A GROWING BODY OF LITERATURE argues that integrated services, where a range of professionals including early childhood professionals work together in teams, offer a potentially highly effective strategy for providing families with access to a range of services in a seamless 'joined-up' way. Some have cautioned, however, that early childhood pedagogy and professionals within such hybrid services are in danger of being marginalised. Despite the growing literature suggesting strategies for supporting inter-professional teamwork in integrated services, there are relatively few empirical studies of how such teams operate in practice in Australian contexts. This paper reports on findings from a project funded by the Professional Support Coordinators Alliance (PSCA), that investigated, through a survey (n = 25) and case studies (n = 10), the experiences of professionals in integrated services across Australia and their perspectives on factors that contribute to the success of these services and to inter-professional working. The findings indicate that the early childhood professionals who participated in the study are generally optimistic about these services and about working in inter-professional teams.

Introduction
Growing recognition of the complexities of parenting has highlighted the need for families to have access to a range of childcare, health, and/or intervention services. Currently, many services 'stand alone', making it difficult for them to respond effectively to the diverse and often multiple needs of families, and leaving families to negotiate a complex and sometimes confusing service delivery system (Moore, 2008). As a means of remedying this problem, governments, policy experts and advocates from early childhood, health and welfare have expressed great confidence in integrated early years' services that offer a range of programs for children and families—generally including early childhood care and education along with health and/or family support programs. Numerous policy initiatives that support the development of integrated services have emerged internationally and in Australia. In the United Kingdom, for example, Children's Centres provide '... fully integrated early childhood education and care for children, child and family health, family support and outreach education services for parents' (Whalley, 2006, p. 8). Similarly, in Canada, the Toronto First Duty program has consolidated community services for children and families, including an early learning, care and parenting program for every young child, into a single integrated service (Toronto First Duty, 2006, n.p.). A review of the websites and Annual Reports (2007/08 and 2008/09) of Australian Commonwealth Government and Australian state and territory government departments responsible for the provision of early childhood services, reveals that in Australia there is a commitment, to a greater or lesser extent, to integrated service delivery. For example, the Australian Government's Agenda for Early Childhood states that it focuses on providing Australian families with high quality, accessible and affordable integrated early childhood education and care' (DEEWR, 2010), while the Tasmanian framework states that the 'integration of services across agencies and organisations should take place to create holistic environments for young children and their families' (Jenkins, 2005, p. 17).

Policy interest has been accompanied by a rapidly growing body of literature about integrated services. Much of this literature focuses on the potential of integrated services 1 Integrated child and family services can operate on a number of different models. For instance, they may be co-located, as in 'one-stop-shops'; or virtually integrated as in the case where services are located in different places—but there are strong links between services, and child and family access is actively facilitated. Integrated child and family services can also be a hybrid, having some co-located services and other virtual aspects. They may be managed by one single auspicing body or be an amalgamation of several different organisations. In Australia, Canada and the United Kingdom integrated child and family services are often provided or supported by governments and tend to be in areas of disadvantage. In some cases they are located on or near schools.

(Whalley, 2006, p. 8).
to offer efficient and effective ways of meeting the needs of children and families, especially those dealing with multiple challenges. Corter, Patel, Pelletier and Bertrand (2008, p. 775), for instance, argue that integration facilitates continuity. Citing Saracho and Spodek (2003), they note that continuity has a horizontal dimension ('the child and parent move across settings at one point in time') and a vertical dimension (the child's development over time) (Corter et al., 2008, p. 775). Greater continuity can mean fewer transitions for the child, more recognition of the child's individual needs, better and more consistent programming, and more consistent expectations and support from adults (Corter et al., 2008, pp. 775–6). Other potential benefits for children and families are said to include easier access to services, access to accurate information in a timely manner, prompt recognition of developmental concerns and prompt referral to required intervention; and for services, the potential for pooling resources, less duplication of services, more efficient administrative procedures and reduced costs (Corter et al., 2008; Moore, 2008).

At the same time, there has been an emerging critique of the arguably uncritical support for integrated services. One aspect of this critique focuses on their possible, unintended, adverse effects, including the potential devaluing of specialist professional expertise. In Australia, for example, Cheeseman (2007) has been particularly forceful in cautioning that the shift in focus in early childhood services towards health- and welfare-based early intervention may marginalise early childhood pedagogical practices. She argues that in early intervention programs ‘... selective use of particular types of research evidence and reliance on a narrow range of evidence is diminishing the importance of early childhood pedagogies ...’ (Cheeseman, 2007, p. 244). She also contends that: ‘...while early childhood teachers may consider themselves influential in the design and delivery of education and care programs, powerful policy agendas are dominating the discourses of early childhood education and care that favour health and welfare imperatives over more comprehensive and pedagogically driven possibilities’ (p. 244).

Cheeseman goes on to assert that ‘the silence of pedagogy is deafening and the absence of early childhood pedagogical voices within these discourses is alarming’ (p. 251).

The findings of a small Australian case study of an early intervention playgroup run by an inter-professional team (Cumming & Wong, 2012) lend some support to Cheeseman’s concerns. Cumming and Wong (2012) found that the early childhood educators brought a range of skills and expertise to the team. Yet ingrained perceptions of unequal professional status, and professional biases that valued the knowledge and expertise of staff from medical/scientific disciplines over educational or play-based disciplines meant that their status within the team was relatively low. It is not possible to generalise from small, ‘one-off’, case studies; however, such findings need to be interpreted with caution. Moreover, conceivably, given the long struggle for recognition of early childhood education and care as a specialist professional field, early childhood educators and their advocates could be unduly sensitive to any changes they perceive might devalue their knowledge and expertise in evolving systems of service provision. Hence moving beyond partial and speculative understandings requires systematic investigation of early childhood practitioners’ experiences of working in Australian integrated services.

This paper reports on a recent national study that investigated factors perceived to contribute to successful service integration in Australia (Press et al., 2010). The study was funded by the PSCA, which had a particular interest in identifying the professional development needs of early childhood practitioners in integrated services. The main aim of this paper is to give an account of the perspectives of the early childhood practitioners and leader/manager participants concerning their experiences of inter-professional work in integrated services and factors that support inter-professional teams. The secondary aim of the paper is to consider, in light of these findings, whether Cheeseman’s (2007) concerns about the possible overshadowing of early childhood educators’ specialist expertise in integrated services appear warranted or unduly pessimistic.

We begin by explaining what we mean by inter-professional work, and briefly review a small selection of relevant literature that has been particularly helpful in scaffolding our thinking. Next, we outline the methods used in the study and some of its key findings. Finally, in light of these findings, we revisit Cheeseman’s concerns.

**Inter-professional work: A definition and brief review of literature**

Inter-professional work involves collaboration and cooperation by professionals from different disciplinary backgrounds and is a core feature of integrated service delivery (Press, Sumison & Wong, 2010). In keeping with Malin and Morrow’s (2008) evaluation of Sure Start in the United Kingdom (UK), we use the term ‘inter-professional work’ to encompass multi-disciplinary, inter-disciplinary and trans-disciplinary work. The three terms reflect differences in the extent to which professionals from different disciplines work alongside each other (‘co-exist’); with each other—for example, in sharing information and making joint decisions, while remaining within their respective disciplines; or together to develop new knowledge and skills in ways that transcend disciplinary boundaries (Malin & Morrow, 2008; Press et al., 2010; Siraj Blatchford & Siraj Blatchford, 2009).

Robinson, Atkinson and Downing (2008) reviewed 35 studies of ‘integrated working’ (inter-professional work)
in a range of professional contexts, including children's services, mostly in the UK. Their review highlights the many demands the shift from working within a 'single' professional context to inter-professional working places on organisations and practitioners. For organisations, demands and ensuing challenges are likely to be associated with governance, leadership, organisational culture and ethos, 'frontline' professional practice and team-building (Press et al., 2010). Robinson et al. (2008), for example, emphasise the importance of an organisational culture that fosters mutual respect for different professional knowledge bases and judgement; an appreciation of the complementary strengths of different bodies of specialist knowledge and expertise; and a commitment to structures and processes that assist in maximising synergies between professionals. As Kelly (2003) notes in a report on a study involving social workers in Northern Ireland, organisational ambivalence to inter-professional work can readily translate into minimal efforts by staff to maintain contact and effective communication with colleagues, participate fully in team meetings, or work at addressing the endemic structural and organisational barriers to integration. Even when governance, leadership, organisational culture and ethos are all conducive to inter-professional practice, practitioners face demanding challenges associated with the imperatives to broaden their professional roles and responsibilities, change well-sedimented, traditional practices, and develop new knowledge and skills (Robinson et al., 2008).

Descriptions of specific mechanisms, processes and strategies used to promote organisational cultures and practices conducive to inter-professional work abound in the literature and it is not our intent to rehearse them here. Rather, our interest in this paper is in constructs identified in the literature that, collectively, seem to offer a useful scaffold for examining early childhood practitioners' experiences of and perspectives on integrated services in the Australian context. In this section, we briefly discuss four constructs that we consider particularly pertinent: distributed expertise, relational agency, critical reflection, and organisational culture and distinctive service identity.

Distributed expertise

Edwards (2009) uses the term distributed expertise to refer to a network of expertise spread across the many knowledge bases and skills of different professions. In contrast to metaphorical 'professional silos' that seek to preserve established practices and interests by demarcating disciplinary boundaries around practitioners (Edwards, 2009), distributed expertise is grounded in assumptions of 'knowledge flows' among professionals from different disciplines. Anning, Cottrell, Frost, Green and Robinson (2006) argue that, when different kinds of knowledge are distributed across and flow freely around an inter-professional team, the team is able to respond flexibly to changing circumstances, requirements and needs. Similarly, Edwards (2009) contends that, when practitioners see themselves as a part of such a network, they are better able to 'look across the lives of vulnerable children, identify the complex components of risk ... and work together to disrupt trajectories of exclusion ...' (p. 38). Importantly, this way of thinking about distributed expertise and knowledge flows can accommodate different models of intervention within an integrated service. It provides a way of conceptualising, for example, how medical models of intervention, based on addressing individual impairments, and social models, based on addressing the effects of discrimination, can co-exist and complement each other.

Relational agency

As Edwards (2009) emphasises, realising the potential of distributed expertise and knowledge flows requires relational agency, that is the 'capacity for working with others to strengthen purposeful responses to complex problems' (2009, p. 39). It can be thought of as a kind of inter-professional 'literacy' that enables practitioners to 'look beyond their own professional boundaries to recognise both different expertise and priorities, but also common values' (Edwards, 2009, p. 41). As Edwards (2009, p. 39) explains, exercising relational agency involves a dynamic process of 'offering and accessing expertise', comprising two interconnected stages. Initially, it involves practitioners from different disciplines working together to 'expand' understandings of the task at hand, in part by recognising and valuing the motives and resources other professionals bring to the task and the ways they interpret that task. It then entails drawing on those jointly expanded understandings and interpretations to change the way one approaches the task. Edwards (2009, p. 40) argues that requiring practitioners to recognise and articulate their professional values and expertise, 'working relationally' can enhance their 'sense of themselves as professionals'.

Critical reflection

Strongly emphasised in the literature is the need for mechanisms and processes to assist inter-professional teams tease out, critically reflect on, and endeavour to reconcile the inevitable tensions and contradictions arising from different professional knowledge bases, traditions and beliefs, and practices (Robinson et al., 2008). As these give rise to different social constructions of children, families, communities and their relationships with institutions, they have direct consequences for views about what constitutes appropriate priorities and practices (Moss, 2003; Nichols & Jurvansuu, 2008). Moss (2003) maintains that, for this reason, an understanding of different professional cultures and traditions is essential for professional interdependence. He emphasises the
need for practitioners to critically reflect on ‘what may seem abstract areas such as culture, tradition and social construction because they can help us understand potential obstacles [in relation to moving towards full integration] as well as how these might be overcome’ (p. 29). Through collective engagement in critical reflection, he contends, it is possible to address crucial issues such as perceived differentials in status and power, different social constructions, priorities, views about appropriate practices, and their flow-on effects. As Moss cautions, ‘Rather than one culture colonising the other, the search must be on for a new shared culture and understanding’ (p. 29).

Organisational culture and service identity

Accounts of successful integrated services frequently highlight the importance of the organisational culture and distinctive service identity, in part, as manifestations of collective ownership and commitment (Robinson et al., 2008). In her exploration of inter-professional collaboration in child mental health care, Ødegård (2006, p. 8) refers to organisational culture as ‘shared basic assumptions’ that are ‘taught to new members as the correct way to perceive, think and feel’, especially in relation to problems facing the group. We suggest that shared values and patterns of behaviour are also significant (Vecchio, Hearn & Southey, 1994). Influenced by Rhodes, Scheeres and Ledema (2010), we use the term ‘service identity’ to refer to how those within the service describe the service, what it stands for, the practices that are taken up within it, and the meanings with which those practices are infused. Broadhead, Meleady and Delgada (2008), for example, describe the evolution of the Sheffield Children’s Centre in England as a ‘heartland’ for its community and a catalyst for social change, with the centre’s identity strongly grounded in a shared commitment to valuing and fostering diversity. They contend that a sense of connectedness, unity and self-belief directly contributes to the solidarity and strength they consider so crucial to the centre’s success. Aylward and O’Neil (2009) describe a similar sense of group identity in an Australian intervention project, based on a joint commitment to a specific model of professional practice. According to Aylward and O’Neil, service-wide acceptance that ‘this is how we do things here’ (p. 25) has played a crucial role in the emergence of a team culture.

We return to these constructs when we report some of the key findings of the national study. Before proceeding, we outline the methods used in the study.

Methods

Following ethical clearance, data were gathered via a national survey of integrated services and case studies.

Survey

A questionnaire was developed which included items related to the description of the service (e.g. size and location, length of operation, demographics of clientele, services offered, organisational structure, and qualifications of the coordinator) and open-ended items designed to elicit respondents’ ideas about factors they considered enhance and inhibit successful integrated provision (e.g. What within your service supports effective integrated service provision?). Our initial intention to survey all integrated services in Australia was confounded by the lack of an extant database of such services, and no agreed definition as to what constitutes an integrated service in Australia. In several Australian states, “stand-alone” early childhood services which integrate care and education are considered integrated services—but this definition is much narrower than what is generally understood by the term ‘integrated services’ in the literature. Thus we developed a working definition of integrated services as: ‘... services which are inclusive of early education and care, but have multiple additional components encompassing a range of other professional supports for children and families’ (Press et al., 2010, p. 7).

In the absence of a readily available national database of integrated services an initial list was compiled by drawing on the local knowledge of the PSCA representatives and the research team. A research assistant was then employed to search the relevant websites of state, territory and national governments. These included departmental sites related to education and child care. This resulted in 116 services across the nation being identified as potentially meeting our definition of integration, and their details were entered into a database. In December 2009, the survey was emailed to all services listed in the database. As there was a response rate of only eight per cent (n = 9)—possibly because of the timing of the survey at a particularly busy time of year for services—the survey was re-sent in January 2010. A further 10 responses were received.

The still relatively poor response rate prompted the research team to employ a research assistant to telephone services that had not responded to the survey, to verify whether or not they were integrated services and to invite them to respond to the survey. This resulted in six additional responses (25 responses in total). It also resulted in the removal of five incorrectly identified services from the database. Not all services on the database were able to be contacted within the time constraints of the study, thus it is not possible to determine the final percentage of services that responded to the survey in relation to a fully verified database, but it is at least 22 per cent (25 of 111).

Of the 25 respondent integrated services, 19 were headed by Directors with early childhood qualifications. Sixteen had a diploma or above, including three with Masters level qualifications. Of the six other Directors, one had an
(unspecified) teaching qualification, two held social work qualifications, one had a business degree and two did not state their qualifications.

Case studies

Potential sites for case studies were identified by drawing on the local knowledge of the PSCA representatives and research team members, as well as on the survey responses. Ten sites across six states/territories were selected for their diversity. Five services were located in a purpose-built building, while others operated as a precinct model or virtual hub. A number of case study sites had a single governance body; others operated using inter-service agreements (implied or explicit). Each offered a different mix of services, but all included an early childhood education setting. Six services were in a metropolitan area, three were regional and one rural. Five had been established for less than five years, while the longest-established service had been in operation for 96 years (but did not state for how long it had been an integrated service). All were anecdotally known within the sector as successful examples of integrated services.

A 'pre-visit' phone call was made to the Director of each service (or other nominated person) to jointly identify the main areas of focus for the visit. Services were visited for approximately one to one-and-a-half days by a member of the research team who had undertaken background reading on the service. In general, visits involved a guided tour, discussions with key personnel, unobtrusive observations, and (where appropriate) sitting in on relevant activities (e.g. meetings). Some visits involved focus groups with staff and/or families. Some, but not all, discussions and meetings were audio-taped and partially transcribed. The primary focus of the visit was to identify and probe in some depth some of the complex issues associated with successful integration. The focus was on 'How and why has this service been able to be successful?'

Survey responses, observation and meeting notes, transcripts, and any illuminating written material provided by the participating services were analysed during an intensive, two-day meeting of all nine members of the research team. Initially, data were categorised according to main areas of focus for the visit. Services were visited for approximately one to one-and-a-half days by a member of the research team who had undertaken background reading on the service. In general, visits involved a guided tour, discussions with key personnel, unobtrusive observations, and (where appropriate) sitting in on relevant activities (e.g. meetings). Some visits involved focus groups with staff and/or families. Some, but not all, discussions and meetings were audio-taped and partially transcribed. The primary focus of the visit was to identify and probe in some depth some of the complex issues associated with successful integration. The focus was on 'How and why has this service been able to be successful?'

Findings

In this section, we focus on themes identified in our analysis of the data that, in our view, provide insight into the presence and/or absence of distributed expertise, relational agency, critical reflection, and an organisational culture conducive to inter-professional working and a distinctive service identity. As highlighted earlier in the paper, these constructs are identified in much of the literature about integrated services and are pertinent to any consideration of Cheeseman's (2007) concerns about the (potential) devaluing of specialist early childhood expertise where early childhood services move to a health and/or welfare focus. Excerpts taken directly from the data are reported in italics. A full report of the findings of the study is available elsewhere (Press et al., 2010).

Collective ownership and joint professional learning

In all 10 case study services there was a tangible sense of collective ownership, excitement, optimism, enthusiasm and passion imbuing much of the data. Participants emphasised the possibilities for making a difference to children's lives; the new ideas being explored within the service; the synergies from working inter-professionally; and the scope for personal and professional growth. Staff in one service described how they felt that they were embarking together on a 'new and different journey'. In another service, participants emphasised the satisfaction and other intrinsic rewards that come from a 'rich way of working ... with people from different backgrounds ... and [the opportunities to] get our heads together and share resources'. Comments such as these resonated with Edward's (2009) notion of relational agency. In yet another service, staff described their work environment as 'an inspiring workplace ... the richest [possible] professional environment'. In many services, there was, in the words of one participant, a 'willingness to being professionally stretched'.

In some case study services, processes and mechanisms had been established to encourage systematic and critical approaches to reflective practice that challenged taken-for-granted assumptions about practices, referred to by one participant as 'taking our values and philosophy and pulling them apart'. A participant in a different case study site described the service's tradition of 'nerpurla'—which, according to the service director, is an Aboriginal term meaning 'coming together to yarn and to sort things out'. Within this service, nerpurla involves 'yarning about why we do what we do, and can we do it differently?' In several services, participants reported that the introduction of new procedures—such as the use of flexible templates to enable sharing information and writing of a single set of case notes for each child—made potential professional tensions transparent. These tensions then became a focus for reflection and discussion. These endeavours seemed consistent with Moss' (2003) emphasis on disrupting taken-for-granted ways of thinking and providing practitioners with opportunities to reconsider the various explanatory theories and frameworks that underpin their professional practice, ultimately leading to greater understanding among inter-professional team members.
Professional agency and efficacy

Although the terms themselves were not used, there was a strong emphasis in the survey responses and case study data on the importance of distributed expertise in generating a strong sense of professional agency and efficacy. One survey respondent commented, for example:

'We assist each other as we recognise that everyone has something to contribute. We recognise that we are dependent on each other and expect the best from everyone working in the field. This has resulted in making this a better community for families to raise their young.

In a similar vein, another responded:

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

Another respondent noted that the involvement of 'other' professionals in their early childhood service and the service's success in 'enrolling', and most importantly keeping involved, many vulnerable children and families at the centre for longer periods of time' had enhanced the status of the service in the local community. In the respondent's words, 'The centre has increased its profile amongst other community services within the local Government area as it is now seen as more than just a kindergarten.' Encapsulating the views expressed in much of the data, yet another respondent simply wrote: 'Together, we are much stronger ...'.

Nevertheless, the potential for marginalisation of early childhood professionals within inter-professional teams was raised by several survey respondents and case study participants. Their concerns were similar to those reported in the literature review undertaken for the study on which this paper is based and to those articulated by Cheeseman (2007). Some survey responses and case study data from the current study similarly referred to tensions arising from different images of and beliefs about childhood, child-rearing and parenting that can be associated with various disciplines involved in integrated services and the hierarchical ordering of those disciplines. They also referred to tensions arising from ingrained beliefs about the value and role of different disciplines. They also referred to tensions arising from ingrained beliefs about the value and role of various disciplines involved in integrated services and the hierarchical ordering of those disciplines. One respondent encapsulated these concerns in listing the following factors that she perceived to hinder integration:

Embedded beliefs within individual disciplines about [the] value of each discipline; Underlying hierarchical beliefs (eg. Medical/health versus education); Different images of childhood between the disciplines and different beliefs about child-rearing and motherhood in particular.

Several case study participants expressed concerns that many early childhood professionals appear to find it difficult to articulate their knowledge base and to explain the rationale behind their professional decision making and practice. They were concerned, therefore, that early childhood professionals' contributions could be easily overlooked in inter-professional teams.

Seemingly concerned about the possibility of exploitation and lack of awareness of the specialist skills required, one respondent expressed the view that early childhood services should remain focused on education:

'I am wary that pre-schools may be expected to lead the way and incorporate additional work (unfunded) to manage integrated services and this is not their specialist area. Preschools need to focus on their key role in early education but can be a hub for raising awareness.

Such comments were relatively few, however, and, overall, survey respondents and case study participants were largely positive and optimistic about inter-professional work.

Trust, perseverance and reciprocal respect

Respondents and participants recognised, however, that achieving real change requires concerted effort and goodwill over long periods, and invariably involves a steep learning curve. The importance of trust was emphasised repeatedly; without trust, they considered it would be impossible to develop the relationships, shared vision, collaboration, or openness to new ideas they considered necessary for successful integration. Neither would it be possible to challenge the kinds of deeply entrenched views that hinder integration, nor take the risks needed to 'stretch' personally and professionally. In the words of a member of the research team, 'There seemed to be a real trust in the process and each other that they would work it out together.' The importance of relational agency (Edwards, 2009) was emphasised, albeit implicitly in a great deal of the data. Facility with language conducive to inter-professional work, for example, to enable effective dialogue, negotiation and learning, was seen as crucial and endeavours were under way in all case study services to assist staff to develop the inter-professional literacy to which Edwards (2009) refers. In addition to fostering the ability to articulate one's professional knowledge base, practices and decisions, and the rationales for them, respondents and participants placed considerable emphasis on the use of inclusive language (including the deliberate use of generic terms such as 'early learning', 'early learning centres' and 'professional learning and development'). They were conscious of the power of symbolic language, especially of the ways in which metaphors can obscure taken-for-granted assumptions. They recognised the need for a shared language that reflected the philosophy, vision and principles of the service, while providing scope
where necessary to retain specialist disciplinary language. Consistent with the literature, their emphasis was not on relinquishing discipline-specific language but on one’s professional responsibility to choose the most appropriate language for the particular context.

**Team-building around a coherent philosophy and culture**

Case study participants in leadership and management roles generally highlighted the importance of an overall vision of integration and the development of a practice framework that assisted in articulating and working towards that vision and in creating a distinctive service identity. When asked ‘what supports integrated service delivery?’ one case study participant responded: ‘instilling a shared vision and culture of the bigger good—they all have an important role to play’. Her statement was typical of responses to that question.

Managers/leaders consciously adopted recruitment, induction and retention practices and participatory learning opportunities that reinforced the organisational culture, philosophy and vision. For example, they made explicit the philosophy underpinning the organisation and its distinctive identity when seeking new staff and their expectations of staff as members of an inter-professional team, and had explicit processes for dealing with obstructive behaviour. One service, for instance, had a three-month orientation program for new staff, which a participant noted provided opportunities for developing a shared passion and commitment to the work of that service.

Managers/leaders also emphasised the need for continuous and ongoing access to formal and informal professional development opportunities to increase discipline-specific knowledge and cross-disciplinary understanding, and to enable staff to take on new ways of conceptualising their roles and practice. To support inter-professional work, they provided opportunities for staff to experience the work and practices of other professional disciplines in the service to facilitate the development of shared perspectives, as well as regular time for group reflection.

In addition, organisational leaders/managers highlighted the importance of transparency. In some single-organisation integrated services, professional divisions were addressed at the structural level through developing enterprise agreements with integrated pay scales. In at least one organisation, further transparency was achieved by making pay scales freely available on the staff intranet. Although at times expressed in the current study in arguably more managerialist terms, the issues raised by the participants were similar to those discussed by Broadhead et al. (2008) in their account of the organic evolution of Sheffield Children’s Centre.

**Discussion and conclusion**

There was considerable congruence between the perspectives of the survey respondents and case study participants about factors contributing to successful inter-professional working and integrated service provision and those factors reported in the existing literature. Particularly noticeable in the current study, however, was the early childhood practitioners’ optimism about their place in integrated services. They found working in inter-professional teams rewarding and considered that inter-professional work contributed to positive outcomes for children and families. To this extent, the findings of the current study could assist in alleviating Cheeseman’s (2007) concerns about the possible marginalisation of early childhood professionals in integrated services.

Caution is needed, however, in interpreting and extrapolating from these findings. As mentioned previously, anecdotally all participating case study services were considered successful integrated services. A different picture may have emerged had the case study sample included services that were perceived to be less successful. Similarly, survey responses may have come primarily from services perceived by their organisational leaders to be operating successfully, thus potentially accentuating a positive bias. Moreover, as in any study that relies primarily on participants’ voices, there is a risk of placing undue weight on voice as evidence (Mazzei & Jackson, 2009). In the current study, for example, conceivably participants may have felt obliged to present their organisation and their experiences in a positive light. As researchers, inadvertently we may have given more weight to optimistic voices than to what Lather (2009) refers to as difficult stories. Further, participants and researchers alike may have unintentionally glossed over complications arising from differences in the status, power and ideologies of different professional groups.

In conclusion, then, we suggest that Cheeseman’s (2007) concern, along with similar concerns raised elsewhere in the literature, should not be discounted prematurely. Nevertheless, we believe that the findings of the current study give some cause for optimism about the possibilities for rewarding and successful inter-professional work for early childhood educators in integrated services. The perspectives of survey respondents and interview participants concerning factors that contribute to effective inter-professional work are congruent with the contributory factors identified in much of the existing literature. They reinforce the need for sufficiently robust mechanisms to support the development of relational agency, inter-professional literacy and critical reflection needed to tease out and address inevitable and difficult issues and tensions.

While the adverse impact of structural problems such as unequal status, pay and conditions (Robinson et al., 2008) should not be underestimated and must be addressed at a policy level, the findings suggest that much can be
achieved at the organisational level by organisational leaders and ‘front-line’ professionals, as we have outlined in the full report of the study on which this paper is based (Press et al., 2010).

Acknowledgements

Our thanks go to the funding agency, the Professional Support Coordinators’ Alliance and particularly to Kay Colmer and Leanne Gibbs. We also thank all participants in the project, especially the leaders and staff of the case study services for their generosity in sharing their insights with us. Finally, we thank our fellow researchers: Jan Duffie, Joy Goodfellow, Anne Kennedy, Marie Lewis, Anne Stonehouse and June Wangmann.

Reference list


