how The Infants’ Home, Ashfield (TIH), established in 1874 as an orphanage, and now operating from a platform of early childhood education and care, has evolved into an integrated service. In particular, it demonstrates how the staff in this dynamic organisation, through careful reflection on existing practices, and drawing on theory and research, have changed their practices in response to the diverse and emerging needs of TIH’s community.

Agencies & team(s)
TIH works in collaboration with government (e.g. local schools) and non-government organisations (e.g. local refuges / medical centres) to provide a range of universal and targeted services, including early childhood education and care (ECEC), early intervention, family support, health and allied health, most of which (indicated with a * below) are co-located on its site in Ashfield in Sydney’s Inner West. Services available at TIH include:

- Early learning and Care
  - 3 ECEC long day care services (each led by a degree qualified early childhood teacher)*;
  - Family Day Care;
- Early intervention
- Family support services* (e.g. home visiting, parenting classes, family management classes);
- Community playgroups*;
- Health services
  - GP Clinic
  - Allied health clinic* (physiotherapy, speech, occupational therapy, play therapy).
  - Post-natal Clinic*
The story of integrated working

From its inception, TIH has always offered a range of services to children and families. Nevertheless, over the past decade, integration has become a strategic direction.

Several distinct phases can be seen in this journey:
- critical reflection on existing practices;
- information gathering and sharing;
- developing a model; and
- setting future directions.

Critical reflection on existing practices. TIH’s shift towards integrated service delivery was precipitated by staff reflection on existing practices in light of contemporary theory and community needs.

In the mid 2000s, children with additional needs (including children with disabilities and those with other vulnerabilities) were cared for and educated at TIH in facilities separate from their ‘mainstream’ peers. At the time, TIH staff considered this the most effective way of providing intensive support. However, emerging research and social justice perspectives strongly advocated inclusion in mainstream services as the most beneficial and socially just approach. Consequently, in 2005, with the support and encouragement of strong leadership, there was a significant shift at TIH to include children with additional needs into the mainstream early education services, and an organisational commitment to provide “fully inclusive children’s services” (TIH Annual Report, 2006, p.1).

In addition, and in keeping with the organisation’s on-going commitment to socially just practices, staff recognised that in contemporary Australia some families (such as those where there is mental or physical ill-health or substance misuse, social isolation or economic stress) were doing less well than others, and new and innovative ways of working were required to more effectively respond to their often complex needs.

Information gathering and sharing. The second phase in TIH’s journey towards integration involved information gathering and sharing.

A range of strategies were employed: external experts were commissioned to provide advice and write reports; staff investigated and gathered information about best practice in integrated ECEC, both from Australia and overseas – including an overseas visit to integrated services by one CEO; and workshops were conducted to facilitate staff exploration of the meaning of integration both in general terms and in regards to their practice.

Developing a model. Reflecting on this growing knowledge of best practice, the next phase in TIH’s journey towards integrated ways of working was the development of a model for practice. Whilst continually evolving, today several elements can be observed in this model reflecting integration at multiple levels.
Explaining the model

- Children’s experiences are the central focus of the work at TIH. The potential to contribute to positive outcomes for children and their families is the prime motivator for the organisation’s movement to holistic, integrated ways of working.

Matthew’s [pseudonym] story.

Matthew has a profound physical and intellectual disability. When trying to secure childcare for Mathew to enable her return to work, his mother was turned away from several early childhood education and care services who argued that they did not have the facilities to provide adequate care for him. Mathew’s mother was referred to TIH which was well known in the area as a high quality and inclusive setting, and staff were able to offer Mathew a place. Today, TIH team of educators and allied health professionals work collaboratively with professionals from a range of external services to support Mathew’s inclusion in the program and facilitate his health, well-being and development. Matthew’s mother can go to work feeling safe and secure in the knowledge that Mathew is in a safe, caring and stimulating environment.
Further, the benefits of integrated ways of working extend to all children. For instance, with the support of allied health staff, and in response to the communication needs of a child with limited speech, the ECEC team learnt how to ‘sign’. Through modeling and direct instruction, other children in the setting also learnt this skill and so an inclusive community was created in which all children and staff could participate.

- **TIH’s Vision** of a socially inclusive society is one in which each child is given the opportunity in early childhood to develop the abilities to meet life’s challenges and opportunity.

The Vision, in conjunction with its core principle “to provide each child with every opportunity” provide reference points that underpin evolving practice.

- **Sound governance** including fiscal management, procedures and processes as well as strong leadership at TIH supports the on-going development of integrated practice.

- **Resources** such as time, materials and opportunities for professional reflection and development, play a critical part in the development of integrated ways of working.

- **Connections to external agencies** - facilitated by TIH’s long history in the area, and its reputation for high quality, socially just, work - are nurtured and developed to support inter-agency collaborative work and smooth the transition of families between services where necessary.

- **Knowledge and critical reflection.** Leaders and staff at TIH maintain sound understandings of theory and research. They evaluate current practices and critically reflect on the changing context, to ensure the efficacy and responsiveness of the service.

- **A range of high quality, universal and targeted, education and care, family support, early intervention, health and allied health services** are provided at TIH to support the diverse needs of children and their families. In particular, four year qualified teachers oversee the pedagogical content of the ECEC programs which provide the platform for much of the work at TIH.

- **Diverse professionals work together,** sharing their skills, resources and expertise.

  For example, speech therapists work alongside early childhood teachers in the ECEC centres. Together they observe children and assess their communication skills; plan and deliver learning experiences to promote communication development that are based on pedagogical principles (as reflected in the Early Years Learning Framework); and evaluate the effectiveness of these interventions.

**Future directions.**

TIH’s journey towards integration is on-going. The next stage is the construction of purpose built Early Learning and Care Centre – a “multi-purpose regional hub” (TIH Annual Report, 2011, p.3). The state of the art design of the new Early Learning and Care Centre, construction of which began in 2012, will enable cohesive delivery of a range of services ‘under one roof’,
affording children and families seamless access; and facilitating inter-professional work. It will also add to community capacity building by providing a venue for local services. By becoming an exemplar of integrated service delivery, and by offering professional development and research opportunities, the centre hopes to contribute to knowledge development in the wider ECEC community.

**Advice to other services moving toward integration**

Reflecting on their journey towards integration, staff at TIH have identified a number of learnings. Firstly, integration is an *intentional* action that draws on the expertise of different disciplines to work in the best interests of children and their families.

- The journey requires careful strategic planning.
- Integrating service delivery is an on-going journey with lots of twists and turns.
- Sound governance, financial management and leadership are essential.
- Organisational policies and procedures need to support integrated service delivery.
- It is crucial to ensure staff are supported to deliver integrated services.
- Communication is the key!

For more information on The Infants Home, please see: [www.theinfantshome.org.au](http://www.theinfantshome.org.au)

This story is based on previously published material from research on The Infants Home funded by the The Infants Home and undertaken by Charles Sturt University. The published report is Wong, S. & Press, F. (2010) *The Art of Integration* and can be downloaded from: [www.theinfantshome.org.au/site/assets/files/1237/the_art_of_integration_-_final.pdf](http://www.theinfantshome.org.au/site/assets/files/1237/the_art_of_integration_-_final.pdf)
The Parents Place
‘Where children and families come first’
Our Journey

Background
This story tells the journey of setting up an integrated service, The Parents Place, at 63 Ormsby Terrace, Mandurah, Western Australia.

Mandurah is situated in the Peel region 100km south of the Perth CBD. The region includes the City of Mandurah and the Shires of Murray, Waroona, Boddington and surrounding areas.

The initial concept for an integrated service for children and families in Mandurah was first identified by the Peel Early Years Group in 2008 - a group of representatives from organisations that support children in the early years and their families in the region. Ideas for an integrated service were developed through consultation with agencies originally located at 63 Ormsby Terrace, including Child and Adolescent Community Health, Child Australia South West Inclusion Support Agency, and City of Mandurah staff. A number of Mandurah services that support children and families have been working in collaboration for some time. The co-location of some of these services to Ormsby Terrace was seen as an opportunity to build on this work and move forward towards integration.

Agency & team(s) involved
The current partners in The Parents Place include:

- The Department of Health, Child and Adolescent Community Health – which works in partnership with parents and carers of children up to the age of 4 years, promoting health and carrying out developmental assessments.

- Child Australia South West Inclusion Support Agency – which provides early childhood services with advice, planning and resources to support all children to participate fully in an inclusive environment.
■ The Department for Communities:
  • Parenting WA Services – which offers support, information to parents and carers of children 0 – 18 years by providing, workshops, home visiting and linking parents to other organisations and supports within the community.
  • Children’s Services Officer – who supports children’s services in providing quality child care. Supports parents and carers in accessing appropriate child care for children 0 – 15 years.
  • Best Start – Aboriginal Early Years which aims to improve the life opportunities, health and wellbeing of Aboriginal children 0 – 5 years.

■ Fremantle Multicultural Centre Inc – Settlement Grant Program which provides support and assistance to newly arrived migrants, refugees and humanitarian entrants.

■ Peel Multicultural Association which aims to establish and maintain close family / friendships within the community by exchanging values and reflect ethnic diversity.

■ Relationships Australia which supports Dads, promote positive fathering, and relationship education courses and workshops.

■ Therapy focus- Early Childhood Intervention Programme which provides therapy services to children aged 0 – 6 years.

■ CLAN WA – which works alon side parents to enhance parenting, resilience and mental health and wellbeing. It offers 1:1 support as well as workshops and short courses

■ People With Disabilities (WA) which provides individual advocacy and support for adults and children with a disability.
The story of integrated working

In August 2010 a meeting with all stakeholders was held to plan how to move from co-location and collaboration towards integration. This resulted in the development of a shared Vision and Mission as well as shared Guiding Principles and Values. A title was also agreed for the integrated service delivery model: “The Parents Place – where children and families come first”.

Vision
To be recognised as a centre of excellence providing universal services to support the wellbeing of children and their families in the Peel Region.

Mission
The Parents Place service providers work together to provide access to a range of services to enhance the growth and development of all children by empowering and supporting their families and carers.

Guiding Principles and Values
The Parents Place is a service that:

- Is committed to working together professionally as an interagency team, aware of current trends and undertaking continuous professional development
- Is warm and welcoming, honest, inclusive, respective of diversity and staff take pride in being accessible to all
- Provides best practice, always acting in the best interest of the child
- Provides an accountable and transparent service reflective of the needs of both the family and the community
- Recognises the strengths that already exist within families and work in a professional manner to be flexible and adapt to meet their individual needs
- Provides a positive learning culture

The Parents Place model is based on the Moving Forward Together research paper written by Centre Community Child Health, Royal Children's Hospital Melbourne; Murdoch Research Institute and Tasmanian Early Years Foundation. We have used this as a guide and inspiration on our journey from co-location to Integration.
Successes

One of our successes to date is the development of a weekly Drop In Clinic – a collaboration between the Child Health Nurses and Parenting WA. The clinic allows parents to attend without an appointment. They can check on their child’s growth and development and ask health and parenting questions. The informal format has allowed for parents to form support networks.

A parents’ evaluation was conducted specifically in relation to the Drop In Clinic in May 2012. Comments from parents include:

- Has given me confidence in myself and what I am doing as a mother
- It’s a great opportunity to meet others and ask questions of professionals
- Nice and safe relaxed environment. Enjoy coming here, very friendly

Some of the other activities and programs on offer at The Parents Place include:

- ‘Rhyme Time’ with the support of the City of Mandurah Library
- ‘Push and Talk’ a weekly walking group that is part of the City of Mandurah Act, Belong, Commit programme.
- ‘Dads and Mums Together’ a group for new parents supported by Community Health, Relationships Australia and Parenting WA.
Challenges
This method of working has had some challenges including a measurable increase in workload, particularly during the initial establishment stage. More meetings are needed to plan and develop projects, and referrals increase. Individuals often have to be prepared to step outside or broaden their roles, so time management is important.

Not every person is on the same page at all times. Job descriptions, status and management all play a part in affecting what each person can commit to. Even personalities have played a part, with some people are very passionate, others more wary of risks.

There have been financial challenges along the way. For example, there is no pooled funding and some services have very little or, in some cases, no budget to work with. This makes it difficult when it comes to joint projects or purchasing resources. Currently, all co-located agencies are funded only for their own service delivery without a resource component for the development, coordination and management of an Integrated Service Delivery model.

The Parents Place is currently seeking funds for a full-time Project Development Officer (18 month period) to achieve a series of outcomes which will facilitate The Parents’ Place further progressing toward integrated service. To date this has been unsuccessful.
Conclusion

Being able to offer immediate, appropriate and timely support to families is very rewarding. At The Parents Place, there is a real sense of community and a shared purpose in our daily work. We acknowledge the challenges that seeking to achieve Integrated Service Delivery present, and enjoy working together to meet these.

Success to date can be attributed to a commitment to integration by staff at ground level - a real bottom up approach – and their willingness to work outside traditional roles, to be available, and to share knowledge. There is support from Agency Management and Local Government and commitment to the guiding principles and values.

We will continue to seek funding to enable us to enlist a Project Officer, who will be a focal point, this person will help connect us together, research other programs to learn better ways of working and seek funding opportunities to allow for the employment of a Coordinator long term. This we feel in imperative to the long term success of any Integrated Service.

This is a very happy and energetic workplace

Submitted directly for the 'Share your story project 2012'.
Thankyou!

The stories shared with you in this publication came from many different sources. Some stories came from data gathered for previous research undertaken through the Research Institute for Professional Practice Learning and Education (RIPPLE) at Charles Sturt University. These research projects include: Integrated early years provision in Australia funded by the Professional Support Coordinators Alliance (PSCA)(2010); Collaborative Practice in Victorian Early Years Services: 10 Project Sites funded by the Victorian Department of Education and Early Child Development (DEECD); and The Art of Integration (2012) funded by The Infants Home, Ashfield. Stories were also directly submitted to the Share your Story Project by Talya Matthews, Rachel Bell, Jen Lorains, Mary Sayers, Rachel Robinson, Kim Tually and Jannette Merendino.

The online national showcase, with additional case studies, can be viewed at: http://www.ecdprofession.sa.gov.au/showcase/national-showcase-2/

The stories already available online include:

- Australian Early Development Index children’s consultation
- The Blue Mountains Stronger Families Alliance
- Building the Remote Workforce Pilot
- Families as First Teachers – Indigenous Parenting Support Program
- First time mother
- Pat’s Story – special needs in remote areas.
- Adult Community Education-Foundation Skills Program
- South Australia’s Children’s Centres for Early Childhood Development and Partnerships – Consulting with Young Children for the 2010 Review of South Australia’s Strategic Plan
- Dad’s and Kid’s Dinners
- John Hartley School Children’s Centre - Harmony Day Event
- Working in partnership to improve outcomes for children and families
- Connecting dots
- Children’s Protection Society (CPS) - Early Years Education Research Project (EYERP)
- Joint Statement on the Inclusion of Children with Disabilities into ECEC Settings

If you are inspired to share your story, please submit your story via the online link. Additional stories may be published online during 2012 should more submissions be received.