Sir Winston Churchill Memorial Trust Fellowship Report

Churchill Study Tour 1 October to 30 November 2008

To investigate strategies to support children with developmental health care needs in USA, Italy, United Kingdom in centre based education and care programs.

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1. Declaration

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Jennifer Evans

9 March 2009
2. **Acknowledgments**

The vision and wisdom of Sir Winston Churchill is embodied in his establishment of this Trust that has left a lasting legacy of opportunities for international cooperation and communication. I am deeply grateful to have been a direct beneficiary of the Trust.

I would like to thank the Board of The Infants’ Home Child & Family Services for their encouragement and support of my application for the Fellowship and the staff for their efforts and achievements while I was undertaking this exciting learning opportunity.

My appreciation and gratitude goes to the children, families and staff, at the programs I visited for their willingness to share information and experiences.

I offer my appreciation to the staff and professionals that support the logistics and operations of the Trust and Fellowship applications. They are great ambassadors for the Trust.
3. Executive Summary

Project Description

The Australian Government’s mandate for the development of a socially inclusive community needs to begin with addressing the rights of children and their entitlement to services that meet their needs at each stage of development. Children experiencing a range of “developmental health care needs”¹ require additional support services to facilitate their active participation in society.

The Fellowship allowed me to travel for seven weeks in October and November 2008. During this period I visited the United Kingdom (UK), Italy and five states in the United States of America (USA) to study services for young children with “developmental health care needs” receiving early intervention services within centre based education and care programs.

The tour provided the opportunity to speak with researchers, service providers, and families and to observe programs, training and research planning about early intervention services provided in a centre based child care program. This information allowed for an examination of how a range of professional skills and services can be integrated into a holistic intervention experience in a centre based education and care program (CBECP) setting. Workforce, systems and practice strategies that support integrated services for the child and their families were explored.

The study elucidated the differing evolution of early childhood and early intervention services internationally and both the diversity and similarities of current service provision and practice.

Highlights

- Participating in multidisciplinary Family Partnership² training, a model which advocates working within a collaborative framework with families and team members.
- Visiting four Sure Start programs in the UK and discussing with managers and staff their successes, challenges and visions for the future. The spirit of optimism and excitement conveyed by the workforce for the future of early childhood services was inspiring.
- Meeting with a range of investigators in the USA leading current research projects that are examining strategies to improve both quality practice in early childhood services and inclusive early intervention services.
- Having discussions with staff and families and observing programs that have well developed integrated care, education and early intervention systems.
- Participating in the American Speech and Hearing Association Annual Convention ‘Winds of Change’ where a diverse range of presentations on intervention programs were attended and informal discussions with practitioners and experts occurred.

Lessons learnt

- The unique history and cultural and political environments of each country impact on it’s “image of children”, and in turn shapes the policy and service delivery to children and their families.
- The application of international research in the early childhood early interventions field needs to be assessed for its relevance to the NSW and Australian context.
- Caution is needed when evaluating international research as there is significant variation in the definition of common terms such as ‘teacher’ (and training implied) and ‘kindergarten’.
- The structure and adequacy of health and welfare services for young children has consequence and implications for the design and delivery of early childhood and early intervention services in each country.
- The existence of multiple government policy and funding frameworks at all levels of government as they apply to the early intervention arena negatively influence the workforces’ ability to develop cohesive, individually responsive and integrated services for children and their families.
- The importance of the professional preparation of the childcare workforce, ongoing professional development and access to supervision in supporting the quality and integrity of centre based education and care programs (CBECP) provision and early intervention services.
- The need to adequately resource both universal CBEC and early intervention services to facilitate collaborative work practices to achieve best outcomes for young children.
- The benefit of documenting systems and practices that are implemented in a service to support collaboration and integration of different disciplines.
- The importance of funding ongoing evaluation and research to ensure the effectiveness of early intervention programs provided within CBEC programs in Australia.
- The benefit of training professionals working in and with a CBEC in communication and a collaborative helping framework to facilitate work within and between teams and families.
4. **Background**

An examination of the provision of integrated centre based education and care programs (CBECP) and early intervention services cannot occur in isolation of a consideration of a community’s support and services for all young children, as this forms the base from which the rights and needs of children with additional support requirements is premised. As Moore 2008 states, the hope for ‘early childhood early intervention services lies in being part of a collective effort to build a universal early childhood system from the ground up’.

Four key areas of research and practice have been gaining increasing attention in the provision of services to improve the well being of young children. These include the importance of quality care and education in the early years for the well being of children and its cumulative impact across their life span; the benefits of providing additional supports to children and their families with specific needs as early as possible; the benefits of providing programs with a dual focus of the child and his/her family; and the rights of all children to be actively supported so they can engage in all aspects of society.

In parallel with these developments there has been a significant increase in the number of children attending formal child care and education settings in developed countries around the world. Some of the contributing factors to this trend are the increased participation of women in the workforce, the increasing value placed on early education, and the dislocation of extended family support networks.

Research is showing that outcomes for children are deteriorating and that new ways of supporting young children need to be developed. Research has also revealed that families with young children who will most benefit from health and education related services, are least likely to access these services or to have significant ongoing contact with these services.

The early childhood period is unique in the interdependence of the relationship between the primary caregiver (hereafter referred to as parents) and the well being of the child. Thus a cluster of supports addressing multiple needs is often required to address particular needs of children and their parents. Accessing these services often involves many service delivery sectors which in turn creates barriers to access. As Watson 2004 states early childhood education has `no natural policy home’ in the context of a service provision designed from an adult framework that are reflected in the current division of responsibilities within government. More attention is being paid as to how these services from diverse service systems (education, health and

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3 T Moore 2008 Beyond the Evidence: Building Universal early childhood services from the ground up EIA national conference
4 McLoughlin J 2007 Why Services Need to Integrate presentation at Conference What Works for Children: Bridging the gaps
welfare) and numerous professional disciplines can best respond to the needs of young children.

Important initiatives in response to these issues include reshaping service delivery to increase both the co-location of a range of services; increasing networking, increasing access between various services and introducing ways of working with families.

New service delivery directions mean that we are increasingly asking service providers to work collaboratively across a range of settings with diverse groups of professionals when providing early intervention services to young children. All professional disciplines have their own unique ‘professional heritage’ that includes traditional settings for service delivery and ways of working with each other. Both the settings in which services are provided and various forms of ‘team work’ are evolving. These service delivery developments in turn create demands on the service delivery workforce to develop new ways of working in these milieus. These changing workforce requirements have not always been transferred into the professional preparation and/or development programs for these professionals or into the governance and management of the delivery of services in a coordinated, planned and resourced manner.

For young children child care and preschool education centres have become a central platform for service delivery. They are non-stigmatising services with an extensive reach to young children. There has been an increasing focus on the supports required to enhance participation by all children in these programs and how early intervention programs can be scaffolded into this rich environment to the benefit of children with additional learning and development needs. Further, these services are increasingly seen as ideal to form the hub of an extended range of services such as infant and maternal health nurse, parenting programs, playgroups, adult education, youth programs, as guided by the local need.

The focus of this study tour was on the provision of early intervention services for young children, before they commence school, who experience a range of ‘developmental health care needs’. The setting of interest was centre based education and care programs (CBECPS) where a range of professionals were also contributing to the early intervention program for the child and his/her family. Strategies that facilitated the collaboration of the allied health services to effectively support the work of the child care and education staff in providing inclusive and integrated child care and education were explored. In addition, how these settings could be utilised to further provide integrated allied health services was investigated. A particular interest was on how the services were centred around the child and his/her family.

Early intervention is used to refer to planned supports for children where a child’s development has been identified as not sufficient to support progression along the normal developmental pathway and / or is inhibiting their participation in age appropriate activities and opportunities.

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6 Gasper Mike, Watling Paul, July 2007 Reflections on Leadership Mentoring and the Zone of Proximal Development www.teacherresearch.net/ECECER07/Abstract_2_.doc

7 S Bagnato HealthyCHILD edib 1
A quality child care or CBECIP program lead by skilled staff is required for the successful implementing of both inclusion and early intervention practices. The literature has identified barriers to successful integration of early child programs including: staff skills, theoretical underpinnings, nature of shared roles and work within teams, the image of the child and the role of the family, time for collaboration and differing power status.

The literature contains considerable discussion on different types of teams in the medical and disability sectors. The concept of ‘inter-professional professionalism’ has been introduced in the allied health, medical and nursing field to support these forms of team work. There is, however, less explicit information in the early childhood teaching literature and the role of the early childhood teacher and child care workers participation in such diverse teams. The various types of teams identified include multi-disciplinary, interdisciplinary and trans-disciplinary teams, where the level of interaction can vary from co-location/ existence through to true integration. This team work relationship can be viewed from a number of levels of service delivery from governance through to the direct work with the child. This study is focused on the later, though cognisant of the others.

Frameworks that place the child at the centre of the program such as the ‘team around the child’, within the context of the family (family centred practice), and incorporate a strength based framework have proven to be promising models upon which to build team work.

Over the past five years The Infants’ Home Child and Family Services (TIH) has moved towards developing an integrated model of early intervention support within its inclusive and integrated centre based child care and education centres that are co-located on one site. This program has an average of 160 children attending per day with 20% of them accessing a variety of additional support due to a range of factors such as child safety concerns, disability, autism and chronic health needs. This study tour was undertaken to obtain a wider perspective on how a range of programs approach embedding the integration of early intervention services within an integrated centre based child care and education centre. The early intervention supports for children has two components. It includes the facilitation of a child’s participation in a centre based child care and education program so they can enjoy and benefit from all the experiences the program has to offer. It also includes the implementation of individually specific programs with targeted skills and emotional psycho-social needs.

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8McLoughlin J, Stonehouse A, Forster J 2006 Inclusion the Children’s Services: The Next Steps Noah’s
9 Nunez L, Bromell Anderson M, D P Harmer, Collaborative Inter-Professional Professionalism: Consultant Group on Inter - Professional Professionalism ASHA Convention November 2008
11McLoughlin J. 2007 Why Services Need to Integrate presentation at Conference What Works for Children- Bridging the gaps
14 Davis H, Day C, Bidmead C, Family Partnerships Guys Hospital London; ibid footnote 3
functioning to enhance the child’s development and functioning and to enhance the family environment.

5. Introduction

The study tour opened the door to a new world, one with a wonderful spirit on commandership around the world, with a common purpose of improving the well being of young children. It has indeed made the world seem a much smaller place. At the same time it has highlighted the diversity of countries, states, communities and families. The integral role of history, culture including the image of children, women and families, welfare versus rights based approach to services, economic structures, migration patterns, geography, political systems, and service systems in shaping attitudes, values and funding for early childhood services became very apparent throughout the tour.

As outlined in the background the services available for all young children have a significant influence on the provision of early intervention services. Given the diversity within each county and state, I strongly recommend that any one interested in this field read the OECD country notes and as updated15, the policy briefing by Brennan16, and the OECD Thematic review of Early Childhood Education and Care Policy Australian Background Report 200017 to contextualise individual research and program outcomes. This context is critical if international findings are analysed for their applicability to both NSW and other Australian States, between which there is significant diversity within Australia.

The range and complexity of early childhood services, their relationship to the universal services18, health, welfare and education systems, different definitions and use of terms such as ‘nursery’ and ‘teacher’ means that key definitions need to be analysed to properly consider extrapolation to the NSW and Australian setting. My visit provided a brief glimpse into several services and research directions and provided me with a greater understanding of the complexity and resources required to support integrated team work.

The centres, programs, training and conferences were selected to provide the opportunity to look at many facets of interest to TIH program development. The particular focus was on ways to further develop the team work of different professionals in a seamless, integrated fashion, for children and their families who receive early intervention services within a child care and education program. The TIH program sits across many areas that have traditionally been segregated; universal service provision, disability and child protection and the sites visited reflect this diversity. The full list of activities is outlined in Appendix one.

15 OECD http://www.oecd.org/document/3/0,3343,en_2649_39263231_27000067_1_1_1_1,00.html
16 Brennan, D Editor 2008 Building and international research collaboration in early childhood education and care SPRC UNSW
17 Press F, Hayes A. Commonwealth Government of Australia
**Settings visited:** The programs visited each had a unique history and context. Appendix one has further details and web site addresses.

<table>
<thead>
<tr>
<th>Programs Visited –</th>
<th>Location and demographics, enrolment focus</th>
<th>Primary interest of visit</th>
<th>Funding</th>
<th>Governance</th>
<th>Programs / services also provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sure Start Programs</td>
<td>Initially targeted to low socio-economic areas</td>
<td>Reputation as a quality integrated Child and Family Centre</td>
<td>Multiagency-education, health, NGOs,</td>
<td>Government, ‘donations’, fees</td>
<td>Most Children’s centres have: Early childhood nurses &amp; midwives, speech pathologists, Social workers, centre based child care and education, child minders,</td>
</tr>
<tr>
<td>Thomas Coram Children centre</td>
<td>High migrant population (itinerant communities)</td>
<td>Participation in the Family Partnership training: Integrated services; community engagement model; role of families</td>
<td>Local government / NGO</td>
<td>NGO Parents on Board</td>
<td>Parent centre/Supported playgroup –+ many others Parenting and adult education</td>
</tr>
<tr>
<td>Lloyd-Park Children Centre</td>
<td>Travellers population (itinerant communities)</td>
<td></td>
<td>Government, donations, fees</td>
<td>NGO Parents on Board</td>
<td></td>
</tr>
<tr>
<td>Pen Green Centre for Children and their Families</td>
<td></td>
<td>Family partnership training used this as a training site</td>
<td>NGO Parents of Board</td>
<td>Parent and baby groups; adult education</td>
<td></td>
</tr>
<tr>
<td>Ridgeway Park Children Centre</td>
<td></td>
<td></td>
<td>Government, fees</td>
<td>NGO Parents of Board</td>
<td>Parent education and training, parenting programs, fathers groups, Research Workforce Training</td>
</tr>
<tr>
<td>Name and Location</td>
<td>Description</td>
<td>Program Philosophy</td>
<td>Funding</td>
<td>Other Notes</td>
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<tr>
<td><strong>Reggio Emilia: Reggio Children Loris Malaguzzi International Centre</strong></td>
<td>Universal program – mixed socio demographic</td>
<td>Program philosophy</td>
<td>Government, fees</td>
<td>Government/ NGO; Research, workforce training,</td>
<td></td>
</tr>
<tr>
<td><strong>Centre de Ninos Y Padres</strong></td>
<td>Lower socio-economic area specifically for Children with disability - Spanish speaking community</td>
<td>Parents participate in the child care program with their children.</td>
<td>Government, fees</td>
<td>University</td>
<td></td>
</tr>
<tr>
<td><strong>Hope Street Family Centre</strong></td>
<td>Lower socioeconomic area- predominant Spanish speaking community</td>
<td>Community engagement, integrated services</td>
<td>University / NGO</td>
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<tr>
<td><strong>Children’s Relief Nurseries Portland, Salem</strong></td>
<td>Lower socioeconomic areas- targeting children identified as at risk</td>
<td>Structured integrated service program with documented evaluation of outcomes</td>
<td>NGO / government</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Peninsula Children’s Centre</strong></td>
<td>Lower – middle socio-economic area</td>
<td>Similarities to The Infants’ Home – “universal base”; integrated services</td>
<td>NGO</td>
<td></td>
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</tr>
<tr>
<td><strong>Frank Porter Graham Child Care Centre</strong></td>
<td>Middle socio-economic area – specific criteria that enrolments reflect community demographics in terms of ethnicity, gender, socio-economic status;</td>
<td>Similarities to The Infants’ Home – “universal base”;</td>
<td>University / research funding</td>
<td>Interested early intervention for enrolled children; Research; Workforce training</td>
<td></td>
</tr>
<tr>
<td>Programme</td>
<td>Setting</td>
<td>Activities</td>
<td>Funding Sources</td>
<td>Organisations</td>
<td>Notes</td>
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<tr>
<td>4 Kids at Braddock – part of Heritage Health Foundation Pittsburgh:</td>
<td>Low socioeconomic area</td>
<td>Participating in the Early Childhood Partnership Consultation program (UCLID)</td>
<td>Government, donations, fees</td>
<td>NGO</td>
<td>Wider organisation has a large range; transport; training; multiple kindergarten sites;</td>
</tr>
<tr>
<td>Two Head Start Programs in Pittsburgh</td>
<td>Low socioeconomic area</td>
<td>Participating in the Early Childhood Partnership Consultation program (UCLID)</td>
<td>Government</td>
<td>Education department; NGO</td>
<td>Wider organisation delivers a mix of services. No other programs integrated with centre based child care</td>
</tr>
<tr>
<td>It Takes a Village Early Learning Centre, Chicago</td>
<td>Low – middle socio-economic area</td>
<td>Participating in workforce development strategies.</td>
<td>Government, fees</td>
<td>NGO</td>
<td>-</td>
</tr>
<tr>
<td>Portland Health Department Health Start and Family Nurse Partnership, Home Visiting</td>
<td>Mixed socio-economic</td>
<td>Skills training in communication and strength based practice</td>
<td>Government</td>
<td>Government</td>
<td></td>
</tr>
<tr>
<td>Catholic Health Commission; Healthy Start Home visiting</td>
<td>Mixed socio-economic</td>
<td>Skills training in communication and strength based practice</td>
<td>Government, donations</td>
<td>Catholic Church / NGO</td>
<td>Multiple programs largely operating independently</td>
</tr>
<tr>
<td>Children's Guild Therapy Centre, Easter Seals</td>
<td>Mixed socio-economic</td>
<td>Consultation services for centre based child care programs</td>
<td>Government/ donations</td>
<td>NGO</td>
<td>Multiple programs; operating largely independently;</td>
</tr>
</tbody>
</table>
Features that influenced the integration of early intervention services into child care programs are described under two key areas, workforce and issues and directions in service delivery.

6. Workforce

Skills and qualifications of staff in centre based child care programs

The child care workforce can spend up to 12 hours a day, five days a week for 52 weeks a year, with children under 6 years. Observations of programs and discussion of current research highlighted that increasing the skill of the child care workforce is critical for the success of integrated early intervention programs which are embedded within the child care programs. Attention to this aspect must at least accompany, if not precede, strategies addressing collaborative ‘team work’ involving families and workers from various disciplines.

The workforce in child care centres in UK\textsuperscript{19} and USA\textsuperscript{20} appeared to have a similar structure to NSW of three levels of staff; untrained, TAFE Diploma equivalent and degree qualified. While the first two levels appeared to be equivalent to the Australian qualification framework, the third level (teachers) did not. There appeared to be a significant difference in the qualifications for teachers in both the level of the qualification and the content. In NSW and Australia, there is a four year early childhood teacher professional bachelors degree qualification. This qualification is required to be classified as a ‘teacher’ in a child care or preschool facility. In NSW, child care centres have been required to employ early childhood degree trained teachers for over 30 years\textsuperscript{21}, although not in the other States nor systematically in the UK\textsuperscript{22} or USA\textsuperscript{23}.

In was difficult to obtain an accurate sense of how the ‘teacher’ classification was applied and the nature and content of the training in the various qualifications that seemed to be called a ‘teacher’ in both the USA and UK. Some staff designated as a ‘teacher’ were ‘primary trained’ with no specialisation in the early years, others may have had a 4 year bachelors degree in any area speciality or a two year associate degree in child development, or other lower level qualification. An understanding of this difference is important as many research and program recommendations from these countries look at quality in the context of qualifications of the workforce, especially those classified as ‘teachers’.

Both the UK and USA national governments are presently revising qualification frameworks and providing funding for training to enhance the skills of the workforce to support increased quality of child care and education programs. In the UK, this

\textsuperscript{19} www.cwdcouncil.org.uk/qualifications-list
\textsuperscript{20} Professional development: Educational Qualifications of Program Administrators and Teaching Staff Building Better Futures for Children and the Profession http://journal.naeyc.org/btj/200703/BTJProfDev.asp
\textsuperscript{21} June Wangmann personal communication Feb 17 2009; Qualifications’ list http://www.cwdcouncil.org.uk/qualifications-list
\textsuperscript{22} Personal conversation W Thomas Lloyd Park Centre; OECD Country Note USA, UK
\textsuperscript{23} OECD USA Country note 2000
work is also supporting the Every Child Matters policy framework and a move towards providing integrated Children’s Services through the Sure Start initiatives. The new qualification framework has introduced a new degree called the ‘early years foundation degree’. Interestingly, this will not provide a right to access the same level of remuneration as a teacher. The USA Head Start programs and National Association of Young Children in the Early Years (NAYCEY) are facilitating an improvement in qualifications. At several of the programs visited, staff were enrolled in formal studies to gain higher level qualifications to meet new requirements, with some financial support from the auspice program.

Many programs visited indentified the issues of training and financial remuneration as critical for improving the quality and retention of a skilled child care workforce. The limited availability of University degrees courses specialising in professional preparation for early childhood teachers (Italy 1998), the remuneration levels for the employment of staff with such a qualification, and the legislative mandate to employ such staff have been barriers to improving quality. To compensate for this lack of a trained workforce at the state or national level some of the programs visited supported increased quality early childhood teaching in the child care centre workforce through a well resourced ‘apprenticeship’ type system and support to attend formal training to underpin their quality goals. The Reggio Emilia services and the Pen Green Centre for Children and their Families have continuously invested in the development of their workforce, a considerable number of whom have remained employed for many years.

The organisational culture in Centres visited in USA, UK and Italy demonstrated a keen awareness of the need to increase the skill and qualifications of the child care workforce. Their Governments were investing in this increased training and the workforce was excited about this positive leaning environment. This enthusiasm was remarkable across all the programs visited.

The availability of professionally specific prepared degree qualified staff and their retention had a direct link to the remuneration and employment conditions.

**Employment of Allied Health Staff (Non child care workforce)**

The centres visited utilised the services of a variety of allied health staff within their programs. These included speech pathologist, family workers, social workers, psychologists, mental health workers, occupational therapists, physiotherapists and mental health specialists. The equivalency of these qualifications was not explored.

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24 2005 http://www.everychildmatters.gov.uk/aims/
except for that of the speech pathologist$. Both the UK and USA have reciprocal recognition agreements.

The most frequent additional disciplines that were working directly at the child care site were social workers (and similar) and speech pathologists such as at Centre de Ninos Y Padres, Peninsula children’s services, Children’s Relief Nurseries in Oregon, FPG Child Care Centre and Pen Green Centre for Children and their Families.

These staff were engaged through a number of different mechanisms including:

- Permanent employees of primary organisation e.g. FPG Child Care centres, Children’s Relief Nurseries, Hope Street,
- Permanent Contractors from other primary providers/ partners e.g. Peninsula Children’s Centre subcontracts through a partnership agreement.
- Consultants that visit the program to strengthen aspects of the service through coaching and information such as Early Childhood Partnerships UCLID and Centres in Pittsburgh funded by grant funding to UCLID program.
- Consultant that regularly visit to the strengthen the childcare curriculum and actively participate in it e.g. literacy e.g. 4 Kida at Braddock through an externally grant funded UCILD program, Early Childhood partnerships.
- Permanent staff engaged by multiple agencies co-located and working collaboratively with a formal multiagency governance arrangement e.g Sure start programs UK.

The model of engagement was influenced by: the nature and diversity of the target group; the size and scope of overall program; the emphasis of programs on both parents and children’s needs and funding sources. The team work with allied health and child care appeared to be the strongest where the staff were seen as ‘belonging’ to the centre.

It was very common in the programs visited in the USA for them to have multiple external consultant resource services visiting the centre weekly or daily to supplement the curriculum's work in literacy, diversity, disability and mental health especially in the Head Start programs. It was difficult to obtain a clear picture of how all these services came together for the child care staff.

**Recruitment**

A number of managers stressed the importance of employing staff with the ‘right attitude’ to working collaboratively with staff and families and that this was a specific selection criteria in the recruitment process. Failure to demonstrate this attitude in relationships was also a matter for active performance management.

**Leadership**

With the call for increasing integration of services within and around child care/ preschool services the knowledge, skills and attitudes required to lead a complex and diverse service has become an area of discussion. The Pen Green Centre has provided

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29 Mutual recognition Award Speech Pathology Australia and USA
significant leadership in this area\textsuperscript{30} including developing of the \textquote{National Professional Qualification in Integrated Leadership} as is the University Community Leadership Individual Disability (UCLID) centre at Pittsburgh University. The UCLA Centre for Healthier Children, Families and Communities, Professor Halfon at UCLA\textsuperscript{31} leadership program focuses mainly on the health sector. They have identified that the skills required for collaborative team work and reflective practice are critical for leaders and this is reflected in the design of the course content. They have also used the principle of mixed cohort groups to facilitate cross disciplinary perspective and understanding.

Of the centres visited, leaders came from a wide variety of backgrounds and experiences including social workers, primary trained teachers, early childhood qualified, psychology and management. Programs that were situated within organisations that were required to undertake a high level of fund raising (as opposed to government / research grant funding), or situated within large organisations often had a leader with a business management background and a program manager with a service delivery background eg 4 Kids Braddock run by Heritage Health Foundation and the Children’s Relief Nursery Portland. This diversity in leadership backgrounds appeared to have grown out of each organisations unique history and opportunities. It was not possible in the brief visits to gain a comprehensive understanding of the implications of the various backgrounds.

Many of the leaders and senior staff had formed highly developed and trusted teams and a distributive style of leadership\textsuperscript{32} was apparent. Each member was actively leading sections of the organisation with significant autonomy within well defined goals and objectives. The team members had been employed for significant periods of time and or commenced at time where the organisations capacity was strong. This provided a secure base for inter-professional debate and staff team development

**Team development**

Programs visited had employed a number of strategies to support effective team development.

A common framework indentified that underpinned team work practice\textsuperscript{33} included an emphasis on communication, collaborative and reflective practice around a strength based ideology. Interestingly this was congruent with some of the core skills indentified for leadership training programs. It is also congruent with current practice directions in working with families.

\textsuperscript{30} Personal conversation Patrick Whitaker 10 October 2008
\textsuperscript{31} http://www.healthychild.ucla.edu/
\textsuperscript{33} http://www.walthamforest.gov.uk/index/care/childrenandfamilies/childprotect/lscb/integrated-working/lscb-iw-training.htm; Early Childhood Partnerships & HealthyChild UCLID http://uclid.org:8080/uclid/ecp_main.html
As part of the tour I participated in a multi-disciplinary training for the ‘Family Partnership’ course. I also attended two home visits with staff, one in the Nurse Family Partnership program in Salem and the Healthy Start program in Portland. The development of a secure relationship between the nurse visitor and the client and the continued engagement with these clients over an extended period are critical elements of these programs. They have developed training programs that include communication and collaborative and reflective practice skills within a strength based ideology of working in partnerships with families. These skills were congruent with those identified to work collaboratively with families and in teams in Centre Based child care and education programs.

To strengthen the Children’s Service initiative under the Sure Start programs, Northamptonshire and Waltham Forest Council are providing training for all government employed children’s services staff including child care workers, speech therapist, receptionist, teacher, coordinator, health visitor, family support worker from arrange of services in the council area, over the next three years, in the Family Partnership model. The aim is to strengthen their collaborative work with families and within teams by providing them with a common skill set and framework in collaborative practise.

The participation in the two days of training workshops and discussions with the two experienced and differing styles of trainers, M Ellis and C Bidmead demonstrated the power of the training in generating value clarification, non-judgmental responding, perspective taking and facilitation of joint problem solving. One session was the final day of the program and the other was mid way through the course. The training and facilitation skills need to be well developed in training such a mixed cohort to achieve the planed outcomes within the time frame. The value clarification that occurs throughout the training provided the greatest area of growth for participants and challenge to the facilitator.

The area of sustained nurse home visiting has received considerable research internationally and more recently in Australia. As part of these programs, nurse competences have been developed that support the nurse to work in a strength based framework with families. Discussions with Diane Ruminski Multnomah County

34 Davis H et al ibid
35 http://www3.northamptonshire.gov.uk/child/CYPP/fpm.htm
36 http://www.walthamforest.gov.uk/training-dev-prog-april08-march09.pdf page 65
Nurse Family Partnership: Home Visiting Implementation logic http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=243&navID=207; Nurse Family Partnership: Nurse Home Visitor Professional Development http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=26&navID=26

Health Department, Manager Healthy Start Program\textsuperscript{39} & Nurse Family Partnerships (NFP) Programs and Karen Van Tassel, Coordinator Healthy Start, Oregon Commission on Children and Families and attendance on two home visits provided an insight into the structure training, supervision and practical implementation of these skills. The initial training, ongoing supervision and professional development were documented and prescribed to provide consistency in the service delivery.

It takes time to build relationships. Many of the programs visited had retained a core group of staff either in the child care program and/or the allied health disciplines, throughout their period of development, sometimes for over twenty years such as at FPG, Pen Green Centre for Children and their Families, Children’s Relief Nursery Portland, Hope Street. This core of staff provided a critical mass for the ongoing development and transfer of program knowledge and skill.

Other strategies that had been implemented to foster effective team work included:

- Induction and orientation to the culture and principles of the program e.g. Pen Green, Hope Street, Children’s Relief Nurseries
- Mentoring across disciplines e.g Hope Street
- Supervision to support reflective practice; Children’s Relief Nurseries, Pen Green Centre for Children and their Families.

\textbf{7. Issues and Directions in Service Delivery supporting integration of early intervention services within child care programs}

\textbf{Interconnectedness of education and care}

The philosophy of the relationship of care and education that underpins the provision of child care services was seen to vary between programs and countries. This philosophy forms the foundation for the child care workforce from which they plan the children’s experiences and develop expectations about their responsibilities and necessary skills. It became apparent that an understanding of this is important for the allied health workforce in negotiating how to work with these programs and staff to integrate early intervention services into the child care program.

In NSW, the mandated curriculum for child care services (and preschool) is called the NSW Curriculum Framework for Children’s Services: ‘The Practice of Relationships’\textsuperscript{40}. It is developed on a philosophy that care and education cannot and should not be separated in the early childhood period. Care and education are perceived as interconnected and co-dependent. This has significant implications for staff skills and training. The NSW Children’s Services Regulations and Curriculum have embodied this philosophy for over thirty years\textsuperscript{41} and supports its implementation with a requirement to employ a teacher in child care facilities with over 29 children attending. This policy and practice has not been uniform across Australia however current developments are moving this nationally in Australia.

\textsuperscript{41} June Wangmann personal communication Feb 17 2009
The interconnectedness of care and education is an emerging practice in the delivery of child care in UK through the Sure Start initiatives. In the services I visited, there was a clear belief that care and education could not be separated. How this premise was implemented varied. In these programs the education component was sometimes still viewed as occurring in a concentrated part of the day while in others viewed it as quintessential to the care experience e.g. t Pen Green. In USA the role of Head Start Centres and the evolving work of the National Association of Young Children in the Early years (NAYCEY) has strongly infiltrated the understanding of the interconnectedness of care and education. The level of implementation of integrated care and education was most sophisticated in philosophy and practice in the Reggio Emilia program.

The acknowledgment of the interconnectedness of care and education appeared to generate a heightened sense of both self worth of the staff and the work of the organisation. The palpable respect for the teachers in Reggio Emilia services left a lasting impression. This was demonstrated in the provisions of systems supporting their work in planning, review and development of the curriculum and their individual skills.

Where the interconnectedness of care and education was established in practice the individual inclusion of children with additional support needs appeared to be more consistent. The child’s additional supports were woven into all activities during the day to facilitate participation and active learning rather than just into routines.

The philosophy of interconnectedness of care and education was seen as a powerful influence on the leadership of individual centres in their actions to increase staff skills and qualifications and their introduction of allied health staff to support early intervention.

Learning and Teaching Pedagogy

The tour provided insight into the range of the learning pedagogy used in child care program curricula. The existence of this diversity is perhaps understated in the research examining how to shape programs to provide inclusive experiences for children with additional needs. Awareness of the different curriculum is important as it provides the framework and context within which research is conducted on three important areas; quality improvement, inclusive practice and early intervention. It also forms the context for the negotiation interface for the allied health contribution and strategies.

The learning pedagogy in the programs visited in the USA primarily implemented an ‘instructivist’ framework with a school readiness focus while UK programs were at various stages of implementing a constructivist paradigm. The NSW Curriculum Framework for Children’s Services: ‘The Practice of Relationships’ positions services to work within a constructiveness model of care and education.

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42 www.surestart.gov.uk
43 OECD Country Note Early Childhood and Care Policy USA 2000 clause 139
44 Starting Strong 11 Early Childhood Education and Care OECD 2006; OECD Country note USA
The consequences of different forms of learning pedagogy for allied health staff needs to be explored. There are significant differences in the underlying belief about the way children learn and the nature of adult interactions that best facilitated learning. An instructiveness approach may more easily fit with therapies utilising behaviourist strategies while the constructiveness approach may more readily fit with some mental health therapies. The skill of the allied health staff in adapting to these different program types, especially where they work in a visiting consultation role, may influence the success of the team work.

The implications of the learning and teaching pedagogy used in programs should be further explored to ascertain its role in facilitating or inhibiting successful teamwork.

Research and evaluation

The quantity of research in the delivery of early childhood services in USA is intoxicating and exciting. I had the opportunity to hold discussions with three research institutes: the Research and Training Centre on Family Support and Children’s Mental Health Portland State University and the NRC Portland, Frank Porter Graham Institute at the University of North Carolina at Chapel Hill and at the Early Childhood Partnership Centre, UCLID, Pittsburgh University; and to attend the American Speech Language and Hearing Association (ASHA) annual convention.

The size of the research effort supports the US government policy for both inclusive child care programs and the recognition of the theoretical underpinning of the interconnectedness of care and education. Much of this research on program quality improvement and professional development is operating with a very low base of qualifications in the child care sector workforce and with a program curriculum that is predominantly `instructivist’ based.

There has been considerable research into effective ways to deliver professional development of child care staff in USA programs. Much of the research undertaken has been within the HeadStart programs that as stated earlier, were observed as primarily providing an `instructivist’ curriculum paradigm. The instructiveness program allows for more prescriptive controlled processes and can demand less professional judgement and skill to implement well. It is quiet a different curriculum base to that of a `constructiveness’ paradigm which requires a high level of professional planning, intellectual guidance, reviewing and problem solving to be effective. The study tour has led me to question the applicability of generalising research findings and techniques that have been tested in an `instructivist’ paradigm into a `constructivist’ based program. This requires further consideration especially for NSW child care and preschool services.

Some research programs including the mental health consultations in Oregon NRC 45 and the Early Childhood Partnerships Program at Pittsburgh University 46 have identified that the interpersonal skills of the `consultant’ underpins the development of

46 Early Childhood Partnerships & HealthyChild UCLID http://uclid.org:8080/uclid/ecp_main.html
team work and that it is a more significant influencer on outcomes than the frequency, intensity and method of the service provided.

Research on early intervention in child care programs has investigated three levels of early intervention support: general programming assistance and structure of the environment, staff training in both general quality service delivery and specific information on a particular child’s needs, and individual programming support plans. Research on adapting the Recognition and Response three tired model (R&R) to children between 3-5 years of age is underway. This program provides a methodology of high quality instruction and early intervention. It also involves periodic screening of children.

An area of tension at The Infants’ Home has been the use of assessment protocols by some allied health disciplines. The child care workforce has expressed concern at its fit with a constructivist interconnected care and education paradigm. Research by Steve Bagnato into authentic and functional assessment of children is an emerging area of research that has potential to assist team functioning. This approach provides a shared process for the childcare work force and allied health in the team.

Policy and Funding matters

There are significant national policy and legislative agendas in both the USA especially through the Head Start programs and the UK through Every Child Matters agenda, that are driving current developments in service delivery, qualifications and skills of the child care workforce and research directions. The significant influence of policy and its related funding was very evident throughout all levels of program operation.

A significant task for child care based centres in both the UK and USA was accessing and managing multiple sources of government funding to support both the operation of the program and to support early intervention and inclusion practices for children with additional needs. This required extensive knowledge of the programs and was a time consuming task. The program managers and allied health staff were required to fully understand the funding requirements to ensure each child and the program were able to access available funding and fulfil reporting responsibilities. The allied health staff often had the primary responsibility for the funding associated with individual children and for some it was a significant part of their work.

Funding accountability requirements varied and could require incompatible ways of working with children and teams. It had a strong an influence on the program shape, on how allied health and teams could work and how each child’s needs could be met and allocation of scare resources e.g. it was reported that some funding required

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47 http://www.fpg.unc.edu/~randr/

48 Bagnato Stephen J., Rune J 2009 Authentic Assessment for Early Childhood Intervention

49 http://www.everychildmatters.gov.uk/

50 Miller R personal conversation 2008 FPG Child care centre; M Weilheim, personal conversation consultant Chicago, Peninsula Children’s Services Portland
allied health to work directly with the child when the program model worked on a consultation model.

**Sources of conflict and its influence on combined allied health and child care teams.**

The three sources of team conflict traditional described, economic, values and power\(^{51}\), were noted in various programs. The issue of power balance in team dynamics was the one most commonly cited. This was considered to be related to qualification level, flexibility of work requirements and remuneration level of staff. Usually the allied health staff had master level qualifications and received better remuneration packages than the child care staff.

Interestingly programs that only operated the child care component for limited periods such as half days, or had a day a week without children attending, or had additional staffing with high child/staff ratios did not perceive it as significant an issue. This raises the question of the impact of child care staff having access to sufficient time to plan, review and participate in joint meetings and supervision on the perceived power balance.

The power issue also appeared to be less of an issue where there was a strong organisational culture of valuing the role of the childcare staff through a strong professional development program with articulation to higher degree studies and where the child care worker had more direct involvement with families both at the centre and on home visits.

One program used allied health staff to act as locum child care staff to provide continuity of staff for the children. This also appeared to facilitate the trust level and balance the power dynamic in the team.

These various forms of recognition and ‘non–child’ time for the child care workforce appeared to be enablers for the workforce to participate as equal partners in the process e.g. Children’s Relief Nurseries in Portland and Salem, Pen Green, and Thomas Curran Nursery.

**Case Management systems**

The establishment and documentation of a clear model of care contributed to how the team functioned e.g. Hope Street Family Centre\(^{52}\), Children’s Relief Nurseries\(^{53}\), FPG Child Care Centre and Centre de Ninos Y Padres\(^{54}\). This included the existence of:

- Clear intake and referral processes and role assignment
- Regular case reviews

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51 Fisher R c. 1977, Rev. 1985, 2000, *Sources of Conflict and Methods of Conflict Resolution*  
International Peace and Conflict Resolution, School of International Service, The American University  

52 Avila M, Cortes, A, S Segovia *Fundamentals of case Management in the Home*, Best Babies Collaborative 29-10-08


54 D Klein Director - ; http://www.calstatela.edu/faculty/dklein/dklein.htm
Supervision that provided opportunity for reflective learning and debriefing
Agreed documentation protocols
Well developed relationships with service partners that also provided services to the child and family
Prescribed case load requirements

The role of intake was crucial to supporting the integration of intervention services. This role was usually undertaken by allied health staff such as the special education teacher at FPG and the social worker at the Children’s Relief Nursery

**Role of families and broader communities**

The role of families from receiving services to that of governance varied across all programs. Relationships at each centre were influenced by: the local geography and socio-demographics such as poverty; the reason the program was initiated such as research priorities with a particular focus on children with disability; the organisations’ current mission and values; funding requirements and government policy. The most significant variable was the program or organisational leaders’ relationship and commitment to the community e.g Pen Green, Hope Street, Peninsula Children’s Service.

Several programs located in areas of high poverty actively encouraged women to engage with the centre and move through the roles of volunteer, peer group leader, employee and higher education student to both cement the trust and engagement with the local community and to improve the education and employment outcomes for families, e.g. Pen Green, and Head Start programs, Heritage Health Foundation, which research shows is strongly correlated with children’s wellbeing.

Family’s active participation in the planning of intervention was highest for those who had a child with a disability

Interviews with families showed how important these services are to providing a sense of hopefulness about their child and family’s future `I’ve learnt so much, I feel more confident now’ were common themes.
8. **Summary**

The Churchill Fellowship enabled me to investigate strategies to facilitate team work of allied health and child care staff working in centre based child care settings. I attended training, met with researchers and visited a range of services in the USA, Italy and the UK that support children with developmental health care needs participating in centre based child care programs.

The significance of each country’s history, culture, geography and political philosophies in shaping early childhood services became palpable during the study tour. An awareness and understanding of this rich diversity of origins and current context is important when evaluating international research and policy directions for applicability to the Australian context. A lack of universality of meaning of terminology in the early childhood research provides additional difficulties when evaluating program outcomes.

The international study tour helped to teased out the complex contributing factors and influences on the development of teams to maximise the contribution of each member’s skills for the benefit child and his/her family. The role of the structure of the service delivery system as a whole and its influence on the work of these teams is significant. The type of learning pedagogy of the centre based child care and education program and the child care workforce skills were a major influencer on how child care and allied health staff negotiated their roles with each other and with children and families.

The current workforce qualifications (especially its teacher preparation and employment), licensing and accreditation frameworks in child care services in NSW strongly positions it internationally and forms a solid base from which to improve the delivery of early intervention services.

The tour also provided insights into the congruency between competencies to support the ‘team work’ of allied health and child care staff working in centre based child care settings’, leadership of early childhood services and current best practise directions in ways of working with children and families. This provides a strong mandate for training in these core skills across all disciplines working with young children.

The breadth and extent of research projects and funding in the USA investigating a range of aspects of early childhood service delivery and more recently in the UK is exciting. In view of Australia’s limited investment in research in the early childhood sector it is vulnerable to influences from international findings that are grounded in a different milieu and may lack applicability to the Australian context.
9. **Recommendations**

To improve the outcomes for young children experiencing a range of developmental health care needs in Australia through their participation in centre based education and care programs (CBECP) it is recommended that:

- The Australian Government continues its efforts to develop a national policy that acknowledges the interconnectedness of a child’s health, care, emotional security, education and family life in the delivery of services to young children and that it works with the States to provide adequate funding to support the policy.  
  

- Child care and preschool services implement a pedagogy of ‘interconnectedness of care and education’.

- Child care services for children under 6 yrs are funded to engage, resource and properly renumerate, university qualified early childhood teachers.

- Child care workforce is adequately resourced to support participation in consultation and collaborative practice to enable the implementation of quality early intervention programs for children and families with additional support needs.

- The evaluation of international research findings takes full account of the Australian context in general as well as the uniqueness of each state, in ascertaining relevance of the findings for the Australian settings.

- A summary paper outlining the early childhood degree qualification in Australia and a comparison with sampler courses in the USA and UK be prepared to enable better understating of the workforce qualifications and terminology cited in research papers.

- Efforts are made to minimise the number of different government polices, programs and funding streams to simplify access for families and service providers.

- The allied health (non childcare/education) have the knowledge, skills and attitudes necessary to underpin inclusive work in child care/ preschools settings. These areas include knowledge of various models of early learning pedagogy, models of consultation, knowledge of different forms of teams and core active communication, collaborative and helping skills.
10. **Dissemination**

- Press release July 2008
- Presentation to NIFTeY NSW committee 5 February & 2 April 2009
- Reflections with Dr Jen Skattebol, SPRC University of NSW 15 January 2009
- Presentation and to the Board and Staff of The Infants’ Home Child and Family Services, 30 January and 26 February 2009 respectively.
- The Infants’ Home Child and Family Services website & Seminar scheduled for June 2009
- Meeting with Tim Moore Centre for Community Health, Royal Hospital for Children Melbourne 18 February 2009
- NSW Branch Early Childhood Association AGM guest speaker scheduled for 2 April 2009
- Meeting with the NSW Minster for the Department of Community Services scheduled for 13 March 2009
- Meeting with the CEO of Family Day Care Australia 16 March 2009
- Meeting with the President of Early Childhood Australia Association planned for April 2009
- Meeting with the Senior Policy and Projects Officer of National Disability Services NSW planned for April 2009.
11. Appendices:

Appendix one: Places visited

Most places visited and personnel met with have websites with significant amounts of information on their programs and activities. I have also collected handouts and paper information during my travels which can be obtained through contacting me.

UK

**Training sessions: 6 & 7 October**
Family Partnership (Model 1998, 2002 Davis, Day, Bidmead)
Centre for Parent and Child Support,
Munro Centre, Guy's Hospital  London  www.cpcs.org.uk
Megan Ellis, Christine Bidmead
Training sessions held at:
Ridegway Park Centre – Chingford, Waltham Forest Sure Start site
http://www.ridgewayparkchildrencentre.org.uk Carol Lees

**Program Visit 8 October am**
The Lloyd Park Centre Lloyd Park Waltham Forest Sure Start Children's centre
www.thelloydparkcentre.co.uk  Wendy Thomas

**Lecture 8 October pm**
Kings College London : Public Health Nursing education: potential for research collaboration.
   Professor Sally Kendall, University of Hertfordshire, Hatfield Hertfordshire London www.herts.ac.uk  Primary Care Nursing since Alma Ata
   Professor Sarah Cowley, Professor of Community Practice Development, Florence Nightingale School of Nursing and Midwifery
   Kings College London,
   http://www.kcl.ac.uk/schools/medicine/research/hscr/cowley.html
   Nursing Professionalism and Public Health: taking an international perspective
   Professor Reiko Okamato; Okayama University Japan
   Public Health Nursing Japan

**Visits to: 9 October**
Coram  www.coram.org.uk
Thomas Coram Centre for Children and Families (Kings Cross Sure Start Children’s Centre) including Coram Parent Centre, Thomas Coram Early Childhood Centre (Nursery), Kings Cross/ Holborn Locality team, Coram Child Contact Centre, Collingham Gardens Nursery, Camden and Islington Health Authority.-
http://www.thomascoram.camden.sch.uk/

**10 October**
Pen Green Centre for Children and their Families
http://www.pengreen.org/pengreencenter.php
Pen Green Research Centre
Eddie McKinnon, Patrick Whitaker
http://www.pengreen.org/pengreenresearch.php

Italy

Visit to: 16 October

Documentation and Educational Research Centre of the Municipal Infant-toddler Centres and Preschools of Reggio Emilia ; Reggio Children  Loris Malaguzzi International Centre http://zerosei.comune.re.it

USA

Los Angles California:

Visit and presentation to: 22 & 23 October
Dr Diane Klein
Inclusive Education for Young Children Centre
Centre de Ninos Y Padres Division of Special Education and Counselling  Cal State University LA http://www.calstatela.edu/faculty/dklein/dklein.htm

22 October pm
Los Angeles Fundraising Summit; centre for non profit success, 22 October pm 2008 Cal State University LA
Anna Bing Arnold Children’s Centre, Cal State University LA

Visit to: 23 October
Hope Street Family Center Dr Sherie Segovia
http://www.chmcla.org/Who_We_Are/Serving_the_Community/181663

Discussion with: 23 October
Prof Neal Halton UCLA Centre for Healthier Children, Families and Communities
http://www.healthychild.ucla.edu/

Portland State University, Oregon 28 - 31 October

Discussions sessions with: 29 October
Dr Barbara Frieson, Director
Research and Training centre on Family Support and Children’s Mental Health Regional Research Institute, Portland State University, www.rtc.pdx.edu

28 October
Dr Beth Green, Vice President and Snr Researcher NPC http://www.npcresearch.com

Dr Katharine Cahn , Executive Director
Center for Improvement of Child and Family Services, PSU School of Social Work.http://www.ccf.pdx.edu/about/pgAboutUs.php

30 October
Diane Pickett, Healthy Child Care,
Oregon Dep of Human Services – Health department and child care consultations

Multnomah County Health Department
Diane Ruminski Manager
Healthy Start Program & Nurse Family Partnerships (NFP) Programs
http://www.mchealth.org/ - home visit with Nurse Family Partnership nurse

31 October
Karen Van Tassel, Coordinator Healthy Start,
Oregon Commission on Children and Families http://www.oregon.gov/OCCF

Visits to: 29 October
Peninsula Children’s Centre Nth Portland, Deborah Murray CEO www.penchild.org

30 October
Children’s Relief Nursery – Lombard St (Chris Otis CEO) Karen Program Manager
http://www.crn4kids.org/contact.html

31 October
Catholic Community Services Salem http://www.goccs.org Elizabeth Underwood & Nona (Healthy Start home visit)

Children's Guild Therapy Centre, Easter Seals Salem Lona O’Dell (no child care component - Healthy Start).
http://or.easterseals.com

Family Building Blocks - Children’s Relief Nursery Salem
www.familybuildingblocks.org  ginger or cheryl  503 566 2132

University of North Carolina at Chapel Hill 4- 7 November

Frank Porter Graham (FPG) Child Development Institute
University of North Carolina at Chapel Hill www.fpg.unc.edu:

Dr Sam Odom Director – Autism; Comparison of Two Comprehensive Treatment Models for Preschool-aged Children with Autism; National Professional Development Center on Autism Spectrum Disorders
Dr P Winton- National Professional Development Centre on Inclusion; National Partnerships on Inclusion

Dr Brenda Dennis- Partnership for Inclusion
Dr Frances Campbell- original Carolina - Abecedarian researcher – 30 yr data

Dr K Maxwell – quality systems evaluation;

Dr V Bussey – Inclusion, consultation, professional development recognition response research: http://www.fpg.unc.edu/~randr/

Diana Castro Nuestros Niños/Our Children; Choices of Care Among Latino Families in the New South.
Mary Jenne Director FPG Child Care Centre
Ruth Miller Special Services Coordinator FPG Child Care Centre
Kathy Davis Speech Pathologist FPG Child Care Centre
University Child Care Centre  www.victoryvillage.org

University of Pittsburgh, Pennsylvania  11- 14 November

Discussions, observations and briefings:
Dr Steve Bagnato, Professor of Pediatrics & Psychology
Faculty Director, Community-University Partnerships (CUPS)
Director, Early Childhood Partnerships
Children's Hospital of Pittsburgh
Department of Pediatrics
University of Pittsburgh, School of Medicine
The UCLID centre, University of Pittsburgh School of Medical Paediatrics, Dr Bob Noel Chair- case conference & planning meeting; Early Childhood Partnerships, Healthy Child; CUPs ( community university partnerships & COLTS ) UCLID facility centre team meeting & presentation on ELK services, COMET(Center on Mentoring for Effective Teaching 2008-2011 research planning team; SPECS team (System to Plan Early Childhood Services – pre K counts), Community- University Partnerships (CUPS) http://uclid.org;

Karen Vander Ven
School of Education
University of Pittsburgh
5809 Wesley W. Posvar Hall
Pittsburgh, PA 15260
PHONE:                412-624-6945
EMAIL: kvander@pitt.edu

Carl Johnson; Associate Professor/Department Chairperson Psychology in Education
Applied Developmental Psychology University of Pittsburgh, School Applied Psychology -

Visits to;
Bedford Hope Early Childhood Centre, Pittsburgh School District
& - lawn Street Oakland Head Start program

4 Kids in Braddock–Braddock Community Services program of Heritage Health Foundation: Healthy child and early reading first site;  mixed funding including Head Start www.hhfi.org  Mr Robert Grom CEO/ President
Lecture:

Dr Bill Isler, Fred M Rodgers Centre for Learning; Family Communications Inc; Chair Council Pittsburgh District School Board; Chair Chicago state early childhood committee [http://www.fredrogerscenter.org/frc_council3/council/isler.html]

Chicago, Illinois 19 – 24 November

American Speech Language Hearing Association (ASHA) conference; 19- 22 November

Short Courses & Presentations including:
- Working with Families in Speech Language Pathology; N Watts Pappa et al
- Collaborative Inter-professional Professionalism: L Nunez et al
- Empowering parents of children with disability K Searcy et al
- SLPs & teachers: Working together to increase Preschool language skills J O’Brien – Smith et al

Discussions:
- Dr S Wagner Office of Inter-professional Education University of Toronto [www.ipe.utoronto.ca]
- Elizabeth Crais, Ph.D. Professor of Speech-Language Pathology, University Nth Carolina at Chapel Hill [bcrais@med.unc.edu]

Elmhurst College 19 October

Discussions and presentation

Professor M Savage: *Ph.D., Purdue University*; Kinesiology Department; coordinator international student education  
*Professor Cheri Carrico, Ph.D., Communication Sciences and Disorders, Northwestern University*, Communication faculty: international expert children with Cornelia de Lange Syndrome, a condition that involves delayed growth and development.

24 October

Discussions and site visit:
*Melissa J Wilhelm*, Centre for Early Childhood Research at the University of Chicago & p/t lecturer DePaul University within the School of Education; consultant to ‘It takes A Village Early Learning Centre’, 4020 W Division Street Chicago Illinois.
## Appendix Two Definitions

### Definitions

<table>
<thead>
<tr>
<th>Term used in this report</th>
<th>Description</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Allied health</td>
<td>Refers to professionals such as speech pathologist, occupational therapists, physiotherapists, social workers, family workers, mental health workers, psychologists and nurses.</td>
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<td>Authentic assessment</td>
<td>An authentic assessment process involves children performing activities that are meaningful and functional in their everyday environments with familiar people.’ (Bagnato, 2007).’</td>
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<tr>
<td>Centre based education and care programs (CBECP)</td>
<td>Programs for children from 6 weeks to 6 years of age that are staffed by early childhood workers (child care workers and/or teachers and/or mothercraft nurses) to provide non custodial care for children, and are responsible for their care and education; are governed by legislation.</td>
<td><strong>Terms used in countries visited and Australia:</strong> Child Care, Preschools, Nurseries, Infants’ programs. (does not include family day care, child minders, playgroups)</td>
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<tr>
<td>Child care program</td>
<td>Programs for children from 6 weeks to 6 years of age that are staffed by early childhood workers (child care workers and/or teachers and/or mothercraft nurses) to provide non custodial care for children, and are responsible for at least the care and safety of the children: are governed by legislation; operate a range of hours and weeks across the year; usually designed to support women in the workforce</td>
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<tr>
<td><strong>Donations</strong></td>
<td>Funds raised from the public, to support charitable work—e.g. contributed by philanthropic bodies, events, direct mail, etc.</td>
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<tr>
<td><strong>Early childhood staff</strong></td>
<td>Staff e.g. child care workers and/or teachers and/or mothercraft nurses, working in Centre based education and care programs (CBECP) responsible for the daily education and care of the children</td>
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<td><strong>Early intervention</strong></td>
<td>Planned supports for children where their child’s development/experiences has been identified as not sufficient/satisfactory to support progression along the normal developmental pathway. The development need may arise from family and parental circumstances, child trauma and abuse, disability, autism, chronic and severe health needs.</td>
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<tr>
<td><strong>Inclusion</strong></td>
<td>Centre based education and care programs (CBECP) where all children including those with additional support needs such as emotional development; disability, autism, health needs are facilitated to actively participate in all aspects of the program.</td>
<td></td>
</tr>
<tr>
<td><strong>Integrated care and education programs</strong></td>
<td>Where all staff working with children under 6 yrs in a Centre based education and care program (CBECP) are responsible for their care</td>
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</tr>
<tr>
<td></td>
<td>As found in: NSW child care and preschool education programs Head Start programs</td>
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</table>
and education – the program philosophy views them as interconnected and inseparable.

It is does not refer to the existence of two separate programs (one care and one education) being co-located and it is not where an educational component is placed within childcare centre for a few hours a day.

There is usually at least one early childhood degree qualified teacher present.

<table>
<thead>
<tr>
<th>Not For Profit (NFP)</th>
<th>An organisation set up to provide a service to the community. There are no shareholders and no profit motivation. Often entitled to charitable status which brings special tax concessions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td>Programs for children from 3 years to 6 years of age that are staffed by early childhood (child care workers and/or teachers) to provide non custodial care for children, and are responsible for the care and education; are governed by legislation; usually operate on the same days and hours as schools. Often have different funding sources to that of child care</td>
</tr>
<tr>
<td>FPG Child Care Centres</td>
<td>Children’s Relief Nurseries Peninsula Children’s Centre Heritage Health Foundation Pen Green Lloyd Park centre Thomas Coram It Takes a Village</td>
</tr>
</tbody>
</table>
Appendix three: Abstract for conference:


`A growing multidisciplinary research base documents the importance of the early years and indicates that children’s learning and development is most effectively supported when services engage and build on the capacities of families. Pedagogies and other interventions work best when tailored to families’ experiences and knowledge and when services are comprehensive and seamless. This approach requires professionals *collaborate-with*, rather than, *transmit-to* families and that they can collaborate with professionals trained in other disciplinary heritages. A current challenge for the field of child and family services is the transfer and transformation of the professional wisdom gained in existing service types into ‘new’ professional knowledge, research paradigms and skills. Internationally there are programs integrating child and family services with knowledge about processes and structures that support this transformation. Additionally, there is a history of professionals working in integrated ways in Australia - particularly for young children with disabilities and their families. This presentation draws on the experiences of two Australian professionals- one trained in early childhood education and the other in speech pathology – who have experiences of working in and across different disciplines. Our separate travels56 took us to a number of ‘lighthouse’ child and family services in the UK, Canada, and the US where we investigated the preparation and development of cross disciplinary workforces. Through our own cross-disciplinary dialogue, we present our findings about resources that can support the development of an Australian workforce that keeps the needs of children and their families at the centre of structures and processes.’

56 Jennifer Evans is a Winston Churchill Fellow 2008
Jen Skattebol was the Creswick Foundation Fellow 2007
Appendix 4 Family Partnership model


The Family Partnership Model (formerly the Parent Adviser Model) arose from an acknowledgement that many services have difficulties in meeting the high levels of psychosocial need in families associated with their children’s problems. The Model and associated training were developed to help practitioners understand what it really means to work in partnership with families and to develop the skills of working collaboratively with them. The Model assumes that the process of helping is essentially an attempt to integrate the expertise of parents with that of potential helpers, and not the imposition of expert knowledge. The development of a genuine and respectful partnership has implications for outcomes in a number of ways, including it being a vehicle for a clear understanding of the problems and therefore the basis for effective problem management, but also the self-efficacy that parents may derive from being put in control.  www.cpcs.org.uk