Supporting Professional Learning in an Integrated Context: A Resource for Early Childhood Leaders

Developed for the Professional Support Coordinators Alliance (PSCA)
Sandie Wong, Jennifer Sumsion & Frances Press
Charles Sturt University

Building on the PSCA Research "Integrated Early Years Provision in Australia"
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Contents

Introduction 4
About the authors 4
What is an integrated service? 5
Professional practice as a driver of organisational change 8
Reflecting on components of integrated service delivery 10
Thinking about outcomes 11
Thinking about your community of practice 13
Thinking about practices 16
Thinking about guidelines, structures, resources and culture 19
Thinking about leadership 23
Summary 25
References 26
Webliography 27
Appendices 28
Introduction

This resource is designed to support leaders in Australian early year’s services, including existing integrated services and those working towards greater integration. It draws on Cultural Historical Activity Theory (CHAT) to develop ways to bring about sustained changes in integrated services through professional learning and development.

This resource is informed by the research report Integrated Early Years Provision in Australia, funded by the PSC Alliance (PSCA) in 2010 and undertaken by Frances Press, Jennifer Sumson and Sandie Wong from Charles Sturt University (www.cscentral.org.au/Resources/Publications/FinalCSUreport.pdf).

The PSCA has a specific role in supporting education and care services through professional learning and support, and to support the implementation of the Government’s early year’s agenda. The PSCA research project sought greater understanding of the critical success factors for integration to support early childhood leaders to participate in local initiatives that might lead to integrated service provision. The research revealed rich information about leadership approaches that support professional development and learning, integration and working with families. Integration could mean working with the local kindergarten, school or health service through to participating as an active partner in an early years integrated project.

With the introduction of the Australian Government initiatives such as Universal Access and a greater focus on transition to school, all education and care leaders will benefit from a broader understanding of working in integrated ways.

The resource begins with a definition of integrated services and a brief explanation of the principles and components of integrated services. Next, the theoretical underpinnings of the resource and how professional learning can be used as a driver for change are explained. Drawing on CHAT, a framework is provided for examining key components of integrated services delivery. This framework includes questions, provocations, scenarios and links to existing resources. The framework is designed to provide leaders and educators with a way to identify and target effective professional learning and to support, develop and improve integrated ways of working.

"With the introduction of the Australian Government initiatives such as Universal Access and a greater focus on transition to school, all education and care leaders will benefit from a broader understanding of working in integrated ways."
What is an integrated service?

The term ‘integration’ is used in many different ways. At the level of service delivery it is often used to refer to the co-location of services, as well as the bringing together of early childhood education and care. This resource, however, is concerned with how to work toward fully integrated service delivery.

The following definition of integrated services was developed in conjunction with integrated service providers in the Integrated Early Years Provision in Australia project. It stresses the collaborative, inter-professional work that characterises strongly integrated services.

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

(Press, Sumsion & Wong, 2010, p. 53)

Integrated services come in many forms, but they all aim to provide accessible and comprehensive services for children and families. They may be situated in purpose built buildings and comprise co-located services such as child and maternal health, early education and care, allied health and social work; they may be offered through clearly negotiated partnerships between services and agencies in local areas or regions; or they may combine these approaches. In the Integrated Early Years Provision in Australia project no two services looked the same. Each developed in response to local context, and this capacity to consider and respond to local realities was a key to their success.

A key aim of integration is to provide continuity for families, particularly families in need of a range of supports. Needed supports should move with the child and parent(s) “across settings at one point in time” (horizontally) and also follow the child’s developmental transitions over time (vertically). This should reduce transitions for the child and result in more recognition of the child’s individual needs, better and more consistent programming, and consistent expectations and support from adults (Corter et al., 2008, pp. 775-6).

Principals of integrated services

Successful services share a number of common elements:

• a clear sense of purpose with different agencies/teams coming together under a shared philosophy and objectives.
• congruent and compatible practices across different professional boundaries in a way that is responsive to each family’s needs.
• minimal referral and acceptance processes for families needing more than one service or form of support.

These principles are often difficult to achieve in practice. Therefore, throughout the processes that follow, it is useful to return to the following ‘touchstones’ for reflection and action.
Integration is only worthwhile if it serves an agreed shared purpose.

A central focus of integration should always be on better supporting children’s learning, development and wellbeing.

Profound and lasting change requires time, structured and incidental opportunities for joint professional reflection, and evidence based professional learning and development.

Embedding integrated ways of working

Achieving integration requires action at every level of the organisation so that it becomes part of its culture and ethos. As a result inter-professional collaboration needs to be evident in governance as well as an expectation of daily work practices.

Governance and leadership are critical in facilitating a common vision for integration as well as strategically planning and prioritising resources to support integrated service delivery. Ultimately, however, integration is dependent on teamwork and strong working partnerships. Embedding effective collaboration takes time, professional support and a commitment to problem solving. Team members must be prepared to share their expertise and perspectives with others who may have quite different views. They must be able to articulate the reasons for their professional decisions, whilst also being open to change long established practices. Each discipline (e.g. early childhood education and care, health, social work) has its own repertoire of theories and knowledges that it draws upon. Bringing together diverse views in productive ways can be challenging, but is ultimately the strength of integrated practice.

“Respectful supportive relationships with families are developed and maintained.”

(National Quality Standards, 6.1)
Perspectives on professional development

This resource has been developed drawing on theoretical perspectives on professional development and the theoretical framework of Cultural Historical Activity Theory.

Leading and working in integrated services has distinctive challenges that extend beyond those associated with more traditional early childhood settings.

Although integrated services vary enormously, there are similarities in the challenges they pose. Working within a ‘single’ professional context to working with professionals from other disciplines often involves staff taking up new roles, responsibilities, and practices. In doing so, staff must find ways to retain their specialist expertise, while broadening their knowledge and skills through working with other professionals. It can be challenging to reconcile tensions that can arise from different professional beliefs, knowledge bases and practices associated with different disciplines (Robinson, Atkinson & Downing, 2008; Warmington et al., 2004).

In addition, services must foster the “strong involvement” of children, families and communities in service design, including participation in decision-making (Robinson et al., 2008, p. 23). Building partnerships requires skills in negotiation and reflection. For example: how is power distributed? How are differing views about appropriate levels of investment in partnerships reconciled? (Broadhead et al., 2008).

Addressing these challenges requires ‘relational agency’ (Edwards 2009, p. 39), that is, “a capacity for working with others to strengthen purposeful responses to complex problems”. Relational agency is grounded in mutual trust and respect. Services with strong relational agency are characterised by supportive collegial relationships, a sense of ownership, innovation, ongoing learning, and an emphasis on jointly sharing risks and rewards (Campbell, 2003; Robinson et al., 2008).

“The expertise of families is recognised and they share in decision making about their child’s learning and wellbeing.”

(National Quality Standards, 6.2.1)
Edwards (2009) argues that developments in inter-professional practice can drive organisational change, therefore it is important that organisational structures and processes support inter-professional learning communities.

In particular, she highlights the importance of:

- rule-bending and risk-taking (when existing structures and processes are inadequate as a step towards changing those structures and processes);
- creating and developing better tools for collaboration;
- developing processes for knowledge sharing and pathways for practice; and
- learning from practice.

Drawing on Edwards (2009), Figure 2 (refer page 9) identifies key interconnected ideas that can be used to guide and successfully change practice to strengthen collaboration and to work towards organisational change. You can use the concepts explored in this table and how it fits with your service structure, culture and practice for prompters for professional dialogue or facilitated discussions with leaders, educators, professionals and inter-disciplinary teams.

These ideas embody the development of relational agency and distributed expertise referred to in this resource. For Edwards and colleagues, and increasingly for Australian researchers (e.g., Nuttall, 2011) and leaders of integrated services (as reported in Press et al., 2010; Wong, Press & Sumson, 2012; Turner, 2012, personal communication), these ideas are crucial to enhancing inter-professional practice and to driving organisational change in order to better support practice. Elaborated examples of how these and similar ideas have been implemented, and organisational changes supporting and arising from them, can be found in the Integrated Early Years Provision in Australia report (Press, Sumson & Wong, 2010) on which this resource is based.

“Educators, co-ordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.”

(National Quality Standard 4.2.2)
## FIGURE 2

Interconnected ideas used by practitioners to guide and successfully change their practice to strengthen collaboration.

<table>
<thead>
<tr>
<th>Ideas guiding practice</th>
<th>Why is it important?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focusing on the ‘whole child’ and family in the wider context</strong></td>
<td>It enables a coordinated and focused response to supporting the child and the family’s well-being.</td>
</tr>
<tr>
<td>by building a picture of accumulated strengths, challenges and risks</td>
<td></td>
</tr>
<tr>
<td><strong>Clarifying one’s purposes as practitioners and being open to alternatives</strong></td>
<td>It erodes barriers between professionals working in different disciplines by highlighting common values and purposes.</td>
</tr>
<tr>
<td>by talking with other professionals about purposes and implications (the ‘why’ and ‘where to now’) of possible courses of action with families and children</td>
<td></td>
</tr>
<tr>
<td><strong>Understanding oneself and one’s professional values</strong></td>
<td>It helps each professional to better understand their own values and expertise.</td>
</tr>
<tr>
<td>by articulating values and expertise in order to negotiate practices with other professionals</td>
<td></td>
</tr>
<tr>
<td><strong>Knowing how to find out who one needs to know and where to go</strong></td>
<td>It informs others’ understandings, enables learning from others, and finds points of connection from which to construct joint understandings.</td>
</tr>
<tr>
<td>by knowing the people and resources that are available in local networks and how to access them and actively contributing to strengthening networks of expertise</td>
<td></td>
</tr>
<tr>
<td><strong>Taking a pedagogical stance in one’s day-to-day work</strong></td>
<td>It makes professional expertise explicit and accessible. Understanding what matters for others means professionals can explain approaches in ways that have meaning for others outside their own profession.</td>
</tr>
<tr>
<td>by taking the time to give examples of what you do and why and developing a ‘working knowledge’ of what matters for practitioners from different professions</td>
<td></td>
</tr>
<tr>
<td><strong>Being responsive to others (e.g., the children and families using the service and other professionals)</strong></td>
<td>It builds a commitment to working relationally and contributes to building resilience (of children, families, other professionals).</td>
</tr>
<tr>
<td>by building trust and mutual respect</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Edwards (2009, pp. 35-36)
Reflecting on leadership and professional learning

The following pages provide a framework to support leaders and team members\(^2\) to work together to reflect on a wide range of factors that may impact on the delivery of their service - whether that be a newly established integrated service, one that is working towards greater integrated service delivery, or one with a history of integrated practices.

The framework is designed to:

- make visible the factors that influence integration;
- allow teams to reflect on these factors; and
- assist leaders to identify the additional knowledge, skills and professional learning required in their service to establish, promote or sustain, successful integrated service delivery using an action plan approach.

There are five “Thinking About” sections:

- Thinking about outcomes;
- Thinking about community of practice;
- Thinking about practices;
- Thinking about guidelines, structures, resources and culture; and
- Thinking about leadership.

Under each section there is:

- a brief explanation;
- an exemplar or case study;
- provocations for discussion and reflection;
- scenarios;
- questions to explore individual and in teams;
- references to useful resources; and
- an action plan template to record and plan for professional learning and development arising from reflections.

These are provided to support leaders and team members explore that component of their practice, both within their service and in relation to the wider community and socio-political context and to plan for appropriate professional learning and support.

- The first component offered for consideration is ‘outcomes’ - because many successful integrated services find common understandings of outcomes to be particularly critical. However, the order in which the reflection is undertaken can be modified to suit individual services’ needs.

- The questions asked and the resources provided are by no means exhaustive - they are intended to be provocations only. Both leaders and team members are encouraged to develop their own questions and provocations, and to share resources to generate discussion.

- It is strongly recommend that the activities are undertaken over time, with input from all stakeholders (e.g. children, families, professional and ancillary staff, community members, funding bodies etc.).

When “the whole community comes together and enters into skeptical critical dialogue and exchange to confront contradictions between the constituent parts [of services], …old ways of working are challenged and change that responds appropriately to multiple perspectives becomes possible”

(Sumption, Press & Wong, 2012).

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\(^2\) The term ‘team member’ is intentionally used to be inclusive of all staff in the service: professional, ancillary, paid and voluntary.
Thinking about outcomes

All integrated services operate to achieve particular outcomes. Outcomes are the changes that occur as a result of the service’s work. They can be positive or negative; intended or unintended, expected or unexpected. They can be short or long-term and are measured to gauge the effectiveness (or otherwise) of services’ work. In integrated services, there is often a particular focus on early intervention to achieve positive child development outcomes.

Why focus on outcomes?

Focusing on the intended outcomes of a service, at any stage of its development, clarifies and makes explicit the aims and purpose of that service. For example, clarification of outcomes will assist team members in:

- **new integrated services** to come to shared understandings about the purpose of the service and support the articulation of the services’ desired outcomes to the broader community.
- **existing early years’ services** determine if and why their service needs to move to an integrated model.
- **established integrated services** monitor the on-going direction of their service and enhance collaboration across disciplinary boundaries.

Reflection on outcomes leads to the development of common understandings across diverse personnel. It supports team members to recognise and value how various individuals (both within and outside the service) such as ancillary and support staff (both paid and voluntary), professionals, management and families, each contribute to the desired outcomes - thus building a sense of ‘collective ownership’ that has been identified as essential for successful integrated service delivery (Press et al, 2009; Robinson et al., 2008).

Exemplar of a focus on outcomes

The Blue Mountains Stronger Families Alliance operates as an integrated service system, involving a collaboration of government, community, peak and civic agencies responsible for children aged 0-12 years. It is convened and resourced by the Blue Mountains City Council.

Creating a cohesive service system for children and families from a diverse range of organisations, requires the development of shared and agreed collective outcomes. After reviewing evidence and many opportunities for joint discussion, the Alliance produced a detailed and comprehensive Child and Family Plan for the Blue Mountains. This is a ten year blueprint containing 11 outcomes, accompanied by objectives, strategies and measures for success. (For more information see: Stronger Families Alliance: Child and Family Plan - www.strongerfamilies.co/files/sfa_plan_final.pdf).

Questions to support reflection on outcomes

When thinking about outcomes consider:

- **What** are the outcomes you are hoping your service will achieve, **why** and for **whom** - children/families/community/staff/service/funding bodies? Do these outcomes complement one another - or are they divergent and contradict one another? Are the responses consistent across the organisation?
- **Where** do these outcomes originate? Are they, for example, based in the service’s history; do they come from funding body priorities? Do they match your service’s philosophy, vision and mission? Are they connected to larger social agendas - such as The Early Years Learning Framework or The United Nations Convention on the Rights of the Child?

“Educators and co-ordinators are focused, active and reflective in designing and delivering the program for each child.”

(National Quality Standard 1.2)
• Are the intended outcomes of your service well understood and agreed upon by all stakeholders? Where are they made visible? Does your service philosophy and practice statements clearly articulate your desired outcomes for children, families and communities? Can all stakeholders ‘see’ how they contribute to the overall outcomes? Is there any scope for diversity of views?

• How do the intended outcomes for your service contribute to or complement the goals of ‘others’ - such as, other services in the local network and/or Government policies? Are there ways you can work more effectively and collaboratively with others outside your service in order to achieve your goals?

• How are the outcomes supported (or otherwise) by the practices, guidelines, structures, resources and culture in your service? How will greater integration within your service - or greater collaboration with others outside your service - improve your ability to achieve the outcomes?

• How will you know your service is achieving the intended outcomes? What indicators will be used to measure change, and over what time frame? What tools will be used or have been developed to gather this evidence? Does your service have particular accountability requirements to funding bodies in regards to outcomes?

(Some useful resources for focusing on outcomes include: Mark Friedman’s Results Based Accountability the Kellog Logic Model and the Victorian Department of Education and Early Childhood’s Framework to Support the Establishment and Operation of Children’s Services.)

Resources to support reflection on outcomes

Moving towards integrated service delivery is challenging, costly and time consuming. It is critical, therefore, that team members carefully consider how greater integration will improve their services’ ability to achieve its intended outcomes. This requires being well-informed. By critically reflecting on the work of others who have begun to make the journey towards integrated service delivery, team members can make informed decisions about whether and how they would like to proceed.

New, developing or established integrated services could consider contributing to this knowledge base by, for example, participating in research, and/or evaluating and publishing their work. Some examples of services that have published their work include: Penn Green Centre in the United Kingdom; and The Blue Mountains Stronger Families Alliance, The Infants’ Home in New South Wales.

Further, number of reports and resources to support integrated service delivery in Australia have been published in recent years. Some of these reports and resources are listed below. Make time to share and discuss the findings of these reports with all team members.

• Australian Research Alliance for Children and Youth: Early Childhood Services: Models of Integration and Collaboration
• Centre for Community Health: Policy Brief 17: Integrating Services for Young Children and their Families and Moving Forward Together
• Professional Support Coordinator’s Alliance: Integrated Early Years Provision
• Victorian Department of Education and Early Childhood’s Framework to Support the Establishment and Operation of Children’s Services
• Western Australian Government of Communities: Integrated Service Development: A Framework for Children and Family Services

Where to next?

From your reflections on outcomes or leadership, what professional learning requirements or service improvements have emerged? Document these using the action plan template on page 30 and link these with the National Quality Standards. This template has been taken from the Quality Improvement Plan (www.acecqa.gov.au) and can be inserted into your service’s quality improvement plan documentation.

Who is at the centre of your integrated service? The Integrated Early Years Provision in Australia project (Press et al, 2010, p. 35) identified that whilst most participating services had a child focus, some targeted their practices on the family, and still others community. In line with these findings, and in consultation with participating services, the definition and model of integrated services presented on page 1 was developed.

• To what extent does your team agree or disagree with this definition and model?
• Does the definition and / or model accurately reflect your integrated service? Why and how?
Thinking about your community of practice

Each integrated service has its own ‘community of practice’ (Wenger, 1991). This is made up of individuals and groups both within the service (e.g. children, families, team members) and outside the service (e.g. local and professional communities), and operates within a wider socio-cultural-political context. Each person has their own history, knowledge and skills, desires and motives, personal ethos and philosophy that they bring to their engagement with the service. To be successful, integrated early years services require team members and professionals from diverse disciplines to work in inter-professional ways in “new forms of integrated work” (Edwards, 2009, p.34).

Why focus on community of practice?

Focusing on the community of practice in your service, whether new or established, is a way of ensuring that your work is respectful of, relevant and responsive to, the wider community. In particular, focusing on the skills, knowledge, understandings, dispositions and motivations of team members, is a valuable way of highlighting similarities and differences and will contribute to greater inter-professional understandings.

In established services, in particular, taking time to focus on your services’ community of practice will assist your team to consider the service from different perspectives or points of view and is valuable for ensuring the voices of those who are less articulate are heard and considered - especially children.

Exemplar of a focus on community of practice

Ngala is an integrated children’s service in Western Australia. The Ngala team has reflected on their practices over many years. Their Integrated Service Framework reflects their community of practice, demonstrating the range of practices they offer, the places they are offered and their partners.

Questions to support reflection on community of practice

When thinking about your service’s community of practice, consider both individuals and groups. Focusing on individuals includes both the intentional gathering of information about how ‘others’ are experiencing the service, and engaging in self-reflection:

Individuals

- Who makes up your community of practice? Consider who uses the service and who provides the services including the local and professional community. What do you know about these communities?
- What do you know about how different individuals, especially children and families, experience the service? For example, what are their perspectives on what the service ‘looks, sounds and feels’ like? What strategies can you use to find this out?
- To what extent are all individuals included in decision making in your service? Are some voices more dominant than others?
- What do you know about the knowledge, skills and histories of the individuals in your service?
- How are the terms ‘integrated’, ‘integration’, ‘integrated service’ and ‘inter-professional’ understood by team members?
- How are team members supported to actively reflect on how their own personal perspectives and histories inform their practices? What opportunities exist for individuals to come together and share their ideas, experiences, knowledge and skills? How can these experiences, knowledge and skills, be built upon?

“The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing.”

(National Quality Standards, 6.3)
• What additional skills and knowledge do team members in your service require to achieve the outcomes you want to achieve? How will you fill this gap - through supporting existing team members to develop these skills and knowledge or by recruiting new individuals into your service? What might be the costs and consequences of these choices.

Groups

• Are there coalitions between individuals that form powerful groups? How is this power enacted?
• What strategies can be used to ensure that the perspectives of the most marginalised groups are incorporated?
• What links does your service have with your local, professional and client communities? What opportunities are available for your service to engage with these communities (e.g. professional networks; reference groups; community events etc)?
• How are local needs identified in your service? What strategies has your service developed to ensure your responsiveness to the local community? How are local communities involved in decision making?

PROVOCATION FOR INDIVIDUAL REFLECTION OR TO EXPLORE IN TEAMS

Working in integrated services requires new ways of working that typically requires staff to cross traditional professional boundaries - to work within new communities of practice.

For example, an occupational therapist working in a transdisciplinary integrated early years service may be required to work alongside his/her early childhood teacher/educator/colleague, engaging with children in groups and individually - rather than ‘remove’ children for one-on-one ‘therapy’ (see scenario 1).

Such new ways of working, can challenge professional identities.

Scenario 1

Mei Ling is a newly graduated occupational therapist who began working in the 3-5 room of an early childhood education and care service one week ago. She has noticed that two of the children in the group have difficulty holding a pencil. She has planned to take these two children to a quiet place in the classroom and engage with them in several activities especially designed to support the development of these skills. When she discusses her plans with the early childhood teacher Mei Ling is told that the philosophy at the service is not to ‘remove’ children from the group to deliver therapy as this ‘pathologises’ children.

Mei Ling is left feeling dejected and perplexed as to how she can use her knowledge, skills and expertise effectively in this setting.

• What might be the consequences of scenario 1?
• How could Mei Ling be supported?
• How can the team members in the service be supported to benefit from Mei Ling’s expertise?
• What opportunities do you have in your service for team members to reflect on their ‘new ways of working’?
• How are your team members’ professional identities sustained and nurtured?
• How are professionals in your service supported to feel connected to their professional community of practice?

Resources to support reflection on your community of practice

To understand how families and children experience your service, information can be gathered both informally (e.g. through incidental conversations) and formally (e.g. through feedback procedures such as, surveys and exit interviews, and observing how children experience transitions). Toronto First Duty’s Indicators of Change (www.rch.org.au/uploadedFiles/Main/Content/ccch/PB17_Case_Study.pdf) document provides indicators of parent participation in terms of: parent input and participation in programs; parenting capacity; and relationships with parents.

A good place to start when trying to focus on how team members experience the service is to ask them their ideas about where the service is currently ‘at’ in terms of integrated service delivery. Anning et al.’s checklist (see Appendix 1) is a useful tool for gathering this information.
In order to understand what drives and motivates team members, Bloom, Sheerer and Britz (1991, p.10) identify several elements of individuality that can be useful for consideration:

- Personal background
- Educational level/training
- Work experience
- Interests
- Skills and talents
- Personal traits and characteristics
- Needs
- Expectations
- Adult development stage
- Career stage
- Organisational commitment
- Level of motivation
- Professional orientation
- Values

Bloom (2007) is a useful resource for supporting individuals in developing self awareness through personal-professional reflection.

Where to next?
From your reflections on communities of practice or leadership, what professional learning requirements or service improvements have emerged? Document these using the action plan template on page 30 and link these with the National Quality Standards. This template has been taken from the Quality Improvement Plan (www.acecqa.gov.au) and can be inserted into your service’s quality improvement plan documentation.

“Links with relevant community and support agencies are established and maintained”

(National Quality Standards, 6.3.1)
Thinking about practices

Team members in quality services engage in certain practices, which either consciously or unconsciously, contribute the services’ outcomes. Practices include the whole range of activities within a service such as, taking calls about enrolments; preparing meals; cleaning; and fiscal management; as well as professional practices, such as, pedagogy, caring for children; supporting families, speech and occupational therapy.

Why focus on practices?

For teams in new or developing services, focusing on practices (either within your service or in other community services) and how these contribute to your services’ outcomes, will help identify areas where additional practices, or modification of existing practices, is required to reach the desired outcomes, and can avoid costly service duplication.

Focusing on practices in established services provides an opportunity to make them visible and open to critique. Many practices within an integrated service are explicit, clearly articulated, and linked to the services’ goals. However, some practices may be hidden or taken-for-granted. These practices may be contributing to the service goals - such as when a receptionist smiles and greets a family on their arrival in a service - in which case the practice should be acknowledged and supported. Conversely, hidden practices may be working against, or undermining, service goals - such as when referral procedures across programs within a service require families to tell their story multiple times to different professionals - in which case the practice should be challenged and amended.

Exemplar of a focus on practices

The Infants’ Home is a children’s service that has been working towards greater integration over a number of years. Its report The Art of Integration (www.theinfanshome.org.au/publications/the-art-of-integration) describes The Infant’s Home’s model of integration, explaining the range of practices available to families including early education and care, early intervention services and specialist health services.

Questions to support reflection on practices

When thinking about practices consider:

- What are the diverse practices in your service? How do these practices contribute to your services’ outcomes and respond to local community needs?
- What is the most effective way to deliver these practices to meet your community’s needs? Should they be provided solely by your service - or in partnerships with other services/organisations? Should the practices be co-located or offered at different sites?
- What are the philosophical; research; evidence; theoretical; and/or practice wisdom that informs the diverse practices within your service? How are they congruent? How do they differ?

“Educators and co-ordinators are focused, active and reflective in designing and delivering the program for each child.”

(National Quality Standards 1.2)
• How do the practices in your service work together? How streamlined are they? Do your processes and procedures support children and families to access (through multiple entry points) and/or transition across practices - both within the service and in external agencies? For instance, do you have one or multiple enrolment forms? What processes are in place for ethically sharing information about children and families?

• How are the responsibilities for delivering practices divided - that is, ‘who decides who does what’ in your service? Are these divisions equitable?

• Are the different roles and responsibilities in your service clearly understood by all team members?

• How fluid are the roles? What opportunities are there for all team members to learn from one another? To what extent is expertise distributed across the team?

• How are issues of differential power and status identified and addressed?

• What opportunities and support are there for all team members to share, develop and critically reflect on the knowledge, expertise and understandings that inform their practices?

Scenario 2

Baba Gaba, a (fictional) early childhood service working with a high level of families facing challenging circumstances, is moving towards integrated service delivery. As part of this development the management of the service decided to employ a Family Worker (FW) to work three days a week in the infants’ room at the centre. It was envisaged that the FW would be able to identify families who might need additional support, provide some level of counseling, and referral to external agencies where required.

As part of her conditions of employment the FW negotiated to work only between 9am to 5pm; have two hours a day in the office to write up her case notes; to have a minimum of four hours a week to conduct home visits; to have a permanent car space (the centre is on a busy road with limited parking); and not to engage in primary caring responsibilities such as changing nappies and feeding infants.

Whilst valuing and recognising the relevance of the FW expertise in their service, the Early Childhood (EC) staff have complained to management about inequity in the conditions of employment between the FW and EC team members.

• Are the conditions of employment in scenario 3 inequitable?

• What could be done to ease the tensions in the service?

• What is the status hierarchy in your service? How does it manifest?

“Interactions convey mutual respect, equity and recognition of each other’s strengths and skills.”

(National Quality Standards, 4.2.3)
**Resources to support reflection on practices**

How well do the practices in your service work together? A useful tool to assist you determine the existing level of integration in your service, and monitor your progress towards greater integration, is Toronto First Duty’s Indicators of Change (www.rch.org.au/uploadedFiles/Main/Content/ccch_PB17_Case_Study.pdf). This management tool provides indicators or benchmarks for different levels of integration, on a continuum from ‘co-existence’ to ‘integration’, on five key elements: Local Governance; Seamless Access; Learning Environment; Early Childhood Staff Team; and Parent Participation. Likewise, Prichard, Purdon and Chaplyn’s (2010) document Moving Forward Together (www.rch.org.au/emplibrary/ccch/Moving_Forward_Together.pdf) (see Appendix 2) provides a description of different levels of integration. How would you rate the level of integration of your service’s activities based on the definitions in these two documents?

“Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.”

*(National Quality Standard 6.3.2)*

**Where to next?**

From your reflections on practices or leadership, what professional learning requirements or service improvements have emerged? Document these using the action plan template on page 30 and link these with the National Quality Standards. This template has been taken from the Quality Improvement Plan (www.acecqa.gov.au) and can be inserted into your service’s quality improvement plan documentation.
The guidelines governing integrated services are particularly complex. Integrated services often include professionals from diverse ‘systems’ (e.g. education/health/welfare/legal) each with their own professional and ethical responsibilities and codes of conduct, and legislative and legal requirements. Moreover, integrated services are often funded by different levels of government (Commonwealth, State and Local) with different accountability requirements.

Effective structures, including governance, policies and procedures, that facilitate inter-professional work are critical for effective integrated service provision, and require responsive and innovative ways of working (Press et al, 2010, p. 41). Similarly, resources are required that support inter-professional practices in Early Childhood Education and Care (ECEC). Particularly as the divergent embedded meanings of resources can have profound effects on the ways resources are used in integrated services. Further, the implicit rules - or the cultural norms - that develop over time within a service may support or inhibit integrated service delivery.

Focusing on guidelines is essential for identifying what additional resources, and/or what amendments to existing resources, might be required to more effectively support integrated service provision. In established integrated services on-going reflection on resources is valuable for interrogating how they produce and shape practices.

Focusing on culture can highlight the less tangible aspects of services that influence integrated services in particular, such as levels of openness, trust and respect. Some examples of how guidelines, structures, resources and culture have been found to shape practices in integrated services are:

- The availability (or otherwise) of curriculum materials that support common understandings about inclusion and ways to promote children’s development.
- Documentation that supports and eases sharing of understandings and knowledge across and between professionals and services.
- The ways furniture is arranged and lighting and colour used to promote particular ways of working and prohibit others.
- The degree to which team members are encouraged and supported to take time to reflect together or individually on practice.
- The accessibility, availability and type of knowledge on which team members base their practice.
- The ways common words such as ‘play’ and ‘child’, are understood by different individuals and used to privilege particular ways of doing and being.

“Professional standards guide practice, interactions and relationships.”

(National Quality Standards 4.2.1).
Exemplar of a focus on guidelines, structures, resources and culture

Gowrie SA provides integrated care and education in two Adelaide locations (Thebarton and Underdale), early intervention parenting programmes for families; and professional development and resources for the South Australian early childhood sector. In bringing together, firstly preschool and childcare, and secondly additional parenting supports to vulnerable families, Gowrie SA has had to change the culture of long established work practices. It has done so by providing ongoing opportunities for informed staff discussion (“nepurla”) across the whole organisation. This has required the resources of time, information and mentoring. This culture of discussion and problem solving has also been facilitated by a flatter management structure which enables staff to gain an organisational perspective.


Questions to support reflection on guidelines, structures, resources and culture

When thinking about guidelines, structures, resources and culture consider:

Guidelines

- What professional, ethical, practice and legislative guidelines govern the work of the team members in your service? How are they similar to one another and in what ways do they differ?

- Is the work in the service equitably shared in ways that all team members are able to contribute their expertise and are fairly rewarded?

- Think about the policies in your service - do they effectively support integrated service provision or do they constrict it? For example, how effective are your recruitment and induction policies? Do they actively support the recruitment and preparation of individuals for working in integrated services? Are these processes constricted by legislative requirements or historical practices?

Structures

- Think about the governance structure of your service. How does it maintain and support (or restrict):
  - the vision of the service? And shared understandings of integrated ways of working?
  - inter-professional ways of working? For instance, are team members in your service accountable to one or multiple bodies? Are terms and conditions of employment equitable?
  - change through strategic planning?
  - family and community engagement?
  - leadership?

Resources

- Does your service have the tools and resources necessary to support integrated service delivery? How might existing tools and resources be amended to better support integrated service delivery? If your service requires additional tools and resources, how will these be secured in ways that are sustainable?

- Does your service have the physical infrastructure to support integrated service delivery? Or what do you need to do to procure it?

- How do the materials, documents space and time in your service support and/or hinder integrated service delivery?
**Culture**

- In what ways does the culture in your service (including: values, norms, history, traditions, climate and ethics [Jorde-Bloom, Sheerer & Britz, 1991]) support a movement towards greater integration? For instance, is your service long established with a track record of innovation or a long-term commitment to working collaborative ways? Is it a new service with a ‘clean slate’ and a mandate and to work in integrated ways? How are trusting and respectful relationships nurtured and developed?

- In what ways is innovation supported in your service? How are successes recognised, acknowledged, shared and celebrated. What procedures are in place to help you learn from your failures and mistakes?

- What makes your service unique?

- How are team members supported to cope with the additional requirements imposed by integrated ways of working? For example, does your service provide clinical supervision?

- Develop a list and interrogate the meanings behind commonly used words in your service such as:
  - play
  - child
  - child-centred
  - parent
  - parenting
  - pedagogy
  - strengths-based
  - holistic
  - early education
  - care

Are there differences in understandings? From where do these historically and culturally contingent understandings emerge? How are they productive?

**Scenario 3**

Joe is a teacher in an integrated early childhood service where children have access to a speech therapist (ST) three days a week.

Joe had concerns about four year old Ahmed’s language development. Ahmed would only speak in two word utterances. Joe wasn’t sure if this was normal given Ahmed spoke English as a second language. Joe wanted to draw on the expertise of the ST before raising his concerns with Ahmed’s parents. But the procedures in the service required a formal referral and application to be made by parents before the ST was able to work with children.

Nevertheless, Joe arranged for the ST to ‘drop into’ a group time session in which Ahmed participated. The ST quickly determined that Ahmed was having difficulty articulating some sounds - common in both his home language and English - and that he would benefit from speech therapy intervention.

Joe then approached Ahmed’s parents with his concerns and formal referral procedures were commenced.

- What do you think about Joe’s ‘rule bending’ behaviour in scenario 3?
- How do you think the management of the service should respond to this ‘rule bending’?
- Can you think of examples when ‘rule bending’ in your service led to improved practice? What were the consequences?

“Families have opportunities to be involved in the service and contribute to service decisions.”

(National Quality Standards, 6.1.2)
Resources to support reflection on guidelines, structures, resources and culture

Different professionals use space, materials and time in different ways. To support greater inter-professional understanding, some services have found it useful to make video-recordings of different team members (with their permission) as they engage in various activities, and then provide opportunities for them to explore and reflect their practice with others - what they are doing and why/why they are doing it in particular ways/ how they are using materials - to achieve the intended outcomes.

Early Childhood Australia provides useful guidelines for viewing video vignettes. Although written specifically to assist early childhood educators reflect on their practice in relation to the Early Years Learning Framework and the National Quality Standard, they could readily be adapted to scaffold discussion of video recordings that focus on aspects of interprofessional work, made by team members in integrated services. Importantly, the emphasis is on video recordings that “elicit multiple perspectives and prompt debate and discussion among …[practitioners], rather than merely a discussion as to whether it is good or exemplary practice” (n.p.). (For more detail see: Connecting with practice - www.earlychildhoodaustralia.org.au/nqsplp/wp-content/uploads/2012/07/NQSGen-Info-Vignette2.pdf).

Where to next?

From your reflections on guidelines, structures, resources and culture or leadership, what professional learning requirements or service improvements have emerged? Document these using the action plan template on page 30 and link these with the National Quality Standards. This template has been taken from the Quality Improvement Plan (www.acecqa.gov.au) and can be inserted into your service’s quality improvement plan documentation.

“Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.”

(National Quality Standard 6.3.2)
Why focus on leadership?

Leadership has a profound impact on organisational direction and culture. It has the capacity to establish the conditions that enables strong collaborative practices to flourish. Focusing on what leadership looks like and what leadership does, uncovers these tangible and intangible impacts.

Governance bodies and organisational leaders can create the impetus and space for staff and the community to develop common aspirations and goals for the service (for instance, its vision). By the strategic allocation of resources, leadership can put in place the structural conditions that give individuals and teams the time and resources to collaborate, (for instance time for staff meetings, for strategic planning, for evaluation, for professional development). By demonstrating capacities to inspire, listen, respond and nurture, leaders can develop and distribute leadership capacity within the organisation and the community.

Exemplar of a focus on leadership

Ngala provides a wide range of services spread over many sites. Its Board is structured to include a wide range of relevant representation. Thus its members bring expertise in health, early childhood education, and research as well as legal, marketing and accounting. This diverse Board representation facilitates and models inter-professional collaboration at the level of governance (Ngala Board of Directors - www.ngala.com.au/files/files/659_Board_of_Directors_with_photos_7_members_and_Committees_2013.pdf).

Questions to support reflection on leadership

When thinking about leadership in your service consider:

- How do your service’s leadership structures model collaboration? Who is represented on the governing body? What factors have been considered in deciding upon representation?
- How is the leadership of professional teams organised? What opportunities exist for team leaders to work together?
- How are leadership positions allocated and filled? Are the skills, experience and attributes sought for these positions supportive of integrated ways of working?
- What opportunities exist for others to take on leadership roles (for instance, projects etc)?
- In what ways are existing leaders supported and new leaders identified and nurtured (e.g. mentoring/leadership training)? How do you plan for succession?
- How are the responsibilities of leadership distributed? Are responsibilities and authorities distributed in such a way that responsive and responsible decisions can be made in a timely manner?
- How do leaders keep the ‘big-picture’ aspirations of the service the focus of team and organisational activity and decision-making?
- Does leadership institute appropriate structural supports to enable collaboration to be embedded in daily practice.

“Effective leadership promotes a positive organisational culture and builds a professional learning community.”

(National Quality Standards, 7.1)
PROVOCATION FOR INDIVIDUAL REFLECTION AND EXPLORATION IN TEAMS

Scenario 4

The Board and coordinator have been working closely for some months to reflect upon the functioning of the whole service. Although the organisation provides many different services (early childhood education, special education, maternal and child health, and family counseling), these have all operated quite separately.

12 months ago the organisation had a series of strategic planning days. All team leaders and Board members attended. At the meeting everyone agreed enthusiastically to move to an integrated service model. However, since that time very little has changed operationally.

The coordinator has been meeting with team leaders to discuss the lack of progress. As the coordinator tries to reinforce the organisational commitment to integration, a number of staff voice their objections to having to adopt new ways of working. In addition, team leaders, and a number of ‘front-line’ staff are beginning to complain that integration just adds more responsibilities to their already busy workloads. The coordinator feels dispirited and despondent about the likelihood of change.

• What strategies can be used to make the transition to integration desirable and manageable?
• What strategies can be adopted to address resistance to change?
• How can the coordinator sustain her optimism and energy for helping to lead the change process?
• How can you use the examples, reflective questions and provocations within this resource as an opportunity to bring teams together towards a common understanding and purpose?

Resources to support reflection on leadership

• Interesting case studies about the experiences of leaders of integrated services in the UK are available on the website of the National College of School Leadership (http://dera.ioe.ac.uk/9160/1/download%3Fid%3D18633%26filename%3Decm-premium-project-case-studies.pdf).

Where to next?

From your reflections on leadership, what professional learning requirements or service improvements have emerged? Document these using the action plan template on page 30 and link these with the National Quality Standards. This template has been taken from the Quality Improvement Plan (www.acecqa.gov.au) and can be inserted into your service’s quality improvement plan documentation.
Summary

This resource, informed by the research report of the Integrated Early Years Provision in Australia project, is designed to support leaders in Australian early years’ services including existing integrated services.

Based on the conceptual understanding that professional learning can be used as a driver for change, it provides a framework for examining key components of integrated service delivery.

The questions, provocations, scenarios and links to existing resources provide leaders and educators with a tool for identifying and targeting effective professional learning and development to support, develop and improve integrated ways of working.

We conclude the resource by wishing you good luck on your journey towards greater integrated service delivery and by re-iterating the ‘touchstones’ for reflection and action which underpin this resource:

- Integration is only worthwhile if it serves an agreed shared purpose.
- A central focus of integration should always be on better supporting children’s learning, development and wellbeing.
- Profound and lasting change requires time, structured and incidental opportunities for joint professional reflection, and evidence based professional learning and development.

“Educators, co-ordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.”

(National Quality Standards 4.2.2)
References


Webliography

This list provides web addresses for all the website hyperlinks inserted into this document.

<table>
<thead>
<tr>
<th>Title</th>
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APPENDIX 1: Drawing on CHAT to Support Professional Development in Integrated Services

From a CHAT perspective, knowledge, social practices and action are deeply interconnected (Edwards et al. 2009). Professional knowledge is embedded in the language used to describe and discuss one’s work, and in the structures, goals, relationships, routines, materials, rules and so forth that are crucial to that work. Professional learning within the context of integrated services, therefore, involves recognising, gaining access to, and using knowledge about interprofessional work, and contributing to the further development of that knowledge.

CHAT emphasises that expertise lies primarily with the group, not the individual. It is therefore useful for integrated services where success is reliant on a high degree of collaboration. Expertise involves the collaborative construction of visions, goals, tasks, innovations and solutions, within and across constantly changing systems, rather than “individual mastery of specific areas of relatively stable activity” (Engstrom & Middleton, 1996, cited in Edwards et al., 2009, p. 27). In this sense, expertise is distributed across the service.

CHAT highlights the interconnectedness of professional and organisational development. Edwards et al. (2009, p. xiv) refer to “three intertwined layers of change”:

• individual professional sense-making and learning;
• collaborative meaning-making and action; and
• collective or systemic responses and development.

In these ways, CHAT shifts the focus away from ‘developing’ individual practitioners by addressing their ‘failings’ to fostering coherence in values and practices within the service (Nuttall, 2011) through learning communities, such as the one described by Colmer (2008) at Gowrie SA. Importantly, CHAT also attends to the often overlooked adult environment in which practitioners “live, learn, and work” (Whitebook & Ryan, 2011, p. 9).

The focus on CHAT in this resource and suggestions for how it might be used to support professional learning reflects general consensus about effective approaches to professional learning and development in education contexts more broadly. For example, the resource is designed to provide opportunities for practitioners to “participate actively and collaboratively” in professional learning communities (Borko, Jacobs, & Koellner, 2010, p. 550). It is also consistent with characteristics of effective professional development identified by Mitchell and Cubey (2003) in their comprehensive review of earlier research. In summary, they found that effective professional development and learning:

• provides, and assists in generating, theoretical and content knowledge and information about alternative practices;
• involves participants investigating their practices within their own integrated settings, including analysing data from their own settings; and
• involves practitioners critically examining and challenging their assumptions, beliefs, understandings and practices, by using discrepant data generated through their investigations.

The resource also takes account of findings from an Australian study (Waniganayake et al., 2008), funded by the PSCA, that investigated the views and experiences of leaders and practitioners in long day care centres concerning effective professional development. Findings highlighted, amongst other aspects, that:

• Customised training which meets specific service needs is highly valued as a means for ensuring all staff at the service access the same information [and by implication, we would add, participate in the same processes];
• Changes to practice were more likely to also occur when all staff are committed to change; that is, ownership of learning resulted in noticeable change; and
• Practitioners appeared to show a preference for hands-on, practical and visually based professional learning experiences and also reported that these types of experiences were more likely to result in noticeable changes of practice.

(paraphrased from Waniganayake et al., 2008, pp. 4-5).

CHAT has been used successfully in the UK to support the professional learning of practitioners in interagency work (integrated services) and, in Australia, to support professional learning at the Gowrie Melbourne Early Childhood Centre (Nuttall, 2011).

Ultimately, however, what is crucial to successful integration is the willingness and capacity to embrace new roles and responsibilities, to change existing practices and to engage in professional learning (Blatchford & Manni, 2006; Warmington et al., 2004), rather than the use of any one particular set of theoretical resources to support that learning.
APPENDIX 2: From Prichard, Purdon and Chaplyn (2010, p.9) Moving Forward Together

A Journey Towards Early Childhood
Service Integration

Child & Family
Service
Organisational values, culture, beliefs and behaviour
Modelling the attributes of partnership to support true integration

Child and Family Centres exhibit the attributes of...

INDIVIDUALLY
- Each program/service has developed their individual philosophy, vision and values
- Each program/service has separate funding arrangements
- Little communication occurs between each program/service
- Many children miss out on access to services.

CO-LOCATION
- Some joint planning has taken place but each service maintains their individual philosophy, vision and values
- Services have engaged the community and are responding to community need separately.
- Each program/service has separate funding arrangements
- Families have improved access to services but little enhanced benefit for children due to poor inter-service collaboration.

COLLABORATION
- A common culture, values and actions between multiple organisations sharing the same vision
- All organisations have an open dialogue, have engaged the community and are responding collectively.
- Some joint programming has required shared funding arrangements
- Children benefit through increased inter-service collaboration.

INTEGRATION
- A shared philosophy and vision has been developed and formally agreed by all
- Primary focus is the shared outcomes responding in a way that is meaningful to the community and reflective of partnership.
- Pooled funding is administered for common early learning and care programs.
- Families will receive support that addresses all aspects of their needs in a cohesive fashion.
## APPENDIX 3: Action Plan Template

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<th>Standard/element</th>
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<th>Priority (L/M/H)</th>
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