



Integrated models of early childhood service delivery: Insights into working collaboratively across disciplines

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1. Introduction

This paper and the conference presentation will provide some insights into SDN Children's Services experience in providing integrated services for children and families since 1932. Recently, there have been calls for an integrated approach to early childhood service delivery (Centre for Community Child Health [CCCH], 2006). The system of early childhood services as it currently exists in Australia is an ad-hoc arrangement of multiple treatment, targeted and universal programs, provided by a range of Government, non-Government not-for-profit and private operators. There is often little coordination between services and families can have difficulties accessing the programs most suitable for their needs and/or transitioning between programs (Scott, 2005). The Centre for Community Child Health (2006) argues for greater integration of services through a tiered model of interconnected, primary, secondary and tertiary services. They argue that this model has a number of benefits, including more effective identification and response to clients' emerging problems and reduced stigmatisation (CCCH, 2006). Integration could also lead to greater collaboration between professionals and sharing of expertise across the programs (Cartin, 2005; CCCH, 2006). In addition, an integrated approach promotes consistency across programs, lessening confusion for parents whilst at the same time reducing the risk of duplication.

In our presentation we are using the term integration in a generic way, not with any one model or iteration of integration in mind. We at SDN believe that integration goes beyond getting different service types to work together. Rather it is about achieving a level of consistency and coherence in vision, values and approaches between cooperating services and within organisations that means that children, families and staff benefit from a wider range of expertise that is coordinated, and coherent in philosophy.

Our integrated service delivery requires professionals from a range of disciplines working together. We use the terms multi-disciplinary, interdisciplinary and trans-disciplinary teams intentionally to refer to levels of cooperation between and among different professional disciplines. In services for families and children, *multidisciplinary* teams are those where a variety of professionals work together for the children and families, but are largely independent of each other. In the *interdisciplinary* mode professionals tend to work together to develop coordinated service plans and there is greater communication between professionals (Moore, 2005). The *transdisciplinary* mode is a highly collaborative and integrated model where team members share their

disciplinary-based knowledge and expertise with other members of the team, including families, it is an inherently relationships-based model of working.

We do not believe that one level of cooperation is inherently more valuable or effective than another. SDN has found that different contexts, the purposes of the services themselves and the needs of the children and families will dictate the level of cooperation required. However, as noted above, ‘integration’ is achieved at all levels of cooperation across disciplines because staff are motivated by the same vision, we share the same values, we adhere to the same philosophy and we adopt the same approaches in our work. This level of collaboration is achieved through countless conversations (formal and informal) where staff are challenged to reflect on their practice by colleagues and mentors with reference to the implementation of the SDN Child and Family Learning Framework.

In this paper we:

- Outline aspects of the historical and socio-cultural context of SDN’s approach to service delivery.
- Present the SDN Child and Family Learning Framework - one of the tools SDN has developed to ensure coherence across all the 38 child, family and children’s service programs that we provide - its research base; the outcomes for children and families achieved; and the benefits for staff and communities experienced.
- Give examples of three models and the Framework in action, including challenges faced, strategies used and skills of staff that have been needed to make integration effective.

2. What guides what SDN does?

2.1 Our history and our vision

SDN has been in the business of providing excellent early childhood education and care and family support services for 102 years.

SDN Children’s Services was started in 1905 by a group of compassionate, energetic and competent women who were determined to improve the circumstances of mothers in inner city Sydney, who in the early part of the 20th century were working to support their families while only being entitled to 44% of the male wage. Through the efforts of the then Sydney Day Nursery Association, the first long day care centre in NSW was opened in Woolloomooloo, which was soon followed by others (Huntsman, 2005). From the beginning the concern was for both the physical welfare of children as well as the functioning of families and communities. The stated aims of the new organisation were “to preserve family life, to educate mothers in child health and to save children from death and becoming state wards.” This initial motivation was supplemented thirty years later with a desire to also educate the children and special ‘nursery school’ teachers were introduced to the nurseries with a training college to educate potential staff established in 1934.

SDN has integrated education and care in our centres for over 70 years, and has been instrumental in having the commitment to the employment of early childhood teachers included in the state regulations that cover both preschools and long day care centres in NSW. We remain as committed as ever to our core mission of

“providing high quality early education and care to children 0-5 years of age” in the face of changing government priorities and shifting funding regimes.

The SDN vision of all children realising their promise and potential and all families being strong and caring is challenged by the social and financial circumstances many families find themselves in and the developmental challenges many children face. SDN has acted proactively to ensure that as many children as possible receive the extra support they need to get the best possible start in life.

We have recently described how SDN’s approaches and practices with children, families and communities work in an integrated way through the articulation of our **Child and Family Learning Framework**. Working within this framework all our managers, coordinators, project officers, early childhood teachers, child care workers, family support workers, case managers, allied health professionals, child care resource officers, inclusion support educators and facilitators, administrative personnel, researchers, learning and development coordinators, specialist support and head office corporate services staff aim to promote, support or provide integrated learning environments for children from birth to school age.

2. 2 The underlying principles, philosophy, theoretical perspectives and evidence

The **SDN Child and Family Learning Framework** is one of our key tools of integration. The Framework, which is grounded in our history, philosophical beliefs and values, and responsivity to the contemporary socio-cultural and political context, represents an articulation of several components of SDN’s work into an integrated model that both reflects and supports our practices with children, families and communities.

Central in our Framework is our vision that *all children get the best possible start in life*. To this end, our work is child-focused, family-centred and community-conscious. We recognise the rights of every child as an active citizen and aim to contribute to children’s growth and development. We acknowledge the centrality of the family in children’s life and aim to support families in their parenting and enhance families’ social capital and social connectedness (Drukker et al., 2001; Portes, 2000). We recognise our services operate within community contexts and aim to contribute to community capacity to support children and families, as well as contribute to a sense of community.

The Framework, while developed through consultation with SDN staff as they reflected on their practices, also reflects current international thinking as is evidenced in the proliferation of reports such as the *Early Years Study 2* by Mc Cain, Mustard & Shanker (2007), Peter Moss and the team at the Thomas Coram Research Unit in London (Cameron, 2004; Moss, 2006) and Clyde Hertzman working with others at the University of British Columbia (Irwin, Siddiqi & Hertzman, 2007). SDN has drawn extensively on these and other published research findings which indicate that the best outcomes for children’s later learning and development are achieved when education and high quality supports to children’s families start as early in the child’s, and as early in the family’s life cycle as possible (Heckman, 2006; Irwin, Siddiqi & Hertzman, 2007; McCain, Mustard & Shanker, 2007). Additionally, research has demonstrated that the most powerful influence on a child’s development and life chances is the child’s family (Shonkoff & Phillips, 2000). This support and investment is particularly

important when children's home environments may not contain the emotional or material resources or stability that we know young children require to thrive (OECD, 2006; Pathways to Prevention, 1999; UNICEF, 2007).

Our practices with children, families and communities are also firmly grounded in evidence of best-practices in early childhood service delivery. Our early childhood education programs (experiences / activities / physical and social environments) reflect contemporary pedagogical understandings. They aim to be respectful, responsive to individual strengths, needs, and interests of each child and recognise the centrality of play as the most natural way for any child to learn. It is during play that children engage with experiences, materials and activities and interact with others. Play provides valuable opportunities for children to make sense of their world and practice emerging skills in a safe environment. There is abundant evidence to show that play promotes development in all areas including language, social-emotional, cognitive and motor domains. Two other particularly influential theoretical perspectives influencing our work are strengths-based approaches and family-centred approaches.

The strengths-based approach to working with families is well articulated by St Luke's Anglicare, Bendigo (Scott and O'Neil 1996; McCashen, 2006). Working in partnerships is supported by a philosophy of respect for people, sharing resources, and collaboration in finding solutions. It reflects an approach that takes into account and considers the communities and circumstances within which families grow and develop. The aim is to encourage a culture in which internal structures and processes, and interactions with individuals and the wider community, create relationships based on power *with* others as opposed to power over others.

A family-centred approach is relationship-based, consultative and collaborative (Dunst, 2000; McCrosky & Meezan, 1998). It involves listening to families, recognising the resources available to them, identifying their concerns and developing individualised family support plans that empower families and assist them to achieve their goals (Allen & Petr, 1998; Bruder, 2000, Dunst, Trivette & Hamby, 1996; Hanna & Rodger, 2002; McCrosky & Meezan, 1998). Family-centred approaches that incorporate understandings of the transactional nature of children's development also work to support families to use caregiving strategies and techniques that promote their child's development (Mahoney, et al, 1998; Woolfson, 1999).

There are a number of factors that mediate our staff's capacity to deliver high quality, integrated programs, including government and community resources and the organisational support SDN provides. In particular, adopting a relationship-focused, integrated, strengths-based, approach takes time to adjust ingrained patterns of thinking and responding. SDN has consciously adopted strategies reflective of a learning organisation, including 'communities of practice' (Wenger, McDermott & Snyder, 2002) and making sure that individuals, centres and teams all have lots of opportunities to reflect with a 'mentor' on their practice (Wesley & Buysse, 2001).

3. What evidence do we have that our approaches work?

SDN is committed to on-going reflection and evaluation of our practices. In particular, we have been funded since 2000 by both the federal and state governments and by a range of private foundations to trial and document integrated early childhood capacity building approaches that are embedded socially, culturally and biologically.

An eighteen month evaluation of the SDN Parent Resource Program was completed in November 2004 (Goodfellow, et al, 2004). Recorded case studies undertaken **with** families participating in our Child & Family Learning Centres have clearly identified that key elements of resilience and trust within stable and ongoing family-centered mainstream children's services can form the basis for achieving positive outcomes for those families (Goodfellow, 2006). Research conducted in 2006 and 2007 has documented the outcomes of four other SDN programs: PlayLinks (a mobile outreach early childhood intervention service), Early Learning program, the Child and Family Resource Centre at Granville and SDN's three Inclusion Support Agencies at Sydney Inner, North Sydney and Sydney Central West. These collaborative research projects involved periodic interviews with parents, staff and community agencies as well as observations of children's development.

Evidence from these evaluations documented the following outcomes:

For children – increased health and nutritional outcomes; a developing sense of trust and confidence in relationships; increased social awareness and emotional regulation; and greater attainment of developmental milestones.

For families - increased confidence and greater effectiveness in parenting; greater understanding of appropriate developmental expectations of their children; increased sense of community connectedness; and ability to negotiate sources of formal/informal support.

For the community - increased connectedness between early childhood services and other agencies; less duplication of services; increased capacity to integrate children with on-going high support needs.

For staff - improved skills in working effectively with families; greater understanding of factors contributing to family dysfunction; enhanced community networking skills; greater satisfaction in their roles.

4. The SDN Child and Family Learning Framework supports different models of integration

Each of the presentations delivered by our four senior SDN service delivery managers presents models that demonstrate the Framework in action, including challenges faced, strategies used and the skills that staff have required to effectively deliver integrated services.

4.1 Child and Family Learning Centres

Rebecca Watson, Director of Early Childhood Education and Care, the first of these presenters, details the creation of the 21 SDN Child and Family Learning Centres as models of how early childhood teachers and child care workers have integrated education and care; and how children facing financial barriers to entry have been provided with bridges to enrolment in these mainstream children's services through the provision of scholarships. This model reflects the objectives, activities and outcomes of the FACSIA Child Care Links program and works in a cross disciplinary way. There are 3 Child Care Links projects funded in NSW and SDN runs one of these from our mainstream Riverwood Child and Family Learning Centre.

4.2 Early Intervention and Family Support for 'at-risk' families

Julie Druce, Director of Early Intervention and Family Support outlines the model adopted by her six programs of case management and family support for families experiencing social isolation, This target group reflects the client base of the NSW Department of Community Services Brighter Futures program, of which SDN is one of the 14 lead agencies in NSW. While Brighter Futures was envisaged as a program to be delivered by social science professionals, SDN has driven a strong child focus and augmented the staff team with two Child Care Resource Officers who work in an interdisciplinary way with the case managers. The Child Care Resource Officers also provide professional support to staff in the 46 child care centre partners linked to SDN , who offer subsidised high quality care and education places (funded by DoCS) for children whose families are receiving case management.

4.3 Intensive services for children who have a disability

Kay Turner, Director of Child, Family and Children's Services Programs outlines the intensive child and family support programs for children who have a disability. In these programs, early childhood teachers, social science staff and allied health professionals work in a trans-disciplinary way to co-plan and co-deliver services. Issues of co-location and the impact of this physical integration will be discussed.

4.4 Issues of cultural competency

Deb Mann, Supporting Children with Additional Needs Manager and Aboriginal Projects Coordinator will conclude the presentation by providing examples of ways in which she has facilitated the cross-cultural competency of staff. These learning experiences have enabled staff delivering integrated services to be more sensitive, empathetic and skilled in working with professionals from disciplines, and with children and families from cultures, other their own. The challenges posed by the use of Anglo-centric language and middle -class assumptions and approaches will also be discussed.

5. Conclusion

- Operating in this integrated way we have seen the development and learning of all children, families and staff enhanced.
- Our services and their staff and children are recognised as part of the communities they belong to.
- Services and their staff better reflect the culture of their local communities.
- There is reduced duplication and greater cooperation between services.
- Communities are becoming more connected and stronger.

Between us all here at the conference we have lots of examples of what works for children, we've done the research, we've documented the outcomes, now we have to combine our efforts and our voices and demonstrate to government that there are better ways to do things, more efficient and more effective ways: ways that work!

Ginie Udy, Dr Sandie Wong and Dr Joy Goodfellow
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6. References

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