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Embedding collaboration in integrated Early Childhood Services: The strategic role of governance and leadership

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Abstract

In Australia, as in many parts of the world, there is an increased focus on the provision of integrated child and family services. These services bring together inter-disciplinary teams to provide a range of professional supports to children and families, particularly those facing multiple challenges. However, the effective provision of integrated services is complex and involves the renegotiation of professional boundaries and the development of new and expanded ways of working. This article draws on relevant literature and data from two Australian studies to examine the role of governance and leadership in developing and sustaining service integration. It argues that successful integration is dependent upon these levels of management intentionally and strategically deploying time and resources to the objective of fostering strong professional and community collaborations. At the same time, cultivating a culture of participative and responsive management is essential to sustaining integration.

Introduction

This article discusses the role of leadership and governance in developing and sustaining effectively integrated early childhood services. It draws on a literature review and data from two Australian studies to argue that the governance and leadership strategies adopted in the quest for integration are fundamental to the success or otherwise of its achievement. In particular, actions and structures implemented at the level of management need to actively and intentionally facilitate and model the professional collaborations sought at the front line of service delivery.

Policy support for the provision of integrated services is evident in each level of Australian government (national, state/territory and local government). Support for integrated ways of working, within early childhood related programmes and through
government policies, arises from a desire to better reach and assist children and families, especially those whom the existing system fails. A major anticipated outcome is to improve the life trajectory of young children through ready access to appropriate early interventions, including early childhood education and care (Australian Government Department of Education, Employment and Workplace Relations, 2010; Siraj Blatchford & Siraj Blatchford, 2009). By drawing together a range of child and family-related services, integration seeks to provide effective, holistic support to families, particularly those living in adverse conditions and/or facing multiple challenges in their lives.

As the related literature attests, however, integration is more easily espoused than it is attained (for example, Cottrell & Bollom, 2007; Moore, 2008; Ødegård, 2006). Fully integrated ways of working are complex to achieve. To tease out these issues and lay the groundwork for examining the pivotal role of leadership and governance in embedding integrated ways of working, this article commences by defining integration and providing an overview of the Australian studies which inform the article’s subsequent discussion. The challenges, characteristics and functions of leadership and governance associated with effective integration are then discussed in the context of relevant literature.

**Defining and describing early childhood integrated services**

The aim of early years’ integration is to provide an accessible and comprehensive suite of services to families with young children. However, beyond this basic précis, integration is often understood and interpreted in many different ways. For instance, it can be used to refer to bringing together early childhood education and early childhood care; co-located services; or co-operative working relationships between different early years’ professions (Wong, Sumsion & Press, 2012). This discussion adopts the following definition and is focused on forms of integration that encompass early childhood education and care:

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)

Whilst characteristics such as co-location and co-operation may be evident they are not, in themselves, sufficient for integration. Effectively integrated services attend to the nature and quality of inter-professional relationships and explicitly focus on the achievement of better outcomes for children and families. Hence, maximising “the impact … different disciplinary expertise” and the development of “shared intent” (Press et al., 2010) should result in horizontal and vertical continuity. In other words, needed supports and interventions should move with the child and parent(s) “across settings at one point in time” (Corter, Patel, Pelletier, & Bertrand, 2008, p. 775) (horizontally) as well as follow the child’s developmental transitions over time (vertically). Importantly, such supports should be informed by the development of
common understandings and result in congruent practice across different professional areas (Corter et al., 2008).

In Australia, integrated services may be newly established, often in areas that are deemed socially and economically disadvantaged, or integration may be pursued by existing services as a means to reach families that are currently marginalised by the existing system. Data from two recent Australian studies (Press et al., 2010; Wong, Press, Sumson, & Hard, in press) reveals that forms of integration are highly diverse with each shaped by organisational history as well as community context. The following descriptions illustrate the variety of integrated services that are evident.

**Service one** offers: A long day education and care programme (for children birth to school age); a sessional education and care programme (for three and four year old children, including a Saturday morning programme); outside school hours care and vacation care programmes for children five to twelve years old; playgroups; maternal and child health; and adult education classes.

**Service two** offers: Occasional childcare; a long day education and care programme (for children birth to school age); disability support services; family education programmes; supported accommodation services; an extensive volunteer programme; a child protection service; and employs a community development officer.

**Service three** offers: A long day education and care programme (for children birth to school age); a sessional education and care programme (for three and four year old children); a special education primary school offering a 12 month specialised intervention for children at significant risk of failure in mainstream school; early intervention for children with developmental delays and/or disabilities; a parent and child support programme for isolated families (includes home visiting and a regular playgroup); adult education programmes which result in certificate level qualifications; and community support programmes for families in financial and/or emotional difficulty.

**Two Australian studies**

Two Australian studies contribute to the data informing this discussion. The first study, *Integrated Early Years Provision in Australia* (Press et al., 2010), examined factors contributing to successful early years integration in the Australian context, and was particularly concerned with the position of early childhood education and care programmes and educators. The second study, *Collaborative Practice in Ten Victorian Early Years’ Services* (Wong et al., in press), focused on early collaborations involving a range of professions in the state of Victoria. Integrated services were one type of collaboration examined; however, the latter study also focused on other forms of professional collaboration. This article draws on data from the *Collaborative Practices* case study of an integrated service which included early childhood education and care.

The *Integrated Services* research commenced with a comprehensive literature review on integration in early childhood programmes. This was followed by an email survey of services identified as integrated from a web-based search (25 responses from 116 distributed). The surveys elicited information on the professional composition of integrated services (that is, the types of programmes offered), governance arrangements, geographic location and the physical location of the services offered (for example, from a single site or from multiple sites). Respondents were asked to briefly
comment upon the impetus for integration, as well as internal and external supports and challenges. From these surveys, 10 services were invited to be case study sites. The 10 case studies were designed to probe for further insights into the contributors to successful integration (for further details, see Press et al., 2010). The Collaborative Practices research (Wong et al., in press) documented examples of effective collaborative and cross-disciplinary practice in 10 Victorian early childhood service sites. In both studies, an experienced early childhood researcher was attached to each site. Relevant documentation was reviewed (such as annual reports and, where available, programme evaluations) and researchers spent time on location interviewing key informants and observing programmes. In each study, at the completion of site visits, on-site researchers and the studies’ Chief Investigators met to collectively discuss and analyse available data.

Leadership and governance were not the sole focus of these studies. However, both survey responses and case study data underscored the actions of managements as fundamental to the success of integration.

The complexities of integration

A number of studies have highlighted the challenges of developing integrated ways of working. These challenges can exist in developing skills and structures that enable meaningful representation and collaboration with families and others in the community; building cohesive inter-professional practice; and addressing structural impediments to collaboration.

Although certainly not impossible, it can be difficult to reconcile the theoretical and practical approaches to working with children and families adopted by different disciplines (Robinson, Atkinson, & Downing, 2008; Warmington et al., 2004). In her examination of inter-professional teams, Rose (2011) highlights issues of professional identity, expertise, territory and power as influencing the success or otherwise of collaborative work. Professionals are specialists who enter integrated services with a repertoire of knowledge, theories and approaches to practice grounded in their profession. Integration demands of them that they share expertise, be prepared to learn from the perspectives of others and engage in new ways of working. It can be difficult for staff to negotiate how they maintain and develop as specialists (identity and expertise) while being open to the views and practices of different professional frameworks. Such tensions can be exacerbated if staff feel that their expertise is not being recognised in decision making and practices (territory and power).

In addition, if services are to be responsive to the needs of their communities and to reach out to those individuals, families and groups on the margins of the service system, they must develop strategies and structures which foster meaningful engagement (Robinson et al., 2008). This often requires changing the existing distribution of power in governance structures as well as examining the implicit and explicit messages given to families through daily practices (Broadhead, Meleady, & Delgada, 2008). This takes time and commitment and a preparedness at times to give up power and professional territory.

Further, there may be structural impediments to integration that emanate from outside the organisation. For example, narrow accountability requirements attached to external funding of particular service types may work against collaboration.
Discrepancies in pay rates and conditions between different professionals for equivalent work can cause resentment at the front line of service delivery (Press et al., 2010; Toronto First Duty, 2008).

Thus developing and sustaining integrated early years’ services is highly complex. In drawing together the perspective and expertise of different professions, it involves negotiating new or expanded understandings of the issues facing families and children, and ultimately, new ways of working built around common commitments and community engagement. It requires a preparedness to negotiate and implement change at every level of the organisation, from the composition and direction of governance bodies to the everyday practices of front-line staff. In short, it involves the management of organisational change. The way that such change is managed is fundamental to integration’s long-term success.

**Strategic governance and leadership**

Both concerned with management, governance and leadership are separate yet intertwined. For this discussion, the term *governance* is used in relation to management at the board or committee level, and *leadership* refers to the tier of management that sits between professional teams and governing bodies. However, leadership is also used to denote particular qualities related to inspiring, facilitating and modelling change and/or high level professional practice (Booker, 2011). In effectively functioning integrated services, governance and leadership operate in tandem. Importantly, effective governance provides ongoing support to the leader or leadership team so that the steering of integration is not vested in one person or one level of management, thus helping build sustainable change.

The decisions and actions of these tiers of management have a direct impact upon the organizational culture and structural supports that enable successful inter-professional relationships to develop and thrive (SQW, 2006; Whalley, 2006). Such findings in the literature were borne out by our studies. A small number of survey responses (4) in the *Integrated Services* study explicitly referred to the importance of senior management (board or committee) support and commitment in contributing to the success of their service, whilst approximately half of responses raised the quality of leadership as significant. In both studies, the importance of governance and leadership was reinforced by interviews and researcher observations at case study sites where actions at this level had a clear and direct impact on the success or otherwise of professional collaborations on the ground.

Governance and leadership have a role to play in developing a strong collaborative culture through actions such as strengthening community and family engagement and representation; nurturing the development of shared understandings, goals and professional commitments; strategically planning for change; addressing staffing issues in the light of integrated practice; and instituting clear and effective channels and lines of communication. Significantly, in highly integrated services, these levels of management also nurture and distribute leadership functions throughout the organisation. In the following sections, each of these elements is discussed in relation to the role of governance and leadership in both modelling and facilitating their achievement.
Community and family engagement

Responsiveness to community needs, engagement with parents to the fullest possible extent, and involvement with the wider community at a high level were identified as features of successful governance in a review of Sure Start children’s centres, a key provider of integrated programmes in the United Kingdom (SQW, 2006). Our studies reflected similar findings. Organisational decisions to develop integrated approaches were often a considered response to community need, including a realisation that previous ways of working with families were no longer effective for many. In the Integrated Services study, one survey respondent identified the “consideration of family and sector needs” shown by the governing body as a contributing factor in their service’s success in integration. On the other hand, another respondent identified “service providers with their own agendas—not the needs of the families, as expressed by the families” as an impediment to integration.

Community and family engagement in governance reinforce the organisation’s connection with the community it serves. Whalley (2006) calls for porous models of governance; that is, governance structures that are “accessible, personal, engaging, adaptive and enabling” (p. 10). A number of case study sites ensured that the membership of their managing board/committee included family representation as well as representation from external community agencies. One site especially sought representation from service users often marginalised in management processes. In another, a committee member with no extended family nearby commented that the centre had “become a part of my immediate family”. A survey respondent considered that a success factor for their service was “the ability of all to work on the ground and listen to what local people are saying”. Engagement at the level of governance also encompasses the principle of transparency. Glasby and Peck (2006) stress the importance of transparent governance to build trust and ensure public accountability. An innovative approach to generating such transparency arose in the Integrated Services study, in which a service had introduced an interactive intranet portal containing information on the service including its planning decisions. This was made available to staff and parents and gave all users the capacity to add their perspectives on the information provided (Press et al., 2010).

In order for family and community engagement to permeate the organisation, it needs to be actively facilitated. One survey respondent referred to the benefit of establishing “from the outset … a planned strategy of engagement with children and families”. Ideally such a strategy of engagement is aimed at achieving connectedness, partnership and influence (Broadhead et al., 2008) and should be evident from the moment a family makes contact. This should result in what another survey respondent described as “a strong sense of welcome that underpins all service provision”. A parent in one case study described ‘her’ service in the following way: “There is a whole community and you are made to feel part of it”.

Shared understandings, goals and professional commitments

Identifying, developing and articulating a collective vision have been identified as important functions of both governing bodies and organisational leaders (Colmer, 2008; Siraj-Blatchford & Manni, 2007; SQW, 2006). A clear and agreed upon vision or philosophy can play a unifying, directional role for integrated services by becoming a
reference point for planning, revising and developing policies and procedures, and strategic and daily decisions (Press et al., 2010; Siraj-Blatchford & Manni, 2007; SQW, 2006). In doing so, staff are supported to ‘walk the talk’, to meet the aspirational objectives of integration through their daily practice. Consider the following researcher note from an Integrated Services case study:

Through inspired leadership, strong values, philosophies and shared visions, [Service X] has become a learning organisation which has achieved and continues to work towards further integration across its organisation. All arms of the organisation work together to understand, respect, challenge and improve the knowledge base, policies and practices. It is a learning organisation in action, always striving towards best practice.

In another case study, the researcher observed that the characteristics that had supported the service’s transition to effectively integrated programmes included

“good governance” with infrastructure that supports professional commitment; leadership in terms of creating a collective vision with shared understanding and commitment to reflection….

The development, articulation and enactment of a shared philosophy and/or vision requires a foundation of shared understandings. Integration is predicated on a belief that the sharing of diverse knowledges, perspectives and practices can be enriching for staff, children and families. Nonetheless, there is a danger in assuming an easy compatibility between different professional approaches to working with children and their families. Informed, mutually respectful and congruent ways of working take time to develop. Indeed, Colmer (2008) stresses “the value of patience in exploring complex issues” (p. 111). Horwath and Morrison (2007) assert the necessity of governance attending to the quality of working relationships and keeping potential collaborators focused on hoped-for outcomes, otherwise “partner agencies can become preoccupied by the factors that divide them rather than those that unite them” (p. 58).

Just as family and community engagement must be tangible at all organisational levels, so must the striving for shared understandings and goals. Governance can facilitate the development of shared goals and understandings by actively seeking relevant professional and community representation and input through designated positions on the governing body, establishing advisory committees, or the formation of inter-professional leadership teams (Whalley, 2006). When those in leadership positions are seen to be committed themselves to building joint understandings it reinforces implementation on the ground. Take this comment from a survey respondent that their service’s coordinator

respects people and what they know. She has integrated staff meetings and shares the same messages. She tries to get to know you personally while keeping a little distance. She models collaboration.

Such ‘high-level’ collaboration supports the blending of different professional cultures throughout the organisation (Horwath & Morrison, 2007) and engenders a culture whereby collaboration is viewed by different professionals as a “natural extension of their repertoire for tackling items on their own agenda, as well as those of other partners” (Glasby & Peck, 2006, p. 17).
Shared understandings within and across staff teams need to be cultivated through informed discussion and reflection. In her description of Gowrie Adelaide’s journey to integration, Colmer (2008) refers to the need to support “intellectual dialogue, debate and analysis … at a theoretical and creative level” (p. 111). Time and space for joint professional reflection needs to be prioritised in organisational plans and job expectations. In one case study, the service fundamentally changed the nature of staff meetings so that they no longer focused on ‘housekeeping’ but were primarily a place for reflective discussion about practice in the light of the service’s philosophy. Other strategies included providing development and training opportunities that encompass all staff regardless of professional background; providing staff with the chance to experience the work and practices of other staff outside their profession; and using specific and agreed upon theoretical frameworks as a reference point for joint professional reflection (Press et al., 2010).

**Strategically planning for integration**

The achievement of a vision, or the successful enactment of a strong service philosophy, requires planning and informed planning is considered fundamental to effective integration (Moore, 2008). Strategically planning for long-term change is a key function of governance. In order to be effective, planning must be informed by a sound theoretical foundation and a thorough knowledge of community context (Press et al., 2010; Whalley 2006) and accompanied by inclusive frameworks for evaluation such as collective performance indicators (Huxham & Vaugen, 2000, cited in Horwath & Morrison, 2007).

Highly integrated services in the Australian context had governance bodies committed to drawing on research evidence to inform planning, including having a sound knowledge of their community contexts. Agreed strategies were clearly documented, evaluated and revisited in the light of whether or not they supported anticipated objectives. Clear lines of accountability and ongoing reporting to the board/committee supported this. Such regular reporting allowed practices to be reviewed in line with service philosophy and prompted changes in organisational processes to be more responsive to the issues facing staff and families. However, reporting was not a one-way process of accountability to management, but a dialogue which enabled leadership to identify gaps and difficulties and collaborate with teams to address these (Press et al., 2010). This is similar to the findings of Siraj-Blatchford and Manni (2007), who point to the role of service leaders in creating a culture of collaborative dialogue and action research to monitor and assess daily practice.

**Staffing**

Although governance and leadership are pivotal in steering organisations toward a responsive integrated model and building in accountability, it is the decisions and actions of staff that are most frequently the ‘public face’ of integration. In addition, especially in the initial stages of bringing together teams of staff from different disciplines, accountability and management arrangements can be blurred and complex (Cotrell & Bollom, 2007). Hence staffing practices must be reviewed in the light of the goals of integration. This requires attention to employment practices, the expectations of staff, and the provision of professional development and support.
Aylward and O’Neill (2009) stress the importance of employing staff who not only share the ethos of the service, but are enthusiastic about its goals. A number of case studies confirmed this view and actively sought staff who shared a philosophical commitment to integrated ways of working. One interviewee emphasised the need for “systematic and rigorous” staff recruitment processes. Successful employment practices included highlighting the philosophy of the organisation when seeking new staff; and being explicit about the expectations of the role, including expectations relating to teamwork.

Once employed, staff appraisals become an important focal point for reinforcing commitments to integrated ways of working. Staff appraisals are an avenue for discussing with individual staff their professional strengths and learning needs and this information can be used to tailor appropriate professional support (Aylward & O’Neill, 2009). Carefully targeted professional development (including mentoring) is critical in supporting new and existing staff reach the goals of integration. A number of case study sites stressed the benefit of collective professional development in engendering common understandings and group commitments. This often involved staff members with different disciplinary backgrounds attending the same professional training. Another strategy entailed opportunities for staff from different disciplines to experience each other’s work and practices through carefully organised staff swaps. By spending such time together, staff developed a more intimate knowledge of one another’s professional framing of their work and this supported their capacity to build deeper collaborations in their daily work.

Clearly, management strategies in relation to staffing are critical in cultivating a team culture. However, in order for this to be successful it is also necessary to address structural barriers to inter-professional work. This includes factors such as potentially blurred or complex lines of accountability and perceived inequities in wages and conditions (Aylward & O’Neil, 2009; Press et al., 2010). There must be a clear relationship between the governing body, the service coordinator and/or leadership team, staff teams and individual staff. It is important that staff are able to identify who they can go to for advice and support including in relation to issues such as clarification of their professional roles and responsibilities. It is also important that managing bodies institute accessible and effective avenues for resolving work-related conflicts in a constructive manner.

In the first study, disparities in pay rates and conditions for work of equal value was raised as a barrier to effective integration. This could present difficulties in two ways. Staff could feel resentful if paid less than colleagues who had an equivalent level of qualification (albeit in a different discipline) and comparatively the same level of responsibility; or substantial differences and/or inflexibilities in work conditions and expectations (such as whether meetings were held during the normal hours of work or after work) obstructed opportunities for cross-disciplinary communication. At least one case study site tackled this problem by collectively developing an agreement incorporating the wages and conditions of all staff with integrated pay scales.

Changing work practices and cultivating new team cultures takes time. However, the potential for such changes to be professionally enriching and rewarding are encapsulated in the following statements from staff in our case studies sites. One staff member described her team as one which displayed a “willingness to being professionally stretched”, another described the service as embarking on a “new and
different journey”, another participant referred to a “rich way of working” and still another described the work environment as “an inspiring workplace … the richest [possible] professional environment”.

**Communication**

Underpinning all these elements is the need to institute effective forums for communication. Not only does effective communication support clarity (in areas such as organisational direction, and staff roles), it builds trust. Trust between and within staff teams, between families and staff, and between management, staff and families is a marker of effective integration. It breaks down professional hierarchies, and engenders openness to new ideas and willingness to try new ways of working (Press et al., 2010; Toronto First Duty, 2008).

Although trust may be manifest as a personal attribute (whether one person trusts another), it can be fostered by ensuring that there are ample opportunities for formal and informal communication. In one integrated services study, the service incorporated its commitment to open communication in its service philosophy, which included a statement of shared “responsibility to keep connections alive by listening to and communicating with each other and being open to feedback” (Gowrie SA, 2008, p. 2). This commitment needs to be backed up by allocating time for and resources to communication.

Scheduling regular meetings both within and across teams is essential. Face to face meetings seem especially effective in breaking down preconceived notions and professional stereotyping that may exist between professionals from different disciplines (Anning, Cottrell, Frost, Green, & Robinson, 2006). In order to keep communication channels flowing and to incorporate all staff—especially those who may be part-time or work off-site—teleconferences, email and communication folders can supplement face to face meetings (Aylward & O’Neil, 2009). Case study sites and survey responses indicated that participants valued opportunities to meet with colleagues within the organisation and also benefited from strong external networks. For instance one survey nominated “any activities that brings front line staff together from different agencies …; multi-agency allocation meetings; lunches; interagencies” as important contributors to the service’s success, while Colmer (2008) underscores the importance of local, national and international professional networks.

Another important aspect of communication pertains to contact and enrolment procedures for families. As one survey respondent wrote, “strong communication protocols are needed” so that families “are only required to tell their story once”. Many integrated services use terms such as ‘no wrong door’, ‘single entry’ or ‘soft entry points’ to describe their objective of seamless access to multiple supports for families. However, this can only be achieved if families are not required to undergo multiple screening and enrolment procedures. Some sites had developed common enrolment templates that allowed the ready sharing of information between the different professional supports families may be engaged with. In one service, a single set of case notes for each child was used to document all professional advice. As well as smoothing families’ access to supports, these common templates resulted in better inter-professional communication and compatibility between the various professional approaches to working with the family.
Participative management

This discussion has focused on strategies deployed at the level of governance and leadership in fostering highly integrated services. In doing so it runs the risk of depicting integration as a ‘top-down’ process. This would be misleading as both the literature and our studies point to the need for participative management, flat management structures and the active recognition and nurturance of leadership capacities of staff and families (Broadhead et al., 2008; Colmer, 2008; Press et al., 2010; Whalley, 2006).

Nonetheless, it does appear that in many cases, informed, inspired and decisive leadership provides the impetus for services to move toward integrated ways of working and models the expectations of collaborative work. This is consistent with Siraj-Blatchford and Manni’s (2007) observation that strong leadership may be necessary in the initial development of high levels of collaboration and teamwork. Data from both Australian studies cited here indicated that the absence of funding for a whole-of-service coordinator, or integration facilitator, impeded effective integration. Certainly a number of other writers argue for a “collaborative champion” (Hallett & Birchall, 1992, cited in Horwath & Morrison, 2007) who has “high levels of credibility, influence, charisma and integrity [and is] acknowledged both internally and externally by other agencies” (Horwath & Morrison, 2007, p. 61) to move integration forward.

Organisational leaders act as the conduit between the governance structure, staff and the community. Both studies emphasised the impact of having leaders who displayed characteristics such as “good personal and professional relationships with programme coordinators” and a “willingness to support staff”. An organisational structure that enabled senior managers to work closely with, and experience the work of, front-line staff was also put forward as an important success factor. Clearly the skills, knowledge base and working styles of those in leadership positions matter. One survey respondent noted the impact of a change in leadership. Although the governing body of the service had already committed to integration, it was a change in director that resulted in

a deliberate move to action service integration as a powerful tool to utilise our physical and financial resources more effectively, and provide families with a more comprehensive service and support options.

In a similar vein, a case study interview referred to the “huge difference” a change of leadership made with a leader “who was more positive about integrated programmes and how they can benefit staff…. Having the right leader in the right place is critical”.

In addition to being advocates for integration, successful leaders modelled collaboration by actively broadening their own perspectives beyond the framework of their profession. They built trust and generated open organisational cultures.

She lives and breathes it. She has an open door policy and knows all the staff and visits rooms most days. She is forward thinking and uses people cleverly and makes good use of their talents. She cares about you as a person—although she has to be tough sometimes. This is a very caring organisation and because care emanates from the top—we feel it. (Collaborative Practices interview)
While case studies and survey responses in both studies revealed an appreciation of the impact of sound management (in governance and leadership), sound approaches to leadership were also construed as highly participative. Developing and sustaining integrated ways of working requires leadership approaches that provide clarity and direction whilst enabling staff input and innovation (Cottrell & Bollom, 2007; SQW, 2006; Whalley, 2006). Support for participative approaches to management is prevalent in relevant literature. An evaluation of Sure Start children’s centres emphasised participative approaches to staff management that are trust-based, and accessible (SQW, 2006). Whalley (2006) stresses the need for shared leadership in integrated services and uses the term “leaderful” teams to describe her model of distributed leadership. Colmer (2008) highlights the importance of affording practitioners meaningful opportunities to exercise leadership by devolved responsibilities accompanied by considerable autonomy in decision-making. For instance, staff might be provided with opportunities to take up leadership roles as team managers or to undertake special projects of strategic importance (Press et al., 2010).

In the Integrated Services study it appeared that a number of sites had developed flatter management structures as a result of their journey to integration. A flat management structure allows staff members to broaden their professional view by gaining an organisational perspective and facilitates an expansion of leadership roles. It also contributes to sustaining integration over time by building meaningful shared responsibility. On the other hand, relying on one leader or integration ‘champion’ to build integration into the long term may undermine the organisation’s capacity to sustain changes (Boddy et al., 2008, cited in Robinson et al., 2008).

Conclusion

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 impact in terms of the outcomes we are seeking for children and families.

Integrated child and family services have the potential to be transformative in the lives of children and families. Their transformative potential rests in their capacity to provide a holistic and responsive suite of supports to children and families in need of multiple forms of support. However, fully integrated ways of working take time to embed in professional and organisational cultures. Decisions and action at the level of governance and leadership have a direct impact by determining the strategic allocation of time and resources and modelling as well as facilitating strong collaborative approaches.

Inspired and dynamic leadership, supported by sound and informed governance, can provide the impetus for integration. However, sustaining integration requires the building of strong participative and collaborative cultures which recognise and nurture staff and family strengths and potential.

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