Establishing an integrated children’s centre:

The MILDCC experience

FINAL REPORT

Prepared for:

Milleara Integrated Learning and Development Centre for Children,
Moonee Valley City Council

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Executive Summary

Milleara Integrated Learning and Development Centre for Children (MILDCC) opened in April 2010 as an integrated children’s centre offering early learning and care, family support and maternal and child health services. MILDCC, which is operated by Moonee Valley City Council, aimed to deliver high quality evidence-based practice in partnership with children, families and the community of Moonee Valley through a holistic integrated approach.

This report provides findings from external qualitative evaluation conducted during the early stages of operation at MILDCC. The purpose of the evaluation was to document the activities undertaken to establish an integrated children’s centre and to consider the impact of these activities on integrated service delivery practices at MILDCC.

Data measuring the impact of activities undertaken was considered in respect of Guiding Principles for the establishment and operation of children’s centres (the Guiding Principles). Considering activity in light of the Guiding Principles – a quality framework for integrated service delivery practice – demonstrated MILDCC has made considerable progress in meeting three targeted Principles. Particular progress was noted for ‘professional practice is based on respectful relationships’ and ‘service philosophy and provision is based on the needs of children and their families’.

The critical processes for establishing an integrated service were found to be: effective leadership at a centre and council level; joint professional development; and commitment of staff to a shared vision and philosophy. Together, these processes have led to development of a staff team working in a way that is characterised by collaboration, pride and professionalism.

Evaluation indicated that effective leadership was based on an understanding of evidence and research and commitment to an integrated philosophy, removing barriers at multiple levels. Features that supported leadership included suitable governance and staffing arrangements, using an allocated budget in a flexible manner and effective recruitment processes. The joint professional development program, involving use of national and state early learning frameworks, contributed to establishment of high-quality pedagogy at MILDCC and ultimately influenced the commitment of staff to a shared vision and philosophy. These attributes are discussed in detail within the findings of this report.

Recommendations for further action at MILDCC and Moonee Valley City Council include:

- Development of an outcomes framework to further guide the planning, delivery and evaluation of MILDCC programs
- Embedding of integrated service delivery activities in MILDCC’s Quality Improvement Plan
- Identifying sustainable professional development activities and structures at MILDCC and Moonee Valley City Council
- The continued sharing and celebration of successes and findings
- Embedding of lessons from the MILDCC experience within Moonee Valley City Council planning and processes for family and children’s services.

Findings from the report contribute to the Australian evidence-base on how to establish an integrated service and provide relevant examples of best-practice ‘in action’ in the context of Victorian Integrated Children’s Centres.
1 Introduction

1.1 About this report
This report captures the findings from an external qualitative evaluation conducted during the early stages of operation at Milleara Integrated Learning and Development Centre for Children (MILDCC). Information in this report was primarily gathered during the Victorian Integrated Children’s Centre project, led by the Centre for Community Child Health (CCCH) from August 2010 through to December 2011. Further data collection and analysis continued until May 2012.

Findings from the report can be used by Moonee Valley City Council to inform service delivery and the recommendations provide guidance for future action at MILDCC. The report contributes to the Victorian evidence-base on effective processes to establish an integrated service and it is intended that this information be made available to planners, policy makers and practitioners outside of Moonee Valley City Council. Examples of ‘integration in action’ detailed within this report could also be made available to help translate theory to practice in Australian integrated children’s centres.

1.2 About the Centre for Community Child Health (CCCH)
The CCCH provides leadership in early childhood and community child health at a state, national and international level, and has widely recognised clinical, teaching, research and advocacy programs. It has close links with individual primary care practitioners and with their relevant professional organisations, including the Royal Australasian College of General Practitioners (RACGP), the Australian Children’s Education and Care Quality Authority, ARACY, National Community Child Health Council, Australian Early Childhood Association, Divisions of General Practice, and relevant Australian and State Government departments.

The CCCH’s mission is ‘supporting communities to improve children’s health’ with an objective ‘to continually improve the health of children through high-quality research, policy development, training and education, clinical services and advocacy’. This mission is implemented by each of the three functional units within the CCCH including Policy and Service Development, Population Paediatrics and Translational Research and Behavioural and Developmental Paediatrics.

1.3 Overview of MILDCC
MILDCC opened in April 2010 as a vibrant and state-of-the-art facility for children, families and the community of Moonee Valley. Programs offered from the centre included Maternal and Child Health (MCH) services, family support services¹ and an early learning and care program (traditionally known as kindergarten and child care). From inception, however, MILDCC was designed to offer much more than multiple programs. The centre’s model was founded on a philosophy of integration where a holistic approach to understanding and working with children and families and the seamless provision of programs was seen as critical to success.

Moonee Valley City Council, as the building owner and operator of MILDCC, articulated a commitment to best practice throughout the process of development and early operation. The

¹ Family Support Services include in-home support with parenting, information, advice and referral, support groups, assessment and case management, secondary consultation, support and advocacy, community and parent education and support and referral of new migrants.
investment in a one-year professional learning program for all MILDCC staff in the early operational period was a major activity that demonstrated this commitment. Resources to research and evaluate MILDCC activities were also sought.

1.4 Purpose of the evaluation
Moonee Valley City Council engaged with the CCCH to conduct qualitative evaluation to ensure MILDCC programs were embedding best practice and to contribute to the Australian evidence base on how to establish an integrated service.

Two key objectives for the qualitative evaluation were to:
- Document the processes and activities undertaken by Moonee Valley City Council to establish an integrated children’s centre
- Track and interpret the effect of activities on integrated service delivery practices at MILDCC

1.5 Outline of the report
The report begins by outlining the methodology for the project including the data collection methods and tools. Contextual information is then provided about MILDCC including the vision and philosophy, programs, governance and staffing structures. Key activities undertaken to establish MILDCC in the development and early operational phases of the centre are described and the effect of the activities on integrated service delivery practices is interpreted. The report then discusses findings on activities to support development of an integrated service and high-quality pedagogy including the professional learning program, the vision and leadership. Conclusions and recommendations to guide action at MILDCC and other integrated service projects at Moonee Valley City Council are provided.
2 Methodology

The two key objectives for the qualitative evaluation required various tasks to be undertaken from August 2010 through to May 2012. These are summarised in the following table.

Table 1: Project tasks

<table>
<thead>
<tr>
<th>Project objective</th>
<th>Task</th>
<th>Participants</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>external consultants</td>
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<tr>
<td>Interview council</td>
<td>Former council employee</td>
<td>May 2012</td>
<td></td>
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<tr>
<td>Track and interpret the effect of activities on integrated service delivery practices</td>
<td>Survey families</td>
<td>MILDCC families</td>
<td>Feb-March 2011</td>
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<td></td>
<td>Interview staff</td>
<td>MILDCC staff</td>
<td>March 2011, Dec 2011</td>
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<td></td>
<td>Observe professional learning program presentations</td>
<td>MILDCC staff</td>
<td>Nov 2011</td>
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<tr>
<td></td>
<td>Review action research report</td>
<td>External consultants</td>
<td>March 2012</td>
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<tr>
<td></td>
<td>Gather reflections from external consultants</td>
<td>External consultants</td>
<td>March 2012</td>
</tr>
</tbody>
</table>

2.1 Data collection methods and tools

Various data tools were used to collect information and complete the above tasks, these are described below.

2.1.1 Document analysis

The MILDCC co-ordinator provided relevant documents so that processes and activities undertaken in the early stages of development and operation could be recorded. The external consultants leading the professional learning program provided planning and delivery documentation.

2.1.2 Council interview

Due to changes in leadership at an executive level in Moonee Valley City Council, a former council employee was interviewed in order to document the processes undertaken during the early stages of development at MILDCC. The informant played a key role in the development phase of MILDCC as the manager of family and children’s services. The format for the interview was a guided discussion.

2.1.3 Family surveys

Two methods were used to elicit information from families; a web-based survey collected information from 57 families at MILDCC and a hard-copy version of the survey targeted parents attending MCH appointments (n=16), resulting in a total of 73 respondents. The same questions were used in both the web-based and hard copy surveys. Refer to Appendix 1 for detail.

Of the parents participating in the web-based survey, 48 accessed long day care services, 21 accessed sessional kindergarten and 26 had used the MCH service. No parents surveyed via the web had accessed family services. Of the parents participating in the face-to-face survey, all 16 attended the MCH service and 2 also accessed long day care services.

2.1.4 Staff interviews

MILDCC staff were interviewed by CCCH personnel on two separate occasions, March 2011 and December 2011. In March 2011 a total of 12 staff were interviewed. Staff disciplines included
educators (n = 8), MCH (n=1), management (n=2) and administration (n=1). Interviews were approximately 15 minutes in duration and followed a structured interview format (refer to Appendix 2 for detail). Impromptu feedback was also obtained from agency staff. Where this information has been included in the report, informants have been clearly described as ‘agency staff’.

In December 2011 a total of 11 staff were interviewed, 8 of whom were previously interviewed in March 2011. Professional backgrounds included educators (n=8), MCH (n=1), management (n=1) and administration (n=1). Interviews ran for around 20 minutes and the questions are provided in Appendix 3.

2.1.5 Observation of professional learning program presentations
MILDCC staff presentations on lessons from the professional learning program in November 2011 provided an opportunity to gather rich information from staff on the effect of the program.

2.1.6 Action research report
MILDCC’s team engaged in an action research project on partnerships with families. The action research investigated the use of professional communication between educators and parents about their children’s learning. Key findings from the action research project have also been included in this report.

2.1.7 External consultant observations
The external consultants involved in the professional learning program were sub-contracted by the CCCH to document observed results and reflections.

2.2 Data analysis

2.2.1 The Guiding Principles
The Guiding Principles for the establishment and operation of children’s centres (CCCH, 2010)2– or the Guiding Principles – provided a framework to consider integrated service delivery practices at MILDCC. The Guiding Principles are 52 evidence-based or evidence-informed practices for developing and operating integrated children’s centres, derived from a review of the literature and developed through consultation with early years’ service managers and practitioners.

There are five overarching Guiding Principles including:

- Governance and planning are informed and inclusive
- Service philosophy and provision are driven by the needs of children and their families
- Child, family and community participation is actively promoted and supported
- Professional practice is based on respectful relationships
- Children’s centre practices and programs are evaluated and reviewed.

Activities during the early operational phase at MILDCC focused on Guiding Principles relating to service philosophy and provision; child, family and community participation; and respectful relationships. MILDCC’s progress was therefore measured against the evidence-based or evidence-informed practices within these Guiding Principles at the conclusion of the early operational period.

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3 Document analysis: about MILDCC

3.1 Vision and service philosophy
MILDCC’s vision, at the time of writing, is for:

A safe and vibrant facility for children and their families that will provide a one stop shop for the community of Moonee Valley. Throughout the centre we will strive to promote and provide opportunities for everyone through community connectedness, skill building, health promotion and social supports.

With this in mind Milleara Integrated Learning & Development Centre for Children will seek to

- Recognise that our work together is a continuous process and that the journey with children and their families and those who work with them will present new opportunities both exciting and challenging.
- Foster a culture of mutual respect – respect for each other, respect for the community and respect for the environment – and ensure that empathy and compassion is evident in everything we do.
- Create a safe, beautiful and welcoming place that nurtures a sense of belonging for everyone.
- Welcome diversity and embrace the unique contribution of every child, every family and every professional. Make real efforts to recognise these strengths and allow them to shape the life of the centre.
- Cultivate a strong learning community where ideas are welcomed and shared and continuous learning is encouraged. Where children are heard, family background is recognised and professional knowledge is supported.
- Nurture our self expression and the freedom to reach our potential by offering engaging and inspiring experiences for children, families and professionals while remembering our rights and responsibilities.
- Create programs for children and families that are built on current practice knowledge, research evidence and a commitment to listen to and be accountable to our community.
- Communicate with our community in ways that build lasting relationships with all those who are part of the life of the centre.
- Advocate for children, families and those who work with them and continuously find helpful ways to speak up about issues that matter to this community.
- Find ways to have fun – to laugh, to play, to live, to excite and to transform.
- Celebrate together the work of our centre, our hopes, our achievements, our diversity and all our contributions to creating better lives for children and their families and each other.

3.2 Programs
The following programs are available at MILDCC:

- 98-places of full day, half day and sessional early childhood education (sessional is provided to eligible three and four year olds)
- MCH
- Family support services and related family programs, eg new parent groups
- Community safety register, co-ordinated by volunteers to support and assist vulnerable community members

Professional consulting suites for visiting specialists and rooms for training or meetings are also available at MILDCC.
3.3 Governance arrangements

Initial planning to demonstrate need and secure funding for the facility was undertaken jointly between Moonee Valley City Council and the YMCA. However, in September 2009 it was decided that council would manage and deliver all core programs at MILDCC, linking families and children to other specialist services as required. The land and the facility are owned and operated by Moonee Valley City Council.

3.4 Staffing structure and roles

MILDCC’s staffing structure, identified in the development phase, is represented below in Figure 1.

**Figure 1: Milleara Integrated Learning and Development Centre for Children Staffing Structure**

The **co-ordinator integrated early childhood** is responsible for the strategic and operational management of Milleara, including the development of an innovative best practice service model to support the needs of families and their children and leading and managing a multidisciplinary team to achieve the service’s goals.

The **integration support officer** is responsible for providing administrative and high-level customer support to centre staff and the community. This position is the key interface between the community, service users and service providers ensuring that all children and families can enter any service ‘door’ and obtain access to the full complement of services and supports they want and need.

The responsibility of the **early childhood facilitator** is to lead early childhood services and to ensure the provision of high quality early childhood and education programs that meet state regulations, Commonwealth funding guidelines and industry standards of best practice across the early childhood sector. This position brings together early childhood professionals of different qualifications to ensure that all children and families can enter any ‘service door’ and obtain access to the full complement of services and supports they want and need.
The **pedagogical leader** is responsible for cultivating and bringing to life a high quality children’s program that reflects contemporary approaches to curriculum development, assessment and evaluation within the context of integrated service delivery. This position supports and mentors early childhood educators in the development of high quality, innovative play-based programs.

**Maternal and child health (MCH) nurses** provide a comprehensive and tailored approach that empowers families to manage physical, emotional and social factors within their family and community. They are an integral part of the MILDCC team through active contribution to processes and practices that support integrated service delivery. MCH nurses report to both the co-ordinator of integrated early childhood and the co-ordinator of MCH, and receive clinical supervision from the latter.

**Early childhood educators** refer to staff with different levels of qualifications including bachelor, diploma and certificate III qualified staff.
4 Document analysis: establishment of MILDCC

The establishment of MILDCC as an integrated children’s centre occurred over a number of years with various activities undertaken prior to securing infrastructure funding in 2007/2008. To assist reporting, two phases of service establishment were identified; development and early operational.

The development phase refers to the period prior to the employment of MILDCC staff in February-March 2010 including identifying community needs, securing funding, determining the governance arrangements, developing the service and staffing model and the recruitment process for initial staff. Early operational phase commenced upon the employment of MILDCC staff in February-March 2010 and the subsequent opening of the facility in late April 2010, concluding in December 2011 at the time of the final staff interviews.

Activities undertaken by council to establish MILDCC as an integrated service are discussed below in the relevant establishment period.

4.1 Development phase

4.1.1 Platforms pilot project, 2002-2004

From 2002 to 2004, Moonee Valley City Council participated in the Moonee Valley Platforms Project, a feasibility study conducted by CCCH to develop a local government model of service coordination that would support and strengthen existing community based services for young children and families.

The project provided many senior council employees with opportunities to engage in professional development on service redevelopment research in the form of presentations, project steering committee meetings, forums and regular team leader meetings. At this time, key features of service redevelopment were expressed as:

- Adopting an early childhood approach, ie acknowledging and focusing on the importance of the early years of life in the developmental trajectory
- Effectively engaging families and communities at a local level in service delivery
- Focusing on the prevention and early detection/intervention of health, developmental or behavioural concerns in children

After completion of the Platforms Project, both Moonee Valley City Council’s municipal early years plan and 2020 Vision reflected these key features of service redevelopment. An Early Years Unit was also introduced as part of structural changes at Moonee Valley City Council.

4.1.2 Initial stimulus

The initial stimulus for the development of MILDCC was community dissatisfaction with an empty and incomplete facility located in East Keilor. The facility had been incomplete for more than 10 years, the result of an unsuccessful project to build a community centre by the Greek community in East Keilor, and was previously the responsibility of the City of Keilor until the merging of councils in 1994.

In response to growing support for council to take action and enable community use of the facility, legalities around the building were addressed by Moonee Valley City Council, after which expressions of interest were sought to identify possible solutions for building usage. Moonee Valley
City Council selected to investigate a suggestion by the YMCA that the facility be used to provide services for children and families.

4.1.3 Business plan

YMCA and Moonee Valley City Council commenced a process of research and community consultation to identify the interest and needs for children and family services in East Keilor. Upon substantiation of the needs for such services, a business plan was developed and funding submissions were made to the federal government’s Regional Infrastructure Stimulus Package and the Victorian Government’s Children’s Capital Program.

The funding submissions were primarily driven by council and provided council with the opportunity to reflect on the direction for the service. The council’s vision, based on research and evidence about service delivery, and commitment by key leaders to the vision led to the articulation of an integrated service philosophy and criteria for success and identified several attributes:

- An integrated governance model
- An integrated service model
- Professional collaboration and information sharing
- Professional development
- Referral systems
- Community participation
- A quality early childhood program with play-based learning, flexible programming and indoor and outdoor play in a natural environment
- An inclusive philosophy

These attributes led to council resolving to manage and deliver all core programs at the centre and drove the design of the building and the development of the staffing model. By this time, the MILDCC project had received financial commitments from the Australian Government’s Regional Infrastructure Stimulus Package ($2.82 million), the Victorian Government’s Children’s Capital Program ($0.5 million) and from Moonee Valley City Council itself ($1 million).

The construction and establishment of MILDCC was embedded as a key strategic activity within council’s plan 2009-2013, ‘A creative city with connected communities’. From the beginning, council recognised the importance of investing time and resources to achieve an integrated service system. MILDCC’s 2009 business plan states:

To try to achieve this [an integrated service system] without investing additional time and resources would be unsustainable over time and may impact negatively on staff retention and performance.

4.1.4 Building design

The design of the facility echoed the service philosophy outlined above. A key design element of MILDCC was the large integrated outdoor space for children. The outdoor environment was designed to provide a variety of spaces and experiences using natural materials, vegetable gardens, water tanks and an orchard.
The design included a welcoming main entry foyer, a kitchen visible to families and visitors, one staff room with an outdoor courtyard and flexible children’s rooms with operable walls. Space for visiting specialists, training and meetings was also included in the design.

4.1.5 Joint training activities
In August 2009, a presentation outlining the rationale for integrated child and family services and key features was provided by the CCCH for Moonee Valley City Council staff. This was followed by a half-day workshop in November 2009, also provided by the CCCH, which focused on leading change and considered processes required to support integration.

4.1.6 Staffing model and recruitment processes
An integrated service philosophy was embedded within the MILDCC position descriptions. All staff working in the education and care program were identified as ‘educators’ despite traditional divides and qualification differences. The involvement of children and families was included as a responsibility in each position, including the cook who was to seek children’s input into planning the menu. Further, MCH nurses’ position descriptions stipulated a requirement to report to both the co-ordinator of the centre and co-ordinator of MCH and to participate in MILDCC team meetings.

A structure to enable integrated working was also adopted. In addition to the leadership provided by the co-ordinator of integrated early childhood, roles seen as critical to achieve effective integration, included high-level administrative support (integration support officer), leadership in pedagogy (pedagogical leader) and meeting quality standards and regulations (early childhood facilitator).

Rather than relocate existing staff to a new building and different way of working, a widespread recruitment and advertising campaign for MILDCC staff was undertaken. A prospective employee information session was held to ensure expectations were clear and information for prospective employees was also made available through council’s website. The centre co-ordinator and other staff commenced in February 2010 and March 2010 respectively.

4.2 Early Operational Phase

4.2.1 Initial direction
The co-ordinator of MILDCC commenced employment in February 2010. It was understood that MILDCC should seek to deliver a best-practice integrated service, which would include an integrated team, a shared philosophy and a no wrong-door approach. While direction was provided to the co-ordinator through the council’s executive leadership and council reports, limited information was available to guide the immediate next steps.

The co-ordinator reviewed the literature and policy documents and sought advice from experts in the field on recommended service establishment processes, leading to the development of a key directions framework. Four themes were identified in the framework; professional learning, community partnerships, strategic partnerships and research and evaluation. Activities within the key directions framework were finalised by August 2010 and are discussed in section 4.2.3.

Two external consultants, Catharine Hydon and Helen Broderick, were engaged by the MILDCC co-ordinator to conduct an initial visioning session and a subsequent MILDCC-wide professional learning program, described below.
4.2.2 Vision
The visioning session was held prior to opening the facility and participants included MILDCC educators, MCH nurses and administration staff. Broader attendance from other Moonee Valley City Council staff was also sought with early years specialists, MCH co-ordinator, early years planner, early years development staff and the family services team in attendance.

Establishing a vision centred around the concept of building a community of learners within an integrated early childhood service through the values of research, openness towards others and everything ‘new’. In addition all participants were invited to use reflective practice processes to consider aspects of their work with children, families, other professionals and the community. Educators were also invited to provide practice examples in relation to their vision.

The workshop was structured to explore the underpinning ideas about visions – why they matter, what they look like and how they shape the experience for children, families, communities and staff. The links to the policy imperatives of the National Quality Framework and the Early Years Learning Frameworks (EYLF) were also discussed.

The words and ideas that the team developed in the workshop were then crafted into a beginning vision for the centre, provided in Appendix 4. This statement was designed to evolve and be tested in practice throughout the early operational period. The vision was designed to be clear, easy to read and directly linked to practice.

4.2.3 Key directions framework
Activities outlined within the key directions framework are provided below in Table 2 against the corresponding major theme and focus.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Focus</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Professional learning</td>
<td>Joint professional development</td>
<td>Professional learning program</td>
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<td>Shared understandings</td>
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<td>Common language</td>
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<td>Community partnerships</td>
<td>Parent/family partnerships</td>
<td>Embed within practice</td>
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<td>Neighbourhood partnerships</td>
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<td></td>
<td>Broader community partnerships</td>
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<td>Strategic partnerships</td>
<td>Pursuing partnerships with services</td>
<td>Core responsibility of the co-ordinator</td>
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<td>with a common philosophy and approach</td>
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<td>Research and evaluation</td>
<td>Conduct action research and document</td>
<td>CCCH evaluation support</td>
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<td>findings</td>
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4.2.4 Professional learning program
Following on from their involvement in the first visioning session, the external consultants were contracted by the MILDCC co-ordinator to provide a professional learning program to all staff (co-ordinator, educators, MCH nurses, administration team and cook) over one year. The program focused on developing shared understandings of collaboration, teamwork, vision and language. Appendix 5 details the objectives of the professional learning program.

The program was designed in two parts over four terms. Part one, professional learning sessions facilitated by Catharine Hydon, was conducted once per term to present aspects of contemporary
theory and practice for staff to gain insights, increase understanding and engage in serious reflective
enquiry. Reflective practice processes were used to consider aspects of work with children, families,
other professionals and the community more broadly. The Victorian Early Years Learning
Development Framework (VEYLDF) and Early Years Learning Framework (EYLF) were used as a
reference to focus on developing practice skills and understandings. All staff were either paid for
their participation in the evening quarterly workshops or provided time off in lieu of additional hours
worked.

Part two, professional mentor support facilitated by Helen Broderick, was designed to reinforce the
professional learning sessions through an ongoing mentoring program to progress reflective practice
and provide direction to the development of an action research question that was relevant to the
centre’s operation and that would enhance professional practice.

4.2.5 Staff recruitment and induction
As MILDCC enrolment targets were exceeded well ahead of time, more staff were required ahead of
scheduled recruitment timeframes. To support operations, a number of agency staff were secured
who required induction not only into council policies and processes but also into the operations and
expectations of the integrated service model. This placed further responsibility on the newly
operating team, however, a number of agency staff were later successful in gaining permanent
positions at MILDCC.

Management reported that interview processes for new staff included questions about an
integrated service and philosophy. Care was taken to ensure the ‘right fit’ between the vision of
MILDCC and prospective employees’ personal vision and philosophy.

4.2.6 Leadership structures
The commencement of the pedagogical leader in term two and three of 2011 for two days per week
enabled the introduction and monitoring of the action research methodology. This provided
educators with a pedagogical resource to create and study change in and through the research
process. This was progressed with reflective questioning around challenging practice about the ‘how’
and the ‘why’.

The pedagogical leader position was conceptualised and budgeted for as part of MILDCC’s initial
structure. However, flexibility regarding the timing of recruitment and commencement was provided
to the MILDCC co-ordinator by Moonee Valley City Council.

4.2.7 Research and evaluation
In 2010, MILDCC was nominated by the Department of Education and Early Childhood Development
to receive support from the CCCH as part of the Victorian Integrated Children’s Centres project. It
was agreed by MILDCC and the CCCH that the support would focus on evaluation and the key
objectives of the evaluation were identified and agreed upon.
5 Findings: Integrated Service Delivery Practices

As outlined in the methodology, the Guiding Principles provided a framework to identify the presence, or absence, of best practice in integrated service delivery. The early operational period of MILDCC targeted achievement of the following Guiding Principles:

- Service philosophy and provision are driven by the needs of children and their families
- Professional practice is based on respectful relationships
- Child, family and community participation is actively promoted and supported

Project data was analysed to identify integrated service delivery practices demonstrated at MILDCC, pertaining to the above Guiding Principles, and findings are provided below in section 5.1. Practices for future focus were also identified through this process and are discussed in section 5.2; reflections on the levels of satisfaction for an integrated service model are provided in section 5.3.

5.1 Demonstrated practices

5.1.1 Service philosophy and provision

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<thead>
<tr>
<th>Practice</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Common philosophy and vision</td>
<td>All services and service providers share a common philosophy regarding staff relationships with children and families incorporating family-centred and strength-based approaches.</td>
</tr>
<tr>
<td>Integrated early learning and care</td>
<td>Centres seek to integrate child care and kindergarten practices into a seamless early learning and care approach</td>
</tr>
<tr>
<td>Service accessibility</td>
<td>Access to the different services and programs provided by the centre are made as simple as possible, including outreach capacity.</td>
</tr>
<tr>
<td>Co-location of services</td>
<td>The services to be integrated are housed in the same premises or neighbourhood if possible.</td>
</tr>
<tr>
<td>Evidence-based practice</td>
<td>Both the manner in which services are provided and what form the services take are based on the best available evidence.</td>
</tr>
</tbody>
</table>

*Common philosophy and vision*

Interviews with staff in both February and December 2011 revealed high consistency between informants in relation to their understanding of integration and how this applied to practice at MILDCC. Three elements were commonly described when defining integration: an ecological philosophy where there is a holistic focus and an awareness of the child in the context of the family and community; quality pedagogy which promotes the exploration and interaction of children with peers of all ages, flexible learning approaches and acknowledges that learning starts from birth; and service delivery principles such as working towards a common goal, teamwork, co-location of services, providing a range of services for families, flexibility, friendliness, supporting colleagues and continuous learning. These elements reflect MILDCC’s vision statement. Examples of staff descriptions of integration at MILDCC include:

Integration at Milleara looks like the children walking down to the kitchen and talking to the cook about what they want for their lunches, educators working together with families to support families’ needs, educators working together to support each other... accessing services like Maternal Child Health and external services.
The children know all the educators; they even know the children in the preschool rooms because they are able to integrate to other rooms. They explore the one yard together, meet other children and other educators – they aren't confined to their room.

Everyone is quite happy and friendly and here for the wellbeing of the children...[parents] can see the benefit, the attitude of staff, the space, the facility... the children can roam around and explore and see the nurse at the same time.

New staff or staff not involved in MILDCC’s visioning activities expressed a philosophical understanding similar to that of their peers, often with an increased focus on pedagogy. These staff commented they had learnt about the philosophy through discussion and modelling of practices by their peers.

I haven’t been to the vision workshop so the other educators have helped me to understand the vision; [through] their role modelling...there’s a culture.

The findings suggest a common service philosophy was established within a year of opening and sustained with the employment of new personnel 18 months after opening the service. In addition to a shared understanding of the service philosophy, staff interviews and parent surveys indicate successful translation of the philosophy to practice. Almost 90% of surveyed parents (n=73) felt the vision was clear in the operation of the centre.

**Integrated early learning and care**

Staff informants overwhelmingly perceived kindergarten and long day care to play equal roles in educating children.

I see it as an early childhood program [not kindergarten and care]. I see a high quality program as the same thing.

One educator commented that their view had changed since commencing work at MILDCC.

My view would have been very different if you had asked me that two years ago. But here it’s very similar; the long day care is very similar to preschool.

The MILDCC team reported they had been ‘breaking down’ the barriers caused by the use of traditional terms such as kindergarten and long day care by ensuring that all staff working within long day care and kindergarten were referred to as educators and viewed equally. Only one staff informant reported an educational difference between kindergarten and child care, describing the kindergarten program as more structured in comparison to long day care in order to prepare children for school. However, the informant also noted all educators are teaching the ‘same things’.

All interviewed staff reported that integrated education and care was relevant for children of all ages, including babies and toddlers.

...children have the opportunity to learn from older peers and siblings as well. It’s more homely if they can interact with their siblings in their rooms and out in the yard. It helps the children to settle if they have their siblings around. At
Milleara, they can go and see their siblings rather than waiting for the educator to initiate.

They’re growing they are learning, they can absorb information just like an older child. There shouldn’t be any difference, they are learning too.

Learning is for any age group – from birth onwards. A child learns through their play... As educators, we scaffold that learning. So I wouldn’t differentiate between the older and the younger kids.

Families and community were reported by several staff to have a different understanding of integrated education and care. However, with discussion and education, staff felt that parents at MILDCC have begun to understand the importance of an integrated approach to learning and care.

...a lot of families still think we are a babysitting service. They have that from the media. We use our portfolios to show what we are doing...once they are here they understand the importance of what we’re doing.

Several structural differences between care and kindergarten were reported by staff in the interviews. These related to differences in the funding for kindergarten and long day care, the hours of the programs, the qualifications of staff and the provision of meals. Another difference, increased program flexibility, was often mentioned by staff. Educators told of increased opportunities for peer interaction for children and greater exploration and freedom for children at MILDCC. At stand-alone services, one educator commented:

Children very rarely have the opportunity to interact with peers of other ages. Educators don’t have time to take siblings across – there isn’t flexibility. But here, our doors are always open. Educators can swap, go in each other’s rooms, there’s flexibility with the indoor outdoor program.

**Service accessibility and co-location of services**

When asked to rate MILDCC on key features of service accessibility, over 90% of parents agreed or strongly agreed on the presence of the following features:

- The centre is welcoming (96%)
- The centre is easily accessible to families (92%)
- It was easy to enrol and begin participating at the centre (96%)

Three quarters (75%) of parents surveyed agreed or strongly agreed that access to different services and programs provided by the centre is simple. Some parents provided suggestions around improving the physical access to the centre including traffic lights to enter/exit the centre car park and widening the parking bays for larger family vehicles). Other suggestions included an extended closing time of 6.30pm (to accommodate parents who do not work close to the centre) and establishing direct debit or BPAY services to pay fees.

**Paying each time you go is a bit of a hassle - direct debit would be better.**

Some staff reported parents at MILDCC were still learning how services could work together to improve the accessibility of services. Other staff perceived the co-location of kindergarten and long day care to improve the accessibility of kindergarten programs to families, particularly for those parents working full-time.
The **co-location** of multiple services within the one building was perceived by staff to have a positive effect on families’ access to information and services and staff support.

We are fortunate to have all the services around us. It’s easy to find answers. If it’s referral or advice – most of the people are in our building. We have direct numbers, we know who to contact for answers (eg social workers). It’s not isolated here. We have a sense of belonging. When I worked at a standalone, it felt like you were doing it on your own.

It provides more than just the one service. That’s probably the biggest difference. The families get the opportunity to come to one place for many different things.

These key differences were described to contribute to a **sense of belonging** for children, parents and staff and a **positive atmosphere**.

It’s a more positive place to be because there’s lots of people you want to see.

There’s a real sense of belonging for families; they know the nurses, they know the educators. They come here because they feel comfortable, they say hello to the cook, to the office, to the nurse.

**Evidence-based practice**

According to the external consultants, experts in early childhood pedagogy, the professional learning program reflections presented by MILDCC staff in November 2011 revealed an increased confidence and major progressive shift in the overall implementation of professional reflective practice in relation to the EYLF framework, including an increased use of EYLF language with families’. It was perceived that the sustained focus for ongoing professional development, provided by the professional learning program, enabled the development of **strong pedagogy** and **evidence-based practice**. Further discussion on the process for establishing high-quality pedagogy is provided in section 6 of this report.

### 5.1.2 Respectful relationships

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Effective leadership</td>
<td>Strong leadership is critical to making integrated service provision a success. Effective leaders need to be able to inspire and support all staff through a process of change. They also need to be able to work across traditional divides and create new solutions to service delivery challenges.</td>
</tr>
<tr>
<td>Positive organisational climate</td>
<td>The centre manager and senior staff seek to build a positive organisational climate based on mutual respect and effective communication with staff, parents and other stakeholders.</td>
</tr>
<tr>
<td>Relationships between team members</td>
<td>Effective integrated working is founded on and sustained by strong professional relationships between staff. Training and support should focus on building and maintaining such relationships.</td>
</tr>
<tr>
<td>Models of teamwork</td>
<td>Teamwork is based on an interdisciplinary teamwork model, with trans-disciplinary and key worker models used for selected families.</td>
</tr>
</tbody>
</table>
**Induction of new staff**

Induction processes are designed to support new staff in becoming effective members of the integrated service team.

**Pre and post establishment training**

To ensure the successful establishment of new centres, the staff involved are provided with support and training in integrated service delivery (including teamwork).

**Cross disciplinary training**

Training in core skills and knowledge areas is conducted on a cross-disciplinary basis.

**Commitment to an integrated service model**

Staff selection and training are based on ensuring staff are committed to the integrated service model.

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**Effective leadership**

Staff presented on key lessons from their experiences in the professional learning project in November 2011. A number commented on the importance of leadership roles at MILDCC in relation to improving pedagogy. For example: a ‘provocateur’ was seen as essential to challenge thinking and traditional practices; a ‘mentor’ was critical to recognising potential and supporting development through the creation of an individual plan for each room-based team; and the pedagogical leader supported the translation of theory to practice, linking every day learning opportunities to learning frameworks and MILDCC’s vision. The overall focus on pedagogy was perceived to increase the professionalism and confidence of the workforce at MILDCC.

Staff interviews in December 2011 provided similar reflections.

> The pedagogical leader has really opened my eyes. She has been my main change. The culture here and everyone is just heading towards the same goal.

> Rose [co-ordinator] started it all. It has to come from the top for what we want to achieve...Having Catharine Hydon here, Helen Broderick – these people are great people, well respected. Having these people to work alongside has fast-tracked things and made it easier.

Some concern and disappointment was voiced by informants about the removal of the pedagogical leader position in 2012. Good operational communication with and between staff was identified as an area of ongoing importance, particularly with a large number of employees.

**Positive organisational climate and relationships between team members**

Throughout staff interviews, informants talked of their trust in their peers and the supportive and open nature of the workforce at MILDCC. The opportunity to form relationships with multiple staff members was viewed positively and contrasted with previous experiences in standalone service models. Increased staff knowledge was reported as a direct benefit of improved multi-disciplinary relationships.

> I find standalones very isolating. There is that big thing about a team. There are so many people you can go to for support. Your learning can’t be extended when you are working within a small team with a small number of people.

Flexible programming was perceived to facilitate improved educator and family relationships and establish a positive organisational climate—“it’s a more positive place to be because there’s lots of people you want to see” (educator).
With my past, you’re in the toddlers room – [you’re told] here is your room, here is your yard. I wouldn’t have known the children in the older rooms. I wouldn’t have known the other families and didn’t mix with them. You only mix with other staff when you have the same breaks or are on the same shifts.

Whilst support between educators was most frequently cited by informants, helpful relationships between MCH nurses and educators were also highlighted in educator professional learning program presentations in November 2011 and during the December 2011 interviews.

We have really supportive MCH nurses who are willing to integrate. When Family Services are here, they are very approachable and will drop in and say hi.

Models of teamwork
Staff presentations and interviews demonstrated multi-disciplinary collaboration between all MILDCC staff. More advanced models of collaboration, such as inter-disciplinary or trans-disciplinary teamwork are yet to be adopted across all programs at MILDCC, evidenced by the description of MCH nurses as a separate service by MILDCC educators. However, wishes to progress the level of integrated teamwork across MILDCC programs were expressed by numerous staff in interviews and professional learning presentations.

Examples of collaboration provided by MILDCC staff included:
- Educators attending MCH appointments with the child and family
- A MCH nurse seeking advice from educators about behaviour management for a family
- MCH nurses seeking input from educators about a child’s social development
- MCH nurses providing developmental advice to educators and families
- Educators and the cook involving children in menu planning

Both educators and MCH nurses at MILDCC were noted to provide advice for children and families who were not attending their respective programs. A commitment to an integrated service model or ‘no wrong door’ approach, embedded in the centre’s philosophy, was reported to guide the efforts of staff involved.

Commitment to an integrated service model, induction of new staff, training
Staff commitment to an integrated service model and philosophy has been described in relation to the Guiding Principles for service philosophy and provision within this report. One informant also discussed the importance of recruiting the ‘right’ staff in order to facilitate a commitment to integration. A shared understanding of the vision and purpose of MILDCC between management and council, interview questions around integration, discussion of the vision at interview and using agency staff until suitable staff were found were reported to be effective strategies in recruiting staff that would demonstrate a commitment to an integrated approach.

One staff member reported the professionalism of the application process influenced their attitude:

It was very professional, which was really important. It made me think these people care about who they are employing.
Professional development and training were also cited to influence staff commitment to integration and the centre’s vision.

*It’s about the team that’s been employed. Everyone’s been really well educated.*

Challenges to working in an integrated way, however, were reported.

*I do feel that getting the whole team on board to work towards the vision, having the same mentality about integration is difficult. Because we started as a small team and have had to build numbers – it’s been hard to pass on knowledge. Sometimes new staff can get a bit lost, they haven’t been as fortunate to have been here from the start.*

### 5.1.3 Child, family, community participation

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Engagement with families</strong></td>
<td>The commitment and consistency with which staff engage with families is critical. The starting point of this relationship is a fundamental respect for families, which is reflected in policies as well as practices.</td>
</tr>
<tr>
<td><strong>Family-centred practice</strong></td>
<td>Work with families is based on the core principles of family-centred practice including building partnerships with parents, basing services on family priorities and recognising and building on family strengths and competencies.</td>
</tr>
<tr>
<td><strong>Parent-to-parent contact</strong></td>
<td>Centres provide a range of opportunities for families to meet other families and promote the development of supportive social networks.</td>
</tr>
<tr>
<td><strong>Family friendly environment</strong></td>
<td>The centre provides a welcoming and family-friendly physical and social environment.</td>
</tr>
<tr>
<td><strong>Community consultation and involvement</strong></td>
<td>The local community is consulted about service needs and directly involved in the planning and governance of children’s centre services.</td>
</tr>
<tr>
<td><strong>Community use of facilities</strong></td>
<td>The centre’s facilities are available for use by parent and community groups.</td>
</tr>
</tbody>
</table>

**Engagement with families, family-centred practice**

The majority of surveyed parents reported satisfaction with the communication between staff and families at MILDCC. More than eighty five per cent of parents agreed or strongly agreed that staff and co-ordinators were easily accessible (89%) and communication was open between all staff and families (86%). Close to eighty per cent of parents believed the staff at MILDCC work with their family to plan for and meet their child’s needs (78%) and around eighty per cent of parents reported they could be involved in and consulted about their child’s education, care and development (81%).

Around two-thirds of parents (67%) surveyed agreed or strongly agreed MILDCC seeks ongoing feedback from families to establish whether services and programs are delivered as intended. A small number of parents highlighted specific communication issues in the March 2011 survey.

*Orientation is great for settling kids into the childcare environment, but could include more info for parents, eg better overview of policies and procedures.*
All staff MUST know the policies and procedures, even if they are agency staff. Having Agency staff should not be an excuse for not being able to answer a parent’s question (which is also available in the handbook).

Some parents provided suggestions to improve communication between staff and parents in March 2011.

- Monthly email newsletter giving some information about what is happening in the long day care - info on each rooms’ activities for the month, any special events coming up, reminders, meetings, and maybe a focus on a ‘carer’ each month (a bit of personal detail so we can get to know them). It is very difficult when child is 1 day per week to read notices on doors/pick up kids/get feedback about child’s day, pay fees, especially if only doing drop off, not pick up or vice versa. I would also love to remember people's names so I can tell the kids, but find it difficult when we aren’t in often, to remember who is who.

The action research results reflected a positive picture of respectful communication and sensitivity towards parent’s questions and concerns across a range of areas. However, specific findings revealed that the educator’s use of EYLF language with families to discuss their children’s learning was still emerging, with a growing number using developmental language to discuss children’s learning.

Various examples of improved communication with parents were cited by staff in December 2011 after participating in the professional learning program. Some reported they were more considered about their communication style with parents, such as selecting appropriate times to engage in longer conversations with families or adjusting verbal communication for parents from culturally and linguistically diverse backgrounds. Increased use of email for liaising with parents was also noted by staff informants. Many staff recognised the consistency and degree of collaboration with parents could be enhanced and were eager to seek further improvement in this area. Further findings around how educators communicated with staff are discussed within the action research project report.

**Parent-to-parent contact, family friendly environment**

The ability to make parent-to-parent contact at the centre was examined. Two thirds (66%) of surveyed parents agreed or strongly agreed they could meet other parents, families and community members at the centre.

Some staff perceived that a strong sense of community and belonging was developing for families at MILDCC.

- Families are staying until the end, they are bringing their siblings, there’s a real community here. Some families take on the ownership that this is their place, they hang around and talk and play and spend time with their children. It’s not just a drop off centre.

**Community consultation and involvement in planning and governance, community use of facilities**

The importance of involving the community in the delivery of services can be demonstrated by the following MILDCC staff comment:
I see it [integration] as being involved in the community as well. I’ve never worked in a service that has been on excursions in the community or have had the community come into the service.

Examples of participation in community services by children attending MILDCC, listed by staff, included visits to the local library, shops, parks, fire station, school, swimming centre and Scienceworks.

The professional learning program reflections also provided evidence of MILDCC educators seeking to facilitate community connections for the children:

*I now feel confident going out into the community with the children, eg going on the public bus with the kids. Now I know that those possibilities are endless. Before, I would have brought the library to the kids.*

A number of community events have also been held at MILDCC. The official launch was held in June 2010, a community celebration and picnic in October 2010, a MILDCC Christmas party in December 2010, and a first birthday party for the centre in July 2011 are listed as examples of community and family celebrations. A garden working bee stimulated the formation of a parent garden group who are responsible for tending vegetable patches and excursions to the local nursery by children and parents.

MILDCC’s governance structure, however, does not yet include formal representation from families or community members. Planning for a parent advisory committee has commenced and current planning and evaluation processes involve input from MILDCC families.

### 5.2 Practices for future consideration

#### 5.2.1 Service philosophy and provision

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes-based approach</strong></td>
<td>Staff and parents develop agreements as to what outcomes the centre should be seeking to achieve, and staff keep these outcomes in mind at all times when designing and implementing programs.</td>
</tr>
<tr>
<td><strong>Service networks</strong></td>
<td>Each centre is part of a comprehensive integrated local service system that is able to address individual child and family needs.</td>
</tr>
</tbody>
</table>

**Outcomes-based approach**

Staff interviews demonstrated that the vision was used to guide work at MILDCC and this provided consistency across centre programs. However, in order to evaluate the impact of MILDCC on children, families and the community, it is necessary to articulate the outcomes the centre is seeking to achieve. Outcomes should also be used to identify and plan for other programs or strategies.

**Service networks**

MILDCC staff reported they had established an awareness of other services and were able to link parents to these in times of need. Formal coordination structures and partnerships, however, were not described. Further coordination with service systems such as health and primary schools may assist the centre to better meet child and family needs.
5.2.2  Respectful relationships

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
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<tbody>
<tr>
<td>Models of teamwork</td>
<td>Teamwork is based on an interdisciplinary teamwork model, with trans-disciplinary and key worker models used for selected families.</td>
</tr>
<tr>
<td>Professional development for leaders</td>
<td>Leadership of an integrated service is a challenging role, and ongoing support and professional development for managers is needed.</td>
</tr>
<tr>
<td>Industrial issues</td>
<td>Staffing conditions and responsibilities reflect the operations of the centre rather than an historical approach.</td>
</tr>
<tr>
<td>Clarification of staff roles</td>
<td>Delivering programs within an integrated service model is challenging for managers, administrators and service delivery staff used to working within traditional stand-alone service formats, and clear descriptions of their new roles within an integrated service need to be developed</td>
</tr>
</tbody>
</table>

Models of teamwork
As discussed above, a high level of collaborative practice was demonstrated between the traditional disciplines of ‘kindergarten’ and ‘child care’, but less collaboration was noted between the MCH and educator programs. Staff reported they were keen to target this as a future priority action.

Professional development for leaders
The professional learning program provided informal peer-support to the MILDCC co-ordinator. Future structured external supports for MILDCC leadership staff were not clearly articulated at the conclusion of the project.

Industrial issues
The issue of different awards and conditions for multi-disciplinary staff is a sector wide issue that was also reported by MILDCC informants. Whilst some disparity was overcome through the use of consistent staff titles, the need to recognise and remunerate the progression of staff qualifications was highlighted in staff interviews.

Clarification of staff roles
Some responsibilities pertaining to integrated service delivery practices were outlined within position descriptions. However, MILDCC provides an opportunity for Moonee Valley City Council to review and capture lessons about staff responsibilities and roles in an integrated service and embed these within revised position descriptions.

5.2.3  Child, family and community participation

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
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<tbody>
<tr>
<td>Parent-to-parent contact</td>
<td>Centres provide a range of opportunities for families to meet other families, and promote the development of supportive social networks.</td>
</tr>
<tr>
<td>Skills for engaging parents</td>
<td>Staff are provided with training and ongoing support in the core skills needed to work effectively with parents, including relationship building, partnership building, family-centred practice and strength-based approaches.</td>
</tr>
</tbody>
</table>
Family-centred practice
Work with families is based on the core principles of family-centred practice, including building partnerships with parents, basing services on family priorities, and recognising and building on family strengths and competencies.

Community consultation and involvement in governance
The local community (including residents, interest groups) should be regularly consulted about community service needs and directly involved in the planning, design and governance of Children’s Centre services.

Parent-to-parent contact
As discussed above, feedback from parent surveys highlighted that parent-to-parent contact at MILDCC could be further supported or facilitated.

Skills for engaging parents, family-centred practice
Specific training around relationship building, partnership building, family-centred practice and strength-based approaches was not focused on in the early operational period of MILDCC. Given the increased level of confidence demonstrated by educators and the philosophy of the centre, training around such skills could be a future focus for MILDCC staff.

Community consultation and involvement in governance
Findings from section 5.1 demonstrated that this feature of an integrated service was partially-demonstrated during the early operational period and could be strengthened in the future.

5.3 Satisfaction with an integrated service model
Almost 90% of surveyed parents reported the integrated model at MILDCC better met their family’s need for early education, care and family services compared to their experience with stand-alone services.

All staff interviewed advocated for integrated service delivery:

   I think there should be more of these around [integrated hubs]. I would not put a child in a standalone service, knowing what an integrated service can offer.

Staff also appeared to have high-levels of satisfaction for working within an integrated service model, as evidenced by high-retention rates and a perceived positive organisational climate.
6 Findings: Effective processes

Findings about processes that effectively support and challenge the establishment of an integrated children’s centre and high-quality pedagogy are described respectively in the following sections of this report.

6.1 Establishing an integrated children’s centre

6.1.1 Professional learning program

MILDCC staff were asked to describe the effect of the professional learning program, results were overwhelmingly positive with a range of benefits described. As one staff member commented:

[The professional learning program] encouraged me to try and implement new ideas, reflect on my practice, make changes to my practice and work together as a team. Not just my own team within my room but across all the services.

A major benefit reported by almost all staff included increased professional confidence and knowledge, resulting in improved communication, documentation and planning. Selected quotes from staff demonstrate these effects:

I’m more professional with my documentation and my approach with children...how we portray ourselves with families – our discussions at the end of the day...not just saying the child ‘had a good day’.

The biggest thing was the language that we use...the professionalism has really grown. I feel like the language that I now use has helped me to communicate better with families. I’m more confident in portraying what I want to say.

I’ve learnt a lot more about the early years framework – so I [now] communicate in that sort of language.

Having that knowledge about why we do things and what those theoretical perspectives are -advocating to families why we use something in the room and who has influenced that - feeling more confident to be able to do that.

[I’ve] shown a growth in my knowledge and understanding that I can really convey to families information about other services.

At the start, it was pretty overwhelming because I felt a lot of pressure, especially because the EYLF and VEYLDF had just come in, and there was pressure to know it [the frameworks] and implement it. We were constantly having Helen in the room, but I couldn’t listen to Helen in the room. We were constantly being nagged to reflect on our own practice. But I’ve learnt that if I’ve had a bad day and you write it down and share it, it makes you feel better. The mentors were always there for support and for you to ask questions. In the end, we’ve gotten used to it. At sleep time, we’re now reflecting on the quality areas – before we were spending time on portfolios for the sake of the portfolios. Now it’s about the quality of the portfolio rather than the quantity.

Some staff noted the professional learning program had an impact on the energy and motivation of MILDCC staff, thereby helping to establish a culture of continuous improvement and learning.
It inspired me to increase my own knowledge in different areas and to want to provide that high quality program. How can we be the best that we can be? It brought the culture and a pat on the back every term – you’re doing a good job, look at how far you’ve come. [It] helps us to stay inspired and keep driving change.

After completing the workshops, one staff member described the effect as:

I want to do something different in my practice. We’ve had the opportunity for training, now let’s use it.

Improved internal communication and teamwork was also told of by staff informants.

It helped us get to know each other.

Gives us the positive culture and positive relationships and makes us want to work together more.

When we were doing the workshops we broke into small groups with maternal child health as well, it was good to have everyone on board and hear everyone’s views – they had a different look on it.

New staff or staff who were unable to attend professional learning program sessions commented that this made it difficult to ‘know where we were up to’. The translation of knowledge to practice was raised by one educator as a challenge:

Catharine when she spoke was quite inspirational, but then finding the time to put it into practice and to reflect on it [was difficult].

From a manager’s perspective, the impact of the professional learning program was perceived to be profound. The centre co-ordinator commented:

The impact has been amazing. To see the growth and development – I’m awed by it. I don’t know that I expected to get such great results...You can clearly see it. It’s been extraordinary to see the staff continually step up, take risks, take chances, to give it a go...I think they’ve shown a great deal of generosity, to make mistakes... and share their vulnerability. And it’s been intense and very ambitious but people have really responded to it.

6.1.2 Vision

Staff interviews provided insight into the use of a vision and effective processes to develop and pursue a vision at an integrated service. The activities undertaken to develop and reflect on the vision enabled staff to establish and consolidate their understanding of the vision and facilitate practical application to their work.

Uses of the vision, described by informants, included identifying and clarifying key values and service delivery concepts at MILDCC, guiding daily practice, reflecting on practice and motivating staff.

Our vision talks about different aspects that we find important for children – the value of play, the value of families as first educators, pin-pointing all of those concepts and values that we find important within our practice.
Many staff commented that the vision is ‘what we do’; indicating that the vision is acting as a mission statement and that articulation of what is trying to be achieved in the future, or what is aspirational, may be required.

**Staff involvement and input** into the creation of the vision was reported to assist understanding and ownership.

> We helped to create the vision – so it’s a part of who I am within that vision. It helps me work towards it, because it’s part of my passion. No other vision has meant much to me - it’s just been stuck on the wall.

> Each individual staff member, they have had a part of it. That’s our own words – it’s not something else that someone has written.

It was noted that new staff or staff not involved in the process of creating the vision had less ownership of the vision but still expressed an understanding of the centre’s philosophy.

The **professional learning program** was an important strategy to aid staff understanding and implementation of activities to achieve the vision. Of particular mention was the constant reflection on daily practice using the vision and the structured processes for reviewing the vision.

> The professional learning program has really helped me understand the vision and how that reflects onto our practice and how our practice reflects the vision. It’s a working document and can change and evolve as our practices change and evolve.

> After having the workshops, I use it [the vision] more. It’s set the importance of it. It got me thinking more – about the path that we are on. It’s more motivating.

> [The workshops] definitely gave me an understanding of what we are talking about in the vision and being able to discuss making changes to it and what is relevant to us.

Staff comments reinforce the need for visions to be explored in terms of practice. The MILDCC team were offered time to deliberate about what visions mean as they are played out with children and their families, rather than a single opportunity to write the vision.

Reflections on the vision process were provided by the external consultants:

> We have been struck by the power of this process to transform staff understanding and to drive conversations about quality, not just pragmatics. The MILDCC team fully embraced the vision, which was evident in their commitment, their approach to participation, adaption to changes and willingness to live and share the vision.

*Catharine Hydon & Helen Broderick*
6.1.3 Leadership positions and staffing structure

The staffing structure and leadership positions at MILDCC were perceived by staff to play a significant role in establishing an effective integrated service. The roles of the external consultants, pedagogical leader and early childhood facilitators were frequently mentioned by staff informants.

Anna and Bianca’s role – they really facilitate the integration role. They are really pushing for integration; working with the families about integration...the office is really important.

The educators here are great and that stems from our facilitator (Bianca).

Catharine [Hydon] was the inspiration – I can do more, I am the professional. Helen – did the teaching, we could put things into practice, bounce-off ideas. It wasn’t just talked about, it was shown. Catherine [the pedagogical leader] - little things helped, her role, her knowledge.

External consultants perceived that strong leadership and team commitment was critical to success in establishing an integrated service.

It was privilege for us to work alongside this enthusiastic team, to enable their visions, to share their successes and to marvel at their enthusiasm and energy. It has highlighted for us the importance of strong leadership and team commitment to embrace integrated service provision. This commitment started with a workshop in the early days of set up and was brilliantly sustained through the coming months and the service was established. It is in the sustained leading of the team that we found the successes. Experience and practice evidence suggest that in the absence of a clear and decisive leader the momentum of visioning is lost into the daily grind...that cannot be said for this team.

Catharine Hydon & Helen Broderick

The initial staffing structure, identified in the development phase of MILDCC, is thought to have contributed to effective integrated practices at the centre through embedding an integrated philosophy in the position descriptions (ie use of the term ‘educator’ for bachelor, diploma and certificate III qualified staff, roles and responsibilities of staff). The establishment of positions such as a Co-ordinator Integrated Early Childhood, early childhood facilitator, pedagogical leader and integration facilitator ensured adequate resourcing to achieve Moonee Valley City Council’s goals on integration. The understanding and commitment to a higher level of resourcing by leadership within Moonee Valley City Council was therefore a further critical success factor.

6.1.4 Key directions framework

The key directions framework articulated an initial strategic direction for the centre. The articulated priorities were reflective of MILDCC’s vision. However, without clear measures for success and embedding of the document within an evaluation framework, it has been difficult to progress achievement in all areas. The translation of MILDCC’s strategic direction to an outcomes framework with an evaluation plan and process and impact indicators may have better supported actions and activities within all four priority areas.
6.1.5 Identified challenges
Staff identified a number of structural, interpersonal and communication challenges to establishing and working within an integrated service model. Structural challenges focused heavily around time; time to collaborate, time to form relationships with more colleagues and more children, and time to articulate and model the vision and philosophy to new staff.

Staff also reported limitations for career progression as there are a set number of positions available per qualification band at MILDCC. As staff complete further study and gain higher qualifications, positions at a higher qualification band are not necessarily immediately available for staff within the centre. Broader workforce issues were briefly mentioned, ie some training institutions were perceived to provide inadequate training for Certificate III in Children’s Services.

Changes in senior leadership positions within Moonee Valley City Council also presented a challenge to sustain a shared understanding of the history and direction of the service.

Interpersonal challenges were described by MILDCC staff as being open to change, adapting to change, attitudinal change, working in new ways and being challenged. Ensuring the team felt valued and were included were also reported to be challenges.

Other challenges centred around communication and included:
- Use of the same terminology
- Communicating the vision and philosophy
- The high level of communication required for daily practice
- Educating families about new practices such as a shared yard

6.1.6 Suggested solutions
Staff reported that continued support is essential to maintaining and progressing integrated service delivery. A number of suggestions were made by staff as potential next steps, these have been grouped into three themes and include:

- Reflective practice and action research, eg further research projects, frequent joint reflection sessions, embedding lessons from the action research
- Professional development, eg professional development sessions, pedagogical leadership, a plan for shared professional development and support structures
- Maintaining a positive organisational climate, eg regular ‘energy lifting’ sessions promoting the organisational climate and providing positive reinforcement, more opportunities to work with MCH nurses and family services

6.2 Establishing high-quality pedagogy
Whilst not specifically measured by this project, changes in pedagogy were clearly evidenced in the staff professional learning program presentations. Observations and reflections from external consultants were used to document and reflect on processes that support effective pedagogy.

6.2.1 Type of change
In considering the achievements to date in relation to high-quality pedagogy it has been useful for the project to identify the changes themselves as well as the nature of those changes. Professional learning at its best, results in not only practical (easier) changes to practice but more profound...
(harder) changes to the values and approaches underpinning practice that are understood by practitioners. These changes can best be articulated using the terms technical and adaptive to describe different levels or aspect of the change process. These terms resonate with the work of integrated children and family services generally but particularly MILDCC given the age of the service and new model that is being explored.

Before identify these types of changes in the MILDCC context it is helpful to define the terms as they applied to the achievements outlines below.

**Technical change** involves people putting in place solutions to problems for which they know the answers\(^3\). These are most often easier and require practical efforts that don’t in general require a deep commitment to another way of being or knowing.

**Adaptive change** involves addressing problems for which there are not yet know the solutions\(^4\). It involves people taking greater risks, challenging every day practices and embracing changes to beliefs and embracing another way of knowing and being.

A useful example of this in the MILDCC context is the introduction of Reflective Practice (a principle in both the EYLF and practice principles in the VEYLDF and an approach that is central to educators engagement with the National Quality Standard). At one level (*technical*) introducing the change is easy and has known answers: eg buy every staff member a reflective dairy and run a session about how to show them and encourage them to write in it. At the deeper level (*adaptive*) it is more complex: how do we shift people’s efforts to thinking more and more about themselves and their effect on children and their families? When this takes place and people write in this manner we know it is not just technical change that has taken place but also the longer lasting and more effective adaptive change\(^5\).

### 6.2.2 Effective processes

*As the reality is complex, we must create a community of learners. A critical learning community needs ‘all the stories’ to be told: through their individual stories everybody (educators, students, managers, policy makers) produces a different version of the same story. The final objective of critical learning communities is the furtherance of social change, social justice and democratic values.*

*Van Keulen, 2010\(^6\)*

The role of professional learning is well understood to be central in improving the quality of service for families, the experience of professionals and most importantly outcomes for children. A service commitment to establishing and resourcing a learning community can mean the difference between visions becoming reality or remaining as a set of static words.

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\(^3\) [http://instep.net.nz/change_for_improvement/sustainable_change/four_views_of_change/adaptive_versus_technical](http://instep.net.nz/change_for_improvement/sustainable_change/four_views_of_change/adaptive_versus_technical)

\(^4\) Ibid


MILDCC made a commitment to a process of professional learning as part of the establishment of the integrated service. At the outset the use of reflective professional learning to bring the staff from across the services together was a priority of the leadership team.

The professional learning approach utilized for the MILDCC team centered on creating a critical reflective space where new ideas could be presented and taken for granted practices challenged. The program sought to extend the view of the staff team beyond the parameters of their existing professional knowledge and explore shared understandings about children, families, the community and each other. Both the mentoring and the learning sessions in the professional learning program used the EYLF and VEYLDF outcomes and the practice principles to engage the staff team in reflections about their work with children and families.

The professional learning program was a successful partnership approach due to the strong MILDCC team’s ongoing commitment and participation in the project itself, which, in turn ensured a highly collaborative approach was established across the team to cement a strong pedagogical foundation for their work with colleagues, children and families.

The responses to the overall program were outstanding. It exemplifies what Van Keulen suggests in the quote at the beginning of this section, that critical learning communities’ further ‘social change, social justice and democratic values’. Not only are the learners themselves engaged in deliberations about themselves but also they are actively turning their attention to changes that result in outcomes for children and their families.

The processes that were offered to the MILDCC team were not only an opportunity for this reflection but a way to drive the turning of these words into action.
7 Conclusions

7.1 Integrated service delivery practices

The Guiding Principles were used as a framework to measure the quality of integrated service delivery practices at MILDCC. Activities during the early operational phase at MILDCC focused on Guiding Principles relating to service philosophy and provision, respectful relationships and child, family and community participation. MILDCC’s progress was therefore measured against the evidence-based or evidence-informed practices within these Guiding Principles at the conclusion of the early operational period.

The Guiding Principle of service philosophy and provision are driven by the needs of children and their families, considers the presence of a common service philosophy, the co-location of services, integrated early learning and care, service accessibility and evidence-based practice. Qualitative evaluation measures revealed these practices were demonstrated at MILDCC. Particular strength was noted in regard to the shared service philosophy and integrated early learning and care; areas which were noted to be a significant challenge for Integrated Children’s Centres across Victoria. Areas for future consideration include use of an outcomes-based approach to guide future service delivery and the consolidation of existing service networks and formation of new partnerships with other relevant service systems such as health and primary schools.

The Guiding Principle of professional practice based on respectful relationships describes effective leadership, relationships between team members, a positive organisational climate, models of teamwork, commitment to an integrated service model and the induction of new staff and training as elements essential for success. Findings demonstrate that respectful relationships were established at MILDCC and that a supportive and positive team environment was viewed by staff as one of the major benefits of working at MILDCC. Effective leadership, professional development and reflective practice were clearly demonstrated and contributed to MILDCC’s success in establishing a learning culture and professional practice.

Specific employment arrangements such as position titles and responsibilities, also contributed to success, but present opportunities for future focus. Whilst it was found that teamwork between MCH nurses and educators was operating at a multi-disciplinary team level, MILDCC staff were keen to progress teamwork to an inter-disciplinary level of collaboration (particularly between the MCH and education programs) and believed that sufficient trust and respect had been established in order to pursue this agenda. Formalised supports and professional development for the MILDCC leadership should be considered as the professional learning program has concluded.

The Guiding Principle of promoting and supporting child, family and community participation through engagement with families, family-centred practice, parent-to-parent contact, a family friendly environment, community consultation and involvement and community use of facilities was also targeted as a priority area for the MILDCC team. The centre demonstrated elements of these practices with strengths in child and family friendly practices and environment. Further gains in parent-to-parent contact, family-centred practice and community involvement in the governance of the centre could be targeted in the future.

Overall, it was perceived that MILDCC demonstrated particular success in establishing respectful relationships between team members, enabling a culture of learning and a positive organisational
climate. In turn, this fostered an understanding and commitment to integrated service delivery including the integration of education and care. Whilst not measured specifically within this project, the establishment of high-quality pedagogy across MILDCC educators was also evident. Resources supporting achievements in these areas are summarised in the following section of this report.

7.2 Effective processes

**Effective leadership** at multiple levels was critical to the establishment of a high-quality integrated service. The direction and vision from executive management in Moonee Valley City Council ensured that **structural features** such as governance arrangements, staff recruitment, staff structures and building design supported integrated service delivery. MIDCC’s coordinator demonstrated strong leadership through the removal of practical barriers; setting clear expectations about roles, responsibilities and ways of working; and providing direction for the service. The employment of staff who were open to an integrated philosophy, rather than staff with a preference for traditional ways of working, was also seen to be a critical success factor.

The **professional learning program** was found to be an effective mechanism to support high-quality integrated practices and pedagogy. More specifically, **involvement of staff** in the processes of planning the vision and service philosophy, **joint training, reflective practice** and staff empowerment supported the establishment of a **culture of learning** and inquiry. This culture provided the foundation under which staff could critically reflect on practice using the **learning frameworks** (EYLF, VEYLDF) and the **vision** (which reflected an integrated philosophy) and therefore embed quality pedagogy and integrated service practices at MILDCC.

Critical success factors for the professional learning program included the direction and leadership provided by the MILDCC co-ordinator; the **collaborative partnership** between the co-ordinator and external consultants to plan, deliver and reflect on the program; and the use of **highly-skilled consultants**. ‘On-the-ground’ pedagogical leadership, provided by the pedagogical leader, also led to achievements in professional learning by supporting the application of theory to practice.

Processes undertaken within the developmental phase of MILDCC also appear to have contributed to the establishment of an integrated service. A strong **understanding of the evidence** around service delivery and how it could be applied to family and children services within Moonee Valley City Council provided a foundation for planning, and a ‘greenfield’ site the opportunity to implement. Translation of the evidence into staffing structures and a commitment to **flexibly resourcing** best practice, ie providing the co-ordinator with a flexible and sufficient budget and the authority to make financial decisions also contributed to MILDCC’s success.

Overall, processes that supported the establishment of an integrated service included effective leadership at a council and centre level and the professional learning program. Effective leadership required an understanding of the evidence-base and research, courage and commitment. This resulted in structural features that supported integrated service delivery such as appropriate governance and staffing arrangements, a flexible budget and effective recruitment processes. Qualities of the professional learning program including supporting the development of respectful relationships, joint training, reflective practice, use of the learning frameworks, a collaborative approach to planning and delivering the program and the use of highly-skilled consultants were critical to success.
8 Recommendations

8.1 MILDCC

Recommendation 1: Establish an outcomes framework to guide the planning, delivery and evaluation of MILDCC programs

The outcomes framework should be developed in partnership with MILDCC staff and families. The purpose of the outcomes framework is to provide clarity around the direct impacts sought from service activities and to guide service planning, delivery and evaluation. The outcomes framework should include agreed outcomes, objectives, strategies, activities and process and impact indicators.

Recommendation 2: Embed integrated service delivery activities in the Quality Improvement Plan

Strategies and activities articulated within the outcomes framework should be embedded within the Quality Improvement Plan where possible. Strategies to enhance integrated service delivery practices at MILDCC could involve focusing on one Guiding Principle and relevant practices over a one-year period.

Practices for future consideration were articulated in the findings and conclusion of this report and highlight opportunities within the Guiding Principle of supporting and promoting child, family and community participation. The self-assessment tool available in the Evaluation of Victorian Children’s Centres Framework could be used to engage staff in identifying and prioritising integration activities.

Recommendation 3: Identify sustainable professional development activities and structures

Strategies and activities related to sustaining a culture of learning should be outlined as part of the MILDCC outcomes framework. Possible structures or activities that may support professional development include ongoing reflection and sharing the lesson sessions for MILDCC staff, action research projects and processes, pedagogy support, peer release (especially between MCH, educators and family support), leadership mentoring and the development of networking opportunities for Moonee Valley City Council employees working in and leading integrated service networks.

Recommendation 4: Continue to celebrate and share success

Efforts to celebrate and share successes and lessons with MILDCC families and other Moonee Valley City Council staff should continue to be made. Findings from this report should also be shared with the broader integrated service community in Victoria through conferences and publications.

8.2 Moonee Valley City Council

Recommendation 5: Moonee Valley City Council embed lessons from the MILDCC experience

It is recommended that Moonee Valley City Council capitalise on findings gained about effective processes to establish an integrated service by:

- Reviewing position descriptions for integrated services, ensuring they reflect an integrated philosophy
- Considering ‘greenfield’ recruitment processes for integrated services, fostering commitment to an integrated philosophy prior to employment

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- Empowering centre co-ordinators with a sufficient and flexible budget, and the authority to make decisions about spending, in order to establish a supportive culture of learning in the early operational period
- Establishing networks at MILDCC so practitioners and leaders of integrated services can share learnings
- Consolidating expectations and outcomes sought from integrated services at an executive level in Moonee Valley City Council
- Developing processes for sharing and creating service delivery research at Moonee Valley City Council
Appendix 1: Parent Survey
## Appendix 2: Staff interview questions (March 2011)

<table>
<thead>
<tr>
<th>Management</th>
<th>Staff</th>
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<tbody>
<tr>
<td>1. What is your understanding of integration?</td>
<td>- What is your understanding of integration?</td>
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<td>- How is it different to childcare / sessional kindergarten / stand alone kindergarten?</td>
<td>- How is it different to childcare / sessional kindergarten / stand alone kindergarten?</td>
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<tr>
<td>2. What do you think the integrated day looks like?</td>
<td>- What is it like working with a broad range of professionals?</td>
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<tr>
<td>3. If you have worked in a stand-alone environment and an integrated environment how do you perceive the differences in the day?</td>
<td>- If you have worked in a stand-alone environment and an integrated environment do you notice any key differences in the day?</td>
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<tr>
<td>- Are there benefits and what are they?</td>
<td>- Are there benefits and what are they?</td>
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<tr>
<td>- Are there challenges and what are they?</td>
<td>- Are there challenges and what are they?</td>
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<tr>
<td>- How do parents / community perceive / respond to the differences?</td>
<td>- How does management respond?</td>
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<td>4. If you have worked in a stand-alone environment and an integrated environment do you notice any key differences in the day?</td>
<td>- How do parents / community perceive / respond to the differences?</td>
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<td>- What is it like working with a broad range of professionals?</td>
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<td>5. Are there relationships with local schools; community services; etc; outside of the centre?</td>
<td>- Are there relationships with local schools; community services; etc; outside of the centre?</td>
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<td>- Are they beneficial to the service?</td>
<td>- Are they beneficial to the service?</td>
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<tr>
<td>- Are they beneficial for the children and their families?</td>
<td>- Are they beneficial for the children and their families?</td>
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<td>6. As your service has a vision how does it help to clarify your work at the centre?</td>
<td>- As your service has a vision how does it help to clarify your work at the centre?</td>
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<td>7. What skills are you developing as part of the Professional Learning Project?</td>
<td>- What skills are you developing as part of the Professional Learning Project?</td>
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<td>- How are they helping you to grow as a professional?</td>
<td>- How are they helping you to grow as a professional?</td>
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<tr>
<td>- What are the benefits of being involved in the PL Project: For you? For the team?</td>
<td>- What are the benefits of being involved in the PL Project: For you? For the team?</td>
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<td>8. How do you cope with the positives and challenges of working in an integrated environment?</td>
<td>- How do you cope with the positives and challenges of working in an integrated environment?</td>
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<td>- Industrial issues / MECA / VECTAA / CS awards</td>
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<td>- Multidisciplinary approach</td>
<td>- Multidisciplinary approach</td>
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<tr>
<td>- Skills / training</td>
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<td>- Career opportunities</td>
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Appendix 3: Staff interview questions (December 2011)

All staff informants were asked the following questions. Those in management positions were asked an additional two questions, see below for detail.

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<th>Questions</th>
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**Additional questions for management**

What elements of integration do you wish to pursue over the coming years?
What will you focus on next?
Appendix 4: Vision statement April 2010

‘A Vision in the Making’ (April 2010)

Milleara Integrated Learning & Development Centre for Children (MILDCC) is a safe and vibrant facility for children and their families that will provide a one stop shop for the community of Moonee Valley. Throughout the centre we will strive to promote and provide opportunities for everyone through community connectedness, skill building, health promotion and social supports.

With this in mind Milleara Integrated Learning & Development Centre for Children will seek to:

- Recognise that our work together begins and ends with children and their families and that the journey will present new opportunities both exciting and challenging.
- Foster a culture of respect – respect for each other, respect for the community and respect for the environment – and ensure that empathy and compassion is evident in everything we do.
- Create a safe, beautiful and welcoming place that nurtures a sense of belonging for everyone.
- Welcome diversity and embrace the unique contribution of every child, every family and every professional. Make real efforts to recognise this strength and allow them to shape the life of the centre.
- Cultivate a strong learning community where new ideas are welcomed and continuous learning is encouraged. Where children’s insights are honoured, family wisdom is recognised and professional knowledge is supported.
- Nurture our self expression and the freedom to reach our potential by offering engaging and inspiring experience for children, families and professionals while remembering our rights and responsibilities.
- Construct programs for children and families that are built on robust practice knowledge, research evidence and an ongoing commitment to listen and be accountable to those we seek to serve.
- Communicate openly and honestly with all those who are part of the life of the centre and do so in ways that contribute the formation of lasting relationships.
- Advocate for children and families and those who work with them and continuously find productive ways to speak on their behalf about issues that matter.
- Find ways to have fun – to laugh, to play, to live, to excite and to transform.
- Celebrate together the work of the centre, our hopes, our achievements, our diversity and our contribution to a better life for children and their families.
Appendix 5: Professional learning program objectives

There are several key objectives that should be expected from this project

For staff

- A clear resolve to demonstrate the commitments in the vision for Milleara Integrated Learning & Development Centre for Children.
- A strong understanding of the theory, evidence and practices that underpin integrated children and family services.
- An increased understanding of the purpose and potential of an integrated approach in the delivery of quality outcomes for children.
- An increased understanding of the practices and approaches that support an integrated approach.
- An opportunity to undertake small action research projects that progress integration with a view to broader implementation across the service.
- The provision of purposeful and tailored supported professional learning.