Collaborative Practice in Victorian Early Years Services

10 Project Sites

Charles Sturt University, 2012
Sandie Wong, Frances Press, Jennifer Sumsion & Louise Hard

Research Institute for
Professional Practice, Learning & Education

RIPPLE

CONTENTS

The ten **project sites** were:

BCFC	bestchance Child Family Care and bestchance Training, City of Monash, City of Greater Dandenong, Whitehorse
CFS	Carlton Family Support Service, Western metropolitan
EACH	EACH Social and Community Health, Maroondah and Yarra Ranges
KECIS	Kalparrin Early Childhood Intervention Service, Northern metropolitan
LSEY	Linking Schools and Early Years, Hastings, Mornington Peninsula
MHLP	Moe Heights Literacy Project, Latrobe, Moe
MVACK	Murray Valley Aboriginal Co-Operative Kindergarten, Robinvale
MVCC, FCS	Moonee Valley City Council, Family and Children's Services
NDP	Nathalia and District Preschool, North-West Victoria
SMECC	Sunraysia Mallee Ethnic Communities Council, Harmony Playgroup, Mildura

*See **Section 7 – Site Profiles** for more details about each project site, their structure, program and services offered.*

ACRONYMS AND ABBREVIATIONS

AEDI	Australian Early Development Index
ARACY	Australian Research Alliance for Children and Youth
CCCH	Centre for Community Child Health
CSU	Charles Sturt University
DEECD	Department of Education and Early Childhood Development
ECIS	Early Childhood Intervention Service
NQF	National Quality Framework
MEYP	Municipal Early Years Plan
VEYLDF	Victorian Early Years Learning and Development Framework

The following is an overview of some of the points raised in the literature on collaborative practices and observations formed from the project sites. In essence, it speaks of some of the key characteristics of collaborative practice, what drives and enables collaborative practice, some challenges that may be faced and finally the benefits to children, families, services, practitioners and the community.

Characteristics of collaborative practice can be summarised as follows:

- Collaboration is a **deliberate activity**. In itself, it is not the goal—the outcomes that occur because of collaboration are most important. Collaboration should be transformational, responsive to community needs and guided by clear goals, values and mission to bring people together in common purpose.
- Effective collaboration requires **purpose, structure and processes**—time, formal agreements, appropriately qualified and/or skilled staff and planning. Paradoxically, it also requires flexibility—capacity for staff and services to make the most of incidental opportunities.
- **Movement towards collaborative practice** is largely goal driven, philosophically grounded, theoretically informed.
- There are multiple **drivers** of collaborative practice, and these can be themed in two ways: responding to needs (local community, family, child, data, policy context); and service improvement (financial viability, sustainability, enhancing individual service provision by connecting services (particularly in small communities with limited services), working more efficiently and effectively).

Enablers of collaborative practice can be summarised as follows:

- Leadership, both positional and distributed.
- Qualified staff that know and use research.
- Professional development and reflection.
- Effective management of processes, procedures and funding sources.
- Deliberate recruitment practices that make it clear for applicants that working in a collaborative way is expected and supported.
- Time to build and maintain collaboration.
- Congruent policy initiatives at local, state, national and international levels that facilitate and act as reference points for collaboration.
- Purposeful use of existing community resources and spaces e.g. actively using libraries, sites within schools and early childhood programs.
- A focus on good quality relationships, mutual respect, trust and effective communication.
- Co-location can afford frequency of staff contact and build staff trust.
- Requirement that staff live the ethos and values in day to day practice – leadership itself is not sufficient for sustainability.
- 'Relational agency' the strong and sustaining relationships that provide a platform for ongoing and new collaborative endeavours.

Challenges

- A lack of resources for services to formally evaluate their work.
- The blurring of professional boundaries resulting in diminished perceptions of specialist expertise and professional identity and difficulties for staff in recognising the limits of their own disciplinary expertise.
- Opening up professional approaches to scrutiny by other professionals.

- Implicit and explicit differences in status between different disciplines that result in the collaborative agenda being driven by one framework.

- Funding arrangements may not facilitate collaborative practice.

- Building strong collaborative practice takes time and structures that enable dialogue, build relationships and renegotiate new ways of working with professionals.

The **benefits** of collaborative practice extend to a number of audiences:

Children and Families

- Reduced family stress due to professionals knowing the whole child within context of their family and needs, support provided by collaborative professionals, needless multiple reporting, reduced feelings of isolation, children having greater scope for social inclusion, and increased parenting confidence and capacity.

- Efficient and timely identification of issues, subsequent referrals and fewer cases of children 'falling through the cracks'. Access to a range of services through 'soft-entry points' and being able to move simply between services, as well as smoother, more informed transition from early childhood services to school.

Early childhood professionals

- High levels of professional development, the opportunity to gain knowledge, learn new skills and advance their professional standing leading to greater job satisfaction. Increased leadership opportunities and capacity to lead and articulate their practice to families and other professionals.

- Increased ability to provide referral pathways, collegiate support etc with confidence that leads to the satisfaction of contributing to effective service delivery. Increased opportunity to work collaboratively with school-based educators to assist knowledge transfer and transition processes.

Services

- Stronger cross-disciplinary relationships that lead to creative change. Shared knowledge and resources between professionals.

- Improved staff retention and an enhanced capacity to attract staff due the service's positive standing and 'marketability'.

Communities

- Effective access to services that meet local needs and a larger pool of skilled and connected professionals.

Providing children and families with access to services in a manner that helps them meet the challenges of modern life and ensure continuity of learning, health and development, increasingly demands an integrated approach to the provision of services.[1]

Families play a pivotal role in providing children (from birth) with patterns of family life that help promote success in all spheres of learning and development. These family practices include the establishment of positive relationships, predictable and productive routines within the family, a positive home learning environment and high aspirations for learning and development outcomes.[2]

Research shows that strong partnerships between services, the staff and families connected to the service, can significantly reduce the effects of social disadvantage, contribute positively to improved child outcomes and increase social inclusion.

High-quality services are linked to staff qualification levels and work practices that support collaborative, respectful partnerships between families and staff. When early childhood professionals work to create partnerships with one another, they are better able to work collaboratively to understand each other's practice and expertise for the benefit of all children.[3]

Collaborative work practices whilst producing positive outcomes for families and their children, come with a variety of challenges. Critical factors for successful collaboration include the need for partners to establish a process ensuring that services, and the people that work in them, develop a shared vision and objectives.

In 2010, the Department of Education and Early Childhood Developed (DEECD) engaged a Charles Sturt University (CSU) research team, to investigate practice in integrated, collaborative service delivery, and to investigate the service models that best support this work which will, in turn, inform how to support services and individuals to develop the necessary skills.

This paper reports on observations of services working toward collaborative practice, identifying the skills and attributes that contribute to effective collaborative practice across a range of programs for children and families, with a specific focus on early childhood professionals.

Services involved in the project (referred to as 'project sites') have showcased 'practice examples' of collaboration in action and/or movement toward collaborative practice, and from time to time, comments from project sites have been captured that illustrate a point made about an element of collaborative practice.

1 OECD 2006 Starting Strong II: Early Childhood Education and Care, Paris
2 DEECD 2010 Families as Partners in Learning Policy – Giving every child every opportunity through family partnerships
3 VCAA Early Years Exchange No. 4, 2010

2. POLICY CONTEXT

IMPROVING VICTORIA'S EARLY CHILDHOOD WORKFORCE: WORKING TO GIVE VICTORIA'S CHILDREN THE BEST START IN LIFE (2009)

In November 2009, the Department of Education and Early Childhood Development (DEECD) released an early childhood workforce strategy titled *Improving Victoria's Early Childhood Workforce: Working to Give Victoria's Children the Best Start in Life* (Workforce Strategy), containing four goals to:

- attract an adequate supply of qualified early childhood professionals
- support a professional workforce committed to developing its knowledge and skills
- support the workforce to collaborate across professions and work with families to meet children's needs, and
- enable early childhood professionals to create rewarding careers.

The collaborative practice research project supports the achievement of the Workforce Strategy's third goal and relates to a commitment to undertake research to investigate best practice in integrated, collaborative service delivery and to investigate the service models that best support this work which will, in turn, inform how to support services and individuals to develop the necessary skills.[4]

VICTORIAN EARLY YEARS LEARNING AND DEVELOPMENT FRAMEWORK (2009)

Also in 2009, DEECD released the *Victorian Early Years Learning and Development Framework* (VEYLDF) which aims to advance all children's learning and development from birth to eight years by supporting all early childhood professionals to work together and with families to achieve common outcomes for children.[5]

The VEYLDF identifies eight Practice Principles for Learning and Development—foundations for professional practice for early childhood professionals working with Victorian children from birth to eight years, and their families—that describe the most effective ways for early childhood professionals to work together with children and families to facilitate learning and development. The Practice Principles[6] are categorised under three themes: Collaborative, Effective and Reflective.

Collaborative practice principles described in the VEYLDF focus on professionals improving outcomes for children by working in partnership with families, in partnership with other professionals and to commit to high expectations for all children.

NATIONAL QUALITY FRAMEWORK (2012)

From 1 January 2012, the National Quality Framework (NQF) applies to kindergartens (preschools), long day care, family day care and outside school hours care services across Australia. These services are required to operate under the *Education and Care Services National Law Act 2010* (and associated regulations) and meet the new National Quality Standard.[7]

The central focus of the NQF is on outcomes for children. It aims to raise quality and drive continuous improvement and consistency in education and care services. Education and care services will be assessed and rated, with a focus on seven key quality areas of the National Quality Standard—in particular, Quality Area 6: Collaborative partnerships with families and communities. These ratings will help parents make more informed choices about the education and care of their child.

---

4 DEECD 2009 Improving Victoria's Early Childhood Workforce: Working to give Victoria's children the best start in life Action 3.1 Overview
5 DEECD 2009 Victorian Early Years Learning and Development Framework, p5
6 Evidence papers for the practice principles are available at www.vcaa.vic.edu.au/earlyyears/evidence.html
7 National Quality Framework, Australian Children's Education and Care Quality Authority, www.acecqa.gov.au

3. LITERATURE REVIEW

Collaborative practice and associated terms such as inter-agency collaboration and inter-professional collaboration are understood and discussed in research and policy in various ways. In much of the literature, collaboration is placed on a continuum that typically describes inter-professional working relationships as ranging from coexistence to integration. That said, services might be described as having working relationships that are predominantly characterised by: coexistence, cooperation, coordination, collaboration or integration (Moore and Skinner 2010, p.17; Moore 2008, p.64). Others consider ways of working such as networking, coordinating and integrating, as forms of collaboration (Winkworth and White, 2011). The Australian Research Alliance for Children and Youth (ARACY) asserts that collaborative practice is characterised by dense, interdependent relationships that are geared to profoundly changing the way things are done, not just at the periphery, but systemically (ARACY, 2009).

WHAT IS COLLABORATIVE PRACTICE?

Collaboration is a process, an ongoing journey rather than an outcome. It is deliberate activity undertaken with the purpose of improving outcomes for the children and families in the communities in which services are located.

Perhaps one of the most evocative definitions of collaboration is from the work of Minnis, John-Steiner and Weber (cited in Barnett and Frede, 2001, p.5) who state:

The principals, in a true collaboration, represent complementary domains of expertise. As collaborators, they not only plan, decide and act jointly, they also think together, combining independent conceptual schemes to create original frameworks. Also, in a true collaboration, there is a commitment to shared resources, power and talent: no individual's point of view dominates, authority for decisions and actions resides in the group, and work products reflect a blending of all participants' contributions.

The following description comes from a definition of integrated services developed for the Australian context (Press, Sumsion and Wong, 2010):

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.

In its emphasis on service cohesion, context and disciplinary impact, this definition encapsulates much of what is sought through collaborative practice and is consistent with the core principle of collaboration between professionals and with families and children underpinning the VEYLDF.

DRIVERS AND ENABLERS OF COLLABORATIVE PRACTICE

Mattessich, Murray-Close and Monsey (2001) identify several factors that can act as drivers towards greater collaborative practice in services including, the need or desire to respond to a crisis, improve service delivery, meet legislative or other requirements, and reduce costs. Essentially, these can be distilled to two themes: responding and/or improving – often occurring in tandem.

Literature in the area of integrated and collaborative service provision provides references to **leadership** as a critical enabling factor. According to Booker (2005) the management of multi-professional teams is complex and requires specific skills and role clarity. In discussing multi-agency work, Atkinson (2005) reports on the emphasis participants place on leadership through clear and strategic direction, dynamic motivation with vision and the ability to bring a team together to effect change. Leadbetter's (2006) study on inter-professional learning within English schools highlights middle-managers as key agents of change. These senior personnel, often with specialist expertise, have responsibility to operate across areas of the operation and have the capacity to promote flexible solutions to

entrenched problems. In response to the UK government's 2004 initiative to develop early years leaders, Whalley et al (2008) initiated programs for early years leaders with particular attention focused on developing the capabilities of the children's centre leaders in multi-agency children's centres. In this study the data illustrated the importance of leadership to the design and implementation of effective integration and in facilitating collaborative work environments.

In terms of multi-agency, integrated service provision and collaborative practice, the literature consistently identifies **communication** strategies as the 'foundation of collaboration' (Winkworth and White, 2011, p.5). Communication is integral to professional-family relationships with Darlington, Feeney and Rixon (2005) noting regular contact with and about the client, along with timely communication, as highly important. Similarly, professional to professional communication is also significant in contributing to mutual respect and the maintenance of professional identities. In good working relationships workers do not need to agree with each other, but they do need to appreciate various points of view to understand the basis on which such views were formed (Darlington, Feeney and Rixon, 2005, p.241). Likewise, this extends to the communication between families and services.

The research literature emphasises the importance of collective ownership and the need for all staff to **share a commitment** to bringing to life the philosophy, vision and ethos of the service (Robinson, 2008). No matter how skilled, strategic and inspirational the leadership of the organisation, successful collaborative practice ultimately depends largely on what the staff do on a day-to-day basis (Watson, 2006) that is aligned and consistent with the shared commitment. The literature identifies a wide range of professional knowledge, skills and qualities required of frontline staff in their every day practice. These are described and categorised in many different ways, often resulting in lengthy lists of knowledge, skills and qualities considered necessary for successful collaboration (Hymans, 2006; Watson, 2006).

It is generally agreed that the capacity and willingness of staff to build trust based on mutual respect, forms the bedrock of successful collaboration. Edwards (2009) sees trust and mutual respect as essential components of **relational agency**—a term used to refer to 'a capacity for working with others to strengthen purposeful responses to complex problems' (Edwards, 2009, p.39). From a series of studies of practitioner collaboration in the UK, Edwards identified key, interconnected ideas that practitioners used to guide and successfully change their practice to strengthen collaboration (Edwards, 2009, pp.35-36).

Given that some Australian literature suggests that early childhood educators may find it difficult to articulate their knowledge base, special care needs to be taken to ensure the voices and expertise of early childhood professionals is not overshadowed by professionals from other disciplines (Cheeseman, 2007; Cumming and Wong, 2012).

The design and implementation of collaborative **structures and processes** is illustrative of the type of strategic commitment that has been identified by Atkinson, Doherty and Kinder (2005) as crucial to successful multi-agency partnerships. Much of the literature does not address structural supports per se; however, the types of structures identified are congruent with many of the attributes the literature identifies as being important for collaborative practice. For example, recruitment processes, identification of roles and responsibilities, or the creation of specific positions to facilitate collaborative work, accords with the literature that emphasises the importance of leadership (Siraj-Blatchford and Manni 2007; Toronto First Duty, 2008). Similarly, a number of structures seek to address differences in pre-existing service specific protocols, policies and procedures. Atkinson et al. (2005) identify these differences as significant barriers to effective collaborations. When these differences remain unaddressed, they can stand in the way of instituting compatible work practices and seamless service delivery.

WHAT ARE THE BENEFITS?

There is growing recognition, nationally and internationally, that parenting in contemporary society is complex and that most families will require access to a range of childcare, health, social and/or intervention services (Anning, 2005; Brown, Speth, and Scott-Little, 2002; Edwards et al., 2009; Warmington et al., 2004).

Collaborative practices are considered to be particularly valuable for the most vulnerable of families, such as those with a child with a disability (and/or developmental delay), those with a mental or other health issue, those who are socially and/or culturally marginalised (Darlington et al., 2005; Horwath and Morrison, 2007; Rao, 2005).

Governments, policy makers and advocates from early childhood, health and welfare, generally agree that the most effective strategies for supporting families occur when a range of services and/or professionals work together toward common goals (Anning, 2005; CCCH, 2009; Nichols and Jurvansuu, 2008; Siraj-Blatchford and Siraj-Blatchford, 2009; Warmington et al., 2004; Wigfall, 2002; Winkworth and White, 2011). Bringing together diverse expertise and perspectives can provide a holistic view of a complex problem and thus contribute to the development of appropriate, effective responses (ARACY, 2009).

Summarised in Table 1 are a number of potential benefits attributed to collaboration, coordination and integration between and within services (CCCH, 2006; Corbett and Noyes, 2008; Darlington et al., 2005; Mattessich, Murray-Close, and Monsey, 2001; Wigfall, 2002).

Table 1: Summary of benefits of collaboration as reported in the literature

For...	Benefits
Children and families	• Increased awareness and understanding, of and about, available supports • Easier access to, and/or transitioning between, and/or simultaneous use of, the programs most suitable for families' needs, and at the level of intensity required • More holistic service delivery—the ability to get a range of needs met in one place • More timely intervention • More effective identification and response to families' emerging/on-going needs • Non-stigmatising service delivery • Families only have to tell their story once • Families experience increased consistency and continuity across programs and services
Professionals	• Increased knowledge and skills • Development of collegial and supportive relationships with a range of professionals • Career advancement opportunities
Services	• Greater sharing of professional expertise across programs/services • More cost-effective service delivery via reduction of duplication within services • Greater opportunities to use funds and resources in innovative ways • Increased capacity to respond to families' needs in innovative and creative ways • Improved service profile and status in the community
Service system	• Greater coherence across services and programs • A more comprehensive reach • Reduced public expenditure through reduced service duplication • Prevention of 'problems' becoming entrenched or worsening
Community*	• Access to services that meet local needs more effectively • A larger pool of skilled and connected professionals

Although not explicitly mentioned in the literature, benefits to the community identified in the project have also been added to this summary.

HOW DO WE KNOW IT WORKS?

Despite the strong support for collaborative practices and inter-agency work from Governments and theorists, there is surprisingly little literature reporting on evaluations of inter-agency working. Research so far has tended to focus on describing what collaboration 'looks like' in practice, on barriers and facilitators of collaboration, the development of

inter-professional relationships, and professional learning associated with moving towards collaborative practices (Atkinson et al, 2005; Darlington et al, 2005; Edwards et al, 2009; Horwath and Morrison, 2007; Rose, 2009; Robinson et al, 2004; Wigfall, 2002; Winkworth and White, 2011).

Of the few published studies that have evaluated collaborative work in early childhood services, these have largely been undertaken in the United Kingdom (primarily on programs within the UK Government's Sure Start initiative [National Evaluation of Sure Start Research Team [NESS], 2010]) and broadly affirm the benefits of collaborative work (Anning, 2005; Moore and Skinner, 2010; Wigfall, 2002).

Fewer still, have evaluated collaborative work in early childhood services in terms of outcomes for children and families (Horwath and Morrison, 2007; Robinson, Anning, Cottrell, Frost, and Green, 2004). Little is known about the perspectives of families (especially fathers) and children using these services (Paton, 2007).

There are a number of potential reasons for the paucity of published evaluations of collaborative practices. Collaborative work is a relatively 'new' concept in early childhood education and care; (especially in Australia) therefore, there has been little opportunity for evaluating its effectiveness. Moreover, assumptions that collaboration is beneficial and desirable dominate. It is often difficult to be objective in the face of such overwhelming rhetoric. While often undertaken by external evaluators, many evaluations are funded by the organisations providing the services. In an environment where organisations may be competing with others for funding, there is little incentive for organisations to share their intellectual property. Evaluations may contain sensitive material and reveal unfavourable results that organisations may not want to share publically.

Collaboration is a difficult concept to evaluate and there is little agreement on how to measure its success in terms of impact on outcomes for children, families and communities (Patton, 2007). Nonetheless, given the importance of collaboration, it is imperative that research continue to evaluate its benefits, or otherwise. From a policy perspective, it is important to demonstrate its 'public value' (Winkworth and White, 2011, p.11) and from a service perspective, evaluation enables services to monitor and improve their practices for the purpose of outcomes for the children and families in the communities in which services are located.

Whilst there appears to be no validated measures of collaboration, several existing tools could be used to assess the degree of service integration. From a synthesis of the literature, Watson (2006, p.9-10) composed a table of factors that are 'variously identified as having the potential to facilitate multi-agency team development'. This could be used to identify and focus discussion on the various aspects of collaboration.

Further, Corbett and Nowes' (2008, p.9) scale identifies three levels of integration based on the intensity of the relationship between services and provides indicators for each level. Hierarchically arranged scales could be used to discern levels or degree of collaboration or integration across services.

Similarly, Toronto First Duty's Indicators of Change is 'a management tool that guides, tracks, and assesses the progress a site is making towards the integration of programs' (TFD, no date, p.2). It provides indicators or benchmarks for different levels of integration, on a continuum from coexistence to integration, on five key elements: Local Governance; Seamless Access; Learning Environment; Early Childhood Staff Team; and Parent Participation.

However, it is not always necessary, or even desirable, for services to operate at the upper levels of collaboration. Indeed, the additional benefits accrued by reaching the upper levels may not outweigh the costs and effort of getting there. As Corbett and Noyes (2008, p.10 - 12) say:

As one moves from one level to the next, the necessary investment in time, energy, and resources increases disproportionately. Thus, the decision to move along this continuum, and especially to move from one level to the next, should not be taken lightly. One guiding principle identified in our work to date is to avoid implementing more change than is needed to accomplish the goal... In our view, success should be based on pursuing the level of integration necessary to transform the service experience of families in ways that are consistent with the outcomes envisioned.

Collaborative practice can be evaluated insofar as identifying how a service collaborates and its impact on practitioners and partner organisations, but to date, there is little research and information on the impact of collaborative practice on outcomes for children and families. This presents as an opportunity for future research and development to deepen the understanding and value of collaborative practice.

4. OBSERVATIONS

This section looks at our observations pertaining to drivers of collaborative practice – what factors prompt or compel services to work together to achieve outcomes for children; and takes a closer look at the enablers of collaborative practice that support services to achieve intended outcomes for children, families and the community.

DRIVERS OF COLLABORATIVE PRACTICE

Diverse and often multiple factors motivated services in this research project to move towards collaborative practices. Congruent with factors identified by Mattessich et al (2001), they included responding to emerging family and community needs; improving service delivery; responding to the policy context and/or increasing service efficiency.

Out of this project, a number of themes emerged that could be broadly categorised in two ways – responding to need and improving service delivery. Promisingly, movement towards collaborative practice for the project service participants was largely philosophically grounded; theoretically informed; and often goal driven.

Throughout this section, examples of services moving toward collaborative practice in the context of responding to need are provided.

RESPONDING TO NEED

The driver for many services to adopt collaborative practices was recognition of emerging or persistent family and community needs (see VEYLDF outcome 2). Broadly, services fell into two categories: *established services*, where staff recognised the need to grow and/or change in order to respond to emerging needs; and *new services* that were specifically developed to address particular community needs.

The capacity for services to grow and modify service delivery to meet local needs depends on factors such as how closely aligned needs are to the service core business and mission, as well as more pragmatic concerns such as budgets and resources. For some, responding to emerging family and community needs may mean radically changing service provision while simultaneously staying true to vision and mission.

In response to particular community needs, such as a growing number of refugees in a region who are often isolated and marginalised, or the identification of low levels of literacy, new services may need to be established. Local emerging issues become a catalyst for collaborative practice to take shape. Professionals recognise the need and understand that contribution from a diverse team of professionals is required, and together with services mobilise to meet the need. A clearly defined focus acts as a facilitator of collaborative practices across a number of services, and supports cohesive service delivery. A number of the sites involved in this project have responded to specific community needs and established new services or programs, still underpinned by clearly articulated philosophies of practice.

Movement towards collaborative practice was also driven by external, sometimes imposed, drivers such as the changing policy context. The introduction of the Transition: A Positive Start to School initiative (2009) and the Victorian Government's commitment to each child in a funded kindergarten program receiving a Transition Learning and Development Statement, was the motivator for collaborative practices to be engaged. In order for the effective sharing and transfer of information to be realised, services and schools recognised a need to enhance existing relationships, to understand each other's disciplines (early childhood and school), and to work with families to convey the learning and development that their child experiences in the early years. Furthermore, as the professionals and educators began to understand the depth of education and development that takes place in the early years, the engagement and interaction between early childhood and schools (schools and families), lifted the professionalism of the early childhood workforce and in turn, expanding their own knowledge base.

Staff in a number of long established research sites made a deliberate choice to move towards more collaborative work as a way of improving their service delivery. For other services, the shift to collaborative practice was built on understandings of the theory and emerging research evidence that collaborative practice is an effective way of working to support children and families.

PRACTICE EXAMPLE

Table 2 details a number of the project sites, their underpinning philosophy and their drivers of collaborative practice. Also included in the table are examples of some of the responses taken to address the needs.

Table 2: Project site philosophy, drivers of and responses to collaborative practice

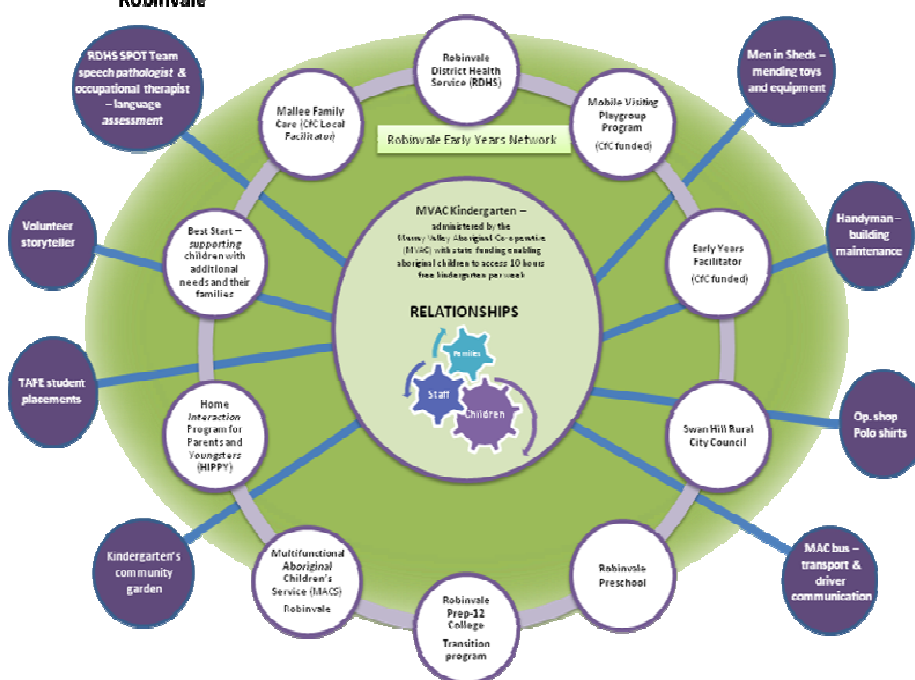| Project Site		Philosophy	Driver and Response
Murray Valley Aboriginal Co-Operative Kindergarten	Est.	Kindergarten is neutral territory between all people, a status it has earned over the years[8]	Building on long-standing, well-established community connections to respond appropriately to the needs of the local indigenous community[9] A desire for more effective and efficient ways of working. Reduction in duplication – joining a collaborative network, decreased the number of meetings times as issues were addressed in a fulsome sense with all members of the network present. There was no need to meet separately with a number of other agencies – feedback, advice, support and input was immediate
bestchance	Est.	Respectfully work alongside families to develop skills, resilience and self-sufficiency	Originally a boys' home—evolved to respond to contemporary needs providing early education and care, early intervention, professional development and kindergarten cluster management
EACH Social and Community Health	Est.	Long tradition of providing an integrated approach to community social and health service provision, both within particular sites and across different sites	The need to respond in new ways in order to address the increasing number of families in the region with complex health, wellbeing, social, and education needs Responding to research or practice-based evidence on the benefits of collaborative practice and a desire to improve service delivery for clients based on evaluations of service provision
Sunraysia Mallee Ethnic Communities Council	New	Work collaboratively with local refugee community members to develop more accessible local family and community services	Establishing the Harmony Playgroup to reach out into the community and as a conduit into local family services. An important aspect of the playgroup is the community bus that picks up otherwise isolated mothers and their children

---

8 The MVAC Kindergarten: 1973 'til today' - undated statement on the kindergarten's Bulletin Board
9 See Figure 1 – MVACK and links to services in Robinvale

Project Site		Philosophy	Driver and Response
Moe Heights Literacy Project	New	Better prepare children for school and to help parents better understand their role in promoting early literacy	Raise literacy rates (AEDI data response) by providing a number of services, such as, supported playgroups, provision of literacy resources and literacy information sessions
Linking Schools and Early Years, Hastings	New	Improving developmental outcomes for children and restoring the image of, and community pride in, their local schools	AEDI data confirmed that children were achieving significantly below expectations – transition to school research evidence about environments and relationships that can help children to enter primary school equipped to engage with the many opportunities offered by their new learning environment (see for instance: Transition to School Position Statement)
Kalparrin Early Intervention Service	Est.	Include children with special needs in mainstream service	Joined into a collaborative relationship with a local mainstream pre-school in order to better provide and demonstrate inclusive education
Moonee Valley City Council	New	An engaged and connected community where individuals and communities work together to support and improve the well-being and sustainability of its people, places and environments	Collaborative practice increased in the preparation of the Municipal Early Years Plan—extensive community consultation shifted perceptions of early childhood professionals away from 'nice people' to that of educators that understood and could contribute to the success and outcomes of the community as a whole
Nathalia Kindergarten	Est.	Ensure the viability and survival of the small rural kindergartens	Joined a kindergarten cluster in order to manage increased accountability requirements and so that children in these locations can continue to access early education

Est. refers to an established service; New refers to a new service or program.

Figure 1: Murray Valley Aboriginal Co-op Kindergarten and links to services in Robinvale

Whilst what drives collaborative practice can be distilled to two key themes, the enablers that support collaborative practice are three-fold. They include *leadership and communication* which has a number of component parts that often work together or form a key feature of a service's success in establishing collaborative practice; *relational agency* or the capacity for working with others to strengthen purposeful responses to complex problems; and *structure and process*. That encompasses resources and formal/informal procedures that enable collaboration. Each of these enablers is addressed further with practice examples provided to showcase the application at project sites or a comment captured that illustrates a point.

LEADERSHIP AND COMMUNICATION

Research highlights the crucial role leadership plays in effective collaborations. Purposeful and knowledgeable leadership actively supports collaborative service provision including the development and achievement of jointly constructed goals, aims and visions. The activities and actions that support and enhance collaborative practices are complex and cannot be left to chance if effective learning and development outcomes for children are to be achieved. Our observations indicated that:

- Leadership is exercised in both positional (through specific management positions) and distributed forms (where various staff members, or teams of staff, enact leadership activities).
- Effective leaders are strategic in drawing together a raft of elements to achieve a collaborative vision and prioritise opportunities to build collaboration.
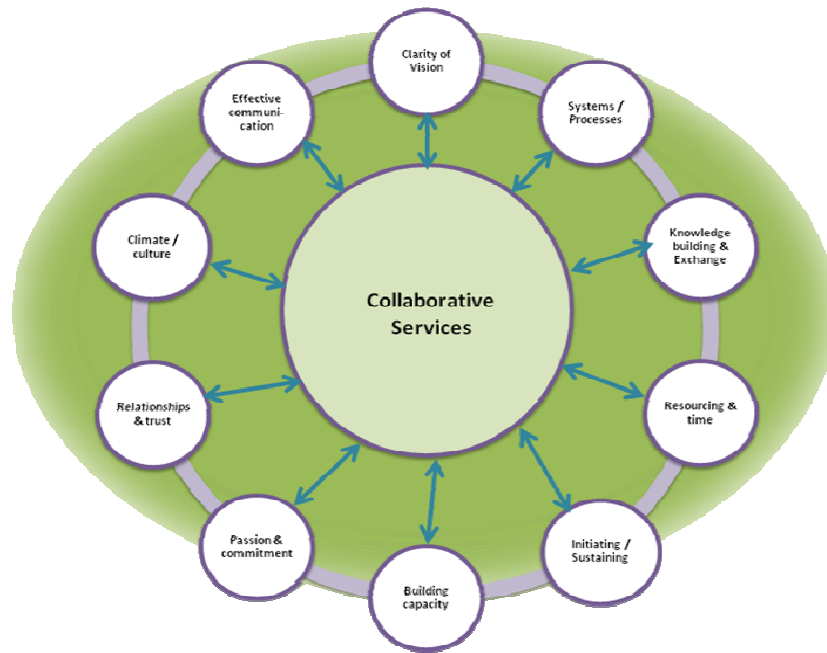- Effective communication is crucial.

Positional leadership refers to the leadership displayed by those employed in management positions, such as chief executive officers, and programme directors/coordinators. Distributed leadership refers to the leadership roles afforded to and assumed by staff, or teams of staff, throughout the organisation. Sometimes leadership can also be distributed within the upper end of the management hierarchy, such as in Whalley's notion of 'leaderful teams' where leadership is shared and enacted amongst a team rather than rested on one leader (Whalley, 2006).

Positional leadership activity appears central to initiating and sustaining effective collaboration. However, this is complemented by more distributed leadership opportunities for other professionals. These are frequently afforded by positional leadership but can also be initiated from within a group. Site participants described leadership as emanating from a number of sources, including: practitioner leadership groups, chief executive officers, management committees, external facilitators, project officers and champions. Common to these multiple descriptors was the notion of successful leadership involving deliberate action to achieve collaborative aims.

How leadership structures are designed and enacted must consider the specifics of each context. As an example, one project site involved five different service site including three schools and several early years services. The size of this collaboration necessitated a number of leadership groups each focused on a specific area, including: a partnership group and a practitioner leadership group. In addition, the project employed a project officer to champion collaboration to *"inspire, lead, [and] get others on board."*

Figure 2 captures the elements central to effective collaborative service provision related to leadership that were evident in the project. The arrows joining the various activities represent leadership in action. Leading involves being mindful of the various elements and their significance to effective collaborative provision and the management ability to establish and maintain these elements. This may be the role of a positional leader or take more distributed forms but it does need to be strategic and mindful.

Figure 2: Leading in Collaborative Services

Clarity of vision: Leadership emerged as critical to facilitating the development and articulation of a vision, cultivating an organisational ethos supportive of the vision and visible in strategic planning. A clearly articulated vision for collaborative work can become evident in the ethos of partner organisations and the way staff work.

Ethos refers to a shared, deeply held view within the organisation of "the right thing to do" (Moss, 2008, p. x). Many project site participants referred to the ethos of their service using a variety of terms such as the 'feel' of the organisation, a strong sense of 'mutual purpose', 'philosophical commitment', 'mindset', 'attitudes', 'shared vision and 'strong desire'. While the ways in which they described the ethos varied, they commonly emphasised the importance of caring, connectedness, respect and trust.

Knowledge building and exchange: Knowledge exchange occurs through cross disciplinary sharing of expertise both formally in meetings and set procedures and also through informal conversations. It relies on inclusive leadership that helps people make connections and build their knowledge of each others' practice. As expressed by one site participant, "I feel excited that I learn from others…"

Initiating and sustaining: Some sites had appointed project workers dedicated to the implementation of the collaborative process. These people were considered to enact high levels of negotiation skills, facilitate and forge relationships and to be strong, motivated and passionate.

"I can't imagine existing without the [project worker]. She doesn't give up-and always follows up. She's passionate."

Building capacity: People working in the collaborative services noted the need for leadership (positional) that is inclusive and nurtures others (distributed). When those in positional leadership roles provided opportunities for others to lead they were building the sustainability of the programs. Connections must be made and nurtured; supported and facilitated by leadership.

Passion and commitment: Passion or drive emerges as an important element of leading both in initiating collaborative services and also in maintaining the commitment to practices and outcomes. This passion and commitment may be demonstrated by a person or by processes which have been established to foster the practice. The commitment is enhanced further by self-reflection. This form of critical analysis provides for on-going systematic evaluation of the effectiveness of the collaborative elements. For example, one site spent time articulating the existing benefits of their approach but also demonstrated a deeply reflective (VEYLDF p.14) consideration of the areas in which they could improve. They acknowledged the success of professional swaps, shared professional meetings and informal cross

discipline conversations, but they were aware that formal induction procedures were limited and that strong pedagogical mentorship was required.

"The leader needs to be strong, motivated and passionate"…"You need tact and deep knowledge of individual services. The leader needs to see the links. He or she needs to think about who all the stakeholders are and think outside the square."

Relationships and trust: Leadership can help build the trusting relationships essential to effective collaboration. Trust is important in terms of working with families but also in inter-professional work. Collaboration can be confronting as it involves putting professional judgement on display. The creation of an environment where professionals are willing to be open to sharing practice with colleagues from other disciplines requires a sense of professional trust. Those involved in leading need to be mindful of building trusting relationships with families and professionals and be skilled in the strategies that assist in creating and nurturing these relationships which form the basis of trust.

"Building up a regular relationship with the primary school teachers has helped me feel more confident-so that now I feel more comfortable to make suggestions-say and say 'have you thought about this?'"

Climate and culture: Creating a climate or culture supportive of collaborative practice is viewed as a positive leadership activity. At some sites, participants spoke of the need to have leaders think and act outside the square and encourage others to do the same. Developing trusting relationships contributes to building a confident culture where people feel able to explore new ideas in a safe environment. In some cases people described a culture of collaboration that allowed nimbleness or flexibility of response to evolving issues and family needs. Such ability derives from a culture that can be creative and has sufficient underpinnings of trust to allow swift responses to evolving issues. A climate of responsiveness was evident as group participants discussed how they perceived management to be open to new ideas, and professionals felt comfortable to bring such ideas to their attention.

"We do this by having the time to share experiences and then we can identify issues. I would feel I could pass on ideas if there was something I identified as a new need."

Effective leadership: Leadership needs to engage with effective management to achieve vision or mission defined outcomes. It is rare that leadership and management sit separately in any organisation. In fact, most leaders exercise their leadership through their management activities, processes and procedures. Leadership is about action and the identification of systemic strategies to initiate, build and sustain collaborative practices. Leading may contribute to lofty visions and values, but it is the implementation of procedures that creates the strategies for achieving outcomes.

"Management must value team work and provide structures that allow for regular meeting times, continuous case discussions with cross-disciplinary teams—always, of course, with client permission."

Effective communication: Communication was frequently noted as a contributor to building relationships, articulating vision, enhancing professional understandings and transmitting information. Verbal (conversations), non-verbal (eye contact, smiles), written (newsletters, policies) and technical (emails, web) forms of communication were all identified as important. The frequency of communication matters as does its authenticity and timing. Effective communication includes keeping people informed, explaining details early, communicating changes, building positive and mutually respectful relationships and creating/building teams.

Effective communication is a central element of collaboration. Building high-level communication skills and implementing specific communication strategies is essential to the intense relational work of collaborative practice. Leaders who appreciate the value of communication and are highly skilled in its execution, facilitate and model communicative processes that develop relationships and build trust with professionals, families and community. Communication was seen as the access to relationship building with families and as key characteristic of effective collaborative practice. For one site it was considered *"…an essential feature within the planning framework of the Centre".*

"Communication enables us to be ideally proactive, rather than reactive and waiting for a crisis to hit. We are probably doing it and picking up on things because we have relationships with parents. We can support families working towards their goals and we can assist in preventing challenges for children."

Table 3: Enablers of collaborative practice

Enabler	Project Site	Example
Passion and commitment	bestchance	Engaging in a process to redefine its purpose to respond to changing needs as a demonstration of commitment to enhance the wellbeing of the individuals and communities it serves. The community identifies the project site with its ethic of care: *"…because care emanates from the top, we feel it."*
Relationship and trust	Murray Valley Aboriginal Cooperative	The MVAC kindergarten has a long history and respected place in its community with more than one generation of the same (extended) family attending the kindergarten. Families' involvement in the kindergarten over generations has created a very distinctive 'community ownership' and respect for the service: *"It's like a sacred site that is owned by the community … It is like a heritage – you pass it down to family/cousins… It has a Koori face and cultural connections."*
Clarity of vision	Linking Schools and Early Years (Hastings)	The indication of a high degree of disadvantage in the community prompted educational leaders to pull together to bring about change. This necessitated the importance of a clear community vision: *"…everyone in town has a clear shared vision of improving the lot of children and families…A big change is a shift to thinking about early childhood as a collective—the mindset has changed."*

RELATIONAL AGENCY

According to the literature, relational agency is 'a capacity for working with others to strengthen purposeful responses to complex problems' (Edwards, 2009, p.39). Although this term was not explicitly used, many participants in the research were operating in ways that demonstrated relational agency. This was evident in how staff approached and described their work. It was similarly evident in how families described their experiences of the services.

The need for practitioners to exchange professional knowledge from their respective disciplinary backgrounds so that they could jointly construct new knowledge with colleagues from other disciplines was also highlighted repeatedly. The emphasis on these aspects of professional knowledge, skills and quality, with the most attention given to building trust and respect, was consistent with the messages from the research literature and findings of studies undertaken elsewhere (Aylward and O'Neil, 2009; Hymans, 2006; Robinson, Atkinson, and Downing, 2008).

Table 4 illustrates the ideas that Edwards (2009) considers important in guiding successful collaborative practice along with quotes from the research sites that convey the importance that the participants placed on being perceptive, proactive, reflective, open to new learning, flexible and able to foster trust and mutual respect.

Table 4: Aspects of practice that contribute to relational agency

Ideas guiding practice	Importance	Illustration from project
Focusing on the whole child and family in the wider context	Building a picture of accumulated strengths, challenges and risks enables a coordinated and focused response to supporting the child and the family's well-being	*When staff know her background, then it makes my daughter feel special.*
Clarifying purpose as practitioner and being open to alternatives	Talking with other professionals about purpose and implication—why and where to now—of possible courses of action with families and children, helps erode barriers between professionals working in different disciplines by highlighting common values and purposes	*"The question of why are we doing this is crucial to keep in the forefront.* *We would like to think that there is a case for greater flexibility in people's options...flexibility, acknowledging different approaches and not a set way of what it should look like."*
Understanding self and professional values	Articulating values and expertise in order to negotiate practices with other professionals, helps practitioners better understand their own values and expertise	*"You have to be open and imaginative and willing to share and exchange, and non-competitive."*
Identifying what is needed and where to get it	Knowing what people and resources are available in local networks and how to access them is important, but not sufficient. It is essential that practitioners actively contribute to strengthening those networks of expertise by helping to inform others' understandings, learning from others, and finding points of connection from which to construct joint understandings	*"They are well connected into the communities in which they work; they have an understanding of community needs through partnerships and membership on committees, networks and taking part in placed based initiatives.[10]"*
Describing what you do and why you do it	Taking time to give examples of what, and explaining the reasons why, is how practitioners can help to make their professional expertise explicit and accessible. It also means taking steps to become 'professionally multilingual' – in other words developing a working knowledge of what matters for practitioners from different professions in order to 'press the right buttons' when working with them	*"Building up a regular relationship with the primary school teachers has helped me feel more confident so that now I feel more comfortable to make suggestions e.g. 'have you thought about this?' So it's more about an equal partnership now – working together."*
Responsiveness to others	Developing an awareness of the need to work relationally (i.e. in ways that strengthen relationships), helps practitioners to become more responsive to children and families and to other professionals. When practitioners commit to working in ways that build trust and mutual respect, they contribute to building resilience in children, families, other professionals and themselves	*"It is about developing relationships ...we come together to discuss...who is best to work with the family based on the best relationship rather than on the role. It is about using the relationship rather than the role and this is better for families. This sort of just developed as we had more meetings to discuss families and it made sense to do it this way."*

---

10 Place-based initiatives draw on local knowledge and expertise from within the service and the community to develop innovative, contextually relevant approaches and solutions specifically designed to suit that particular service, context and community. Place-based initiatives may be appropriate for services, contexts and communities other than those for which they were designed, but not necessarily so.

Collaborative practice requires resources, whether it is space for meetings, instituting new programs and processes, learning new skills, time (especially for professional dialogue and exchange) or additional staff. An identified feature of collaborative practice is flexible and responsive leadership. This leadership style can lead to services pooling resources in order to meet the needs of children, families and the community. For example, one of the project sites shares professional expertise with partner organisations through development days, social events and team building activities.

Many services found that collaborations became more effective and sustained through instituting structural supports such as written agreements, new administrative processes, shared physical infrastructure and equipment. The enactment of structural supports strengthens common commitments, enables and supports collaborative practice. It anchors commitment and philosophy and should aim to align with the intended outcomes for children and families.

This section gives examples of some of these supports with snap-shots of each in practice as observed in the project sites. These are not presented as templates for action, but rather as illustrations that have been used by services as they move toward more collaborative practice and can be used to spark discussion about how partnerships can be deepened, strengthened and sustained within a range of contexts.

Agreements and protocols: Formal agreements are one way of working through agency differences in policies, procedures and protocols. They can be used to clarify the roles and responsibilities of each agency and consolidate common commitments, factors that Atkinson et al (2005) identify as important to [collaborative] success. As one participant of the project noted:

"...agreements help move partnerships from a reliance on individual goodwill and personal working relationships to becoming an institutional way of working." [Partnerships with external agencies require] *"...clear guidelines, good communication and regular reviews if they are to work well for all concerned."*

Some services elected to formalise their agreements through signed documentation such as Partnership Agreements or Memoranda of Understanding, with partner organisations prior to the commencement of a partnership. These make explicit mutually agreed expectations and reciprocal arrangements, including provisions such as joint professional development in order for staff to better understand each other's areas of expertise.

At a local government level, Municipal Early Years Plans (MEYP) support the achievement of more cohesive service delivery for children and families. The MEYP explicitly aims to deliver integrated services to children and families and support early years' service coordination, including with non-Council services. Many aspects and impacts of early childhood service provision are considered in the development of MEYPs, moreover they are considered in the context of local community needs.

To overcome the barriers that service specific protocols and procedures can place in the way of more cohesive working relationships, a number of sites implemented processes that enabled interagency and/or inter-professional work to happen at the initial stages of family contact, for instance at intake, enrolment or referral. For one service, collaboration across discipline or professional specialisations occurs from the point of intake which *"becomes more complex when you work across teams and with different professionals."*

It has a detailed intake, referral and review process which makes explicit the collaborations between different professionals and service teams. Step by step protocols ensure client needs are fore-grounded and regularly reviewed at key contact points. Such a clearly articulated process provides guidance for work when a number of staff (6-8) may be required to attend case planning and review meetings.

- At one service, a comprehensive assessment policy at intake enables staff to allocate families and children with complex needs to a multidisciplinary family consultation and review with the Child, Adult and Family Support team (CAFS). CAFS, in conjunction with the family, then develops a holistic care plan. In addition, the

family is allocated a key contact that has the responsibility to keep in touch with the family during any wait for services, ensuring the family care plan is developed and that case reviews are conducted.

Space: As well as being a gesture of goodwill sharing resources can be a sign of good management. It maximises the impact of practical resources in a sector that is often financially stretched and provides practical support for collaborative efforts. Such sharing takes many different forms. Sometimes it occurs purposefully and is tied to specific collaborations and at other times, spaces might be made available for use by the community (families, other agencies etc.) for one off events. In some instances agencies have had the opportunity to design spaces (rooms, foyers etc.) that allow people to come together incidentally and from these gatherings further collaborations emanate. This kind of 'shared space' arrangement may also occur with equipment and opportunities for professional development.

Many services make the most of existing community resources by actively utilising libraries, sites within schools and early childhood programmes. Physical space is shared with other community groups and agencies and such locations are used purposefully and enable families to become familiar with what is available in their community.

Sharing of assets and equipment is also characteristic of collaborative practice and a number of services were observed engaging in this sort of shared resource. Some examples include:

- Play and Learn Activity Bags available for loan to encourage language skill development in the home environment. These bags contain books, toys, puzzles, activity cards, games and a parent information sheet on how to use them. They are distributed through the kindergarten, primary school, Maternal Child Health service and the neighbourhood house.

- A playgroup facilitator is funded at one collaborative service to run playgroups in local primary schools. In this instance both the facilitator and the school spaces are shared assets.

- Staff with different disciplinary backgrounds share a staff room at one site, thus creating space for incidental shared communication. This space is also made available for families and is frequently used by parents and staff for meetings and get-togethers supporting relationship building. The inclusion of a glassed space for fish and water dragons in the foyer provides children with a focus and point of interest and discussion - particularly useful if a child is upset at separating.

Proximity and location: A number of collaborations have resulted in organisations being able to offer families specific additional services on site. Proximity to other professionals is as important for the staff as it is for the families and children using the centre or accessing the services. Co-location is not an essential (or always desirable) feature of collaborative services. In circumstances where limited resources are broadly geographically dispersed, 'virtual hubs' may be the preferable option (Moore and Skinner, 2010).

Nevertheless, in several sites the co-location of a range of professionals had benefits for both families and children accessing the services. Parents accessing co-located services, commented that they felt they were within a community and able to access a range of services to meet the needs of their family.

- A services' partnership with the Royal Children's Hospital provides families with access to a paediatric Fellow on site for 1.5 days each week. This arrangement makes the expertise of the paediatrician more accessible than it otherwise would be, reduces waiting times for families and enables timely intervention. Additionally, it contributes to the sharing of professional expertise to support other services provided for the child and family.

- Another service makes the expertise of speech pathologists available to the community through regular parent information sessions on language development and educating parents about what they can do. The sessions are open to a wide range of families and parents from the local school, preschool and Maternal and Child Health clients. If, through these sessions, parents identify the need for an assessment for their child, a worker actively follows up on referrals and other related issues. These sessions are run from a variety of venues to enable families to become familiar with the range of services available in the community.

- An early intervention service and the local preschool share staff from each service to provide the children from both services an inclusive kindergarten programme at the preschool each week in the year before school. Early childhood educators work in conjunction with intervention teachers and therapists to tailor a program for the attending children.

Recruitment practices: Leaders of successful collaborations had established effective systems and processes to support collaborative work, including employment practices, communication procedures, and professional support. A number of organisations had been very successful in the area of staff recruitment and retention despite acute shortages of qualified and experienced professionals. This was attributed to the ability of leaders to know and articulate the advantages of working collaboratively in recruitment processes and in the implementation of on-going mechanisms which made working in a collaborative service very fulfilling.

Effective collaborative services seemed to be able to attract and retain professionals; partly because of the opportunities they provided professional growth. As one professional member stated:

"…an integrated service provides greater opportunities for professionals to have career paths and leadership opportunities."

In this way collaborative services may afford professionals satisfaction and career opportunities not available elsewhere.

The role of leadership was emphasised as a pivotal, facilitative element of collaboration and this was enacted formally by one service site by identifying the role and responsibility of fostering collaboration in a job description.

- A 12 month position for a Program Leader to specifically support collaboration was created at one service site. This position was designed to achieve a framework for the development of integrated and collaborative practice by looking at the evidence that integrated service development achieves.

- Another site hired a project worker explicitly to build collaboration during the early stages of their movement toward collaborative practice. It now has a designated external facilitator.

Once collaboration is built into job descriptions, it can become an explicit expectation of new staff, an intentional aspect of recruitment practices and understood as part of the 'culture' of the service, agency or organisation.

Professional development: Our observations indicated that participants' capacity to collaborate effectively was enhanced by professional development. This is consistent with Atkinson et al.'s (2005) finding that staff wanted training that addressed the rationale for multi-agency working as well as opportunities to understand the work of other agencies. Participants in this project indicated that a professional commitment to collaborative practice could be engendered by the provision of professional development for staff on the benefits of collaboration. Mutual understanding and respect for the knowledge and contributions of one another's disciplines were enhanced when additional opportunities for joint professional development were made available. One such example is the 'peer swap':

- For one collaborative arrangement, Prep teachers, kindergarten teachers and child care educators are released for a time to spend half a day in each other's settings. Kindergarten teachers go to Prep classes early in the school year to see how the children they worked with in the kindergarten year have settled in at school. Prep teachers visit kindergartens to get to know the children that may attend the school. While the swaps benefit children they also enable staff from each setting to gain a deeper understanding of one another's expertise and ways of working. Educators develop a greater appreciation of the environments the other teaches in and it fosters relationships such that educator and family communication is eased and the transition to school for children is smoother.

- The site also organises Linking Together Forums. These forums bring together a broad range of service providers working with children and families to address topics (e.g. family engagement) arising out of action plans designed to foster collaboration.

Networking: Collaborations are reliant on effective practitioner networks. When such networks are encouraged to facilitate deeper and broader partnerships they can be an effective impetus for change.

For the Linking Schools and Early Years (Hastings) project site, specifically constituted networks have been key drivers of collaborative practice for the purpose of establishing local transition to school programming. The establishment of three groups with a specific purpose enabled clear roles and responsibilities, but relied on each other to form the

network and build collaboration. The 'network' consisted of: the partnership group; the practitioner leadership group; and the practitioner network.

- The *partnership group* is a broadly constituted group with an expanding membership as new agencies and professionals are identified as doing work relevant to the project [effective transition to school]. In general terms the group consists of managers and practitioners from each of the three primary schools in the area, five education and care services, maternal and child health, early intervention, DEECD, community services, local professionals and interested community organisations, such as Rotary. This group is responsible for conceptualising, developing and implementing a variety of strategies and activities aimed at achieving the network's educational goals. It meets six times a year. Every activity undertaken has a champion from the Partnership group who is responsible for developing a work plan and moving it forward.

- The *practitioner leadership group* comprises three educators (a kindergarten teacher, a preparatory teacher and a child care educator) who meet fortnightly to plan, implement and evaluate the activities that essentially drive the project. Each member of the leadership group takes responsibility for implementing one or more activities coming out of the Action Plan. The group is also responsible for developing and delivering practitioner network activities.

- The *practitioner network* is open to all local educators in early care and education, including the early years of school. Its role is to build relationships among educators and to develop and oversee practitioner level project strategies and activities, such as professional learning opportunities.

Time: Collaboration works when staff have the time to meet, share information and professional perspectives and develop new ways of working. From our observations, the availability and provision of time emerged as a significant requirement to forge the relationships needed for effective collaboration. Repeatedly services noted that collaborative practice needs allocated time to enable professional to reflect, evaluate and plan together on a regular basis in order to create a more coordinated and formal framework. As one staff member of a site said:

"It's really important to set time aside to network, whether it is casual or formal. We find it works best if we schedule days."

5. EVALUATING COLLABORATIVE PRACTICE

This section describes some of the evaluation methods and outcomes from a number of the project sites. Two fundamental questions underpin the evaluation of collaboration: Is collaboration actually happening and is it making a difference?

The first question points to the degree to which collaboration is occurring in and between services and this will vary (see Table 5). To answer the second question it is necessary for service staff to be clear about the outcomes they are aiming to achieve (see VEYLDF p.6) (see Table 6).

One of the first things service staff will need to consider is the 'logic' of their program[11]. That is; what is it the service is aiming to achieve and for whom; what practices are implemented to make a difference; and how will the service know that they have achieved these aims (what are their markers for success)?

"Collaboration should not be regarded as a desired outcome in its own right...but rather it is a developmental process towards a shared outcome which should always be clearly articulated" (Winkworth and White, 2011, p.9).

The tables below set out some questions service staff *may* ask in order to develop an evaluation framework. These questions are examples only. Each service will need its own set of questions based on goals or intended outcomes, and the available resources and capacity for conducting an evaluation.

Table 5: Is this service collaborating?

Is the service collaborating?	
In **what ways** is collaboration evident?	• Are professionals working cohesively and holistically with families? • Is there evidence of joint approaches and shared decision making across services?
With whom are service staff collaborating?	• Which professionals / services are collaborating? • Are any professionals being excluded internally and externally?
What assists collaboration?	• What structures and processes (such as, joint referral processes) have been implemented that support collaboration?
What are barriers to collaboration?	• Do factors such as professional language and hierarchies impede collaboration?
To **what degree** is collaboration evident?	• To what degree are staff collaborating? • Is the level of collaboration akin to communicating or consolidation? • Does the level of collaboration differ across professions / service types?

Table 6: Is collaboration making a difference to outcomes?

Is it making a difference to outcomes for…?		
For	**Outcomes**	**Measure**
Children	Children actively engaged and learning / improved literacy / improved AEDI	• Are children receiving more timely intervention? • Are they actively involved in their learning? • Are they making improvements in their development? • Are transitions smoother?

---

11 For more information about program logic development see Funnel (2000 and 2007)

Is it making a difference to outcomes for…?

For	Outcomes	Measure
Families	Improved parenting skills / increased feeling of wellbeing	• Are families better able to access the service? • Which families are accessing the service? • Are any groups being excluded? • Are families satisfied with the service? • Have families' parenting skills improved? • Has families' well-being been enhanced?
Practitioners	Increased skills / increased professional satisfaction	• Have practitioners increased their skills and knowledge? • Are practitioners more professionally satisfied?
Service	Greater retention of staff / improved reputation / reduced costs	• Has the connection with others enhanced the services' reputation? • Has collaboration led to greater efficiencies? • Do professionals stay longer in the service?
Community	Greater social cohesion and connectedness	• How has the service contributed to the local community? • What connections have been made? • Are there improvements in community well-being measures such as AEDI results?

PRACTICE EXAMPLE

All services reported benefits of collaboration although few had the resources to formally evaluate their practice. Table 7 shows some of the evaluation methods used by project sites and the findings/results yielded.

Table 7: Evaluation methods

Evaluation method	Project site	Finding
Internal evaluation via feedback forms	Family and Children's Services Moonee Valley	• Parent satisfaction and engagement assessed and valued
External evaluation	Moe Heights Literacy Project	• Breaking down of system barriers and silo approaches to the provision of literacy program • Coordinated, collaborative programs that facilitate early literacy development
External evaluation	EACH Social and Community Health	• Identified areas of success and where improvement could be made e.g. inter-professional communication and development of shared goals
Family stories (see case study below)		• Families accessing a diverse range of services to support their child rearing
Embedded, ongoing	Linking Schools and Early Years (Hastings)	• Communicated publically through LSEY project newsletter

The following practice example (prepared by the EACH project site) illustrates the power and impact of commitment and collaboration on one parent. It identifies the parent's challenges, her goals, and strategies the service staff employed to support her, whilst simultaneously acknowledging that this is not a linear; rather an on-going process, requiring timely, often frequent and multiple, interventions. The collaboration of a number of professionals and the co-location of services supported successful parenting.

PRACTICE EXAMPLE

Phoebe is a mother of two young children. She is in her forties, quite socially isolated and, at the time of referral, struggling with the effects of depression and anxiety on her life. In addition, with her husband in casual work and experiencing his own mood difficulties and social withdrawal, not only was Phoebe stressed about paying bills, but was also trying to keep her marriage together whilst attempting to take care of her two children.

It took some time for Phoebe to engage with the family services worker at EACH, given her level of anxiety and shame. However, eventually with persistence the worker made contact and began to work with Phoebe on her ability to parent. Having the close relationship with the counselling team, the family services worker arranged a joint session with a counsellor at Phoebe's home. As a result, Phoebe felt comfortable enough to attend counselling sessions at EACH Patterson St, to work on her management of anxiety, as well as explore possibilities to strengthen her relationship with her husband.

Having a two-year-old child but no close family or friends to babysit, Phoebe found it hard to gain support services for herself. However, as childcare is on site at Patterson St, the counsellor was able to facilitate Phoebe and her son's engagement with EACH childcare. This allowed Phoebe to not only access counselling for herself, but open up her son's social environment.

This improvement in Phoebe's son's life was magnified when the family services worker helped her to engage in a supported playgroup on site at Paterson St, which has had significant impact on the parent-child bond. Before there was no play-time with mummy at home. Now, they sing songs and play blocks together.

At one stage of the process, Phoebe stopped attending Family Services appointments, and when the worker investigated, she discovered Phoebe had stopped taking her anti-depressant medication and was experiencing a rapid deterioration in her mental health as a result. The family services worker consulted with the counsellor, who was then able to contact the Primary Mental Health team to arrange a primary consultation with will be used by Phoebe's GP to adjust and monitor her medication.

Without family services, adult counselling, supported playgroup and childcare on the same site, the primary workers involved with Phoebe would not have had such an opportunity to work in an integrated way, and quite possibly Phoebe (and her children) may have disengaged from EACH and struggled on until Phoebe's mental health deteriorated to the point where DHS may have become involved. In this case, *it has been critical to have adult and child services on the same site* to ensure close effective working relationships resulting in simply a *better service* for our community.

In conclusion, observations from the project sites distilled collaborative practice down to drivers, enablers, benefits and evaluation as the key factors that compel, motivate, support and make the difference to children, families, services, practitioners and the community.

Drivers

Multiple factors drive collaboration within early years' services, including a need to: respond to the emerging needs of communities and families; improve service delivery; and work in more effective and efficient ways. In most cases, however, it was a combination of these factors that led services to collaborate. In addition, movement towards collaborative practice was largely theoretically informed, philosophically grounded; and often goal driven. Responding to changing policy contexts also emerged as a catalyst for change in practice.

Collaborative practice is a process that evolves over many years and many of the project sites noted that publicly celebrating the small successes along the way is a great motivator and sustains efforts for change.

Enablers

Leadership and Communication

This project highlights the importance of effective leadership in the enactment of collaborative practice. In line with the literature that draws attention to leadership, this project illustrates the contribution of both positional leadership and distributed leadership enactment working in tandem overtly to achieve organisational goals and visions.

"Go for it but don't be impatient as it takes time and willingness from the top down and someone deliberately driving the process."

The observations support the literature by highlighting the value of leadership and communication. These core elements are interwoven and influence many other factors in terms of family-professional, professional-professional and professional-community relationships. The mindful exercise of leadership and the development of organisational strategies and processes are means of supporting organisations achieving their collaborative goals.

Relational Agency

Some site participants spoke specifically about the importance of articulating the knowledge base of their own profession or discipline and the reasons for their practices. This gave them a sound basis for exchanging knowledge with practitioners from other professions.

In general, this aspect was not widely discussed but may have been implicit in other participants' comments. While early childhood educators did not appear to feel marginalised, professional support and development focusing on strategies for articulating the professional knowledge base of early childhood education is likely to be useful.

Structures and Processes

Structures need not denote rigidity. Exemplary collaborations develop structures which help strengthen partnerships while still allowing for flexibility and responsiveness. For instance, many services accept self-referrals from families and many networks have 'porous boundaries' with open membership that helps generate new collaborations. Effective structural supports are always developed with reference to the particular needs of their context and are firmly focused on facilitating the type of collaborative work that improves outcomes for children and families, including strengthening relationships and communication among professionals.

Benefits

The potential benefits of collaborative practice identified in the literature were echoed by the participants in this project. In addition, benefits were identified for the early childhood education field specifically, particularly in regards

to potential advancement of the professional standing of the field. However, staff working in services may find collaboration a challenge, especially if required to work in trans-disciplinary ways. Greater attention needs to be paid to clearly establishing links between collaboration and outcomes for children.

Evaluation

Few published studies evaluate collaboration in early childhood services. All staff in case study sites were able to point to benefits of collaboration, but few had the resources to formally evaluate their work. Family stories were the most common method used by staff to communicate the difference that collaboration was making.

Some suggestions were made as to how staff might begin to think about evaluating the degree to which collaborative practice is occurring in and between services, and assessing the impact of collaborative practice on outcomes for families, practitioners, services, the community and especially children.

Once services have a list of questions they would like to answer they need to develop 'tools' for collecting evidence or data on the impact on outcomes. A number of established scales can be used for measuring children's development; parenting skills and family stress; practitioner satisfaction; service quality; and community cohesiveness. Further, community measures such as the AEDI can also be drawn upon. The focus here is on tools for measuring the degree of collaboration and the types of tools services choose will depend on what is being measured.

Finally, it was noted that collaboration itself is not the goal. Rather, evaluations should focus on the outcomes that occur because of collaboration. As one staff member aptly put it:

The question of why are we doing this is crucial to keep at the forefront. We don't want to get totally focused on collaboration as an end. Rather, it's a means to an end—improving outcomes for children and families in the communities in which services are located.

BESTCHANCE: CHILD FAMILY CARE

Location	**Glen Waverley**, City of Monash, http://www.monash.vic.gov.au/city/profile.htm
Operation History	1895 - Burwood Boys' Home; 1986 - Child Family Care Network; 2006 - bestchance: Child Family Care
Income	Government funding, client fees, donations and investments
Philosophy	Holistic approach—from early days of institutional child care and crisis support to current focus on implementing early intervention strategies and respectfully work alongside families to develop skills, resilience and self-sufficiency
Staff	Over 45 full time staff; 120 part time staff; approximately 100 volunteers
Community Context	• Located 20km SE of Melbourne CBD – fastest growing population corridor; 176,000 residents with 39.7% coming from 30 countries • Highly skilled and well-educated workforce with 13% having a degree or higher education and residents have a level of home ownership that is considerably higher than the Melbourne average
Service Provision	An integrated service that provides all children with the best chance to grow, learn and discover within a safe, caring environment.

- *Child Care Program* – stimulating, inclusive and developmentally appropriate to the individual needs of children and their families; reflects latest research in play-based and child-directed learning; delivered as part of an integrated service.

- *Parent and Child Support* – provides services to parents with young children who are isolated from community or family support, or need assistance to cope with their changed or challenging circumstances; offers professional family assessment, referrals, volunteer home-visiting support, and a weekly supported playgroup; nominated in the 2010 Early Years Awards Program for innovation and excellence.

- *Early Childhood Intervention* – offers ongoing support, mentoring and parent education for families and provides educational and therapy programs for children 0-6 years with developmental delays and/or disabilities; delivered as part of an integrated service.

- *Registered Training Organisation* – meets the needs of adult learners in the community by providing quality Certificate and Diploma programs in the area of community services, children's services, aged care and educational support; bestchance training was a finalist in the Adult Community Education Awards in the category of ACE Provider Innovation 2010.

- *Kindergarten Cluster Management* – supports staff and committees of member kindergartens by being responsible for the administrative burden of staffing and regulatory compliance; takes an active role within the member kindergartens to promote quality service provision.

- *Community Support Program* – supports individuals and families who experience financial or emotional difficulties by talking through key issues, prioritizing and addressing their immediate needs (material aid, vouchers, food parcels etc.); delivered in a proactive client-focused manner - key goal to develop strategies and skills in partnership with client to empower them to manage similar future issues.

- *Volunteer Program* – recruits, matches and retains skilled and committed volunteers to support the successful delivery of programs with the wider organisation.

- *The Cheshire School* – provides a 12 month specialized intervention program for children prep to grade six at significant risk of failure in mainstream school. The unique program enables negative habits to be broken and disruptive behaviours to diminish, resulting in happier, engaged and socially confident students. This is delivered in an environment that empowers children to succeed and creates a positive pathway for their learning.

Location	**Carlton**, City of Melbourne (with sites in six other locations within CoM) – opposite public housing estate and Carlton Primary School
Operation History	Operating since 1980s as part of the City of Melbourne Community Development section; focus of operations has moved from direct intervention for at-risk children, to family services team model with a focus on strengthening families
Income	Funding from local, state and commonwealth government; all family services are free
Philosophy	Technically, under the legal definition of childhood, CFS could provide services to children up to 18 years; however they focus on families and children up to 5 years
Staff	Team Leader (manager); 4 coordinators; administrative team; bilingual staff with a range of qualifications to meet needs of culturally diverse community
Community Context	• Mixed economy from gentrified areas to public housing • Rental accommodation and house prices expensive • Large public housing estate with high number of Sudanese and Horn of Africa migrants and refugees
Service Provision	Integrated service delivery under the broader City of Melbourne Family Services Services can be individual consultations or group programs targeted to specific groups and are focused on family health, family support, resources and parenting services – when required, some services are offered in the evenings

- *Programs* – Supported playgroups; parent run playgroups (104 groups for 1200 families); Music therapy for child/family; Mother Goose program; Tuning into Kids program

- *Education and outreach* – Parent education programs; Women's health outreach service; Individual and Family counselling

- *Specialist and health* – Maternal and Child Health (universal and enhanced); Immunisation program; Paediatric Fellow specialist service; Speech pathology; Physiotherapy; Occupational therapy; Breastfeeding clinic; Preschool Field Officers

EACH SOCIAL AND COMMUNITY HEALTH

Location	EACH covers a wide area of **Melbourne's eastern suburbs** - including Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges
Operation History	Operating since 1974 and in 1998 merged with several other local health and social services to become EACH
Income	Funding from local, state and commonwealth government; specialist services (family violence counselling) funded through consortium arrangements; majority of services for children and families are free; some fee for service programs
Governance	Responsibility for EACH rests with its Board of Management. Board members are accountable to the community and funding bodies, principally the Department of Human Services, for overall governance and performance
Philosophy	EACH works to enhance and promote health, wellbeing and social inclusion across a range of communities, prioritising people with the highest needs.
Staff	General Manager, program managers, team leaders, administration team, specialist health professionals and volunteers
Community Context	• High number of low income families living with multiple risk factors • Clients attending services are refugee families, the elderly, victims of domestic violence, Aboriginal and Torres Strait Islander families and socially isolated families • More than 50% of their clients use more than one service and waiting lists are high for services such as speech therapy for children and paediatric counselling
Service Provision	EACH provides services based on a commitment "to a healthy and inclusive community that promotes the wellbeing of all" (Vision Statement).

- *Children* – MCH service; Long Day Care, with 3 and 4 year old kindergarten programs; HWCA (Helping children with autism); Early Childhood Intervention Service

- *Families* – Family Support; Break free from anxiety; Mother Goose Program; Tuning into Kids; Playcounts; Saturday dads-facilitated playgroup for dads and preschool aged children; Feelings and Reflections, for women who have experienced family violence

- *Counselling and Therapies* – Adult and family psychological counselling (grief and loss, depression, relationship issues, anxiety and stress) with a specific family violence position; Child psychological counselling for children up to 12 years and their family (Child focussed and family centred); Speech therapy; Occupational therapy; Financial counselling

- *Health* – GP medical service; Aboriginal health promotion and chronic care; HARP (hospital admissions program); Clinical services for elderly; Refugee health programs; Well women's clinic

Location	**Mildura** - Mallee Statistical Division of Victoria. Murray River to the north; South Australian border to the west – 530km from Melbourne; 400 km from Adelaide
Operation History	Commenced - May 2008 following the receipt of a Community Partnership Grant from Mildura Rural City Council to facilitate a supported playgroup
Type	Not-for-profit organisation
Income	SMECC receives some funding through the Australian Government's Settlement Grants Program (SGP)
Governance	Auspiced by Sunraysia Mallee Ethnic Communities Council Inc. (SMECC) – established to support the welfare of migrants who are placed in the Mildura region under the Australian Government's Integrated Humanitarian Settlement Strategy (IHSS)
Philosophy	To engage isolated parents, particularly those whose first language is not English; provide health and welfare information, referral and early intervention; provide opportunities to practice English in a real and relaxed setting; provide a pathway to preschool
Staff	Playgroup Co-ordinator employed by SMECC
Community Context	Some consider Mildura as isolated due to distance from other major cities – particularly for specialist medical services Mallee region is agriculturally rich; relatively high demand for unskilled (often seasonal) labour; relatively high concentration of immigrant workers Many Afghan, Sudanese women and those from the impoverished Burundi communities in east Africa form the major client group. Many may have experienced one or more of the following: issues around separation, trauma and/or persecution; feeling isolated and susceptible to depression; feeling unwelcome within this new community; no access to transport in order to access services in the community including attending English classes; limited prior educational opportunities so may not be literate in their own language; little access educational toys for their children and limited knowledge of the importance of the early years for children's subsequent growth and development • 52 different nationalities represented • 29% of families on low incomes • low preschool participation rate (86%) compared to Victorian rate (96%) • scored poorer results than Victorian average for all AEDI development domains ranking 3rd or lower in all domains and scoring poorly in the 'social competence' and 'emotional maturity' domains
Service Provision	2 hours each week in a rented playroom attached to the community based Kathleen Kelly Preschool in central Mildura. An important contributing factor to ongoing participation is the provision of a bus collecting and returning families from/to their homes for each session.

• *Rhythm and Rhymes* – Held for one hour each week – to support parents in learning English through participation in simple songs and rhymes chosen for their appeal to children; due to language barrier, contacts with potential clients are made by word-of-mouth; while the playgroup environment provides a context for social communication and support as well as language learning, the playgroup's success is heavily reliant on the staff's capacity to network within the community

Location	**Greensborough** – 20kms NE of Melbourne; LGAs of Banyule, Whittlesea, Nillumbik
Operation History	• 1967 – Grace Park Preschool opened; 1977 special needs group started (first of its kind) • 1976 – Kalparrin established by a parent group for mutual support; now a major provider of specialised intervention services • 2006 – Partnership established to offer 4 yo inclusive kindergarten program for children with special needs
Type	Community-based; Not-for-profit
Income	State Government funding, local donation and fundraising and fees
Governance	Kalparrin – Independent Board of Management; 5 year strategic plan (2009-2014) Grace Park Preschool – Parent Management Committee
Philosophy	To provide parents and families with the knowledge, skills and support to meet the needs of their child; To optimise the child's development and ability to participate in family and community life; To provide education for children of all abilities
Staff	• Kalparrin funds and employs a teacher with early childhood qualifications and relevant special education, training and experience and also funds and employs one assistant to work in the Inclusion Program • Grace Park funds an early childhood teacher
Community Context	Greensborough is a diverse community with families from different ethnic, socioeconomic, cultural and religious backgrounds
Service Provision	Early childhood intervention services for children with additional needs, a disability or developmental delay – from birth to 6 years – and other specialised, complimentary services

- *Kalparrin ECIS* – Referrals for Kalparrin are made through the Northern Region Central Intake Team for eligible children with a developmental delay or disability which requires multidisciplinary teams and the family resides in the local area. Specialized teaching, speech therapy, occupational therapy, psychology, physiotherapy and hydrotherapy and family support services; Autism specific program; sessional, time-limited or blocks of individual speech pathology, occupational and physiotherapy; parent education and information session focused on topics such as school readiness, sensory processing issues or auditory strategies; assistance to kindergarten teachers and child care staff about inclusive practices and activities; assistance and support with choosing a school and guidance through the eligibility requirements

- *Grace Park Preschool* – Programs for 3 and 4 year old children

- *4yo Inclusion Program* – Offer a program that promotes self-confidence, self-esteem, and independence, behavioural, social, cognitive and motor skills; Reflects a collaborative partnership – smaller group sizes, experienced specialist staff, trained preschool staff, consultative support from therapists supporting parents of children of all abilities, richness of resources and team approach to all planning, teaching and evaluation; Agreed number of children is no less than 6 in each of the two groups of children

Location	**Hastings** – Mornington Peninsula; population approximately 7000
Operation History	2007-2012 – Linking Schools and Early Years (LSEY) is a 6 year funded project to develop and trial a community place-based model of working collaboratively to help children to enter primary school equipped to engage with the many opportunities offered by their new learning environment
Type	Funded Project – More information about the LSEY approach can be found at: http://www.rch.org.au/lsey/index.cfm?doc_id=13216
Income	Funding partnership between The R.E. Ross Trust and the DEECD
Governance	Centre for Community Child Health (CCCH) leads the project and the Social Policy Research Centre (SPRC), University of New South Wales is the external evaluator of the project
Philosophy	The project is working towards three specific evidence-based outcomes: 1) Children and families make a smooth transition from early years services to school; 2) Early years services and schools actively connect with families; 3) Schools respond to the individual learning needs of all children
Staff	LSEY Hastings has 3 main groups to implement the Project (guidance from CCCH): • *Partnership Group* – consists of managers and practitioners of local services and has overall responsibility, guides project, frames the strategic direction, conceptualises, develops and implements the annual action plan. • *Practitioner Leadership Group* – works in partnership to build the capacity of local practitioners to facilitate, lead and sustain the local Practitioner Network • *Practitioner Network* – builds relationships among educators and to develop and identify project activities in consultation with the PLG
Participants	3 primary schools (2 Government; 1 Catholic) and 5 education and care services (3 private child care; 2 kindergarten); MCH Nurses and Early Intervention Services (Yooralla, Biala); Local community services and organisations (e.g. Rotary); and State Government Representatives
Supports	• time-releasing educators to meet to plan, implement and evaluate local actions • information sharing about project progress, activities and outcomes • reflects/evaluates project effectiveness enhance local leadership and support • Knowledge Bank of practitioners to handover to new members/facilitate support
Community Context	2007 AEDI data identified Hastings in the top 18 most disadvantaged areas in Victoria

- *Community Transition to School Calendar* – Details information about each school's transition activities and events; part of a pack of information about each school given to parents of 3 and 4 yo; displayed throughout the local community

- *Peer Swaps* – Early childhood and school educators are given time to spend in each other's' settings to gain an understanding of how each contributes to children's early learning and development

- *Transition Statements* – Developed a common language between Prep and kindergarten teachers for writing and using Transition statements – implementing a state wide activity using local knowledge, relationships and expertise

- *Teacher Talk* – Enhanced Hanen® Teacher Talk training for local early childhood professionals working with children 0-5 years to implement language and literacy rich early learning environments in Hastings

- *Other* – Linking Together Forums; Annual Hastings Children's Fund Day; Playgroups in Schools; Taking the Time to Talk and Tell – are all designed to raise family awareness of the importance of transition to school

Location	**Moe Heights** – Latrobe City Council
Operation History	Project commenced in 2008 out of a number of early childhood services professionals' concern about data showing low literacy rates in children starting school
Type	Funded Project – All activities offered are free to families
Income	Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (Community Investment Program)
Governance	The Project is delivered and managed by Good Beginnings Latrobe in partnership with Latrobe City Council, Elizabeth Street Primary School, Moe Neighbourhood House, DEECD Specialist Children's Services, Moe Heights MCH Service, Moe Heights Preschool, and Latrobe City Library
Philosophy	The project delivers a range of programs to families that focus on building early language and literacy skills in children 0-6 years; fostering healthy family relationships through parental support and enhancing parent-child interaction
Staff	Dedicated Project Worker (part-time) and two other part-time staff with staffing support from other services
Community Context	MHLP is located in a disadvantaged neighbourhood renewal area of Moe with between 75 and 90 families participating in one or more activities – participation is growing
Service Provision	MHLP objectives: Improve families' access to services; Provide free programs that provide families with access to EC professionals; Reduce isolation; Engage parents and children in interactive bonding activities; Improve parents' skills and confidence; Encourage participation in child-focused age-appropriate activities to promote children's development and learning
	There is a focus on school readiness, language development, literacy skills, socialisation, provision of literacy-oriented resources, parent information, parent-child interaction and music and movement

- *Ready for School* – Facilitated 'Play and Learn' program is offered to 3-5 year olds over Terms 3 and 4, in weekly 2hr sessions at the local primary school to improve school readiness and assist parents with transition to school; Designed to work on children's literacy and language skills through letter and word recognition, activities, group sharing time, library visits, library loan resources and music and movement sessions

- *Sing and Play* – Facilitated 'Play and Learn' program is offered in weekly 2hr sessions at Elizabeth Street Primary School all year focusing on parent-child interaction, improving children's literacy and language skills and providing information to families about a variety of childrearing topics; Boost parents' confidence through positive interactions with children and providing information about community activities to broaden families' networks

- *Play and Learn Activity Bags* – The bags contain books, toys, puzzles, activity cards and games with a parent information sheet explaining how to use the bags to encourage children's language in the home

- *'Let's Talk 1,2,3'* – Speech Pathologist run, parent information sessions offered once a term about children's language development and how parents can support their child's language at home. Sessions are open to MHLP participants, families whose children are attending schools, parents attending Good Beginnings programs, kindergarten parents, and MCH clients. Individual follow-up with a speech pathologist is offered. Separate sessions are offered for parents of children aged 0-3 and 2-6 years.

Location	**Moonee Valley City Council** – 4-13 kms from Melbourne CBD with a population of 114,000 and rising; traditional owners of the land are the Wurundjeri people
Operation History	1994 – MVCC formed by amalgamation of Cities of Keilor and Essendon
Type	Local Government Area – Council Service (see [www.mvcc.vic.gov.au)](www.mvcc.vic.gov.au)
Governance	Family and Children's Services Department, MVCC
	Municipal Early Years Plan 2010-13 (MEYP) provides a strategic framework for Family and Children's Services activities, and connects with a range of Council plans and strategies including the *Community Wellbeing Strategy 2009-2013*
Philosophy	• *Vision*: In 2020, Moonee Valley will be an engaged and connected community where individuals and communities work together to support and improve the wellbeing and sustainability of its people, places and environments.
	• Council is developing a 10 year Early Years Infrastructure Plan to identify infrastructure needs for the provision of early childhood services
Community Context	• Culturally diverse population with 25% born overseas; Languages other than English – Italian, Greek, Vietnamese, Cantonese, Arabic
	• Population relatively advantaged but MVCC has some of the most disadvantaged areas; 2nd highest number of public housing dwellings in Victorian municipalities
	• 10,950 residents aged 0-8 years (approximately 10% of total population); Access to MCH and utilisation of child care is high; residents value the closeness and accessibility of services and amenities, range and choice and quality of services and activities and connections with their neighbourhood
	• 95% of the children from 23 government schools reached the state benchmark for literacy and numeracy
Service Provision	Family and Children's Services Department coordinates and delivers a number of services across Council

- *Maternal & Child Health* – Free universal, primary care service delivered from 11 sites, providing information, support, advice and referrals relating to the holistic health and well being of the family unit, respecting cultural diversity and cultural norms.

- *Family Services* – Support to families who live, work or attend school in the area. Moonee Valley Family Services are a member of the Western Child and Family Services Alliance which provides integrated family services to vulnerable children and their families.

- *Kindergarten central enrolment scheme* – coordinates allocation of 1,000 funded kindergarten places across 20 programs, based on priority of access criteria; only one application per parent is required.

- *Early Learning* – offers 3 and 4 year old programs at 12 preschool locations for children in the years prior to commencing primary school. The service also manages the central enrolment.

- *Child Care Services* –long day care, occasional care, integrated kindergarten and family day care.

- *Western Child and Family Services Alliance* – involves DHS funded (and non-funded) family services organisations and agencies that work in collaboration with DHS Child Protection and Family Services. It designs, implements, monitors, promotes and provides catchment-based, integrated family services to vulnerable children, young people and their families to ensure they receive a responsive, flexible and quality service.

- *Wingate Avenue Community Centre, Ascot Vale* – delivers programs designed to assist families to stay engaged with services, such as the monthly Kazoo Concerts that aim to: encourage people into Wingate Community Centre; help breakdown mistrust and attitudes; provide opportunities for people to have fun with their children at no cost; educate parents by demonstrating how important singing and playing is in their children's development.

Location	**Robinvale** – Swan Hill Rural City Council, Victorian Murray River border-town 134 km from Swan Hill and 80km from Mildura
Operation History	• 1960s – Save the Children was proactive in rural Victoria and ran 'classes and clubs for women and children...mainly of Aboriginal descent' in Robinvale
	• 1973 – 3 yo kindergarten established (4 yo subsequently included) to enable children to learn social skills and meet people outside their own family.
	• 1974 – Murray Valley Aboriginal Co-operative (MVAC) established
	• 1990s – Kindergarten management transferred to the MVAC to meet parent interests and government funding.
Type	Stand-alone kindergarten – 23 licensed places, enrolment of 50 children, 30 of whom are indigenous children; 10.5 hours of 4 yo and 10 hours of 3 yo kindergarten per week
Income	State and Commonwealth Funded
Governance	Long-term Kindergarten Manager oversees day-to-day operation of the kindergarten
Philosophy	• The community cares for the kindergarten. Its longevity and stability as a local icon is due to more than one generation of the same/extended family attending the service. Young and old community members respect the centre and its physical environment.
	• Engaging in *the process of building passion for the early years as a critical life phase* was identified as a determinant for successful integrated community development.
	• *Collaboration is a community effort* to share values, create harmony, foster a passion for the early years and enhance the wellbeing of families and meet the challenging needs of local children (0-12 years).
Staff	3 permanent staff (Manager-EC Qualified, Teacher and Assistant)
Community Context	• Population of 2,318 – 12.5% being identified as indigenous (ABS, 2006)
	• Robinvale and Manangatang fall in the 1st decile (most disadvantaged) of the SEIFA Index (ABS, 2008)
	• AEDI data indicates young children of Robinvale fell significantly behind other children in the Swan Hill Community in two domains with developmental vulnerability and risk being particularly high
	• Education and health professionals are very aware of concerns about young children's early language development and strategies are in place to address this.
Service Provision	Primary focus is to provide early education and care for aboriginal children

- *85 year old 'storyteller'* – 2 mornings weekly to read stories to the children
- *SPOT Team* (speech pathologist and occupational therapist from Robinvale Health Services) – 1 hr weekly visit to engage children in language activities
- *Volunteer Support* – organisations and individuals support the kindergarten in a volunteer capacity, e.g. assisting in the community garden; Men in Sheds group mend broken toys and equipment; Op Shop has provided each child with a kindergarten logo-d polo shirt
- *MACS Centre bus* – transports children to/from the kindergarten.
- In addition, the links that the Manager has established within the small Robinvale community ensure that children and families who seek support can readily access that support. In particular, the Robinvale Early Years Network provides both a professional forum and a context for furthering collaboration within the Robinvale community.
- *Robinvale Early Years Network (REYN)* – early years service providers, parents, community members, and agency representatives established when District Health Services promoted Robinvale as a pilot site for the *Best Start* program. Members identified the importance of the early years as a foundation for development and an intervention strategy to alleviate some of the community's social problems.

Location	**Nathalia** – Moira Shire Council, Goulburn Valley; small rural town 220km north of Melbourne, via Shepparton; Population 1500; the Yorta Yorta people are the traditional owners of the land
Operation History	• 1967 – Kindergarten established and in 1969 – Pre-school moved to its current, council owned, purpose built premises. • Recently celebrated 40th anniversary: *"The preschool has a proud history in Nathalia. Many people on the original committee are still supporters"* • 2007 – Nathalia and District Preschool joined the Goulburn Region Pre-school Association (GRPSA) cluster in 2007
Type	Stand-alone Kindergarten (purpose built building) • 30 licensed places, enrolment of 41 children aged 3-5 (mostly 4 yo) • Fungroup kindergarten for 3 yo children, enrolment of 15 children • Kindergarten facilities are used by Nathalia Occasional Care
Income	State Government (DEECD) Funded
Governance	• Nathalia and District Preschool's pedagogical program is run by a four year qualified early childhood teacher assisted by two co-workers each day (Diploma and Cert III qualified • A Centre committee, made up of parents and community representatives, oversees the day to day running of the centre and is responsible for fundraising and maintenance of the centre • GRPSA (kindergarten cluster) represents 12 kindergartens in the Goulburn Region; is overseen by a Board of Management that meets 6 times a year. Manager and office assistant responsible for cluster administration. Early Childhood Manager provides professional support for staff in the 12 centres. Collegial professional support and resources (such as policies and enrolment forms) are jointly developed and shared.
Philosophy	*"…there are a lot of people who work in this community for the benefit of others"*
Staff	Tradition of kindergarten teachers and support staff remaining for many years
Community Context	• Nathalia is a small but vibrant town with a strong sporting tradition and a thriving creative arts community. There are a number of active Community organisations (Lions etc.) who organise sporting, arts and cultural activities. • Red Gum Courier is the town's own newspaper, published by the local printers, keeping the district abreast of local events. • First school established in 1878 – now a number of schools including a government primary and high school, a regional Catholic college and primary school, and an independent primary and secondary school (established by the Exclusive Brethren Christian Fellowship). • Preschool serves a vital community role. Several generations of the same family have attended; only preschool in the town and child care is limited to a few family day carers; no long day care centres available (plans to build one). • AEDI data suggests almost 80% of children considered 'on track' with less than 10% considered 'developmentally vulnerable' or at risk

- *Nathalia and District Pre-school* – provides children in the local community with their first experience of formal education and plays an important role in supporting children's transition to primary school. The kindergarten has developed close links with each of the schools in the town.

- Although not a prime function of the Pre-School, it also provides one of the few options for work related care in the town.

8. REFERENCES

Anning, A. (2005). Investigating the impact of working in multi-agency service delivery settings in the UK on early years practitioners' beliefs and practices. Journal of Early Childhood Research, 3 (1), 19-50.

Atkinson, M., Doherty, P. and Kinder, K. (2005). Multi-agency working: Models, challenges and key factors for success. Journal of Early Childhood Research. 3(70): 7-17.

Aylward, P., and O'Neil, M. (2009). Through the looking glass: A community partnership in parenting. Invest to grow final evaluation report. Adelaide.

Barnett, W. S., and Frede, E. C. (2001). And so we plough along: the nature and nurture of partnerships for enquiry. Early Childhood Research Quarterly, 16, 3-17.

Booker, R. (2005). Integrated children's services-Implications for the profession. Educational and Child Psychology. 22(4): 127-142.

Broadhead, P., Meleady, C., and Delgada, M. A. (2008). Children, families and communities: Creating and sustaining integrated services. Maidenhead: Open University Press.

Brown, E. G., Speth, T., and Scott-Little, C. (2002). The continuity framework: a tool for building home, school and community partnerships. Early Childhood Research and Practice, 4(2).

Centre for Community Child Health (2006). Policy brief no 4: Services for young children and families: an integrated approach. Parkville, Victoria: The Royal Children's Hospital. Accessed on May 4, 2007 from: http://www.rch.org.au/ccch/pub/index.cfm?doc_id=714

Centre for Community Child Health (2007). Policy brief no 6: Effective community-based services. Parkville, Victoria: The Royal Children's Hospital. Accessed on May 4, 2007 from: http://www.rch.org.au/ccch/pub/index.cfm?doc_id=714

Cheeseman, S. (2007). Pedagogical silences in Australian early childhood social policy. Contemporary Issues in Early Childhood 8 (3), 244 – 254.

Colmer, K. (2008). Leading a learning organisation: Australian early years centres as learning networks. European Early Childhood Education Research Journal, 16(1), 107–115.

Corbett, T., and Noyes, J. L. (2008). Human services systems integration: a conceptual framework. Institute for Research on Poverty Discussion Paper no.1333-08. Paper presented at the Annual Meeting of the Association for Public Policy Analysis and Management, Washington, DC. http://www.irp.wisc.edu/publications/dps/pdfs/dp133308.pdf

Cumming, T., and Wong, S. (2012). 'Professionals don't play': challenges for early childhood educators working in a transdisciplinary early intervention team. Australasian Journal of Early Childhood 37 (1), 127-135. Darlington, Y., Feeney, J. A., and Rixon, K. (2005). Practice challenges at the intersection of child protection and mental health. Child and Family Social Work, 10(3), 239-247.

Edwards, A. (2009). Relational agency in collaborations for the well-being of children and young people. Journal of Chidren's Services, 4(1), 33-43.

Edwards, A., Daniels, H., Gallagher, T., Leadbetter, J., and Warmington, P. (2009). Improving inter-professional collaborations: multi-agency working for children's wellbeing. London: Routledge.

Funnell, S. (2000). Developing and using a program theory matrix for program evaluation and performance modeling. New Directions for Evaluation, 87, 91 – 101.

Funnell, S. (1997). Program logic: an adaptable tool for designing and evaluating programs. Evaluation News and Comment, 6 (1), 5 – 17.

Horwath, J., and Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. Child Abuse and Neglect, 31(1), 55-69.

Hymans, M. (2006). What need to be put in place at an operational level to enable an integrated children's service to produce desired outcomes? Educational and Child Psychology, 23(4), 23-33.

Johansson, I., Sandberg, A., and Vuorinen, T. (2007). Practitioner-oriented research as a tool for professional development. European Early Childhood Education Research Journal, 15 (2), 151-166.

Keyes, C. (2000). The Early Childhood Teacher's Voice in the Research Community. International Journal of Early Years Education, 8 (1), 3-13.

Leadbetter, J. (2006). New ways of working and new ways of being: Multi-agency working and professional identity. Educational and Child Psychology. 23(4): 47-59.

Mattessich, P. W., Murray-Close, M., and Monsey, B. R. (2001). Collaboration: what makes it work?: A review of research literature on factors influencing successful collaboration. (2nd ed.). Saint Paul, MN: Wilder Publishing.

Moss, P. (2008). Foreword. In P. Broadhead, C. Meleady, and M. A. Delgada. Children, families and communities: creating and sustaining integrated services (pp. ix-xii). Maidenhead: Open University Press.

Nichols, S., and Jurvansuu, S. (2008). Partnership in integrated early childhood services: an analysis of policy framings in education and human services. Contemporary Issues in Early Childhood, 9 (2), 118-130.

Ødegård, A. (2006). Exploring perceptions of interprofessional collaboration in child mental health care. International Journal of Integrated Care, 6(4), 1-13.

Moore, T., and Skinner, A. (2010). An integrated approach to early chilhdood development: background paper. Paddington, NSW: Benevolent Society.

Patton, G. (2007). Working together. Policy and practice in Scottish early chilhcood services. European Early Childhood Education Research Journal, 15 (3), 441-454.

Rao, N. (2005). Children's rights to survival, development, and early education in India: the critical role of the integrated child development services program. International Journal of Early Childhood, 37(3), 15-31.

Robinson, M., Atkinson, M., and Downing, D. (2008). Supporting theory building in integrated services research. Slough: National Foundation for Educational Research

Robinson, R. M., Anning, A., Cottrell, D., Frost, N., and Green, J. (2004). New forms of professional knowledge in multi-agency delivery of service for children (The MATCh Project): full end of award report to the Economic and Social Research Council: University of Leeds.

Warmington, P., Daniels, H., Edwards, A., Brown, S., Leadbetter, J., Martin, D., and Middleton, D. (2004). Interagency collaboration: a review of the literature. Bath: Learning in and for Interagency Working.

Watson, H. (2006). Facilitating effective working in multi-agency co-located teams Educational and Child Psychology, 23(4), 8-22.

Whalley, M., Chandler, R., John, K., Reid, L., Thorpe, S. and Everitt, J. (2008). Developing and sustaining leadership learning communities: implications of NPQICL rollout for public policy local praxis. European Early Childhood Education Research Journal 16(1): 5-38.

Wigfall, V. (2002). 'One-stop' shopping: meeting diverse family needs in the inner city? European Early Childhood Education Research Journal, 10 (1), 111-121.

Winkworth, G., and White, M. (2011). Australia's children 'safe and well'?: collaborating with purpose across Commonwealth family relationship and state child protection systems. Australian Journal of Public Administration, 70 (1), 1-14.