

The Art of Integration

**Attracting and Retaining Staff in
Integrated Early Childhood Services**

Dr. Sandie Wong and Dr. Frances Press

May 2013



The Infant's Home Ashfield (TIH) has been on a journey, over several years, to provide integrated, universal and targeted, education, care, health and support services for young children and their families, with a particular focus on reaching children and families facing challenging circumstances (Wong & Press, 2012). An important aspect of TIH's journey towards integrated service delivery has been the commitment amongst TIH senior staff to critically reflect on their practice and share these understandings more broadly. This paper is a result of that critical reflection.

This paper is the first of several that investigate a particular challenge facing TIH in its aim to work in integrated, interprofessional ways. It is anticipated that the challenges faced by TIH will be similar to those facing other organisations on a similar journey, thus its learnings can usefully be shared. This paper explores the issue of attracting, retaining and sustaining staff to work in interprofessional, integrated ways. It begins with a brief summary of the literature. Next, findings from the project are presented around three distinct stages – strategic planning, recruitment, and retaining and sustaining. The paper concludes by drawing some implications for policy.

What the Literature Says

Attracting and retaining staff to work in early years' education settings has long been recognised as challenging. A number of structural factors such as incommensurate pay, lack of professional status, workplace stress, and limited career development opportunities work in combination to adversely influence who enters and stays in the early years' workforce (Productivity Commission, 2011). Whilst the problem of attracting and retaining staff is common in early years' services, it is particularly challenging for early years' integrated services where there are a range of professionals working together and where there are additional expectations and demands.

Research exploring early years' integrated services identifies a number of workforce challenges. Effective integrated services require inspirational, knowledgeable leaders who are committed to, and capable of, driving collaborative ways of working (Colmer, 2008; Whalley, 2006). It also requires staff who, in addition to having knowledge, skills and capacities for providing high quality early years' services, share a common vision, philosophy, values, goals and expectations, commensurate with collaborative, interprofessional practice (Press, Sumsion & Wong, 2010). To support leaders and staff to work in integrated ways requires a substantial investment of time and resources. Aylward and O'Neill (2009) argue that particular attention needs to be paid to recruitment. However, it is often difficult to attract appropriately qualified and committed staff to work in integrated early years' settings because of piecemeal funding arrangements, inequities in wages and conditions across relevant professions and unequal power and status across human services. (Government of Western Australia, 2011; Press et al., 2010; Queensland Department of Education Training and Employment, 2013).

In addition to attracting staff to work in integrated services, retaining staff is also challenging. Integrated service delivery is demanding. It requires staff to work in new ways with a range of people from different professional and disciplinary backgrounds, aligning their thoughts and actions to common problems and creating joint solutions – a capacity that Edwards refers to as “relational agency” (2005, p.168). Staff have to be reflective and reflexive, flexible, open and willing to experiment and change – and this may challenge individual professional identity, expertise, territory and power (Rose, 2009). Moreover, as integrated services often target marginalised children and families, staff are often required to work with high levels of need and trauma. Consequently, in addition to attracting the ‘right’ staff there is also a need for organisations to consider how to retain and sustain their staff (Edwards, 2004).

Amongst organisational factors that have been identified in the literature as crucial to supporting, retaining and sustaining staff in integrated services is an organisational culture that is highly communicative and trusting, and built on a foundation of ethical practice and commitment to collaborative work (Whalley, Riddell, John, & Hannon, 2010). Also important are structures and processes, such as equitable working conditions, provision of time and space for facilitating the sharing and distribution of ideas and fostering collaborative practitioner enquiry, access to professional development opportunities (that support both disciplinary expertise and interprofessional ways of working) and supervision (Daniels et al., 2007; Press et al., 2010).

This paper contributes to the existing literature about integrated services by exploring the structures, processes and practices associated with attracting, retaining and sustaining staff at TIH.

“

...consider the resilience of practitioners and how their dispositions to engage are supported by structures and processes in the organisations in which they work.

”

(EDWARDS, 2004, P.8)

Integrated service delivery is demanding. It requires staff to work in new ways with a range of people from different professional and disciplinary backgrounds, aligning their thoughts and actions to common problems and creating joint solutions.

Methodology

The paper draws on data gathered through multiple methods:

1. Two focus groups were held with senior staff from a range of disciplines. The first focus group (n=8), without their 'line-manager', enabled the participants to talk candidly about their experiences and share their ideas related to attracting, retaining and sustaining staff at TIH. The second focus group (n=8 including 6 participants from the first focus group), which included the 'line-manager', enabled participants to respond to the researchers' initial analysis of the data from the focus groups, interviews and documents, to clarify points, and to provide additional information.
2. Written submissions were invited following the first focus group to allow participants to share their ideas anonymously. Submissions from five participants were received.
3. Interviews were conducted with three key informants¹.
4. Organisational documents (including job advertisements / employment interview questions / job descriptions) were reviewed.

The project was approved by Charles Sturt University School of Teacher Education Ethics Committee. Data was analysed using qualitative thematic analysis searching for dominant themes related to attracting, retaining and sustaining staff.



Findings

The data coalesced around three distinct stages in the process of attracting, retaining and sustaining staff at TIH – strategic planning, recruitment, and retaining and sustaining staff. Communication was a dominant theme that cut across all three stages.

Strategic planning

Strategic planning was identified as crucial to the development and growth of TIH staff to support the achievement of its mission and vision. Staffing vacancies arise as the result of attrition or the creation of new positions. Attrition affords an opportunity to critically reflect on vacated positions and reconsider their purpose. For example, several on-going positions at TIH are the result of its history as an early intervention centre, including the early childhood nurse, art and play therapist, speech therapist and occupational therapist. However, when a vacancy arises for each of these positions, the Leadership Team, in consultation with the Directors, review the purpose of the position in light of emerging organisational demands, current theoretical understandings about ‘best practice’ and potential costs and benefits of each position. Likewise, new positions are created as the Leadership Team reflects on the emerging needs of the organisation and considers the organisation’s strategic direction. In some cases, new positions are created to augment existing services. For example, in recognition of particular gaps in current service provision, two new positions for a psychologist and physiotherapist have been created. In other cases, existing organisational structures are realigned to better support integrated service delivery. One of the most significant changes to organisational structures to support integration at TIH was the creation of a new role — the Integrated Services Manager — who oversees a team comprising the Directors of each of the early childhood education services and the Director of the allied health team (see organisational chart p18). The shift to this

One of the most significant changes to organisational structures to support integration at TIH was the creation of a new role — the Integrated Services Manager — who oversees a team comprising of the Directors of each of the early childhood education services and the Director of the allied health team.

management structure has drawn together the leaders of the education and allied health staff into one team, which meets regularly. It contributes to greater communication, cohesion and cooperation across the teams, and is a powerful demonstration of the organisation's commitment to integrated service delivery.

Once a position is identified, role descriptions are created that give some clarity about the role – but which also give scope to respond to the unique qualities of applicants. The overriding goal is to identify roles and positions that will complement and extend the skills, knowledge and expertise of existing staff, to better serve the needs of children, families and the local community.

The overriding goal is to identify roles and positions that will complement and extend the skills, knowledge and expertise of existing staff, to better serve the needs of children, families and the local community.

Challenges & Opportunities: Strategic Planning

Staff planning is currently largely undertaken by the Leadership Team. The Integrated Services Manager, in consultation with the allied health team Director and Early Childhood Centre Directors, then action the plan. There is an opportunity to make this a more open process and to include more voices. Greater involvement of staff at all levels in planning for staffing, and more effective communication of these plans to the existing team, particularly about how the skill sets of a new position might compliment existing work, will likely increase the degree to which the existing team welcomes new staff and how effectively new positions are integrated. There is also an opportunity for TIH to develop strategies to enable the voices of children and families to influence strategic planning.

Recruitment

There are several stages in the recruitment process – attracting, advertising, interviewing and appointing.

Attracting

The first stage in recruiting staff is to attract applicants. Fundamental to TIH's status as an employer of choice is its reputation as a socially just organisation with a long history in providing quality services for children and families, and more recently its reputation for integrated service delivery.

TIH has a number of strategies to increase its profile in the community, including the production and circulation of organisational documents such as annual reports, newsletters, research reports and fund-raising materials. In addition to hosting community events, TIH participates in, and financially supports, professional meetings, conferences and local networks. A number of past and current staff members have undertaken international study tours.

It is perhaps TIH's website, however, that offers the most readily and widely accessible information about the organisation for prospective employees. TIH website is easy to find and navigate, attractive and engaging. It provides sufficient text and multimedia based information for visitors, including an accurate description of the service, its history, philosophy and integrated approach. There is a page dedicated to careers at TIH, with links to descriptions of current positions available and instructions for accessing further information.

Advertising

Once a position has been identified, the recruitment process begins with the development of an advertisement. TIH job advertisements provide an accurate description of the service and make the organisation's philosophy explicit. The interprofessional nature of TIH work is clearly articulated in job advertisements and selection criteria, and there is increasing consistency in the use of terms such as 'inter-disciplinary', 'inter-professional' and 'transdisciplinary'.

"Staff are informed from the outset about the organisation's philosophy and how important the interprofessional model is to service provision for families".

In addition to advertising on web-based recruitment sites, TIH uses a recruitment agency. The Leadership Team at TIH has found it useful to develop a strong relationship with one agency over several years to ensure that only applications aligned with TIH's vision and its requirements are forwarded. Importantly, 'word of mouth' remains a valuable avenue for identifying prospective employees and many successful applicants have been previously connected to TIH through one means or another (e.g. previous working relationships / students on practicum placements, etc).

Interviewing

Once suitable applications have been received, the interview process occurs over several weeks. It begins with an invitation to applicants to tour the centre and have an informal chat with managers and existing staff – prior to the formal interview. Applicants are then advised to reflect on their visit and contact TIH should they have any further questions. Because of the unique nature of TIH, this pre-interview process provides an important opportunity for applicants to get a better understanding of the service in order to make an informed decision about working there. The process is particularly valuable for allied health staff who may not have worked previously in an early childhood education and care setting. Senior staff at TIH also consider this process an opportunity to motivate people to want to work at TIH. One Director stated for instance:

The interprofessional nature of TIH work is clearly articulated in job advertisements and selection criteria, and there is increasing consistency in the use of terms such as 'inter-disciplinary', 'inter-professional' and 'transdisciplinary'.

“

Staff are informed from the outset about the organisation's philosophy and how important the interprofessional model is to service provision for families.

”

(DIRECTOR, TIH)

Because of the unique nature of TIH, this pre-interview process provides an important opportunity for applicants to get a better understanding of the service in order to make an informed decision about working there.

“We want people to want to work here. It’s not just a job. It’s not a typical place. It’s challenging and demanding. But it offers people a different opportunity. TIH only wants people who want it.”

Current employees who had been through this process also reflected positively upon it. They commented that it provided them with an opportunity to experience the culture. And that the visit built on, and ‘bought to life’, the ideas communicated on the website.

A week or so after this initial visit, applicants are invited to a formal interview. The interview includes questions designed to identify the applicants’ understanding of and commitment to:

- social justice;
- interprofessional ways of working;
- capacity to work with children and families; and
- discipline-specific knowledge.

Questions also explicitly address the applicants’ previous history or experience of working in interprofessional ways, and offer them an opportunity to reflect on challenges and strengths of working in this way.

Questions are given to the candidates for 15 minutes before their interview, to give them time to consider their responses and make notes if they wish. Current employees reflected positively on both the process and the length of the interview (an hour and a half) which, they said provided sufficient time for TIH to ‘get to know’ them.

“I remember coming for my interview and the interview questions were targeted to see how people felt about integration. ...That’s actually one of the things I really liked [about The Infants’ Home]”

Appointing

TIH aims to appoint staff who have relevant professional expertise as well as a sound understanding of what it means to work in interprofessional ways in an early years’ integrated service. However, given the relative recency of the growth of integrated services, few people have had this experience. Consequently, staff are often appointed on the basis of their personal attributes, in particular, their view of children’s rights and working from a child perspective within the context of family and culture; their willingness to be flexible; their capacity to reflect, communicate and become part of an established team; and their excitement about being challenged and working in new ways.

“We need people who are ‘up for a challenge’, who enjoy stimulation, and want to work with others. And who are willing to ask and seek support as well as do their own research and personal reflection.”

“

We want people to want to work here. It’s not just a job. It’s not a typical place. It’s challenging and demanding. But it offers people a different opportunity. TIH only wants people who want it.

”

(DIRECTOR, TIH)

“

You have to be really clear from the very beginning – this is what we want. And make sure that it’s clearer still in the interview questions.

”

(DIRECTOR, TIH)

Questions are given to the candidates for 15 minutes before their interview, to give them time to consider their responses and make notes if they wish.

The most essential criteria for appointment, however, is an alignment between the applicant's and TIH's vision for children, their philosophy and values. As one participant said – “skills can always be taught but philosophy requires a deep commitment”.

The final stage of the appointment process is the refinement of and agreement to a role description. Participants commented that job descriptions need to be clear and honest. Job descriptions reviewed for this project were clear and accurately described the work. For instance, they clearly detailed that all staff, both early childhood and allied health, were expected to work with a range of professionals to support children within the context of an early years' service. This clarity is particularly important because at TIH several allied health staff, other than family workers, work primarily with children, rather than families as is typically the case in allied health. Writing this in the job description ensures that all new staff are fully informed about this from the outset.

The job descriptions also highlighted interprofessional practice by describing how each role relates to others in the organisation. Drawing attention to these interconnections is considered by senior staff at TIH to be an important way to ensure relevant information is shared across the various disciplines.

Challenges & Opportunities: Recruitment

Despite the substantial efforts that TIH makes in relation to communicating its work, there was still a sense amongst participants that more could be done to raise TIH's profile. One participant noted that there is a need for: “Making it clear that the teams work through interprofessional collaboration. Making this known through providing information on the website and related documents so potential employees can access when researching a position with TIH. Promoting this through case studies to illustrate what / how interprofessional collaboration occurs at TIH”.

There was also recognition of the difficulty in attracting staff in the current competitive open job market. The small pool of applicants for filling some positions was identified as an issue. Whilst for some positions (e.g. art therapist) there are multiple applications, other positions (e.g. speech therapist) received limited applications. The field is particularly ‘thin’ for EC professionals with experience in integrated services, especially for filling Directors' positions. To some extent this means that TIH often ‘takes a risk’ with recruitments and bears the cost (in terms of time and resources) of up-skilling and preparing new staff to work in integrated ways.

There were some differences between the interview questions for early childhood education and those for allied health staff. In particular, allied health staff are not currently required to address questions related to The Early Years Learning Framework (EYLF) – a foundational document for all those working in early childhood education settings. The Leadership Team has recognised this discrepancy and is considering moving towards

The field is particularly ‘thin’ for EC professionals with experience in integrated services, especially for filling Directors' positions.

a core set of questions across early childhood education and allied health that will include questions on the EYLF, along with targeted disciplinary questions. In addition, the need for practices to align with the EYLF will also be included in all job descriptions.

Participants reflected that whilst both early childhood education and allied health applicants are often able to clearly articulate their ideas about collaboration, they often ask for clarification of the term ‘interprofessional’ work, suggesting that there remains little clarity ‘in the field’ about this term.

The development of job descriptions and conditions of work is an ongoing process at TIH. At the time of writing this report, there were some inconsistencies across positions. Indeed, the most frequently mentioned challenge to interprofessional work identified by the participants was inequitable working conditions. For instance, participation in group clinical supervision was offered as part of the conditions of work for allied health staff – but not for early childhood education staff. In many cases, the working conditions incorporated into job descriptions (e.g. leave entitlements and salary) are legislated by Awards and are not open to change. In other cases, however, the conditions arise as the result of professional traditions.

One of the most contentious issues noted in terms of inequitable practices was the issue of attendance at out of hours activities. At TIH, whilst early childhood education staff are required to attend out of hours activities and professional development opportunities, not all allied health staff do so. This situation highlights differences in the nature and conditions of early childhood and allied health staff that have to be carefully negotiated in integrated services. Traditionally, particularly in philanthropic organisations, early childhood staff have been expected to participate in out of hours activities, especially events that involve families. This is not a common practice for allied health staff. Further, because of the need to maintain regulation ratios, it is difficult for early childhood staff to get time ‘off the floor’ during a typical working day, whereas allied health staff tend to have flexible working arrangements and the ability to ‘step away’ from the program to attend professional development.

Perceived differences in requirements to attend out of hours events have caused tensions in the team. One way to deal with this issue, suggested by a participant, is to be absolutely clear about the purpose of out of hours events, negotiate the minimum number of hours of attendance required, and cap the number of hours expected. One participant said that she would not employ a person who could not commit to attendance at out of hours events as “If we’re going to be integrated we can’t be so different. We have to have the same mindset”. Another participant suggested the

The most frequently mentioned challenge to interprofessional work identified by the participants was inequitable working conditions.

It is difficult for early childhood staff to get time ‘off the floor’ during a typical working day, whereas allied health staff tend to have flexible working arrangements and the ability to ‘step away’ from the program to attend professional development.

‘rethinking’ of out of hours attendance at professional development and suggested that there be ‘whole of organisation’ professional development days, similar to those in school settings.

As was the case with strategic planning, there is an opportunity for greater involvement of children and families at each stage of the recruitment process.

Retaining & Sustaining

TIH is a dynamic organisation, working in new and innovative ways, with children and families with complex needs. Whilst this makes it an exciting and rewarding place to work it also makes it a very challenging environment. Therefore, several practices are geared towards retaining and sustaining staff.

Induction

To support new staff’s transition into TIH an induction program has been designed to inform them about the organisation’s long history of commitment to socially just practices for children and families, and to explain its procedures, processes and practices, including its integrated, interprofessional model. For instance, as part of the induction program TIH Children’s Charter is introduced to new employees as a way of assisting them understand how the organisation views children and their rights, and to help new employees align their values with those of the organisation.

Professional Development

Ongoing professional development, both internal and external, formal and informal, is strongly supported by TIH. For instance, TIH provides ongoing internal education about working in interprofessional ways. Opportunities and resources are also provided for interprofessional collaboration (e.g. through joint projects), reflection and exchange, and for challenging taken for granted practices, language and ideas.

TIH also provides access to formal training, such as that targeted towards supporting staff to work effectively with ‘challenging’ families (e.g. working with parents with mental health issues).

“Professional development opportunities – discipline specific and interprofessional – sustains people.”

Supervision

There is a social cost to staff associated with working with children and families with complex needs. Many of the people working in early



In order to retain staff they need to be properly informed, prepared and committed to working in this unique model.



(DIRECTOR, TIH)

Ongoing professional development, both internal and external, formal and informal, is strongly supported by TIH.

childhood, in particular, have little or no training in how to work with families with complex needs (such as those with mental health issues or substance abuse). They are also often young and inexperienced and have little ability to recognise the professional and personal stress associated with complex work, or have the life skills to deal with these stressors. As one participant reflected: “We see a lot of traumatic things and I don’t think you actually realise the impact until later”.

In addition, sometimes staff boundaries get blurred when they are working closely with children and families with complex needs (examples given included: staff giving families money from their own wallets; giving families their private telephone number; and offering lifts in their car). Boundary blurring seems to be most prevalent amongst minimally qualified early childhood staff who often have little experience or professional development in working with children and families with complex needs – and who may not recognise the need to maintain boundaries. In recognition of these challenges, TIH provides a range of mechanisms to support staff.

Staff are encouraged to express their fears and concerns through professional reflection, and to offer mutual support to one another through informal mentoring. Further, senior staff offer ‘debriefing’ in times of crisis (e.g. when a child is removed) – to review how people are feeling, how the situation was dealt with and what might have been done differently. In addition, the Leadership Team and Directors meet weekly and these meetings provide a ‘safe space’ to talk in honest ways and receive collegial support.

However, the leadership team also realise the limits of collegial support. One participant noted that it is important not to use co-workers as counsellors: “It’s also about maintaining our co-working relationship. So not using others as a counsellor. That’s not appropriate. I think being able to seek a co-worker out and have a debrief about a case – absolutely. But I think if something is triggering things in me – emotional things – it’s not appropriate for others to be hearing”.

In addition to informal support, all allied health staff receive group clinical supervision as part of their support and professional development. They have a calendar of clinical supervision and meet as a team every quarter. Early childhood education staff have access to an employee’s assistance program, and are offered confidential clinical supervision when a major incident occurs and as part of performance management appraisals. Further, should conflict arise in the workplace, this is managed through a mediation process.

Many of the people working in early childhood, in particular, have little or no training in how to work with families with complex needs.

“

We see a lot of traumatic things and I don’t think you actually realise the impact until later.

”

(STAFF MEMBER, TIH)

Staff are encouraged to express their fears and concerns through professional reflection, and to offer mutual support to one another through informal mentoring.

“

You can be left with this enormous worry about some of these families. You need to be able to deal with that because it's a big load sometimes. ... you can feel wiped out by it.

”

(STAFF MEMBER, TIH)

Despite TIH's commitment to ongoing interprofessional development, some training bodies limit access to professional development opportunities to particular categories of staff. This works against collaborative practices.

“It's just making sure you're putting your wellbeing there first. Because we tend to suck it up, deal with it. ... every family seems to have a crisis all at once. And so you just kind of deal with it and you just keep moving. You power on, soldier on. You can be left with this enormous worry about some of these families. You need to be able to deal with that because it's a big load sometimes. ... you can feel wiped out by it. We talk to one another and support one another. You need informal venting but you need other types of support as well. It's internalised, confidential support that you absolutely need.”

Despite all that is done to support staff, turnover is inevitable. Further, there is sometimes a need to ‘counsel out’ staff who are underperforming. Such attrition is not always a negative. It can provide an opportunity for reflecting on existing practices and roles. To ensure this opportunity is not lost, TIH conducts an ‘exit interview’ that staff are invited to undertake with a person of their choice. The findings from these interviews are used to inform future and on-going service provision.

Challenges & Opportunities: Retaining & Sustaining

Whilst the induction program was well regarded by participants in this study, there was a suggestion that there be more input from allied health staff into this program to explain the different roles of the allied health staff and services they provide. There also seems to be an issue with how induction is managed. Several participants mentioned that they had missed induction. The problem seems particularly evident amongst part-time staff who may not work on the day that induction occurs. Indeed, a number of challenges were identified related to part-time working hours, in particular, the difficulties this poses for effective communication, collaboration and continuity.

Despite TIH's commitment to ongoing interprofessional development, some training bodies limit access to professional development opportunities to particular categories of staff. This works against collaborative practices.

There are a number of informal and formal avenues by which staff can contribute their ideas and express their concerns at TIH, including during staff meetings, at performance appraisals and via anonymous staff surveys conducted during times of organisational change. Nevertheless, one participant commented in relation to the organisation's shift to integrated ways of working “staff are unwilling to express views in case of negative consequences”, another noted that there needed to be “confidential opportunities for staff to express concern and needs”. There is then an opportunity for improving the openness of communication at TIH, to create safe and respectful places for staff to be critical and reflective and

more freely express their views and concerns about working in integrated ways. At the same time, staff need to be willing and able to communicate their ideas. Therefore, it is important that a disposition for professional reflection is explicitly targeted at recruitment.

TIH is ‘pushing the boundaries’ of interprofessional practice in early years’ services in Australia. The team is united by a strong commitment to children and families. However, a ‘split’ between the early childhood education and allied health staff is also evident and this threatens to work against the retention of an interprofessional team at TIH. This split appears to be upheld by limited or misunderstandings about roles. For instance, several allied health staff noted that their work is often not clearly understood or valued by the early childhood educators. They reported feeling marginalised in the early childhood settings and commented that their ability to contribute to effective practice was hindered, threatening their self-concept of their expertise, their sense of professional identity, and their fulfillment. Likewise, several early childhood staff commented that it was not always clear what each allied health professional brings to the team. There were evident misunderstandings across allied health and education about practices, in particular in relation to how materials and language were used by the various disciplines. In addition, both allied health staff and early childhood educators frequently referred to the allied health staff as ‘supporting’ educators – seemingly placing the early childhood educators in a deficit position.

There is then an apparent need for continued opportunities for respectful, open and robust dialogue and exchange across and between the early childhood educators and allied health staff, particularly in regards to understandings about children and families, and the theories, evidence and purpose underlying professional practices. ‘Safe spaces’ were requested by participants, where staff could ask questions, voice their concerns, express their fears, share their ideas and provide suggestions. Such opportunities may be supported by engaging an external facilitator.

Finally, there was little talk amongst participants in this project about formal recognition for their work or celebration of success from working in interprofessional ways. Greater and ongoing acknowledgement of how staff at different levels are working effectively together to support children and families, and how this contributes to better outcomes for children and families, is perhaps something TIH could consider as a way of positively reinforcing and sustaining staff.

A ‘split’ between the early childhood education and allied health staff is also evident and this threatens to work against the retention of an interprofessional team at TIH. This split appears to be upheld by limited or misunderstandings about roles.

“

Work towards creating equality between different disciplines and roles where possible to help resolve splitting and conflict which can get in the way of collaboration and limit benefits to potential outcomes for children and families.

”

(DIRECTOR, TIH)

Conclusion

Attracting, retaining and sustaining staff is a challenge facing all integrated early years' services. TIH has developed a number of successful strategies, including building the reputation of TIH so that it is viewed as an employer of choice; developing recruitment practices that lead to the engagement of staff with appropriate experience and/or dispositions; and developing structures and procedures that promote interprofessional exchange and support staff. These processes are constantly being appraised and revised where necessary.

This project has also highlighted several areas where changes could be made that may contribute to the retention and sustainment of TIH's interprofessional team. In particular:

- Increase consistency in advertisements and interview questions across disciplines – whilst maintaining discipline specific focus.
- Increase consistency and equity in terms and conditions of employment across disciplines – as far as is possible within the confines of funding body and legislative requirements.
- Revisit the induction processes to ensure all staff have this opportunity.
- Review equity of access to clinical supervision to include early childhood education staff.
- Continue to build and develop a culture of open communication in which all staff feel safe to share concerns, and valued for their contributions.
- Increase involvement of children and families in the planning and recruitment of staff.

The participants in this study came from diverse disciplinary backgrounds, however, they demonstrated similar ethics and values, and commitment to common goals and aspirations for children and families. These dispositions form a strong glue that unites the team. However, they manifest in different practices, which are sometimes misunderstood

There is, therefore, a strong need for TIH to continue to provide opportunities for these practices to be explored and interrogated in collegial ways.

across disciplines, in turn threatening both team cohesion and individual practitioner identity. There is, therefore, a strong need for TIH to continue to provide opportunities for these practices to be explored and interrogated in collegial ways – so that the diverse ideas, knowledge and expertise of all those working at TIH can be shared and distributed, fostering deeper interprofessional understandings and building the trust, mutual respect, and relational agency (Edwards, 2005) that sustains staff in this challenging and difficult work.

Implications for Policy

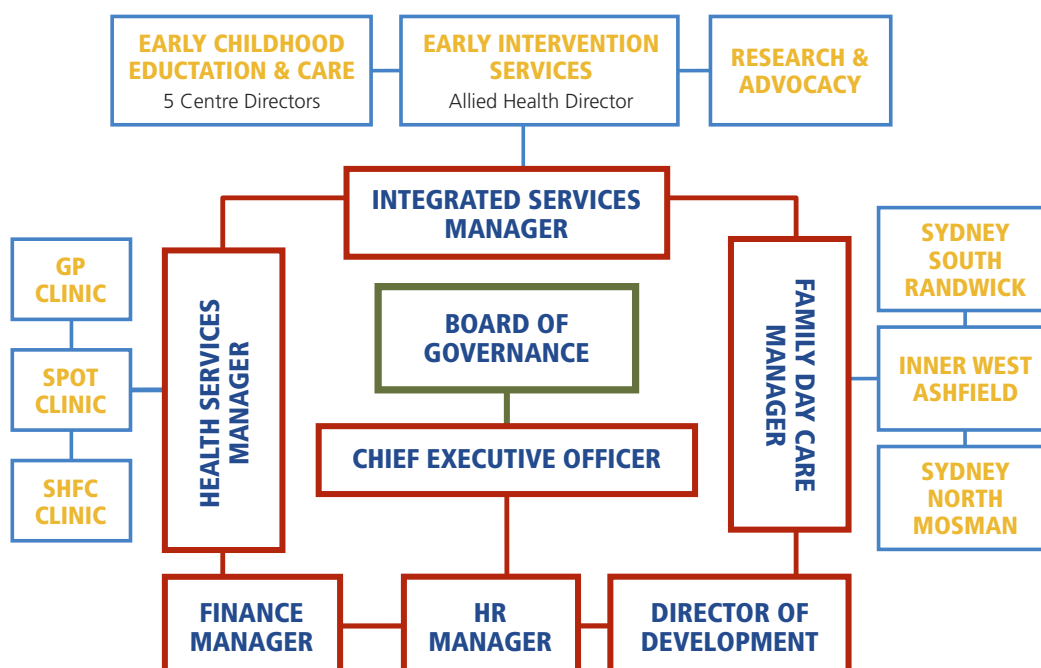
Several implications arise for policy from this project.

Rigidity in funding streams acts as a barrier to integration. Services reliant on multiple funding sources need the capacity to pool funding, at least in part, to support and sustain interprofessional work.

Embedding integrated interprofessional work requires intensive interprofessional teamwork in the early stages in order to develop effective policies and procedures based on a common philosophy, and shared understandings. The provision of one-off funding support in the initial stages would ensure effective and efficient implementation of integrated working models.

Interprofessional work at the service level needs to be supported by interprofessional dialogue at the level of relevant professional bodies and unions, so that flexible and responsive approaches to work conditions can be developed and modelled.

The Infants' Home organisational chart



References

- Aylward, P., & O'Neil, M. (2009). Invest to Grow final evaluation report: Through the Looking Glass a community partnership in parenting. Adelaide. http://health.adelaide.edu.au/gp/publications/Through_the_looking_Glass.pdf
- Colmer, K. (2008). Leading a learning organisation: Australian early years centres as learning networks. *European Early Childhood Education Research Journal*, 16(1), 107-115. doi: 10.1080/13502930801897111
- Government of Western Australia Department of Communities (2011). Integrated service delivery and community hubs. Perth. <http://www.communities.wa.gov.au/childrenandfamilies/ISD/Documents/Integration%20Survey%20Report-Final%20Report%202011.pdf>
- Daniels, H., Leadbetter, J., Warmington, P., Edwards, A., Martin, D., Popova, A., . . . Brown, S. (2007). Learning in and for multi-agency working. *Oxford Review of Education*, 33(4), 521-538. doi: 10.1080/03054980701450811
- Edwards, A. (2004). The new multi-agency working: Collaborating to prevent the social exclusion of children and families. *Journal of Integrated Care*, 12(5), 3-9.
- Edwards, A. (2005). Relational agency: Learning to be a resourceful practitioner. *International Journal of Educational Research*, 43(3), 168-182. doi: 10.1016/j.ijer.2006.06.010
- Press, F., Sumsion, J., & Wong, S. (2010). Integrated early years provision: A report for the Professional Support Coordinators Alliance Professional Support Coordinators Alliance.
- Productivity Commission. (2011). *Early Childhood Development Workforce*. Retrieved from <http://www.pc.gov.au/projects/study/education-workforce/early-childhood/report>.
- Queensland Department of Education, Training and Employment (2013). Evaluation of the Early Years Centre Initiative. Brisbane. <http://deta.qld.gov.au/earlychildhood/pdfs/eyc-summary-report.pdf>
- Rose, J. (2009). Dilemmas of inter-professional collaboration: Can they be resolved? *Children & Society*, 25(2), 151-163. doi: 10.1111/j.1099-0860.2009.00268.x
- Whalley, M. (2006). Leadership in integrated centres and services for children and families: a community development approach: Engaging with the struggle. *Childrenz Issues*, 10(2), 8-13.
- Whalley, M., Riddell, B., John, K., & Hannon, V. (2010). Critical issues for 21st century children's centres: Emergent issues from a series of think tanks. Pen Green Research, Development & Training Base & Leadership Centre.
- Wong, S., & Press, F. (2012). The art of integration. The Infants' Home, Sydney. <http://www.theinfantshome.org.au/publications/the-art-of-integration/>

