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# Becoming and being an integrated organisation

## The experience of SDN Children's Services

Never Stand Still

Faculty of Arts & Social Sciences

Social Policy Research Centre

BASELINE REPORT 2014

REPORT 17/2014

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Becoming and being an integrated  
organisation  
The experience of SDN Children's Services

BASELINE REPORT 2014

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## ABBREVIATIONS

|      |                                    |
|------|------------------------------------|
| ECEC | Early Childhood Education and Care |
| ECT  | Early Childhood Teacher            |
| HREA | Human Research Ethics Advisory     |
| SDN  | SDN Children's Services            |
| SLT  | Senior Leadership Team             |
| SPRC | Social Policy Research Centre      |

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### **SPRC RESEARCH TEAM**

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# 1 EXECUTIVE SUMMARY

This report provides findings from research conducted in 2013 about the journey of SDN Children's Services (SDN) in becoming, and being, an integrated organisation. Having begun as the *Sydney Day Nursery Association* in 1905, SDN has a rich history of delivering comprehensive and integrated services to children and families, dating back over a century. This history has involved operating nursery schools alongside day nurseries, and at various points, providing teacher training, home visiting, and family support in addition to centre-based services (Kelly, 1988; Huntsman, 2005). In recent years, SDN has worked to build on this rich history, seeking to ensure children and families can access a wider range of health, education and developmental services and supports in centre-based early childhood education and care (ECEC) settings.

At the time this study was undertaken, SDN was progressing its integration agenda as part of the process of organisational regeneration which followed a comprehensive restructure in August 2011. The restructure, itself foreshadowed by several years of innovation and commitment to joined up service systems and social inclusion (eg. SDN Children's Services 2009), established a regionally based organisational structure. Among other aims, the restructure intended to promote integrated service delivery. SDN had also renewed its focus on addressing inequality by improving access for children and families from traditionally excluded backgrounds; streamlining pathways between services and supports; supporting children and families in their connections with other services; and continuing to consolidate SDN as a single, coherent client-focused organisation, with consistent procedures and practices, and a common set of values (SDN Children's Services, 2011; SDN Children's Services, 2012).

The data collected and reported here treats 2013 as a baseline for monitoring SDN's progress in achieving its vision of becoming and being an integrated organisation, although at the time of the research, several elements of the integration were already in place. In line with SDN values, the research team took a strengths-based approach, conceptualising the ways SDN staff and leaders understand integration, and their levels of commitment to integrated working, as *resources* and *capabilities* to support SDN's journey. Based on ethical research protocols and the principle that the researchers would 'tread lightly', data was collected in a way that sought to minimise the research burden on SDN, and any adverse impact.

The evidence contained in the report demonstrates that SDN staff and leaders are strongly committed to working in integrated ways, although integration is not necessarily consistently understood across the organisation. In the interviews staff recognised it was 'early days' in the journey and there was much enthusiasm about the direction of change, and willingness to grow in coming years. SDN's regional structure was generally accepted, although leaders were keeping a keen eye on its operation. Frontline staff demonstrated a strong focus on improving experiences and outcomes for families and children.

The study highlights the range of resources and capabilities that SDN has to support integrated working. However, differences were evident between centre-based services and other contexts, including differences in professional preparation and service models. Staff in support services described delivering some programs like Brighter Futures, Early Childhood Links and Inclusion Support, which, by their nature, require collaboration. Indeed, integration is built into many of these services, through multidisciplinary teams, referral arrangements and outreach roles.

Those in centre-based settings were less familiar with integrated service delivery models, although educators were actively involved in integrating children and families into the service, promoting inclusion and ensuring a feeling of belonging in the Centre. Other than enacting integration in these ways, educators had few opportunities to work in integrated ways, and faced

more barriers to doing so. Many educators had few opportunities to work outside their Centre, but keenly aspired to do so.

SDN staff and leaders have ambitious aspirations for SDN's journey to integration, and ultimately hope it will improve life for children and families. It is also hoped integration will improve consistency across SDN, lead to more inclusive services, improve the service system, build staff capacity, and improve recognition of SDN services and supports.

SDN has many resources available to make these aspirations reality. Indeed, many structures conducive to integrated working are already in place, including community leaders, co-located services, multidisciplinary teams and strong local networks. In addition, SDN staff generally feel well supported, and the integration agenda is helping to attract high quality staff. There are, however, some challenges relating to structure, organisational identity, co-location, time and the receptiveness and resourcing of the service network. Some perspectives in particular reflect tensions in SDN's identity as both a provider of early education and care, and as a provider of a wider range of early intervention services and supports, with several staff pointing out the need to promote an organisational identity which reflects the breadth of SDN's services. Further, SDN staff recognised that integration requires high levels of skill, and that it can challenge professional identities. To assist SDN in its journey to integration, interviewees pointed to the need to continue to build relationships across both SDN and other organisations, and to build staff capacity, develop the profile of SDN, and more effectively 'tune into families'.

From families' perspectives, SDN services are convenient and efficient, and families generally feel comfortable approaching SDN and perceive SDN to be responsive to their input. However, many families had been asked for the same information more than once in the last 12 months, indicating this is an area for improvement. Just over a quarter of families who responded to the survey said they had been provided with information about other SDN services, and a third had been provided with information about other services or activities in the community. This suggests scope for improvement in this area. Around two in five respondents felt SDN had helped their family access other SDN services, and the same proportion felt SDN had helped their family find what they need in the community, but this differed across sites.

From the perspective of other organisations that work with SDN, partnerships with SDN are highly valued. Working with SDN enables their organisation to do things they wouldn't otherwise be able to do, such as work more closely with children with disabilities. Partner organisations value timely responses from SDN, and the links SDN can provide between early intervention and childcare services.

Overall, the research provides a baseline against which to track SDN's experience and achievements in progressing its agenda of integration in coming years.

## 2 ABOUT THE RESEARCH

### 2.1 BACKGROUND

The Social Policy Research Centre entered into a partnership with SDN in mid-2013 to monitor and assess SDN's journey of becoming and being an integrated organisation. The research was designed to explore:

- the factors that led to SDN's decision to become an integrated organisation, including organisational thinking and decision making over the last three years;
- factors contributing to the likelihood of success in the three nominated sites;
- past, present and potential challenges involved in the 'integration journey', both for SDN as a whole and for each nominated site; and
- outcomes achieved by 2015 by children and families, staff members and communities in the three sites, and the role of organisational integration in achieving those outcomes.

The work is positioned within SDN's strategic agenda. In SDN's current strategic plan for example, there are several references to 'high quality, integrated and inclusive services' as a way to achieve SDN's high level outcomes of enhancing children's quality of life, and ensuring children and families from traditionally excluded groups belong and have opportunities to participate in services. As such, integration is a means of enacting SDN's mission of achieving high level outcomes.

### 2.2 METHODOLOGY

A mixed methods approach was adopted. In the early phase, two 'desk-based' exercises were undertaken:

- A **literature review** was completed, to identify current thinking about integration in children's services, and also in the wider human services and management fields. This included academic research and 'grey' literature such as government and industry reports and evaluations. The literature review is contained in Section 3.
- A selection of SDN's **internal documents** were reviewed. This included briefing documents, submissions and meeting agendas and minutes, which were selected by SDN and provided to the research team to help them understand SDN's transition to integration, including some of the internal developments and discussions which have been part of the journey so far. This has informed both research design, and an understanding of the background and context of SDN's journey (see Section 4).
- Analysis of responses to SDN's annual **employee survey**, conducted in November 2013 (see Section 5).

The **fieldwork** consisted of the following elements:

- The research team conducted 6 interviews with representatives from SDN's senior leadership team. These were intended to capture how leaders experienced SDN's journey towards becoming and being an integrated organisation, including their understanding of integration, what they hope and expect it to achieve in the period of the evaluation, what has been working well, and what have been some of the challenges so far, and what would help SDN as it continues the journey.

- The main stage of fieldwork involved collecting baseline data from three SDN service delivery sites. These were:

**SDN Ngallia Children's Education and Care Centre at Lidcombe**, combined with SDN's Granville hub. Granville includes a range of additional support services, including the Child and Family Resource Centre (which includes the 'Stay and Play' playgroup); Early Childhood Links, which helps families access a range of services to promote participation by children with additional needs; and the Inclusion Support Agency, which builds the capacity of childcare centres to provide a quality and inclusive environment for children with additional needs.

**SDN Milperra Children's Education and Care Centre**, which opened on 30 April 2012 and is located within the grounds of Milperra Public School.

**SDN Redfern**, encompassing the Redfern Children's Education and Care Centre, and Brighter Futures, which is located upstairs from the Centre, and provides families with services and supports to prevent escalation of problems affecting families' ability to care for their children.

In each site, the fieldwork involved:

- **interviews with staff** ( $n = 48$ ) about their experiences of delivering SDN services, what integration means in the context of their work, what SDN staff hope integration will achieve, and their perceptions of possible challenges in the journey to integration;
- **a survey of parents/carers** ( $n = 114$ , estimated response rate of 35.1 percent) about their experience of receiving services from SDN, and the ways SDN staff have facilitated access to other services and supports in SDN and in the community;
- **a small number of interviews with parents** ( $n = 4$ ) about the same issues as those covered in the parent survey, but in more depth;
- **a small number of interviews with staff in partner organisations** ( $n = 4$ ) about their experiences of working in partnership with SDN.

Ethics approval was obtained from the UNSW Human Research Ethics Advisory Panel (Approval Number 9\_13\_031) and the Research Ethics Committee at SDN (reference E1305DB).

## RESPONSE ANALYSIS

A summary of fieldwork methodology and responses is in Table 1.

**Table 1: Summary of fieldwork responses**

|                                 | Granville/Ngallia |                 | Milperra        |                 | Redfern         |                 | Total              |                 | All       |
|---------------------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------|-----------------|-----------|
|                                 | Centre            | Support service | Centre          | Support service | Centre          | Support service | Centre             | Support service |           |
| Staff interviews                | 11                | 19              | 8               | –               | 4               | 6               | 23                 | 25              | <b>48</b> |
| Parent interviews               | 2                 | –               | –               | –               | 2               | –               | 4                  | –               | <b>4</b>  |
| Partner organisation interviews | –                 | 2               | –               | –               | –               | 2               | –                  | 4               | <b>4</b>  |
| Parent survey                   | 43 (out of 122)   |                 | 41 (out of 102) |                 | 30 (out of 101) |                 | <b>114 (26.7%)</b> |                 |           |
| SLT interviews                  |                   |                 |                 |                 | 6               |                 |                    |                 |           |

This shows that of the 48 staff interviews, roughly half were with staff in centre-based services, that is, the long day care services at Ngallia, Milperra and Redfern. The remainder were with staff providing support services, such as Brighter Futures, Inclusion Support, and Early Childhood Links.

Only small numbers of parent interviews were undertaken, perhaps because timing coincided with the parent survey. Recruiting partner organisations was also difficult, and the research aims to develop this element in the next phase.

## 3 FINDINGS FROM THE LITERATURE REVIEW

This review explored the evidence underpinning integration of services for children and families, and strategies for evaluating integration initiatives. In particular, we sought to identify the various definitions of integrated services, and to explore the rationale for integration and its potential benefits in early childhood settings, and the factors which have been found to facilitate or constrain efforts to integrate services. A key issue was the relationship between service integration and best practice in service provision for children with disabilities; Indigenous children; children from CALD or refugee backgrounds; and children in families with child protection, mental health or other complex circumstances. In addition, we sought to examine different approaches to evaluating processes and outcomes of developing integrated services.

SDN's journey to integration represents a process of deep organisational change and not simply a transformation in the mode of service delivery. For this reason, our literature search delved into management and organisational studies, as well as examining literature on integration in children's services and other human services. The Proquest Social Science Journals database, along with Social Services Abstracts, and Google Scholar, were searched. Key journals, and the reference lists of key articles, were also scanned. We sought to review studies focused on integration *within* and *across* organisations, and found a more extensive body of research has developed around inter-organisational integration.

### DEFINITIONS OF INTEGRATED SERVICES

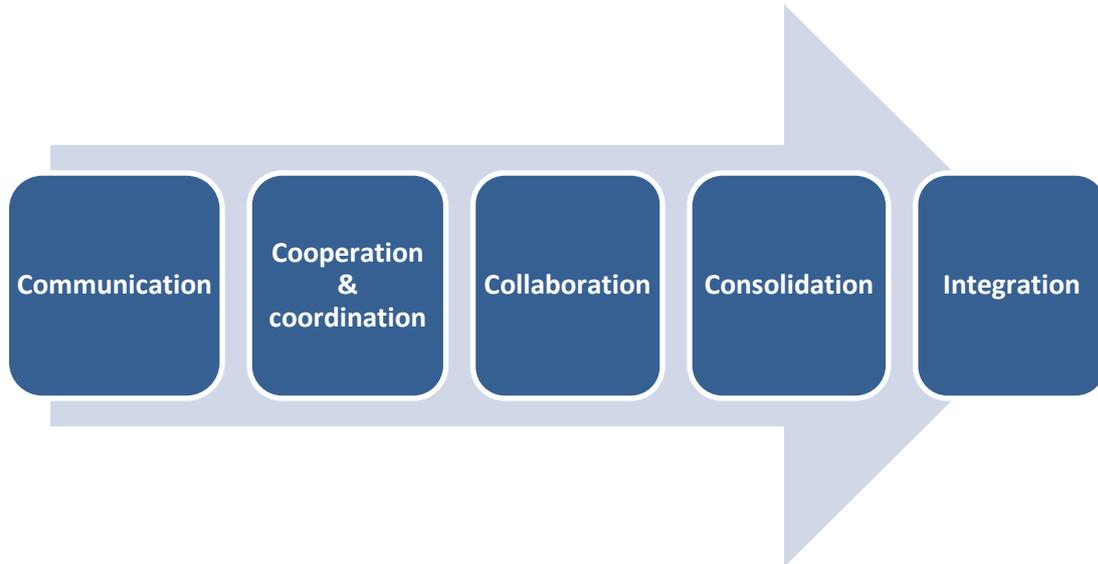
While there is no single definition, integrated services are usually understood as services which are organised and delivered across traditional organisational boundaries, and which place service users and their families at the centre (Konrad, 1996; Zhang, Schwartz, & Lee, 2006; Horwath & Morrison, 2007). Drawing on ecological theories, Press, Sumsion, & Wong (2010) emphasised how integrated services in an early childhood context can be a means of enhancing the focus on children and families, and of combining resources to address the range of factors and contexts which shape development and learning. Other writers have also focused on the importance of inter and intra organisational linkages in responding to social problems, and the value of combining efforts across sectoral, organisational and professional boundaries, to address multiple needs and barriers to access (Voydanoff 1995; Konrad, 1996, 6; Scott 2005; Press et al., 2010).

Often, integrated services have been defined in the literature in opposition to single, independent, autonomous operations, operating with minimal links as 'siloes', often underpinned by categorical funding arrangements. These structures have long been seen as problematic for service users and organisations, on the basis that they can result in assistance which is fragmented, expensive, inefficient, unresponsive, and unaccountable (Konrad, 1996). Moreover, services organised on a categorical rather than integrated basis can duplicate efforts, and are often oriented towards crisis responses rather than prevention or early intervention (Konrad, 1996, p. 6).

### 3.1 INTEGRATION AS A CONTINUUM

Often, integrated services are depicted as the end point on a continuum of possible relationships within or between organisations (Konrad, 1996; Ahgren, 2012). These range from purely independent, segregated units through informal, loose structures like information sharing, through co-ordination to facilitate transitions of clients between units or systems, to a highly unified or integrated service or organisation, with single decision making authority, pooled funding and shared systems.

Konrad's continuum, captured in Figure 1 and outlined below, has been widely cited (eg. Scott, 2005; Callaly, von Treuer, van Hamond, & Windle, 2011).



**Figure 1: Levels of integration, adapted from Konrad (1996)**

In this approach, non-integrated services are discrete and independent, operating as autonomous systems, with each unit having their own constituencies and regulations, and no mechanisms in place to link with other programs or agencies. As depicted in Figure 1, the least intensive form of integration is based on information sharing or communication about programs, services and clients only (Horwath & Morrison, 2007). As Konrad (1996) pointed out, at this level relationships are usually informal and communication may be irregular, and dependent on the individual staff involved.

At the next level, relationships reflect principles of 'cooperation and coordination'. Again, these relationships are largely informal, and dependent on individuals; and failure to cooperate is unlikely to be sanctioned (Horwath & Morrison, 2007). Notwithstanding, this level captures loose attempts of services to work together to adapt procedures or structures to improve the success of each (Konrad, 1996).

'Collaboration' is the middle step in the journey towards integrated services. Common goals, and arrangements to undertake shared activities at this level are usually formalised in written agreements or formalised operational procedures, and joint structures may involve the loss of some autonomy (Horwath & Morrison, 2007). Examples include reciprocal client referral and follow-up processes between agencies and programs, and agreements to work in multi-agency teams or for individuals to work across agency boundaries, or to jointly lobby for resources (Konrad, 1996). Funding and information systems may be shared, and staff may be trained across functions.

Next, Konrad identifies 'consolidation' in the journey to integration. This stage involves an umbrella organisation with single leadership but line authority in categorical divisions, with a high degree of cross program collaboration and coordination.

The most integrated services consist of a single authority with sole responsibility for management and operational decisions, which operates collectively to address individual client needs (Konrad, 1996). Funding is pooled, governance is common, and there is a single system for training, information and finance (Konrad, 1996; Horwath & Morrison, 2007). Eligibility requirements are simple, intake and assessment processes are unified, and the needs of service users are treated as a whole. In effect, organisations (or units) merge to create a new joint identity (Horwath & Morrison, 2007).

## **3.2 ORGANISATIONAL FACTORS THAT PROMOTE INTEGRATED SERVICES**

The literature highlights how integration involves both organisational and interpersonal elements. Organisationally, integration can be promoted through organisational structures, sanctions from leaders, policies such as interagency agreements or plans, or policies which articulate how teams work together, and articulate a shared vision, protocols and procedures, such as shared rules procedures for joint decision making, communications, and staff training (Konrad, 1996). Governance structures can also promote integration, bringing stakeholders together for planning, decision-making and oversight. In addition, integration involves shared definitions of success, along with performance measures and other strategies for measuring and monitoring outcomes (Konrad, 1996). Information and data management may need to be shared, along with provisions for confidentiality.

Importantly, integrated services will require a clear process for determining needs, combining funding, and allocating resources, such as pooling funding across programs (Konrad, 1996). Competition over resources and workloads may result, including around caseload size, and these tensions may act as barriers to service integration (Zhang et al., 2006, 301).

## **3.3 INTERPERSONAL FACTORS THAT PROMOTE INTEGRATED SERVICES**

Service integration also has interpersonal elements, relating to the skills, behaviours and orientation to practice that individuals bring to collaborative relationships. These elements are important because having simply established collaborative organisational structures and systems does not mean integration will necessarily be realised (Horwath & Morrison, 2007, p. 66). Indeed, while discussion of integration processes may emphasise collaboration at the levels of systems, organisational structures and funding, consideration also needs to be given to interpersonal dynamics and working relationships (Horwath & Morrison, 2007, p. 58). A range of factors have been identified as interpersonal facilitators of effective integration, including mutual respect and trust, non-judgmental support, honesty, commitment, a willingness to communicate and share information, along with flexibility, dependability, professional competence and a family-centred orientation (Zhang et al., 2006, p. 301)

The quality of leadership is particularly important to organisations' capacity to integrate, and studies underline the importance of 'collaborative champions', who are committed, have high credibility, influence, and integrity. These individuals can help negotiate the interface between

units, and resolve competition over resources and responsibility. In addition, quality leadership can provide reassurance required for innovation and risk-taking involved in developing new approaches to service delivery (Horwath & Morrison, 2007). Indeed, Booker (2012) argues that new forms of leadership are required for integrated organisations with multi-professional workforces, with a shift away from the focus on hierarchical top-down leadership to a recognition of leadership at all levels and interfaces of the organisation.

### 3.4 THE IMPACT OF SERVICE INTEGRATION

The literature points to a number of benefits of integrating services.

**For children and families**, integration can lead to better co-ordination around needs, and ultimately, better outcomes. Integration can help ensure the needs of children and families with multiple needs are comprehensively addressed, and can support inclusion and full participation of children with additional support needs in mainstream settings (Wong & Press, 2012). In addition, integration can make different kinds of assistance more easily accessible for all children and families; and can ensure better continuity of services (Konrad, 1996, p. 6). Referral and assessment may be quicker and seamless, concerns may be detected earlier, and there may be a single point of access, and/or a single key worker (Cameron, Lart, Bostock, & Coomber, 2012). Integrated services may give parents better 'peace of mind' that they will be able to access support they may need, without having to tell their stories multiple times, and may ultimately improve parents' confidence in their ability to cope as a family (Lord, Kinder, Wilkin, Atkinson, & Harland, 2008; Wong & Press, 2012).

Studies which have explored users' perspectives on integration have been largely conducted in the health and adult social services field rather than in children's services. Notwithstanding, these have found service users value the increased responsiveness of services to their needs, the development of positive relationships with key workers, improved communication between agencies, help interpreting information and navigating complex systems, and support to maintain independence in the community (Cameron et al., 2012).

**For staff**, integration can provide opportunities to work on a broader and more challenging range of tasks, and as part of a larger, more fluid team, with colleagues from a diversity of professional specialisations. Advantages for staff include accessing a wider pool of knowledge and resources, accessing opportunities to provide more flexible responses, and focusing more closely on service users (Cameron et al., 2012). Integration can lead to a broadening of knowledge and skills from working with other professionals, better dialogue and closer working relationships with colleagues from other agencies, better information; a more holistic view of children's needs; and shared responsibility for target groups (Lord et al., 2008). However, roles in integrated settings can be more demanding, and can compromise employees' sense of professional identity and control (Rose, 2011).

**For organisations**, integrating services can reduce duplication, waste and inefficiency, reduce costs, and lead to greater accountability and responsiveness. Service integration can be cost effective, in that it may decrease staff turnover, presumably because of lower stress and improved job satisfaction among staff who are co-located or working more closely and effectively with community members, or who have accessed additional training in transitioning to more effective service models (Barbee & Antle, 2011). Integration can also help enable service systems to provide a more comprehensive suite of services, forming a service continuum to address needs holistically, and to assist broad population groups rather than only those in particular circumstances or with particular conditions (Voydanoff 1995).

It is important to note, however, that while the literature is dominated by assumptions that integration is positive and so entirely desirable, lesser-integrated service systems are not necessarily 'deficient', as a high level of integration will not necessarily be 'better' in all contexts (Ahgren 2012). In some cases for example, looser contacts between providers may be more appropriate than a full merging of operations (Ahgren, 2012, p. 36). In addition, not all service users will require integrated care.

Further, integration can unintentionally reduce the autonomy for clients to choose between alternative sources of assistance (Browne, Kingston, Grdisa, & Markle-Reid, 2007). Ahgren (2012) conceptualises the journey to integration as an organic and partly unpredictable process whereby stakeholders go through a series of changes until the optimum level of integration is achieved. This optimum will vary between different services, and will depend on the need for, and appropriateness of, integration

### **3.5 ISSUES IN THE JOURNEY TO SERVICE INTEGRATION**

Although the literature emphasises the benefits of higher levels of collaboration, it also points out that the process may involve tensions, conflicts, dilemmas and setbacks, as organisational, professional and personal independence and identities can be challenged (Horwath & Morrison, 2007; Wong & Press, 2012). Scott (2005) points out that a certain level of conflict between organisations or units, or among professional groups or individuals is to be expected, as the growth of interdependence may feel like a loss of independence.

In the journey toward integrated services, agencies or units seeking to work together may find they have competing agendas and distinct cultures, histories, value systems, and narratives of past relationships (Callaly et al., 2011). Agencies or units seeking to work together might have different ideas about goals for service users, different models of service delivery, different attitudes and processes around sharing information and IT systems (Callaly et al., 2011). Conflicting performance targets may give mixed messages about priorities and hamper collaborative efforts (Horwath & Morrison, 2007; Callaly et al., 2011). Tensions may emerge between collaborating units, especially if it is perceived that the practices of one agency or unit are being imposed onto others, or if internal cohesion is generated by framing others as a common enemy (Scott, 2005; Callaly et al., 2011). Ambiguity about responsibilities can leave no one formally in charge of service users' wellbeing. Scarce resources and energies will need to be invested in developing and maintaining relationships, even when the benefits of doing so are unclear (Scott, 2005; Callaly et al., 2011). Smaller partners may need additional investment, to ensure their empowerment and commitment.

Integration may also involve interpersonal challenges. Senior managers may feel a lack of ownership, or experience a loss of control over processes and finances. Staff may have poor understanding of their roles and responsibilities, experience anxiety about change, fail to buy in to new processes, and feel confused about old and new identities (Callaly et al., 2011). In the transition period, staff may lack understanding about work roles and team structures, but may feel under pressure to implement change and show results quickly (Callaly et al., 2011).

Conflict may emerge between professionals with different ideologies and modes of decision making (Scott, 2005; Horwath & Morrison, 2007). Integration brings together professionals who often have different philosophies and cultures, and these differences can be barriers to effective joint working. Different kinds of professionals will have different attitudes and notions of risk for children and families, and different practices around shared client records, for example, and it can be challenging to articulate reasons for professional decisions across disciplinary

boundaries. Social workers in multi-professional teams in health contexts in particular can experience role conflict and stress (Carpenter [as cited in Cameron et al., 2012, p. 13]). Similarly early childhood staff may feel their setting is inferior to more specifically therapeutic settings, or may find it challenging to articulate and justify their expertise to practitioners from disciplines perceived to have a more 'scientific' knowledge base.

To facilitate effective transitions to integrated working across organisations, the literature points out the need for clear legal and financial frameworks, especially where budgets have been pooled (Scott, 2005; Callaly et al. 2011; Cameron et al., 2012). Memoranda of understanding can be used to articulate commitments to common policies and procedures in relation to decision-making structures, records, accountability, education and training, evaluation and research (Callaly et al. 2011).

Information and communication needs to be shared, and staff need a common language, and a solid understandings of their aims, objectives, roles and responsibilities and the details of processes in place. Common understanding can be developed by involving staff in the development of the policies, procedures and protocols, to ensure integrated structures are built together, and from the bottom up (Cameron et al., 2012). Training, ongoing support and professional development can also help, especially where it is difficult to attract early childhood staff with experience of inter-professional practice, or working with marginalised children and families (Wong & Press, 2013). A strong focus on jointly developing optimal outcomes for clients, can provide a mutual focus. Leaders can ensure adequate resources and support for staff, and develop a trusting, collaborative culture. Co-location can also assist the integration process as it leads to greater levels of informal contact, which can increase mutual understanding and communication, and facilitate learning across professional boundaries (Cameron et al., 2012).

### **3.6 APPROACHES TO EVALUATING SERVICE INTEGRATION**

Integrated services, and the process of their development are inherently difficult to evaluate (Konrad, 1996). The focus of evaluation may be on whether integration has occurred and the level of integration; or, on the other hand, the impact of integration, and the difference it has made for the organisation, and its effectiveness in achieving its mission.

Little attention has been paid to evaluating the effectiveness of integrated models, and studies have tended to be descriptive rather than evaluative, and to have lacked a before and after analysis (Cameron et al., 2012). Indeed, often evaluation of collaborative efforts isn't considered until they are underway and it is not possible to gather baseline data (Harbert, Finnegan, & Tyler, 1997). Another limitation of evaluations of integrated services is that the voices of services users and carers have largely been absent, with few studies focusing on how parents and children perceive and experience integration (Cameron et al., 2012; O'Reilly et al., 2013). Others argue evaluation has been hampered by lack of definitional and conceptual clarity about what integration actually means, and by a focus on process issues rather than outcomes (Browne et al., 2007).

Ultimately, evaluation should be designed to capture the impact of integration, that is, the difference it has made to children and families. However, the outcomes that can be realistically expected of integration depend on the phase of development it has reached and as such, it is necessary to choose the dimensions of integration that should be measured. For example, in the formative or developmental phases the products realistic to expect include common mission and agreements. In the implementation stage, evaluation could measure the strength of relationships, the range of services, the absence of duplication, conflict and the commitment to network goals, service access and adequacy (Browne et al., 2007).

As pointed out by Lord et al. (2008), service integration can be captured through its impact on service and management structures and frameworks, and staff roles and responsibilities. Higher level impacts would relate to staff understandings of services and approaches to supporting children and young people. Ultimately, integration is hoped to result in quantifiable improvements in children's social and emotional wellbeing and learning, and improvements to parents' views of services. The intention is that parents will have better access to services, and there will be earlier identification of risks, better analysis of need, more holistic support, and better supports for placements in mainstream settings (Lord et al., 2008). Browne et al. (2007) identify three dimensions of human service integration which should be measured: the structural inputs; the functioning of networks; and what is accomplished through integration. However, it may be difficult to ascribe outcomes to integration, rather than to other improvements in service delivery resulting from other changes.

O'Looney (1997) used a checklist approach to assess markers of progress towards service integration. This model captured whether services were comprehensive and family driven; whether team provision was efficient and non-duplicative, whether families were appropriately screened and received an appropriate degree of integrated support, and whether services were accessible, convenient and pleasant for families. At the program level, the checklist sought to capture whether there was a culture of joint planning, administration, budgeting and advocacy, common intake and assessment, correct referral the first time, integrated information systems, joint purchasing, financial management, personnel administration and training, and program evaluation. It also set out that policies should be streamlined, financing should support integrated models, and there should be joint accountability and outcomes evaluation (O'Looney, 1997).

In addition, although different stakeholders will have different standards and frames, evaluation of integrated services can capture experiences at different points in the network, including among children and families and the wider community. Evaluation could capture objective organisational features for example, leaders' experiences and perceptions, or subjective feelings of the 'closeness of working' among staff (Ahgren & Axelsson, 2005).

### **3.7 SUMMARY OF MESSAGES FROM THE LITERATURE REVIEW:**

The literature review has underlined how integrated services can help to place children and families at the centre; recognise the range of factors which shape their development and the learning; and provide a means of combining efforts across boundaries to achieve social outcomes. Integration is often understood on a continuum of fully fragmented to fully connected services. A summary of key points is as follows:

#### **INTEGRATING SERVICES HAS BENEFITS FOR CHILDREN AND FAMILIES, STAFF AND ORGANISATIONS**

Integration is intended to improve performance and quality, and improve the experience and wellbeing of service users.

- **For children and families** it can:
  - Improve access to services;
  - Ensure needs are comprehensively addressed;
  - Promote inclusion in mainstream settings.

- **For staff**, integration can:
  - Facilitate access to a wider pool of knowledge and resources
  - Help broaden knowledge and skills
  - Increase opportunities to focus on children and families
  - Improve job satisfaction
  - Be complex and demanding
  - Compromise professional identity
- **For organisations**, integration can:
  - Reduce duplication, inefficiency and cost
  - Enable provision of a comprehensive suite of services that address needs holistically
  - Enable organisations to assist a broader population group
  - Reduce staff turnover

It is important to note that full integration is not necessarily better in all contexts. Too much integration may reduce choice for clients, and in some cases looser forms of contact and communication may be more appropriate than fully merging operations. Not all service users will require integrated services.

## **PROCESSES OF INTEGRATING SERVICES ARE BOTH ORGANISATIONAL AND INTERPERSONAL**

- **Organisational elements** refer to governance structures; definitions of success; formal agreements, policies, protocols or procedures eg. those relating to decision making, accountability, referral or data management.
- **Interpersonal elements** refer to skills, behaviours and orientation to practice. Facilitators of integration include family centred orientation, respect and trust, willingness to communicate, professional competence, and quality leadership.

## **ISSUES IN DEVELOPING INTEGRATED SERVICES**

The journey to service integration is unlikely to be smooth. As organisational, professional and personal independence and identities can be challenged, the process is likely to involve tensions, dilemmas and setbacks. Challenges may arise from differences in approaches of agencies or units relating to:

- Cultures and value systems
- Models of service delivery
- Histories and narratives of past relationships
- Performance targets
- Attitudes and processes around sharing information
- Impressions that agency or unit's processes have been imposed onto another
- Ambiguity about responsibilities
- Staff confusion about roles
- Conflict between professionals with different ideologies and notions of child wellbeing
- Scarce resources.

The following factors have been found to facilitate effective transitions to integrated services:

- Strong focus on developing optimal outcomes for children and families
- No single agency or unit dominating
- Clear legal and financial frameworks
- Common policies and procedures
- Common language
- Solid understanding of aims, objectives, roles and responsibilities
- Training and professional development, especially where early childhood staff lack experience of interprofessional practice or working with disadvantaged children and families
- Leadership in ensuring adequate resources and developing a trusting culture

## **APPROACHES TO EVALUATING SERVICE INTEGRATION**

Evaluations of integration initiatives have tended to be descriptive rather than evaluative, and to lack a before-and-after analysis. Few studies have captured the voices of users and carers. As the literature has demonstrated, evaluation can capture the impact of integration on:

- service and management structures and frameworks (i.e. structural inputs)
- the functioning of networks, and staff understandings of services and approaches to supporting children and young people
- children's social and emotional wellbeing and learning, and parents' views and experiences of services (i.e. what is reasonable to expect will be accomplished through integration).

Different stakeholders will have different standards and frames, and evaluation will need to capture experiences at different points in networks, including among children and families and the wider community.

## 4 SDN'S JOURNEY TO INTEGRATION

SDN has a rich history of delivering comprehensive and integrated services to children and families services, dating back over a century. This has included, for example, providing nursery schools alongside day nurseries, and at various points in its history, providing teacher training, home visiting, and family support in addition to centre-based services (Kelly, 1988; Huntsman, 2005). In recent years, SDN has worked to build on this rich history, seeking to ensure children and families can access a wider range of health, education and developmental services and supports in centre-based early childhood education and care (ECEC) settings.

Since 2013, SDN has actively promoted integrated working. This followed a period of rapid organisational change, including a comprehensive organisational restructure, in August 2011. The restructure replaced 'divisions', which had been operating with some separate policies, practices, and values with a regionally-based organisational structure on the basis this would be most conducive to integrated service delivery. This had been foreshadowed by several years of innovation and commitment to joined up service systems and social inclusion (Goodfellow, Camus, Gyrog, Watt, & Druce, 2004; SDN Children's Services, 2009). This history included provision of the Parent Support Resource Program from 2000, and expansion of this early intervention and prevention program through six centres (Goodfellow et al., 2004), coupled with the idea there should be 'no wrong door' to services and supports for families, and commitment to assisting families to transition seamlessly between mainstream services and additional supports (SDN Children's Services, 2009).

In the months before the restructure, staff were invited to provide submissions about ways to progress inclusion, including the idea that SDN should explore integrated approaches, such as groups of centres working together. Internally, there were discussions of piloting integrated service sites, which would enable families to access multiple SDN services in a single setting; to deal with SDN as a single organisation; and to be supported to connect with other services and agencies (SDN Children's Services, 2011). In April 2011, an internal document titled "Establishing and resourcing Communities of Learners" (SDN Children's Services, 2011), reiterated to staff the challenges in progressing SDN's mission and strategic plan. This boldly identified SDN's failure to progress its social justice intentions, and described the divisional structure as functioning to "lock up resources, skills and learning that could be pooled and shared to better deliver on our mission" (SDN Children's Services, 2011, p. 2). Again, that document suggested an intention to develop small networks of centres supported by multidisciplinary teams, with key focus on increasing the representation of marginalised children.

The restructure in August 2011 involved changes to structures and practices having immediate effect, rather than being implemented in a gradual way. As the document prepared by CEO Ginie Udy for circulation at SDN Leaders Day stated:

'We identified the need to better address inequalities faced by children. To do this, we needed to change our practices. To change our practices, we needed to change our structure' (SDN Children's Services, 2011b, p. 1)

Ginie Udy announced organisational renewal intended to increase the diversity of children and families in centres and programs. The restructure involved grouping centres and programs into 7 geographical hubs, and enlarging the senior leadership team and accountability unit. These changes were designed to assist in increasing the diversity of children and families participating in SDN centres and programs.

With the new structure in place, SDN managers sought to renew the organisation's focus on addressing inequality by improving access for children and families from traditionally excluded

backgrounds; streamlining pathways between services and supports; supporting children and families in their connections with other services; and continuing to consolidate SDN as a single, coherent client-focused organisation, with consistent procedures and practices, and a common set of values (SDN Children's Services, 2011a; SDN Children's Services, 2012).

In 2012, a key focus for SDN was ensuring effective leadership within the restructured organisation, while in 2013, the focus shifted towards practice, with managers focusing on embedding shared values, and developing frameworks and policies to support integrated service delivery. Leaders sought specifically to promote shared responsibility for meeting children's and families' needs, opportunities for children and families to participate in decision making, collaboration across disciplines, coordination across services to ensure children and families have seamless experiences of accessing a range of services, and strong partnerships with families and other organisations (SDN Children's Services, 2013). Indeed, the 'Pathways for Families' document prepared in mid-2013 recognised the organisation's focus on leadership, attitudes and internal structures and processes are meaningless if they don't improve outcomes for children. That document signified the intention of SDN leaders, led by Ginie Udy and Kay Turner, as Director of Integrated Services and Organisational Development, to shift the focus of the organisation to child and family experiences, with service delivery decisions to be driven by the concept of 'pathways for families', and efforts focused on making access and pathways easier to manage.

Although the data collected and contained in the remainder of this report treats 2013 as a baseline for monitoring SDN's progress in achieving its vision of becoming and being an integrated organisation, the organisation was already in transition. Based on internal documents, the expectation was that adopting an appropriate organisational structure would help SDN to achieve outcomes for children; that changes in structure would lead to changes in practices; and that SDN needed to work more effectively internally in order to effectively integrate with outside organisations, to build capacity to deliver inclusive services.

## 5 FINDINGS FROM THE 2013 EMPLOYEE SURVEY

The annual SDN employee survey, conducted in November 2013 by Measured Insights, provided the opportunity to capture the perspectives of SDN staff across the organisation, and in the fieldwork sites (with the exception of Milperra, where respondent numbers were too small to be reported separately). Employees were asked to indicate their level of agreement with, and the level of importance of, a series of statements. The survey items relevant to SDN's journey to integration are as follows:

Q4. I understand SDN's integrated approach

Q5. I am committed to SDN's integrated approach

Q6. I have good knowledge of the services SDN provides and supports

Q7. I feel confident in helping families find what they need from SDN

Q8. I feel confident in helping families find what they need in the community

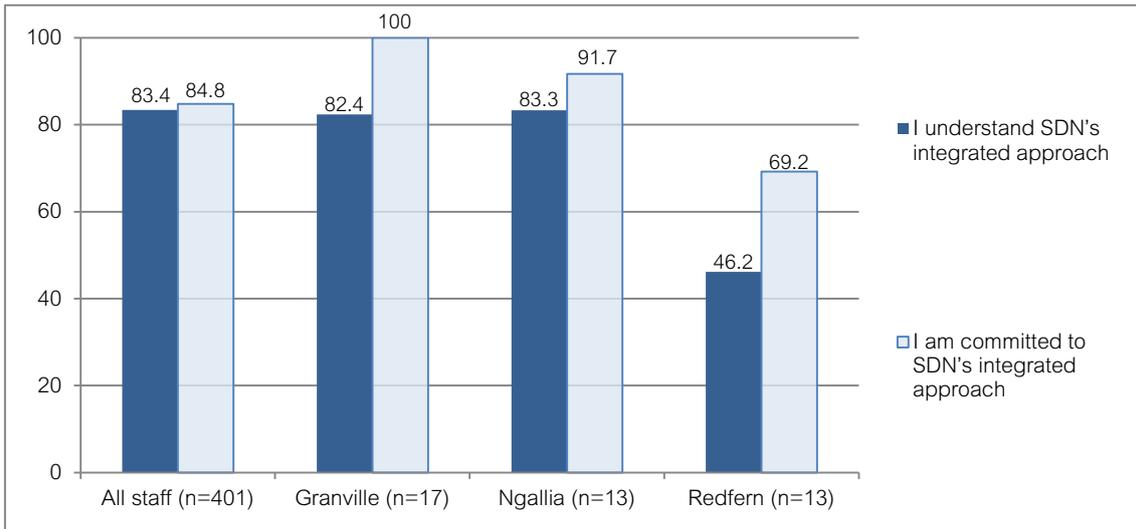
Q15. All work areas/departments cooperate effectively across the organisation

Levels of agreement were measured on a seven point scale.

### 5.1 UNDERSTANDING AND COMMITMENT TO INTEGRATION

Across the organisation, 84.8% of respondents agreed (or strongly agreed) that they were committed to SDN's integrated approach, providing scores between 5 and 7, on a 7-point scale. Similarly, 83.4% agreed that they understood SDN's integrated approach (see Figure 2). These high levels of commitment and understanding offer SDN a strong basis for its journey to integration.

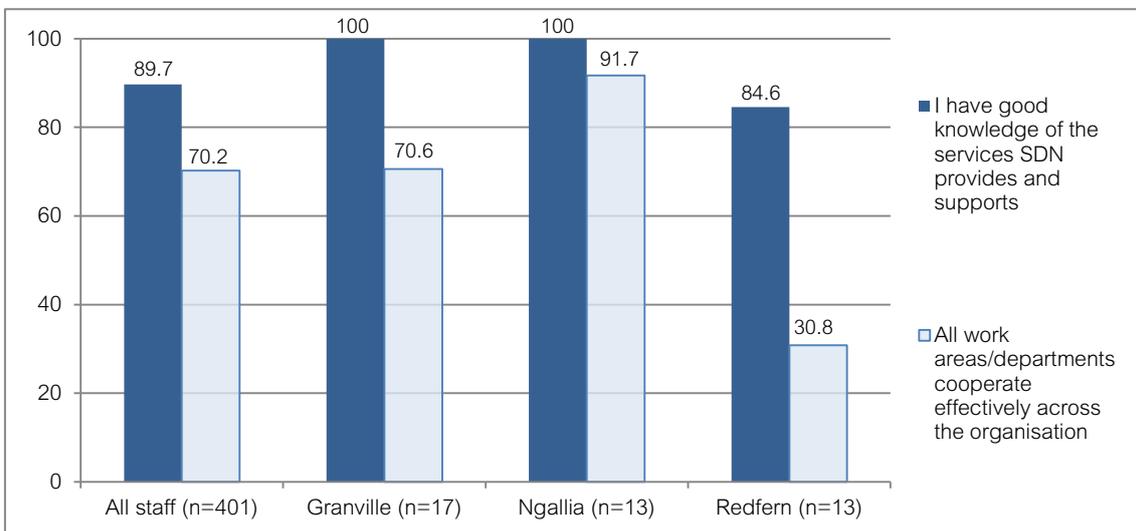
However, the employee survey results differed slightly across the sites, with levels of commitment and understanding lower in Redfern, possibly a result of staffing disruptions which preceded the survey period. Also of note is that in the sites, the proportion of staff who agreed they were committed to integration was higher than the proportion who agreed that they understood integration.



**Figure 2: Understanding and commitment to integration (percentage who agreed or strongly agreed, 2013)**

## 5.2 INTEGRATED ORGANISATION

The survey items 'I have good knowledge of the services SDN provides and supports' and 'All work areas/departments cooperate effectively across the organisation' provide information about organisational integration, as indicated by employees' knowledge of SDN and perceptions of internal cooperation. This gave mixed results, with high levels of knowledge of SDN services, but poorer perceptions of effective cooperation across the organisation.



**Figure 3: Knowledge of SDN, and internal cooperation (percentage who agreed or strongly agreed, 2013)**

## 5.3 INTEGRATED SERVICE DELIVERY

The items in the survey 'I feel confident in helping families find what they need from SDN' and 'I feel confident in helping families find what they need in the community' capture employees' capacity to help families access services and supports, and navigate the service system. This showed staff had high levels of confidence in helping families find what they need from SDN and in the community.

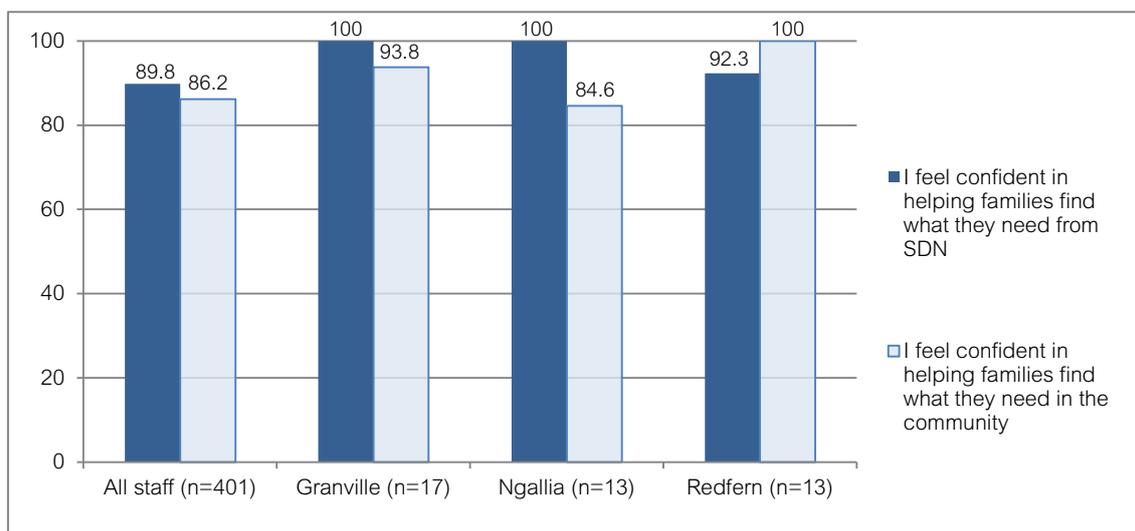


Figure 4: Helping families to access services and supports

## 5.4 MEETING EXPECTATIONS

The employee survey captured both staff perspectives on integration (considered indicators of performance), and asked them to rate the importance of each item. The combination of these answers determined whether survey items were classified in one of the following four categories:

- Meeting performance expectations (higher importance)
- Meeting performance expectations (lower importance)
- Not meeting expectations, and thus a priority for action (higher importance)
- Not meeting expectations, and thus a priority for action (lower importance)

The results for the integration items indicate that the organisation was meeting expectations regarding staff commitment to SDN's integrated approach overall, and in Granville, Ngallia and Redfern, although it was ranked as of low importance in the fieldwork sites. In contrast, understanding of SDN's integrated approach was a priority for action, albeit a lower priority one.

With the exception of Ngallia, SDN was meeting expectations on the item: 'I have good knowledge of the services SDN provides and supports' and 'I feel confident in helping families find what they need from SDN'. On the other hand, SDN was not meeting expectations on the indicator 'All work areas/departments cooperate effectively across the organisation', with the exception of Ngallia.

**Table 2: Site progress in meeting expectations of integration**

|  | All staff<br>( <i>n</i> = 401)           | Granville                                | Ngallia                                  | Redfern                                  |
|--|--|--|--|--|
| I am committed to SDN's integrated approach                              | Meeting expectations (higher importance) | Meeting expectations (lower importance)  | Meeting expectations (lower importance)  | Priority for action (lower importance)   |
| I understand SDN's integrated approach                                   | Priority for action (lower importance)   |
| I have good knowledge of the services SDN provides and supports          | Meeting expectations (higher importance) | Meeting expectations (lower importance)  | Priority for action (lower importance)   | Meeting expectations (lower importance)  |
| I feel confident in helping families find what they need from SDN        | Meeting expectations (higher importance) | Meeting expectations (higher importance) | Priority for action (lower importance)   | Meeting expectations (higher importance) |
| I feel confident in helping families find what the need in the community | Meeting expectations (higher importance) | Meeting expectations (higher importance) | Priority for action (lower importance)   | Meeting expectations (higher importance) |
| All work areas/departments cooperate effectively across the organisation | Priority for action (higher importance)  | Priority for action (higher importance)  | Meeting expectations (higher importance) | Priority for action (higher importance)  |

## 6 FINDINGS FROM STAFF INTERVIEWS

During interviews, SDN staff were able to articulate the ways in which they worked with other parts of SDN, and other organisations in the community, and how they understood integration (see [Appendix A](#)). This gave interviewees opportunities to both articulate their understandings of integration (see section 6.1), and to identify current models of integrated practice across SDN, even if participants didn't themselves label these practices as 'integrated' (see section 6.2).

### 6.1 STAFF UNDERSTANDINGS OF INTEGRATION

As identified in the literature review, 'integration' can have a range of meanings and connotations. This was reflected in the interviews with staff and members of the Senior Leadership Team, who used the term to refer to a range of aspects of SDN's operations. In this section we show how integration was applied to five main themes:

- The structure of the organisation;
- Shared organisational systems, protocols, and values;
- The interface between the organisation and other services;
- The ways children and families access and move between services;
- How staff do their work, including
  - Sharing expertise across teams, disciplines and professions
  - Jointly planning and making decisions
  - Working collegially
  - Engaging in practice that is child and family centred

#### STRUCTURE OF THE ORGANISATION

In the interviews with senior leaders, integration was often used to refer to the shift from 'siloed', separate divisions to a regional based organisational structure; the integration of SDN internally including structures for coming together into project teams; and the connection of service systems of ECEC, disability and family support, including provision of services from a mix of funding sources. One leader, for example commented on how the previous structure of SDN had limited its ability to achieve outcomes:

[I]t was very siloed... .. [like]... you look after childcare centres, you look after Brighter Futures, you look after ISAs [Inclusion Support Agency] and you look after services for children with disability....from my own experience working in that separate way doesn't provide for the best opportunities for staff to learn new skills and for the families to actually achieve what they want, what their goals are. (SLT 1)

Other leaders described the change in the structure of the organisation as a key facilitator of integration:

I think it's that structure that's trying to facilitate or assist families and children accessing services in that way, rather than coming at them through different silos. (SLT2)

We have a whole lot of expertise in the organisation and connections and knowledge, so a driver is - there should be more children with disabilities in our centres, but to do that our staff need confidence and skills and to be able to draw on expertise, and we have it in the organisation but our structure as well as personal barriers, the things that we all - the structure was preventing that. (SLT3)

Frontline staff did not tend to interpret integration in the context of organisational structure, although many aspired to have better understanding of other parts of SDN, and to feel more connected to the organisation.

## **DEVELOPMENT OF SHARED ORGANISATIONAL SYSTEMS, PROTOCOLS, AND VALUES**

Interviewees also used integration to refer to the development of shared vision, purpose and priorities across SDN, and consistency in definitions, language and targets. This meaning emerged primarily from SDN leaders and some staff working in support services outside centre-based settings. These interviewees related integration to shared protocols for joint planning, the need for overarching and consistent principles for practice, and developing clear criteria and decision making structures for prioritising children's access to SDN services. Interviewees also referred to the development of shared views about the roles of families in ECEC, and the roles of different disciplines.

## **CHANGING THE INTERFACE BETWEEN SDN AND OTHER SERVICES**

In the staff and leader interviews, integration also was used to describe the interface between SDN and other services, including building relationships in the community, connecting with and partnering with other services, and embedding SDN in the local community. Leaders referred to the need for managers to have an outward focus, and awareness of community development principles.

For staff outside centre-based settings, working with other organisations tended to be a core element of their work. As such, the interactions they had with other services were very important to the discussion of integration, including in referring families, working together to support children, and participating in professional networks. For those in centre-based services, the interface between SDN and other services was most often experienced in terms of staff from other areas coming into the centre to support children and practitioners, or hosting educational visits, for example from the police or fire brigade, or fundraising for a community cause.

## **THE WAYS CHILDREN AND FAMILIES ACCESS AND MOVE BETWEEN SDN SERVICES**

In the interviews, several staff members and leaders discussed integration in terms of the ways children and families access and move between SDN services, and referred to the way SDN supported families to connect with and access other services in the community. Leaders used

the terminology of 'pathways for families', referring to the internal document which had begun to circulate through SDN at the time of the research, and also linked integration to the development of consistent procedures for priority of access to centre-based services. One senior leader explained the importance of improving how families access and move between SDN services, observing that:

Even though we had all these different things within SDN, they had so much difficulty accessing them that they almost could access them from another organisation more easily than from us. And that was a bit of a worry. (SLT 1)

Staff in support services discussed integration in terms of supporting children with special needs into mainstream community settings, and ensuring families access the range of supports they required, for example:

For me, it means, you know, families being able to access one bit of the service and be aware of other bits that they might need, that they can access. So families getting support when they've got young children and that might be a range of services. (Redfern 7)

This interviewee pointed out that ensuring smooth transitions and seamless supports had long been intrinsic to the kinds of supports their service provides, and as such, was not new:

I'm supportive of the idea that for families, there should be smooth transitions and families should be able to get access wherever they come into the system and want support. So I'm supportive of those sorts of ideas, but I think that they don't know the history, because we were doing this in the past and it's almost as though this is new for us again and it's not. (Redfern 7)

Staff in centre-based services frequently mentioned the importance of families knowing what is available in their community, as they recognised their role as conduits between families and services and supports provided either by SDN or other services. As an interviewee explained:

If a family hasn't been diagnosed or they don't know that children can have some complexity in their needs as well then I don't think they would have known that SDN can provide these services unless we verbally tell them or we have resources for them set up (Milperra 1)

Some also discussed integration in terms of enabling other SDN or external services to assist children and families in centre-based settings, for example, to have specialist speech therapists assist a child (discussed in more detail in Section 6.2).

## **HOW STAFF DO THEIR WORK**

Integration was also understood in relation to the ways staff do their work, in particular, the ways expertise is shared across teams, disciplines and professions; joint planning and decision making; collegial working; and engaging in practice that is child and family centred.

### **Sharing expertise across teams, disciplines and professions**

Some interviewees discussed integration in terms of having opportunities to draw on and share knowledge and expertise across SDN, and across disciplines and professions, to achieve outcomes for children and families. Some interviewees referred to the "team around" approach, involving multi-skilled, multidisciplinary project teams. As one leader explained:

We've created some structures for how we come together. So when we come together, we're having, like a team around approach. So team around a project or a challenge or an issue, and it's those people who need to be around the table to help with the solutions...Those people who have been chosen are going to add something to that solution, and so if we can communicate really well during that process and listen to what the challenges are and what the project requires and then give our best solutions or advice, that will help. (SLT 5)

In centre-based settings, staff considered integration in terms of being able to obtain assistance from other areas of SDN easily, and being open internally, including having access to staff in other centres, and senior leaders. Some also talked about being able to share expertise not only with other professionals, but also with the people who were significant in the child's life. One interviewee from a centre-based service explained how she understood integration:

Working together with all other professionals, not just professionals but anybody in the child's life, that could be the therapist, that could be grandparents, just working as a whole around one child. That's really what integration means. And just really being able to tap into all the things that you need when you need them rather than having to search. (Ngallia 1)

Staff in Granville in particular discussed sharing knowledge across what they described as 'transdisciplinary', or 'multidisciplinary' teams, a structure which sought to enable different skillsets to be combined for the benefit of children and families, but which was considered to require considerable confidence in one's professional identity, and capacity to work in non-traditional ways. This is discussed further in Section 8.

## **Working collegially**

Some staff and leaders also understood integration in terms of working together in a collegial and inclusive way. These interviewees discussed the importance of supporting colleagues and being supported, for example, by being connected with other SDN services to obtain or provide advice, and to make decisions to ensure families are provided with the most appropriate and effective supports. Some staff mentioned a high level of confidence and skills is required to draw on expertise of others, and the need for good communication and accountability in doing so, describing the need for:

... really good liaising and really good working relationships with other staff, both within SDN and outside of SDN. Just keeping that communication pathway open whether, it's phone calls, emails, letters whatever, just that its regular and ongoing. (Granville 19)

## **Child and family centred practice**

In all the sites and service contexts, and among SDN leaders and staff, integration was understood in terms of working with families and children to get the best outcomes, and ensure families achieve their goals. As one participant stated:

It's working together for the family and the children. Like, you know, for the best. To get the best outcomes for families. (Redfern 5)

To this end, integration was seen to require practitioners to see themselves in the life span of the child and context of family, as a resource for families. Interviewees described things like 'tuning in' to children and families, seeing through the lens of a child, putting children at the centre including all children and families, making decisions around children and families, being creative and innovative in helping children and families achieve outcomes, and being

accountable to children and families. In centre-based settings, interviewees talked about working in partnership with parents, providing parents with information, having good communication, and responding to issues early.

Again, some staff said that the changes to SDN were formalising what was already part of their work. A few interviewees pointed out that the practices being promoted as part of the integration agenda were things that were built into their model of professionalism. As such, integration encompassed approaches to practice they felt comfortable with, and felt aligned well with their professional preparation and philosophy:

The philosophy of [my profession] aligns really well with our model and our aims. So it's actually a really nice role to be in because it sits really close to my own personal beliefs. (Granville 19)

I don't see it as a new approach. It's something that if you are trying to get other people to work in an inclusive manner then you need to encourage an integrated approach at all times. So for me it doesn't feel like anything new, it's something I've always, it's the way I've always worked: getting everyone together to work collaboratively in the one way. (Granville 8)

## INTEGRATION AS INCLUSION

Many educators understood integration in terms of inclusive ways of working, and articulated their experiences of, and commitments to including all children in activities in the centre, understanding Aboriginal cultures, bringing cultures together, and encouraging all children to reach their full potential, regardless of their background or special needs. As well as including children, staff referred to integration as working in an inclusive way with parents and colleagues, who may also come from diverse backgrounds. As one interviewee explained:

I think integration for us is more open to everyone, for community, for parents, for other staff...like we give the opportunity for special needs...We try to encourage all sort of cultures, like everyone is welcomed. (Ngallia 5)

## 6.2 INTEGRATION IN PRACTICE AT SDN

Some frontline staff, especially in centre-based services, reported they were not aware that SDN was in the process of becoming an integrated organisation, or had become aware only because of the research. Others reported that they had become aware through staff meetings, managers, newsletters, or inductions, but were unclear about what it meant in the context of their work. Others however, felt integration was relevant to their work in a range of ways, although it was recognised to be 'early days' of the journey. In Granville in particular, many staff were aware they had been deliberately recruited based on their experience of integrated approaches. For leaders, actively promoting integration throughout the organisation tended to be core to their work.

Notwithstanding, the interviews provided an opportunity to discuss experiences of integrated practice at SDN, even where staff did not use the language of integration. The findings demonstrate how elements of integrated working are built into some SDN service, and team models. As such, in some SDN services, aspects of integrated working are considered routine. Further, discussions explored experiences of co-location, and showed how staff recognised that SDN's co-located services demonstrate potential for integration, but that this potential was not necessarily realised across the fieldwork sites.

## INTEGRATED WORKING IS BUILT INTO SOME SDN SERVICE MODELS

Integrated working is built into some SDN service models. Many staff at Granville, for example, were working in services which aimed to promote the integration of children and families in community and mainstream services. Interviewees from these services described working across services to promote capability for working with children with disabilities, children from CALD and refugee backgrounds, and children from Aboriginal backgrounds. Many Granville interviewees described the importance of building relationships and working with educators so that they, in turn, could build relationships and work with children and families. As one interviewee described, this kind of collaboration sought to promote inclusion:

... to ensure that services work together and so that they can pull together ideas, look at the goals that the families may want for the child and so to use that at an inclusion meeting to work towards the future of the child and the family (Granville 7)

Further, the purpose of building the capacity of service systems, and promoting inclusion, was built into service models. As interviewees at Granville described, their work routinely involved:

[H]elping families navigate the complex system of local health, education and welfare services—then pulling back once they have built capability and facilitated access. (Granville 1)

A lot of it is around getting them [educators] to believe they're skilled in what they do. That's one. A lot of it is around the attitude around kids with special needs and that they're not too difficult or challenging... you're dealing with all those underlying attitudes around this family's really difficult. It's about building empathy for families as well. A lot of the stuff is also around the joint documentation. A lot of them don't have family plans for their children, they don't have child profiles. (Granville 3)

For Brighter Futures staff, the early intervention service model, coupled with the complexity of families' needs, also meant that working in integrated ways was integral to their service model and practice, as it brought them into regular contact with staff in other agencies:

I have a caseload of families that I work with and I guess, I support them in a variety of ways to access services in the community, including accessing childcare and parenting programs ... Say, if the children need a speech therapist, we help parents access things like that and if it's around their own mental health, we support them to access things like that as well ... [with] our families, we would refer out to other services quite a lot. We would see them [staff from other agencies] in inter-agencies, at community gatherings, so there's quite a lot of opportunities ... it's important to collaborate a lot with other services and share knowledge. (Redfern 6)

In centre-based services, integration was also part of the service model, albeit in different ways. Many educators didn't themselves have contact with other areas of SDN or other services, yet still aspired to understand the other services SDN provides and other services in the community, as they knew they may one day need to provide families with this knowledge. As educators were very much focused on their work within centres, they tended not to share a sense of families 'moving through services'. Few were aware of whether families they had contact with were using other support services, and where families did require this support, they assumed it would be provided through a room leader or centre director. Educators in baby rooms in particular tended not to have experience of supporting children with complex needs, pointing out that many special needs, such as autism, tend to be diagnosed later.

However, in some cases, integration involved enabling staff from other parts of SDN or other agencies to visit Centres to support inclusion of children with complex needs. At Milperra, several staff experienced integration through the service's relationship with SDN Beranga. One person reported, for example, that:

They have staff members that connect with us and help us for our children with challenging behaviour and our children diagnosed with autism and they come out. (Milperra 2)

In some cases, involvement of other services in ECEC settings could be initiated, led and paid for by parents. In any case, it was welcomed by staff as important for the children and as a learning opportunity, as the following account demonstrates:

We've got a [special needs] child in our room, and we've got people who have been working with him from another service coming to our centre and had a meeting with his parents and me.... ...Having those services come in, it's just such a great idea, because it's too hard to get out of the centre... There's sign language that they [practitioners at another service] do with him and he's already picked it up over there but he never does it over here, and when we had that meeting they explained to us and I was able to pick up all those techniques, and then I worked with him and it's been working really effectively here ... For me, as an educator, it's not like I know everything already. From this experience I gained something... it will help me as a professional teacher. (Ngallia 8)

Other opportunities to enhance children's experiences and learning included engaging with other community organisations to involve them in the children's educational program, such as having police officers or the fire brigade visit services, or having Aboriginal dancers perform for children. In other cases, integrated practice included promoting inclusion and recognising diversity, and supporting parents to participate in services in ways they felt comfortable. As one educator explained:

[W]ith culture, for example... I want to bring like all different cultures together, so like, for you know Harmony Day and stuff, I got the children's, like their backgrounds. So all the individual backgrounds and I painted their flag on their hand and then made a banner. (Redfern 2)

## **INTEGRATED WORKING IS BUILT INTO SOME TEAM STRUCTURES**

Integration was also built into some team structures and working arrangements at SDN. Leaders highlighted how they work across service contexts, giving them opportunities to meet staff and share skills and systems across areas. For frontline staff at Granville, the deliberate mix of disciplines in the team sought to promote integrated working. Indeed, staff recognised themselves to be working in a multidisciplinary or transdisciplinary team, and many found arrangements at the site extremely enriching, as the learning from professional relationships provided opportunities to grow and develop, and achieve good outcomes:

I've got all these people's expertise on tap; I can ask them questions all the time. (Granville 11)

...in terms of the families that tend to be referred to us, we are well equipped to not only support them but to support each other as a team as well. (Granville 2)

In other contexts, staff and leaders experienced integration through project-based team structures developed for particular purposes:

There's a few different team arounds to get together to talk about practice and the way they've been practicing. So they had one for case management, they had one for childcare within Brighter Futures and they had one around parenting programs ... So I guess I have a bit of contact there, but that's not an ongoing thing. (Redfern 6)

We intend to have a monthly mapping meeting, to support Aboriginal families and that's through my manager and the manager higher up. (Redfern 7)

Ideally, the project teams referred to as 'team arounds' were also intended to bring staff together around the child or family, without requiring them to move between services or contexts to access the assistance they required.

## **CO-LOCATED SERVICES ARE NOT NECESSARILY INTEGRATED**

Integration was built into the sites, through choices to co-locate particular services. SDN Milperra is located on the grounds of a school, and staff reported they were developing connections with the school, for example, to enable access to the library, and develop a school transition process, and that "as time goes on we will hopefully build that bigger connection" (Milperra 6). At Granville, interviewees felt co-location had improved the quality of their work together:

I have a real trust in the staff that they will look after the families' needs, because I know the staff so well. Because we have a relationship just from being in the same building, and seeing each other each day and talking to each other, and sharing things like doing training together, or having staff meetings together. (Granville 14)

At Redfern, there was much interest in more collaborative working between 'upstairs' and 'downstairs':

We've been trying to get the people upstairs to come and like, just engage with the children. So I think that's in the process. Yes, like it's been discussed, yes. (Redfern 2)

With the childcare centre downstairs, we see them pretty much every day and touch base every now and then. (Redfern 6)

However, some Brighter Futures staff expressed ambivalence about working more closely with the Centre, on the basis that it wasn't necessarily a priority for the families they were supporting. In particular, Brighter Futures staff pointed out that although working together would provide an opportunity for shared learning, working with families in early intervention contexts, and working in Centre-based settings, ultimately required different skill sets:

Our training is specific to Brighter Futures, because what we do for a job is quite different to what the childcare centres do. Yes, I think there could be some shared learning, but I guess our day to day tasks and how we would use that knowledge is different as well. (Redfern 6)

Further, some saw it may not be best practice to have all Brighter Futures families together, that the security feature of the Centre might deter families, that the cost of childcare could exclude their participation, and that not all lived in the local area.

## 7 ASPIRATIONS FOR SDN'S JOURNEY

In this section we discuss SDN leaders' and employees' aspirations for integration. Through the interviews, participants articulated strong aspirations for integration to improve life for children and families. They also hoped it would improve consistency across SDN, develop more inclusive services, improve the service system, build staff capacity, and achieve better recognition of the services and supports SDN provides. Note however that this interview question wasn't answered by all staff, as some felt they did not have sufficient knowledge of SDN's integration agenda, or, for other reasons, did not feel able to answer the question.

### 7.1 IMPROVE LIFE FOR CHILDREN AND FAMILIES

Ultimately, interviewees recognised the goal of integration was to improve experiences for families and children, and the outcomes they achieve. They hoped it would help build family capacity, so families could feel more capable to make decisions and advocate for their children, that families could feel valued and confident they could have their needs met rapidly, and in a respectful way, and that SDN would help families to feel positive and confident that their needs would be met, without (for example) needing to 'go to 10 different places'. These aspirations are reflected in the following statements:

For me it really means that we can be meeting the best outcomes for children and families because we're all working together; we're sharing knowledge, we're sharing skills, we're allowing families to make choices, for them to have control, for them to have options. (Granville 13)

Families coming through the door and being able to have the support from anyone at any time that they need, when they feel that they need, so there's no wrong door. (Granville 9)

A more fluid approach to the, you know, the strengthening and the protection of, you know, children and families and ensuring that every, you know, every child's rights are being addressed, you know. So the right to a healthy, educated, well developed upbringing and you know, having all the supports that, you know, is every human's right to have, type of thing and how best we can deliver that. (Redfern 9)

Ultimately, seamless access for families and children. I want an easier journey for children and families. I want SDN to be leading the way. I want families to go 'when we went to SDN we didn't have to say our story 50 times'. 'We got connected to people without having to jump through hoops'. 'We heard the same sorts of things from services even though they were across an organisation'. Ultimately this is about children and families being helped through the challenges that they are facing and feeling valued and listened to and that would be – that's the ultimate for me. (Granville 17)

Another interviewee explained how they hoped integration would give families:

A feeling that it didn't matter what SDN did, if you were in touch with SDN then you'd get a solution of some sort ... once you walk in the door, somehow you'll be led to a solution, whether it comes directly from SDN or whether SDN leads you somewhere else that gives you that solution. (Granville 4)

## 7.2 IMPROVE CONSISTENCY ACROSS SDN

Leaders also referred to the need for consistency across SDN, and hoped the journey to integration would help achieve it. Leaders discussed the importance of developing transparent eligibility criteria and priority of access guidelines across SDN, for example. The Pathways for Families document in particular was seen as something which would be used to drive change across SDN, to provide consistency and best practice around procedures for accessing SDN services, and including and supporting children and families. Some also aspired for it to bring unity in vision, or 'being on the same page' across SDN.

## 7.3 DEVELOP MORE INCLUSIVE SERVICES

SDN staff and leaders also hoped the journey to integration would lead to more inclusive services. Leaders hoped it would help strengthen SDN's orientation towards serving children, and change the mindset of staff to ensure everything would be seen through the lens of the child or families' experience. Leaders referred to targets and performance indicators around the inclusion of disadvantaged children in SDN services, and discussed how they hoped the journey to integration would ensure children requiring services the most were priorities.

Educators also hoped the journey to integration would lead to more inclusive services, aspiring for services to include children from all backgrounds and children with disabilities, and treat all children with respect. Staff from non-centre-based services also discussed the need to develop more inclusive ECEC settings, for example:

I hope it would achieve childcare centres that were very inclusive, so in terms of SDN's childcare centres, I hope they would be very inclusive both at children at risk and children with disabilities and anywhere else on that spectrum [of disadvantage]. (Granville 12)

These staff also hoped integration would help ensure children are valued and listened to, and would enact children's rights to health, education, safety and participation.

## 7.4 IMPROVE THE SERVICE SYSTEM

SDN staff and leaders also aspired for integration to improve the service system, by developing more flexible services and supports, better quality services, better collaboration between services, and clearer, more transparent pathways for SDN and other services. Leaders hoped integration would improve opportunities for families to access the full range of SDN services and supports. Educators hoped integration would lead to higher levels of involvement of other services or other parts of SDN in centres, and higher quality education overall. Other staff discussed making an easier journey for families and children through services, ensuring there was 'no wrong door' and making it easier for families to get the help they need. Ultimately, it was intended to ensure the service system would improve the ease with which children and families could access services and quickly obtain effective assistance, and provide a broader and more effective safety net for families.

## 7.5 BUILD STAFF CAPACITY

SDN staff and leaders also hoped the journey to integration would build staff capacity and confidence. Leaders aspired for integration to shift norms of behaviour so staff would better understand their role in the context of the lifespan of the child, draw on units across the organisation, collaborate with other services, work effectively with other professionals, and make it the norm to actively target priority children for vacancies in ECEC services.

Educators aspired to become better educators, and to be able to draw on support from outside their centre as required. Staff outside the centres hoped the integration agenda would help them build competence and confidence to broaden their role to meet families' needs, improve their practice through opportunities to learn from outside their discipline, and promote their access to resources and ability to cope with the demands and complexity of their roles:

Having an integrated approach like what SDN is planning to do—what they are working towards—is going to give us personally more knowledge, more understanding about how we can support those educators and give them those ideas so that they can work more directly with those families and children and give them the support that they need. (Granville 7)

Ideally, it would achieve staff that are confident in doing things other than just their role, so staff that are confident with ringing up and doing an intake questionnaire and making the family feel really comfortable and like that they want to come to SDN, they feel SDN will support them, not judge them. So staff that are confident doing that and I suppose really that is, that would be a transdisciplinary way of working if that was happening where they all can cope with that role. (Granville 12)

## 7.6 BETTER RECOGNITION OF SDN SERVICES AND SUPPORTS

Finally, SDN staff and leaders hoped the journey to integration would help promote better recognition of the diversity of SDN services and supports. Among leaders, the importance of recognising the important contribution ECEC workers make to supporting families was mentioned. Educators also hoped integration would achieve a better reputation for SDN in the community, and recognition among parents of SDN as a provider of a broader set of supports, and “not babysitting”. Staff in non-centre based services also hoped the integration agenda would bring about better recognition of the non-childcare work that SDN performs, to consolidate a shift in SDN’s organisational identity from an ECEC provider to an organisation achieving outcomes through a wide range of services and supports.

## 8 STRENGTHS AND CHALLENGES IN SDN'S JOURNEY TO INTEGRATION

Staff and leaders were asked what they thought had been working well for SDN in becoming an integrated organisation, what were some of the challenges so far, and what they thought would help SDN as it continued in the journey to integration. Interviewees' accounts demonstrated that many structures conducive to integration were in place in SDN, that staff generally felt well supported, that the integration agenda could attract high quality staff, that SDN induction and training opportunities provided a basis for learning about integrated working, and that leadership and communication were generally effective.

### 8.1 STRENGTHS AND ASSETS

#### MANY STRUCTURES CONDUCTIVE TO INTEGRATION ARE IN PLACE

When asked what they thought was working well for SDN in the journey to integration, many staff referred to the strength of structures already in place. For example, in centre-based services, staff pointed to the role of community leaders and centre directors as conduits between Centres and the community. In Granville, staff pointed to the importance of the multidisciplinary team, and co-location at a community hub:

Having all the programs on site here is very helpful, talking face to face with people and having that really good relationship already with the staff of the other programs just makes it so much easier to contact them and say 'I need help with this family, can you work with me'. (Granville 14)

I've always been encouraged and very connected in with a whole range of different services purely because we are in the one building ... (Granville 17)

Also mentioned were the strong connections SDN services have with other service providers:

I think about the connection that we have with family and community services and I think about our referral pathways. I think about the connections that we're having with Medicare local and I think that they can all be, you know, part of an integrated system, which will allow us to have better and quicker referral pathways and that, will develop over time. (Redfern 9)

#### STAFF GENERALLY FEEL WELL SUPPORTED

Many staff described feeling that SDN supported them well to achieve the outcomes for families they aspired to deliver, and this is a major strength for SDN as it continues in the process of organisational renewal. In ECEC settings, a few staff mentioned having access to staffing ratios which were better than the industry minimum, enabling them to work more closely with children. Others described things like:

I feel like I'm supported. So if I need help and I'm not sure how to go about a situation, I will ask my room leader or I'll go to my director and they're always there to help. (Redfern 2)

Everything is just a phone call away. (Ngallia 8)

Through my experiences, I feel that SDN always been there for parents. Always been there in regarding their needs, their point of view. Anything that any parents are faced with in any field, SDN always been playing a significant role. (Ngallia 7)

For others, staff felt able to commit to families, and to supporting them in their transitions:

I feel that we don't dump families, which can happen in some disability services ... often they can contact us again in the future ... We don't just cut off all communication or all support ... I would try to attend meetings or initial visits with other organisations ... so the families feel like their hand is held moving from one spot to the next. (Granville 19)

## **INTEGRATION ATTRACTS HIGH QUALITY STAFF**

A second strength or asset is that SDN has attracted high calibre staff, including many who were attracted to SDN because of the integration journey. Indeed, the integration agenda offers ways to work flexibly, and to branch out and develop as professionals. At Granville, many staff recalled having been asked about integration in their interview for the position, as they had been specifically recruited to work in integrated ways. Indeed, many had found out about SDN's integrated approach in researching the organisation prior to interview, and it was something that had attracted them to the job:

One of the interview questions was that they were moving into a more integrated service approach and what did I feel some advantages of that would be? So my background, I've worked in other integrated services, so to me, it's a natural way I think in this sort of industry is to be able to work effectively having all the disciplines together and working as a partnership rather than services, families and educators trying to figure out the way by themselves. (Granville 9)

I'm quite fortunate that way, being in the multidisciplinary team, we do have access to tap into other disciplines and other expertise that I wouldn't be so knowledgeable in...Its good to be able to tap into their knowledge. (Granville 6)

We're all aware of what each other's knowledge base is and we're able to share that with each other and feel comfortable to tap into that. (Granville 11)

## **SDN INDUCTION AND TRAINING ARE OPPORTUNITIES TO PROMOTE INTEGRATED WORKING**

Internal opportunities for induction, training and support through the practice unit are opportunities to promote integrated working. Especially for those in centre-based services, induction was the key and sometimes only opportunity for staff to attend head office and learn about SDN as an organisation. Staff training was an opportunity to meet other SDN staff, develop an identity as part of a bigger organisation, and share knowledge, experiences and information, and interact with others. The practice unit was also seen as a key resource for promoting integrated working. One interviewee described the value of the practice unit, in that people are:

[T]aking the time to stop and reflect on what's actually happening, what's going on, what's working well, what do we need to change? (Granville 13)

## EFFECTIVE LEADERSHIP AND COMMUNICATION

Strong leaders and managers, and good communication were also recognised as important for shifting thinking and ensuring all staff were both committed to the same common goal, and that they felt supported and heard. Some staff felt communication was difficult given that SDN was large, located over many sites, and had many part time workers. However, most recognised leadership and communication were strengths in the integration journey:

It's a very supportive office. We have a great structure in regard to supervision and support. The managers and the team leaders are very good in that area, to provide you with that support. (Redfern 5)

Managers are quite good at letting us know what's happening and what's coming down the road and preparing us for any change... often things are communicated verbally and then followed up with an email so you don't get information and either forget about it or you're not bombarded with information. It kind of just is like it comes across very smooth. (Granville 19)

## 8.2 CHALLENGES

The interviews also asked SDN staff and leaders what they perceived to be challenges in the journey to integration. This highlighted potential challenges related to structure, organisational identity, co-location, time, service networks, skill, professional identities, and family preferences and awareness.

### STRUCTURE

Some interviewees commented that SDN was a large organisation, with many centres and services dispersed in different regions, with a patchwork of services which depended on funding contracts in each area, and perceived these features to make integration challenging. However, for the most part, the regional structure of SDN was considered a facilitator of integration, rather than a barrier. Some noted however that SDN's regional structure was not traditional, and working across typical line management structures required some adjusting to. As one leader explained:

It sometimes feels a bit clunky because we're trying to work it out ...The structure is not traditional so you know, you've got your line manager but you also then have to work across with many people and you might not be their manager but you still have in some ways organisational authority to be you know facilitating things and influencing and making things happen. (SLT5)

Others, however, felt that even under the new structure, the hierarchy through which approvals were required inhibited opportunities to work in integrated ways. For example, permission needed to be obtained from managers to contact staff outside the organisation. As one interviewee explained:

If I wanted to meet with [a worker in another organisation], I would have to go through the manager. I couldn't just call her up and say, "Oh do you want to get together and have some coffee or a chat?" You know, we'd have to get approval that that was okay, that we got together and meet. Like, sometimes that seems a bit ridiculous. (Redfern 8)

## ORGANISATIONAL IDENTITY

Another challenge relates to organisational identity, as SDN integrates a wider range of services with early education and care. Several interviewees working outside the centre-based services felt centres were the priority of SDN, and leaders didn't have as thorough an understanding of the other (non-centre-based) services and supports SDN was providing. A few staff also suggested differences between centre-based services and other services and supports presented a challenge to integration, for example:

Well, the challenges obviously have been because they've been mainly just early education and care services, I mean, they were actually really just childcare services. They've tried to extend into education and care and they're still trying to find their way with that one, some of them. Then, they expand it into, you know, Brighter Futures and all this, but still, their core work was working with educators in childcare services. So it's been very difficult to understand the different needs of everybody in their organisation. I think that's been quite difficult and I think, there's just so much change. (Redfern 8)

The frustration I have is that we are a very different service to the mainstream childcare centres. I see that there's a great opportunity to work together, but at the end of the day, they're an early childhood service. We're an early intervention service working with families that are at risk of going into the system. So just how it is. They are different services. So integrating them can be quite difficult. (Redfern 5)

We are still trying to bridge that gap between the organisation's commitment to access and equity and the realities of childcare is costly and SDN hasn't solved that problem of how we make it accessible to people. (Redfern 7)

## CO-LOCATION

Co-location was, overall, considered a facilitator of integration. However, some felt it may not be the kind of integration that was most conducive to outcomes for children and families. For Brighter Futures families in particular, co-location was not considered by workers to be ideal:

Childcare in particular, has so many rules around safety and protectiveness and things like that, sometimes our façade is very intimidating. You know, you've got to come through the child gate and you've got to know that, and then press the buzzer and know who you want to talk to. You know, wait until someone's at the door. Those sorts of things are not user friendly for someone coming off the street and for many of the families I deal with, which are sometimes Indigenous, they're a bit scared of organisations anyway. Their contact with organisations in the past has always been a little bit, with a power imbalance. (Redfern 7)

## TIME

A recurring theme was that integrated working, and the journey to integration, will take time. Leaders pointed out that the complexity of change meant becoming an integrated organisation would take time:

When you're trying to create change in attitude and in behaviour that's slow, because you can't impose, you have to build relationships and supports to get the best outcome. (SLT 5)

Others also recognised it was still early days in the journey, and that challenges were implicit:

With anything new I think there's lots of trial and error and ironing out of things and that that sort of stuff. (Granville 6)

Time was also a theme for frontline staff. In centre-based services, many interviewees described being too busy to meet with and connect with other areas of SDN:

The day is just so busy and we don't get that time off the floor so there's not really much time for reflection or to think what else can we do for this family? Or even be able to sit down and have the chats with mum and dad because at pickup time there's always 10000 people around and you're rushing and if you say to the mum 'I can't really speak to you at the moment do you mind making an interview time' well that's again trying to find a chunk of time in their day and in our day, it just doesn't happen, so then it's hard to build those relationships. (Milperra 4)

You're kept on your toes a lot and sometimes there's just not all the time to do what you need to do because of the ratios, because you need to have so many children at once rather than being able to focus on them one-on-one. I don't think you get that time that you do need. (Milperra 3)

Interviewees who were not working in centre-based services also felt time and pressures precluded them from progressing the journey to integration. Many found it a challenge to find the time to attend interagency meetings and connect with other organisations in ways they felt would be beneficial.

## SERVICE NETWORK

Interviewees also identified that elements of the service network might present barriers to integration. Some organisations, for example, were observed to not share SDN's family-centred approach, or, for various reasons, to be unwilling or unable to collaborate. Medical professionals in particular were identified as difficult to work with, especially as the time they could spend talking with families and other professionals was limited.

Staff at Granville discussed the importance of centre-based services, both within SDN and external services, being receptive to integrated supports, and confident to access them. They also discussed the importance of service availability and accessibility in the wider service network, to their effectiveness. Waiting lists could be long or have rigid eligibility criteria, and families could slip through the gaps between services:

No matter how much funding is out there, there are still not enough places for everybody... There are always families out there who are slipping through the gaps because there are just not enough places and the waiting lists are very big. (Granville 13)

I feel the program I'm working in at the moment is very flexible which is really, really great. So I'm not really tied to a rigid model or a rigid number of therapy sessions or anything like that. I feel it's very flexible. But I would just get frustrated in regards to the larger picture of what families can access outside of us. (Granville 19)

## REQUIREMENT FOR HIGH SKILL LEVELS

Challenges which were related to the skills required for integration were also identified. Some staff who were not centre-based recognised the difficult climate in ECEC generally, especially given the young age profile of the industry, the increasing demands on educators, and their high turnover, which can make it difficult to work in partnership with Centres. Some interviewees expressed concern that a lack of preparedness of staff in centre-based settings, along with a lack of time to devote to integrated working, could hamper the effectiveness of the agenda. Some commented that educators in other services often had knowledge of child development which fell below the standard that SDN staff expected, so needed a lot of support to understand developmental trajectories. It was thus seen as an important element of the journey to skill ECEC workers up to work with families with complex needs or from target groups. These points are reflected in the accounts below:

Often services will only have the bare minimum in training for educators.  
(Granville 8)

My frustration is that if the childcare staff downstairs take a phone call, they might not necessarily know how to ask those questions.... It's a different skillset, so you know, they may not see you or know how to ask those questions to tease out what's really happening with that family. ...Just as we wouldn't know, probably, the questions to ask about childcare. (Redfern 5)

That's actually a very skilful thing to have a conversation with a parent and not put them off, not put them in a position where they feel they have to lie to you because they're embarrassed but put them in a position where they really, genuinely have a choice to answer or not to answer and I think that's a very skilled thing. (Granville 12)

## FAMILIES PERSPECTIVES

Challenges were also identified relating to families' preferences and awareness. Some educators felt families might not want to access other services and supports through childcare, particularly if they did not want to disclose financial or other private family issues:

They mightn't want their children's carers to know that they're having these issues so they might want that private. (Milperra 4).

Most however felt fairly positive that they could do more to raise families' awareness of the services and supports SDN can offer, and to offer avenues that maintained privacy and dignity.

## PROFESSIONAL IDENTITIES AND CROSS-DISCIPLINARY WORKING

A further set of challenges related to professional identities and cross-disciplinary working, which were implicit in the journey to integration. Some described how working with other professionals could be difficult, as some people had been trained to work in more traditional clinical roles, or preferred to work independently. Within these accounts however, interviewees implicitly valued cross-disciplinary working:

I feel like sometime it's a struggle to kind of communicate to people who don't have the same background as me about why we're doing something a certain way or why the family need a certain amount of home visits. There's always sort of tension and conflict between different professionals...there's only like one or two of us from each profession...I feel like it's a bit of a struggle to be honest, the way it's working at the moment...it sort of still feels

like everyone's just kind of working on their own a little... there's possibly a lack of understanding of [my profession] amongst other professions. But then I probably have a lack of what other professions do...there's probably that room to educate each other. (Granville 5)

Some staff are keener to collaborate and share knowledge and skills than others. So I guess that's probably been the challenge, getting people to have their own identity and feel value in themselves in whatever discipline they're working in, but then be able to share confidently their skills and knowledge with somebody else. (Granville 13)

Indeed, interdependence could involve feelings of a loss of professional identity for some, especially for allied health practitioners who may have transitioned from roles involving 'therapy' to roles focused on capacity and community building. Working with other professionals could also be challenging for educators, who may feel their skills and contributions are not fully recognised by other professions. One interviewee observed:

You have early childhood workers who have felt like they are being watched by therapists who come into the room because they are not used to them just being part of that setting. They are used to them coming in to see a child and then coming out again, but actually being part of that team on the floor has been challenging. It's raised a lot of issues around the early childhood educator's ability to articulate what they do, their pedagogy and stuff, and to really value the unique perspective that they bring and being able to identify what it is that's unique about what they do compared to what the therapists do or the psychologist does. (Granville 17)

From the perspective of an educator, however, although their skill set did tend to be under-recognised, this was improving:

Early childhood I think is just starting to break out of this notion that we're babysitters...other professionals are finally getting to understand that we have knowledge about the child that can be useful. (Ngallia 1)

## **8.3 WHAT WOULD HELP SDN IN THE JOURNEY TO INTEGRATION?**

Interviewees were asked what would help SDN in the journey to integration. Staff referred to the need to build relationships across SDN, build staff capacity, develop the profile of SDN, tune into families, and network.

### **BUILDING RELATIONSHIPS ACROSS SDN**

Several interviewees referred to the need to continue to build and consolidate relationships across SDN, and to communicate across areas. Some felt there would be benefits from learning more about other services, perhaps by visiting other sites:

I think we're at the stage where people are learning more about each other's programs, how you can work together, what you can offer, what SDN is offering here with its range of services. So I think that probably needs to be strengthened a bit more. (Granville 10)

We don't really mix between centres. Like, I do want to go and visit. Like, we've discussed it, that we'd be going and visiting other centres. (Redfern 2)

For educators, better knowledge of SDN was seen as integral to the integration journey. As two people explained, for example:

Integration would be more helpful if I knew exactly what SDN could offer, so I can say, we've got head office with all these workers, we've got all these little branches and all these people that have all these services but I can't actually specifically tell you what those services are. So I know that we're becoming an integrated SDN company, whatever. But I can't be more specific so if I was able to become more specific, I could probably be more helpful to the families in my room. (Milperra 2)

I do feel SDN does have a lot of support. Just as a new staff member coming in; there's just so many different titles and so I have been a bit lost in all of that. I definitely feel it would be great to even have a meeting, one on one or as a team, just to go over those support networks. That would probably be really helpful. So that all the staff are aware of exactly who to speak to, whether it's the director, the room leader. (Redfern 4)

## **BUILDING STAFF CAPACITY**

Staff also saw the need for further staff development, to build capability to promote integrated working. At Redfern, staff suggested more Aboriginal staff, and upskilling of childcare staff in general:

Skilling the childcare staff a little bit more. Like, there's a fairly high expectation on the childcare staff...particularly this centre, it's a really difficult centre where they work and they try so hard and they have a lot of challenges and a lot of challenging families in this area. (Redfern 5)

Indeed, to improve pathways for families, and inclusion in centre-based settings, there was a perceived need to improve level of skills in ECEC services, especially for staff working with families in vulnerable circumstances:

There's been lots of stuff done around prioritising families and so then prioritising families where there are child protection issues, where there's been domestic violence, where there's mental health issues, but then the staff perhaps they need a lot more training to work with those families. (Granville 12)

## **BUILD AND DEVELOP THE PROFILE OF SDN**

Many people suggested a need to build and develop the profile of SDN, to ensure recognition of the full range of services:

A lot of people know SDN as childcare, no one knows that there's all that behind the scenes things that are on offer, so as much as it is about letting the staff know, it's about letting the public know, because if you let them know that you have all these avenues then they will come to you. (Milperra 2)

SDN as an organisation is known, but I don't think people actually know what SDN does. I think out of the service, like in the community when you mention SDN, they think of the childcare centre. They don't think of the organisation

and what SDN actually does. It's more, it's just a childcare centre.  
(Redfern 3)

This was seen as especially important for families:

I think not all parents know that SDN is not just a childcare centre...I don't think all the parents know, because even me working, I'm still not entirely sure how many types of services SDN provides. (Ngallia 8)

I think they could get more insight into what we can offer them. I think they do have some information but I think they could be made more aware of what we can support them with. (Redfern 3)

It was also seen as important to develop an accurate profile of SDN in the service network

I think there's a lot of confusion out there, because SDN has a lot of different programs I think they get confused sometimes as to what the different programs are and who works in what program and what program supports what need and that sort of thing. And same with the centres. You go into the centres and they are very confused as to- they know we're from SDN but they don't always know what program we're from or the nitty gritty of the differences between different programs. (Granville 6)

Families and educators get really confused because they think SDN is just childcare centres...sometimes we need to explain that there is a huge range of services provided and so kind of I feel that sometimes that's my role, to explain that and to give that information. They get very easily confused, because they are all just acronyms to them and especially if they've got a child with a disability, they might be dealing with eight or nine people, different organisations. (Granville 8)

## TUNE INTO FAMILIES

Interviewees suggested SDN needed to become better attuned to families, to ensure the organisation was aware of what they want and need, to become more driven by, and focused on families, for example:

Getting a better understanding of what families want will help us a bit more, so really sitting down and thinking about what are we doing, what's our purpose and is it driven by us or by the family, so just changing that viewpoint a little bit and it's really hard because if you've been in this profession and been developing in a certain way, you have to change your mindset completely. (Ngallia 1)

## NETWORKING

Continuing to build networks in the community was also seen as essential to the integration journey. Indeed, good connections were seen as integral for effective work across agencies:

Having those connections means that we know- I guess you have a level of comfort and trust then too, so you're more willing to refer families and ring up and have that conversation and say 'look, I've got a family, how long is it on the waiting list for you?': and to talk through different things like that so that you really are supporting the family not just referring them to somewhere and they get lost. (Granville 13)

This would require time to network and share knowledge, and a willingness on the part of staff and leaders to commit that time.

There haven't been as many opportunities to get together with other people that do our role within SDN. We as a team have met up with another region for a luncheon and for that purpose, because there is no longer training being provided for us specifically. (Granville 8)

## 9 FAMILIES' PERCEPTIONS AND EXPERIENCES

In each of the fieldwork sites, SDN staff distributed a survey to families with a child using SDN services, on behalf of the research team. In most cases, a link to the online survey was distributed, although a hard copy was provided to a few who preferred it. As an incentive to participate and symbol of appreciation, for each completed survey the research team made a donation of \$5 to the service. Estimated response rates are reported in Table 3. Note that these are estimates. While the number distributed was based on email addresses for parents with children using centre-based services, the numbers may not have accurately captured the numbers of hard copies distributed to parents using other support services.

**Table 3: Summary of responses to parent survey**

|                   | Surveys completed | Number distributed | Estimated response rate (%) |
|-------------------|-------------------|--------------------|-----------------------------|
| Granville/Ngallia | 43                | 122                | 35.2                        |
| Milperra          | 41                | 102                | 40.2                        |
| Redfern           | 30                | 101                | 29.7                        |
| Total             | 114               | 325                | 35.1                        |

### 9.1 ABOUT RESPONDENTS

**Table 4: Number of children using SDN services per respondent family**

|                                    | One child |      | Two or more |      |
|------------------------------------|-----------|------|-------------|------|
|                                    | <i>n</i>  | %    | <i>n</i>    | %    |
| Granville/Ngallia ( <i>n</i> = 43) | 31        | 72.1 | 12          | 27.9 |
| Milperra ( <i>n</i> = 41)          | 36        | 87.8 | 5           | 12.2 |
| Redfern ( <i>n</i> = 30)           | 22        | 73.3 | 8           | 26.7 |
| Total                              | 89        | 78.1 | 25          | 21.9 |

**Table 5: Families' duration of involvement with SDN**

|                                    | Less than 1 year |      | 1–2 years |      | More than 2 years |      |
|------------------------------------|------------------|------|-----------|------|-------------------|------|
|                                    | <i>n</i>         | %    | <i>n</i>  | %    | <i>n</i>          | %    |
| Granville/Ngallia ( <i>n</i> = 43) | 12               | 27.9 | 13        | 30.2 | 18                | 41.9 |
| Milperra ( <i>n</i> = 41)          | 19               | 46.3 | 21        | 51.2 | 1                 | 2.4  |
| Redfern ( <i>n</i> = 30)           | 10               | 33.3 | 9         | 30.0 | 11                | 36.7 |
| Total                              | 41               | 36.0 | 43        | 37.7 | 30                | 26.3 |

**Table 6: Characteristics of children using SDN services**

|                 | Respondents |      |                    |
|-----------------|-------------|------|--------------------|
|                 | <i>n</i>    | %    | Total ( <i>n</i> ) |
| CALD background | 39          | 34.2 | 114                |
| ATSI background | 6           | 5.3  | 114                |
| Special needs   | 12          | 10.5 | 114                |

## 9.2 USE OF SDN SERVICES

Respondents were asked to indicate which SDN services they had used. Overwhelmingly, families had used one SDN service only (102 respondents, or 89.5%). However, 12 people had used more than one SDN service, and these people were all from the Granville/Ngallia site. In addition to their main service, these people also reported having used the Child and Family Resource Centre (9 respondents), Stay and Play (8 respondents), SDN's Centre-based services (3 respondents), Community of Learners (2 respondents), the Early Learning Program (2 respondents) and the Helping Children with Autism Program (1 respondent).

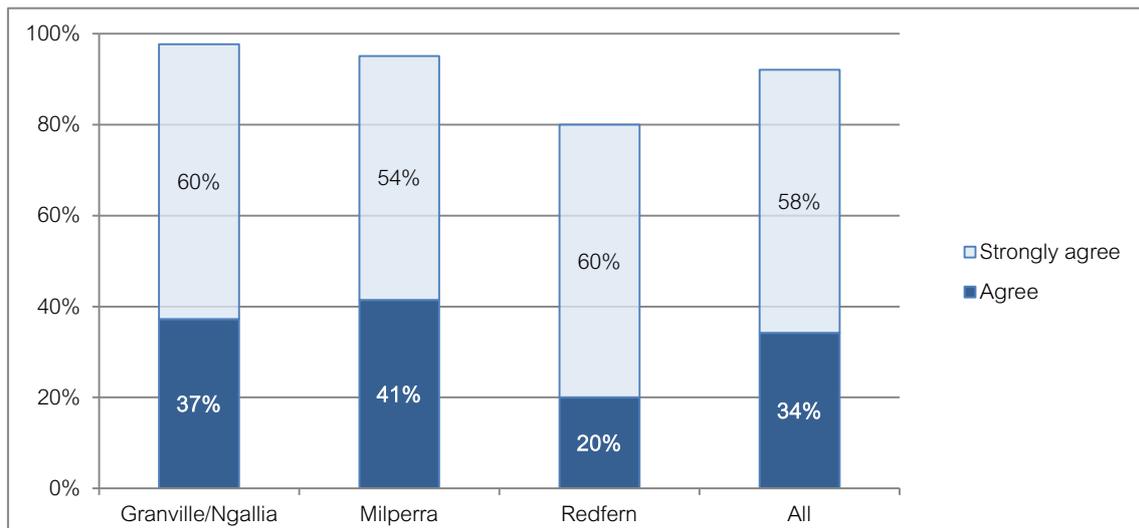
## 9.3 PERCEPTIONS OF SDN SERVICES

### CONVENIENCE AND EFFICIENCY

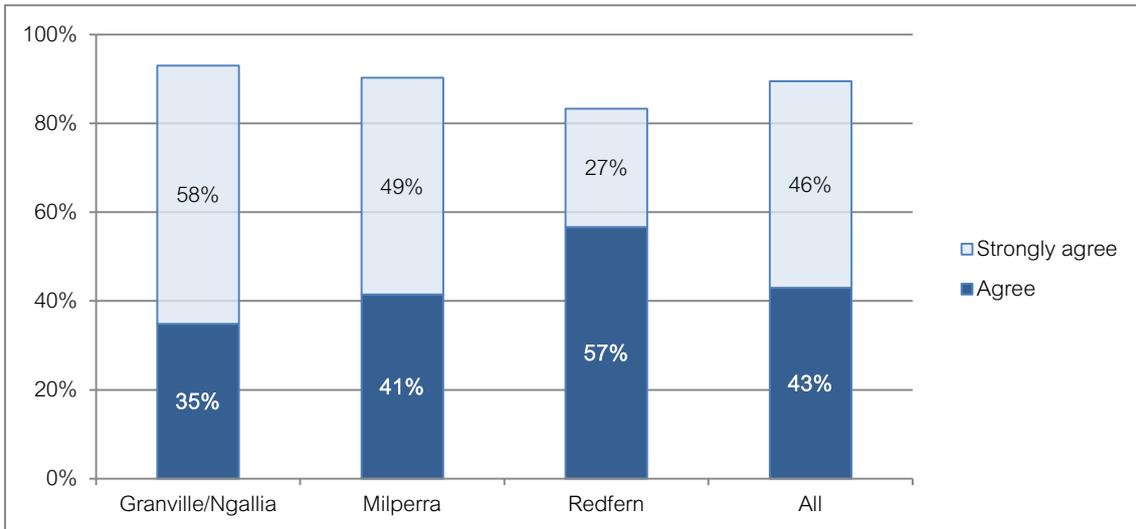
To gauge convenience and efficiency, the survey asked parents whether they agreed or disagreed with the following statements:

- 'SDN services are convenient for families'
- 'SDN services are efficient for families', and
- 'SDN has asked me to provide the same information more than once'

Overwhelmingly, respondents agreed with these statements, although there were some slight differences between the sites. As shown below, 92% of respondents agreed or strongly agreed that SDN services were convenient for families (see Figure 5), and 89% of respondents agreed or strongly agreed that SDN services were efficient for families (see Figure 6). It should be noted however, that proportions who agreed or strongly agreed were slightly lower than average at Redfern.

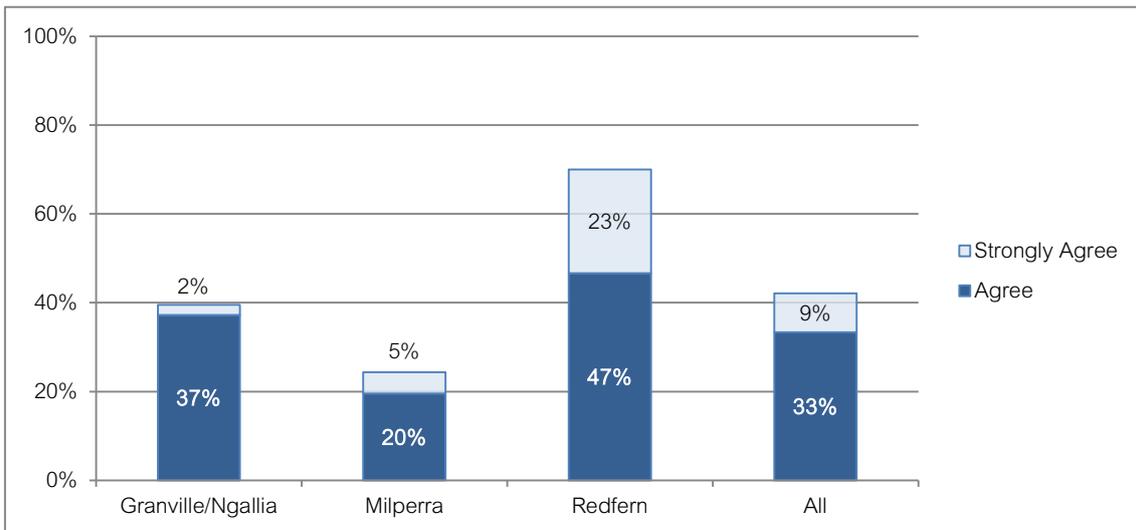


**Figure 5: SDN services are convenient for families**



**Figure 6: SDN services are efficient for families**

Figure 7 shows that a substantial proportion of respondents, 42 percent, agreed or strongly agreed they had been asked for the same information more than once. This is high given that the vast majority of respondents would have been using one service only.



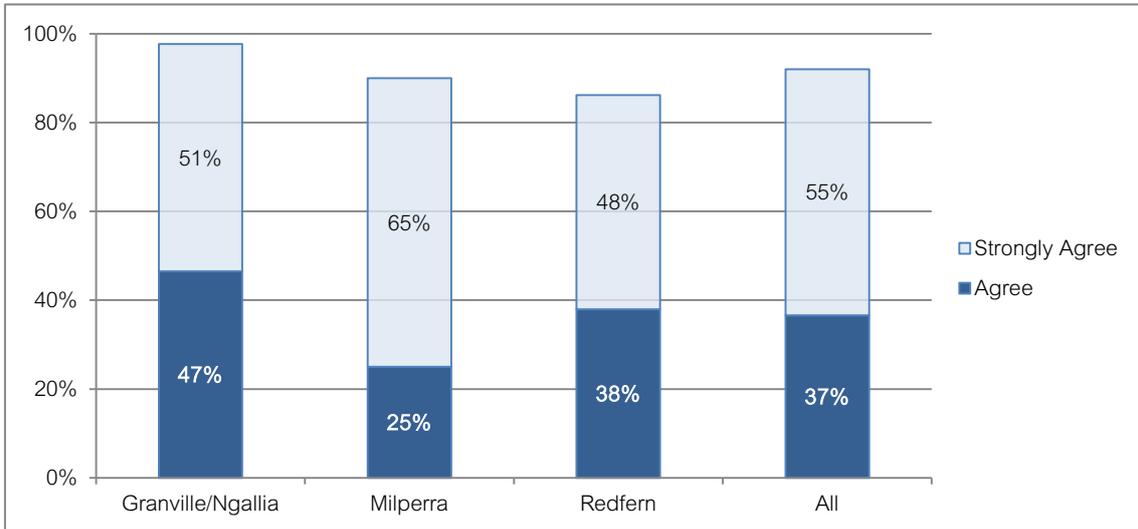
**Figure 7: SDN has asked me to provide the same information more than once**

## FAMILIES' RELATIONSHIPS WITH SDN

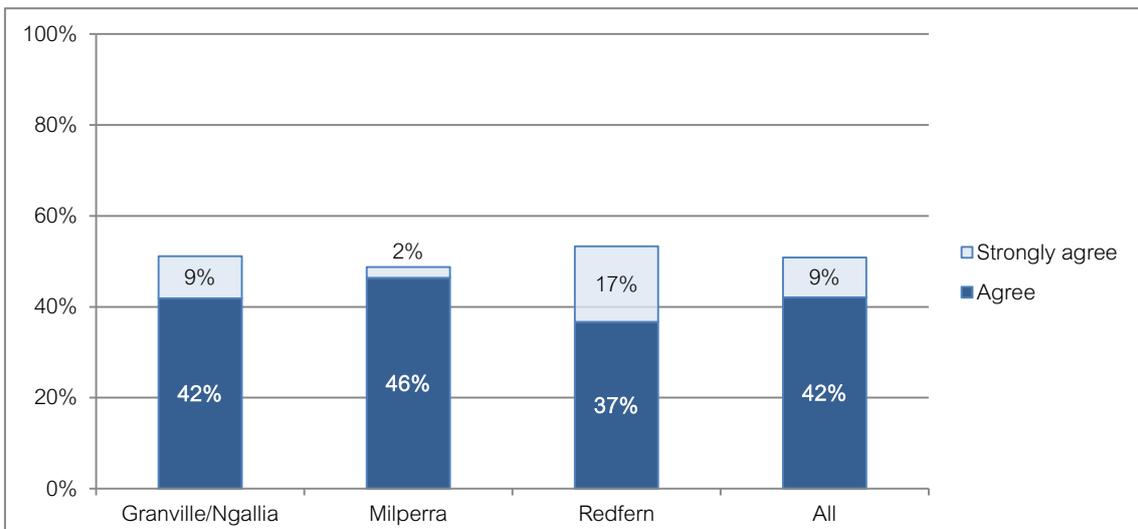
The survey sought to capture families' involvement in, and relationship with SDN services, by asking whether respondents agreed or disagreed with the following statements:

- 'I have felt confident approaching SDN staff about the needs of my family'
- 'I have contributed ideas about SDN services' and
- 'SDN has taken my views on board'

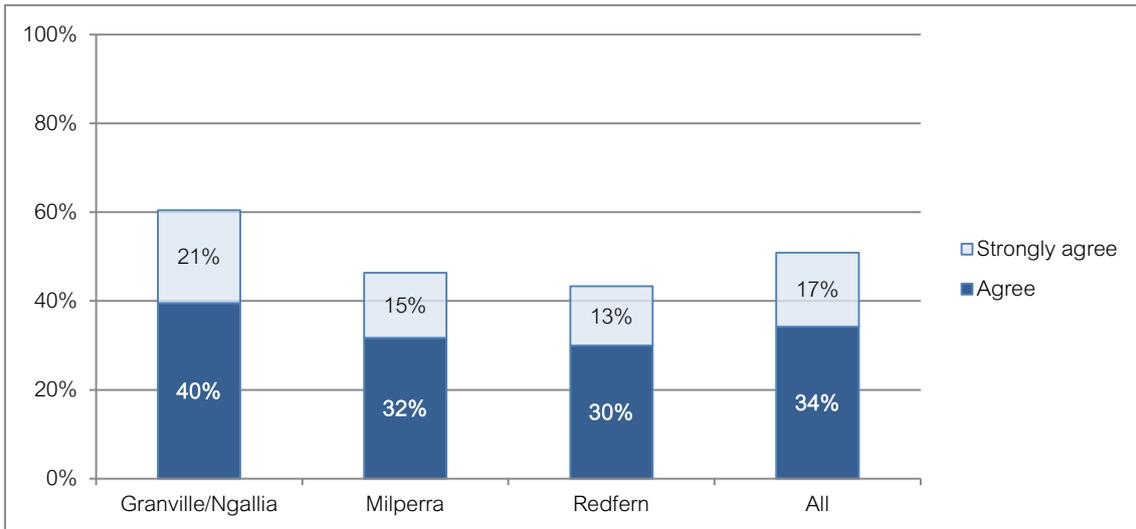
As shown below, most respondents agreed or strongly agreed that they felt confident approaching SDN staff about the needs of their family (92 percent). Just over half (51 percent) had contributed ideas to SDN, and the same proportion (51 percent) agreed or strongly agreed that SDN had taken their views on board.



**Figure 8: I have felt confident approaching SDN staff about the needs of my family**



**Figure 9: I have contributed ideas about SDN services**



**Figure 10: SDN has taken my views on board**

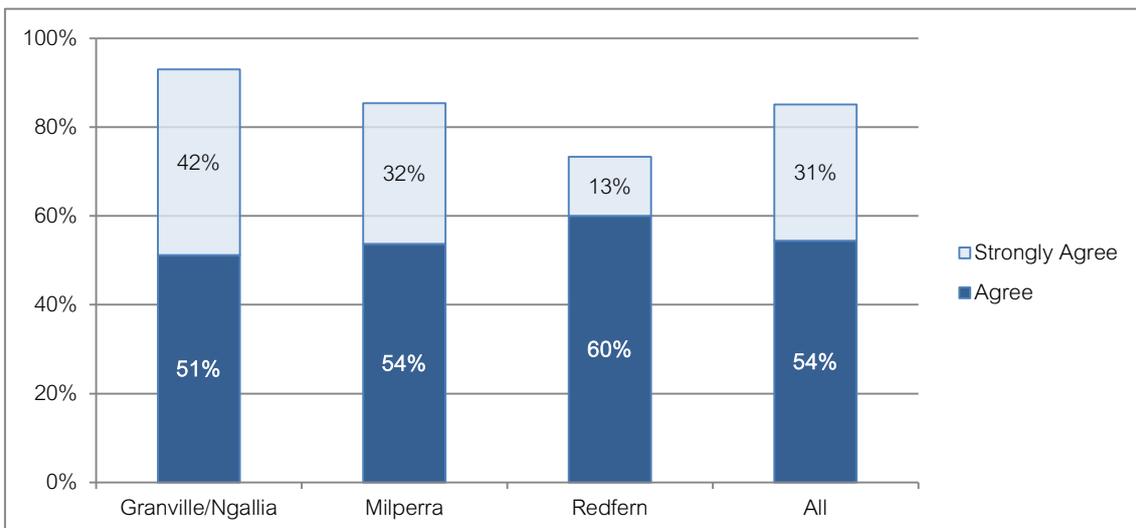
## FAMILIES' ACCESS TO OTHER SDN SERVICES AND SUPPORTS

To assess families' access to other SDN services and supports, respondents were asked to rate how strongly they agreed with the following statements:

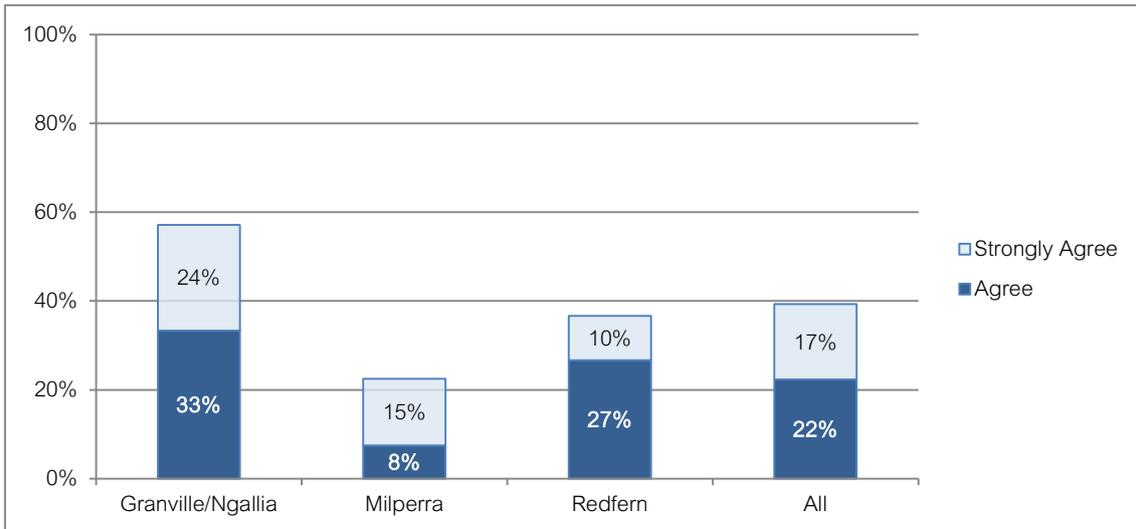
- 'I have good knowledge of the services SDN provides for children and families'
- 'SDN has encouraged or helped my family to access other SDN services to meet our needs'
- 'SDN has helped my family find what we need in the community'

Eighty-five percent agreed or strongly agreed that they had good knowledge about the services and supports SDN provides (see Figure 11).

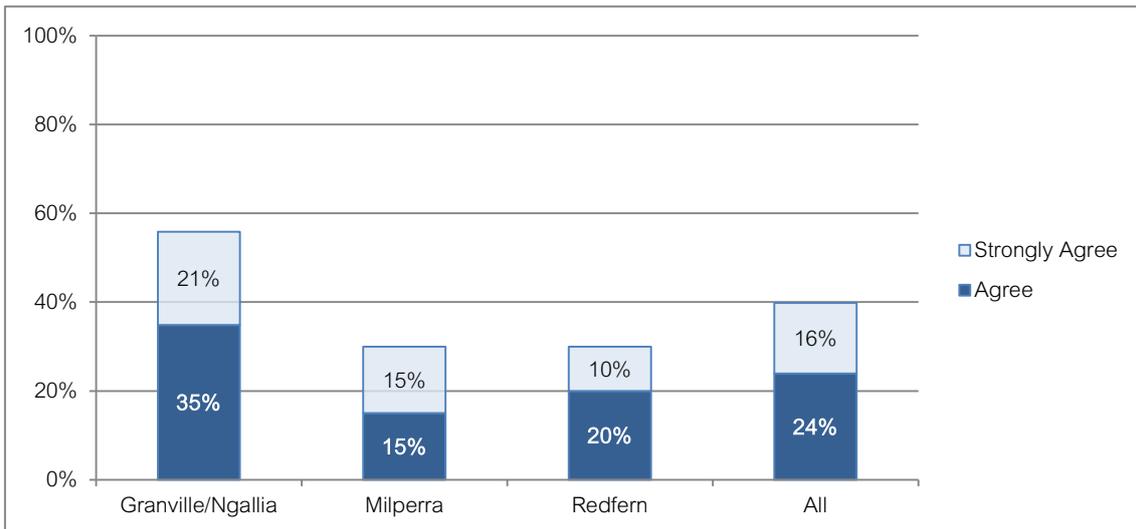
A smaller proportion, (39%) agreed or strongly agreed SDN had helped their family to access other SDN services to meet their needs, although this was lower at Milperra (23%). Forty percent of respondents agreed or strongly agreed SDN had helped their family find what they need in the community. This proportion however, was lower at Milperra and Redfern (both 30%).



**Figure 11: I have good knowledge of the services SDN provides for children and families**



**Figure 12: SDN has encouraged or helped my family to access other SDN services to meet our needs**



**Figure 13: SDN has helped my family find what we need in the community**

Respondents were also asked if, in the last 12 months, SDN had supported their child or family in a number of ways. Just over a quarter of respondents (26.3 percent) had been provided with information about other SDN services, and a third (34.2 percent) had been provided with information about other services or activities in the community. Smaller numbers had received assistance to access another SDN or other service (7.9% and 8.8% respectively), and a few had had a therapist or other worker visit at SDN, or an SDN therapist meet with another worker (5.3% each).

**Table 7: Support from SDN to access additional services**

|  | Granville/Ngallia |      | Milperra |      | Redfern  |      | Total    |      |
|--|-------------------|------|----------|------|----------|------|----------|------|
|  | <i>n</i>          | %    | <i>n</i> | %    | <i>n</i> | %    | <i>n</i> | %    |
| SDN provided information about other SDN services  | 15                | 34.9 | 9        | 22.0 | 6        | 20.0 | 30       | 26.3 |
| SDN provided information about other services or activities in the community                   | 20                | 46.5 | 8        | 19.5 | 11       | 36.7 | 39       | 34.2 |
| SDN helped a child or family to access another SDN service                                     | 7                 | 16.3 | 2        | 4.9  | 1        | 3.3  | 10       | 8.8  |
| SDN helped a child or family access another service in the community                           | 7                 | 16.3 | 1        | 2.4  | 1        | 3.3  | 9        | 7.9  |
| SDN met or consulted with a doctor or therapist that a child or family member was working with | 5                 | 11.6 | 1        | 2.4  | 0        | 0    | 6        | 5.3  |
| Allowed a therapist from outside SDN to visit a child at SDN                                   | 2                 | 4.7  | 2        | 4.9  | 2        | 6.7  | 6        | 5.3  |

## 9.4 INTERVIEWS WITH FAMILIES

In addition to the parent survey, researchers undertook four interviews with parents who had a child using SDN services. These covered some similar issues as in the survey. Parents were asked about their experiences of using SDN services, if they had a child with special needs, and what SDN staff had done to identify or address these needs. They were also asked if SDN was involved with any other services a child was using, how well SDN was meeting the needs of children, and what SDN could do better to access supports to assist the child and family.

The parents we interviewed were generally satisfied with the services they were receiving, saying things like:

I love the relationship that they have with my son. I can clearly see that they care for him and it's just a genuine care. I absolutely love that. (Ngallia Parent 1).

However, there was some dissatisfaction with changes in staffing:

There are so many staff changes. When she went from the babies' room to the toddlers' room she hasn't had a teacher more than three months... they're unsettled because there are just constant casuals. (Parent 2)

In terms of knowledge, families were not necessarily informed about other SDN services, and recognised this, saying for example:

To be honest, I wouldn't really know what other services that SDN provides. Like, to be honest, I wouldn't know that they did anything around psychological or any type of therapeutic help. I'm not aware that that is a service that they provide. (Parent 3)

## 10 PARTNER SERVICES' PERCEPTIONS

The research team asked the three fieldwork sites to provide contacts in partner organisations with which they had recently worked. Representatives of these organisations were then invited to participate in a telephone interview about their experiences of working with SDN. Five contacts were obtained, and four interviews were completed. All partner organisations were connected with non-centre based SDN services.

The representatives of partner organisations were asked about their organisation and role, and the ways their organisation worked with SDN. They were asked what working with SDN has meant for the children and families they work with, and what working with SDN has meant for their organisation. They were asked about the ways arrangements had worked well, and what could be improved. Finally, they were asked if there were any barriers to the partnership working effectively, and what else could be done to help SDN work with other services.

Organisations had been involved with SDN in many ways, including in co-delivering services, and having SDN staff run programs for their organisation. Working with SDN had meant their organisation was able to do things they hadn't been able to do on their own, such as work more closely with children with disabilities. Two participants explained the value of partnership:

The [SDN] workers that I've worked with, I found just incredible to be able to work with. You know, it feels like we've been able to do so much more in the times that we've been able to work together. And I guess our focus is always for the benefit of families and to support families going through difficult times, and I feel we're meeting those needs when we are able to collaborate and work together on programs. (Partner Organisation 1)

I'm not out in the community...I'm not out there advocating, negotiating, practically supporting clients. I do as much as I can from [my organisation], but there are limitations. So I like to have that sense that there's a community worker very much engaged. (Partner Organisation 2)

It's been a resource that we've been able to refer families to, to help us and them meet their goals that they have that they identify when they are in that time when they're concerned about their child's development or when their child has had a diagnosis, that they would make goals and it's just been meeting a need within the community. (Partner Organisation 4)

Interviewees described how arrangements tended to be working well, including timely responses to referrals, and SDN's links between early intervention and childcare services:

I'll certainly make that referral, and I've always found that SDN tends to pick up the referrals fairly quickly. (Partner Organisation 2)

The other thing I'd like to quickly add is the childcare partnership that SDN Brighter Futures have. That to me is also one of their amazing programs, and the option of accessible childcare is for these women enormous. Because not only does it give them some respite, but it gives the child the social, emotional development - it then gives women opportunities to study, look for work, whatever. So that partnership that they have with SDN and other childcare providers is fantastic. (Partner Organisation 2)

Two however, had the experience of trying to contact SDN and leaving messages without getting a response, or finding waiting lists were long. In addition, one interviewee explained how they found it difficult to assess whether arrangements were working well:

I don't usually end up seeing outcomes from the service because when I refer families because I usually finish working with them before SDN has started. (Partner Organisation 4)

In explaining what made arrangements work well, participants mentioned relationships:

I think it was the relationship with the workers. It very much depends on the workers I think, and establishing a relationship with them. (Partner Organisation 1)

In terms of what would help partnership arrangements, one partner organisation suggested more autonomy for frontline workers:

I think that the workers on the ground who know the families and know the issues and know who the other workers are in the community, be given a bit more autonomy to be able to work flexibly....Just a little bit more freedom and flexibility and the managers actually trust the professionalism of the workers. Which, the sense that – this is only the sense I was getting, that that wasn't happening. That you know, SDN have got very skilled family workers on the ground who are very professional and whenever I've worked with them they've worked really professionally. But it felt like the trust wasn't there in the hierarchy of the organisation of SDN. (Partner Organisation 1)

# 11 DEVELOPING A THEORY OF CHANGE

A theory of change depicts components of initiatives, links activities to outcomes or long term goals, and helps articulate how change can be achieved. The theory of change, depicted in Figure 14, was developed based on SDN's strategic plan, the research findings, and input from SDN operational leaders who attended a workshop in February 2014.

This theory shows that assumptions of SDN's integration agenda are that staff commitment and skills in the provision and support of high quality, integrated, inclusive services, will ensure that SDN services and supports are high quality, integrated, inclusive and well co-ordinated. These elements are within scope of the evaluation research, being conducted from 2013 to 2016. The assumption is that improving staff commitment, and ensuring services and supports are high quality and integrated, will enhance children's quality of life and life chances. Table 8 links indicators, and data sources, for the evaluation, to these goals. These indicators will be monitored throughout the evaluation.

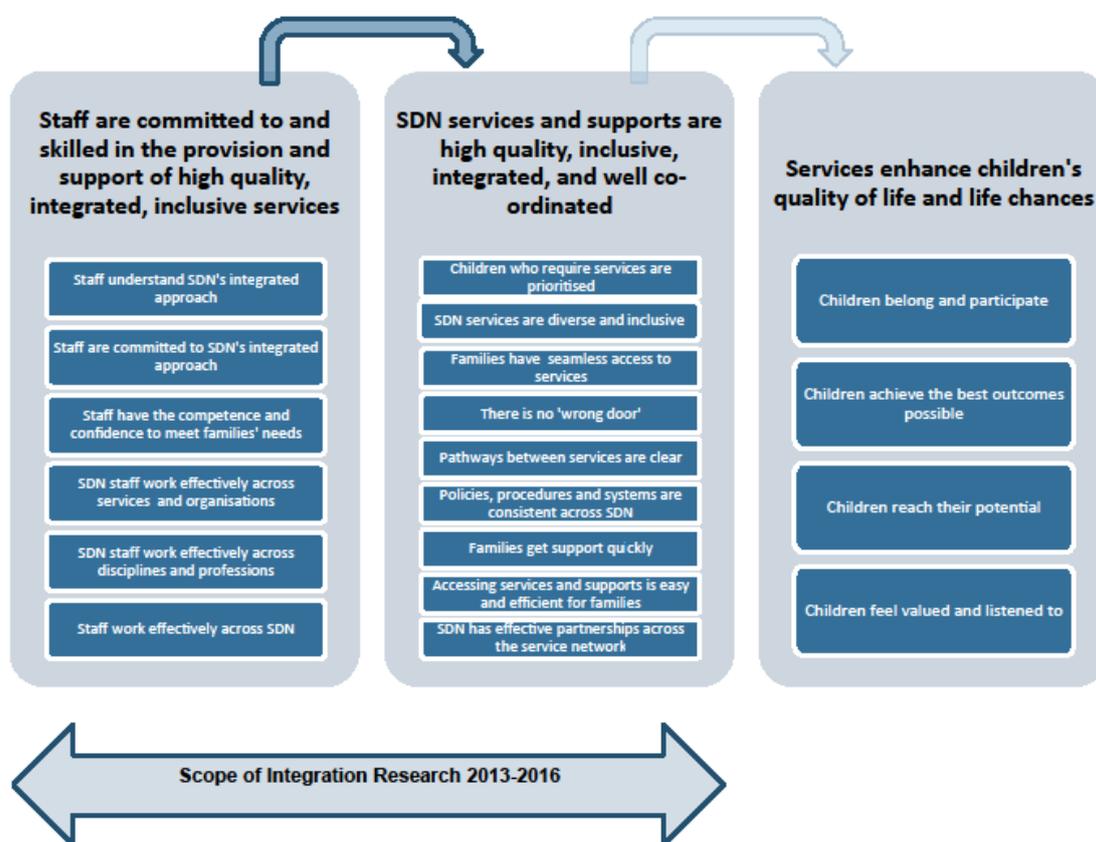


Figure 14: Theory of change

**Table 8: Goals, indicators and data sources**

| Goals of integration (SDN Strategic Plan 2013-2015)   | Themes from research and workshop related to the goals of integration   | Indicator of extent to which goals are being met   | Data source   |
|---|---|--|---|
| Services provide well co-ordinated supports   | Children who most require services are prioritised<br>SDN services are more diverse and inclusive<br><br>Families have seamless access to services<br>No wrong door<br>Pathways between services are clear<br>Policies/procedures/systems are consistent across SDN<br>Families get support quickly<br>Accessing services and supports is easy and efficient for families | <ol style="list-style-type: none"> <li>1. Eligibility criteria and priority of access guidelines are transparent and consistent</li> <li>2. Increased number of children and families in SDN Centres from diverse backgrounds, and with special needs.</li> <li>3. % families who disagreed that SDN asked for the same information more than once</li> <li>4. % families who report SDN services are convenient</li> <li>5. % families who report SDN services are efficient</li> <li>6. % of families who report SDN is meeting the needs of their children very well or extremely well</li> <li>7. % of families who report SDN is meeting the needs of their families very well or extremely well</li> </ol> | <p>Qualitative interviews</p> <p>Qualitative interviews, SDN administrative data</p> <p>SPRC survey of families</p> |
|   | SDN has effective relationships and partnerships across the service network<br>Appropriate level of involvement between other services and SDN  | <ol style="list-style-type: none"> <li>8. SDN staff have positive perceptions of the ways SDN engages with other services</li> <li>9. Staff in other organisations understand the range of SDN services and supports</li> <li>10. Partner organisations have positive perceptions of their involvement with SDN</li> </ol>   | <p>Qualitative interviews in the sites.</p> <p>Partner organisation interviews.</p>                                 |
| SDN staff are committed and skilled in the provision and support of high quality, integrated, inclusive services (p3) | Staff understand SDN's integrated approach<br>Staff are committed to SDN's integrated approach<br>Staff have competence and confidence to meet families' needs  | <ol style="list-style-type: none"> <li>11. % of SDN staff who agree that they understand SDN's integrated approach</li> <li>12. % SDN staff who agree they are committed to SDN's integrated approach</li> <li>13. % staff who agree that they understand the range of services and supports SDN provides</li> <li>14. % staff who agree that they feel confident helping families find what they need from SDN</li> <li>15. % staff who agree that they feel confident helping families find what they need in the community</li> </ol>   | <p>Employee survey</p> <p>Employee survey</p> <p>Employee survey</p>  |
|   | SDN staff work effectively across services and organisations  | <ol style="list-style-type: none"> <li>16. % staff who agree that they have good knowledge of services in the community</li> <li>17. % of families who agree that SDN has helped them to find what they need in the community</li> </ol>   | <p>Employee survey</p> <p>SPRC survey of families</p>   |
|   | Staff work effectively across disciplines / professions   | <ol style="list-style-type: none"> <li>18. Staff feel well supported to work across disciplines</li> <li>19. Staff have positive experiences of working across disciplines to assist children and families</li> </ol>  | <p>Qualitative interviews in the evaluation sites</p>   |
|   | Staff work effectively across SDN   | <ol style="list-style-type: none"> <li>20. % staff who agree that SDN units work effectively together</li> <li>21. % staff who agree that SDN has encouraged or helped my family to access other SDN services to meet our needs</li> </ol>   | <p>Employee survey</p> <p>SPRC survey of families</p>   |

## 12 CONCLUSIONS

This report has provided findings from the first wave of research into the experience of SDN Children's Services of building on its rich history to become, and be, an integrated organisation. It has also articulated a theory of change, to both help guide SDN's journey in becoming an integrated organisation, and the evaluation.

The report contains baseline information with which the research team will monitor SDN's progress in achieving its ambitious vision. It has also shown that several elements of integration are already in place, and that SDN possesses a range of resources and capabilities to support integrated working, with SDN staff and leaders strongly committed to the integration agenda. The study indicates the regional structure of SDN is accepted, and that SDN has innovative models of cross-disciplinary practice and exchange in place, and positive relationships with families and local services, which provide key resources for the journey to integration in coming years.

SDN staff and leaders have ambitious aspirations for SDN's journey to integration, and ultimately hope it will enhance children's quality of life, and their life chances. Staff and leaders also expect integration to improve consistency across SDN, and to lead to more inclusive services, improve service systems, build staff capacity, and improve recognition of SDN services and supports.

The baseline data has, however, identified some diversity in understandings and practices across SDN, notably between centre-based services and other contexts. This included differences in the preparation for integration of educators, allied health and other early intervention practitioners, and differences in models of services being delivered, contributing to different understandings and experiences of integration. Those in centre-based settings were less familiar with integrated service delivery models, and had fewer opportunities to work with other organisations and other parts of SDN, although educators were actively involved in integrating children and families into the service, promoting inclusion, and ensuring feelings of belonging to SDN Centres. Differences in ways of integrated working, and any barriers faced between SDN service settings, are key issues to monitor over subsequent phases of the evaluation, and to address in the next stages of the integration journey.

In particular, staff competence and confidence in linking families with other SDN services and other services in the community are issues to monitor, along with staff experiences of working across disciplines and professions, and experiences of co-location. In addition, the next phases of the evaluation should develop research methodologies which can more effectively capture the perspectives of partner organisations, to identify how SDN can improve integration across the service network.

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# APPENDIX A: INTERVIEW SCHEDULES

## INTERVIEWS WITH REPRESENTATIVES OF THE SENIOR LEADERSHIP TEAM

1. Can you tell me about your role at SDN?
2. What does being an integrated organisation mean in the context of your work?
3. What kind of experience have you had with transitions to service integration (both in SDN and other organisations)?
4. What were the main reasons you think SDN embarked on the journey to becoming an integrated organisation?
5. What do you *hope* this journey will ultimately achieve?
6. What do you *expect* the journey will have achieved in three years?
7. What has been your experience of the journey so far?
8. Have your aspirations and expectations changed through the process? In what way?
9. How do you think the journey has been experienced by others (eg. service directors, staff, families, partner organisations)?
10. What do you think has been working well for SDN in becoming an integrated organisation?
11. What have been some of the challenges so far in becoming an integrated organisation?
12. Are there any other challenges you expect to confront?
13. What do you think would help SDN as it continues the journey to integration? How do you think any challenges could be addressed?
14. Is there anything else you would like to say about SDN's journey to integration?
15. Any other thoughts about the research?

## INTERVIEWS WITH SDN STAFF

1. Can you tell me about your role at SDN? And how long have you worked here?
2. In what ways do you work with, or have contact with staff from other areas of SDN? (Note that not everyone does, so this may not apply)
3. In what ways do you work with, or have contact with staff from other organisations in your community (again, not everyone does, so this may not apply)?
4. Now, thinking about children and families you work with ... Can you tell me about the kinds of needs they have? (Prompt if required: Any with complex needs?)

5. In your job, do you feel like you can do what you need to, to meet the range of needs of children and families? (Prompt if required: And what about for children with more complex needs?)
6. Do you think families have an understanding of the range of ways that SDN could help to meet their needs?
7. What else could your service do to improve families' pathways through SDN services?
8. Now, some questions about integration. Are you aware that SDN is in the process of becoming a more integrated organisation, and adopting a more integrated model of service delivery?
9. What, if anything, does 'integration' mean in the context of your work?
10. (if aware) What do you think has been working well for SDN in becoming an integrated organisation?
11. What might be some of the challenges for SDN in becoming an integrated organisation?
12. What do you think would help SDN as it continues the journey to integration?
13. Is there anything else you would like to say about integrated services, or SDN's journey to integration? Or how the needs of children and families could be met?

## **INTERVIEWS WITH STAFF IN PARTNER ORGANISATIONS**

1. Can you tell me about your organisation and your role?
2. In what ways has your organization worked with SDN?
3. What has working with SDN meant for the children and families you work with?
4. What has working with SDN meant for your organisation?
5. In what ways has the arrangement worked well?
6. In what ways could the arrangement be improved?
7. Have there been any barriers to the partnership working effectively?
8. What else could be done to help how SDN works with other services?
9. Is there anything else you would like to say about working in a collaborative, partnership or integrated way with SDN?

## INTERVIEWS WITH PARENTS

1. How many of your children attend SDN? How did you find out about SDN?
2. How long have you been part of SDN? Apart from this one, have you used any other SDN services?
3. Does your child have any special needs? If so, what kinds of needs? Did SDN staff help identify these needs?
4. In what ways has SDN helped identify or address these needs (if at all)?
5. Does your child use any therapeutic services (eg. speech therapy, occupational therapy, psychology services)?
6. In what ways has SDN been involved with these services (eg, providing additional services to you, referring you to other services, consulting with therapists, having a therapist visit and work in partnership with SDN staff)?
7. If your child needed other services or supports, would SDN be your first port of call? What would you expect from SDN in the way of services and supports?
8. Overall, how well do you think SDN meets the needs of your child/ren?
9. Is there anything SDN could do better to help you access supports that would help your child?
10. Do you feel like SDN gives you enough information about other services and supports in the community?
11. Is there anything else SDN could do to improve pathways through services for families?