Developing a national interdisciplinary educational framework for professionals working with children in the early years

Final report 2017

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This project originated from personal experiences of working with young children and their families living in a developed country, but not reaching developmental milestones and underachieving in school. This was compounded by witnessing ongoing and significant developmental vulnerability for Aboriginal and Torres Strait Islander children. A common experience of these children and families was working with people from a range of professional backgrounds who did not always talk with each other or know what each other was doing. The project set about tracking back to find out how people learned about interdisciplinary communication and found significant gaps in the foundations provided in formal education. Our first thanks go to all those who recognised this gap in practice and supported the project from the outset.

We thank our Project Advisory Group who was consistent, clear and candid in their feedback and direction. They critiqued our project along the way and asked difficult questions prompting us to challenge and reconsider our strategies and assumptions. They include: Professor Cathrine Fowler, University of Technology, Sydney; Professor Paul Worley, Flinders University; Associate Professor Joce Nuttal, Australian Catholic University; Dr Kobie Boshoff, University of South Australia; Dr Julie Dillon-Wallace, Queensland University of Technology; Dr Dianne Jackson, Research Institute for Professional Practice, Learning and Education, outgoing President Australian Research Alliance for Children & Youth; Dr Andrea Nolan, Deakin University; Dr Carole Zufferey, University of South Australia; Christine Burrows, ACT Health; Sue Kruske; Judy Kynaston, KidsMatter Early Childhood; Elsa Kyriacou, Department for Education and Child Development, SA; and Sonia Waters, AnglicareSA

Our research participants came from all walks of life, many different disciplines and workplaces, and many communities. We thank you all for the multiplicity of opinions and experiences that enabled us to contextualise our final products to be reflective of real-life outcomes for children and the elements required for practice.

We also thank the staff from the Office of Learning and Teaching who enabled this project to come to fruition. They always provided timely advice and support. Not only did this support result in the development of wonderful sets of resources, it enabled the formation of a collective of passionate researchers. Thank you for enabling us to communicate across our disciplines and belief systems and to build trusting, respectful relationships for future collaboration.

We also thank our external evaluator, Professor Margaret Hicks for her ongoing attendance to the detail of our evaluation and final reporting requirements.
## List of acronyms used

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<tr>
<td>AQF</td>
<td>Australian Qualifications Framework</td>
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<tr>
<td>ARACY</td>
<td>Australian Research Alliance for Children and Youth</td>
</tr>
<tr>
<td>CBPR</td>
<td>Community-Based Participatory Research</td>
</tr>
<tr>
<td>Doi</td>
<td>Diffusion of Innovation</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OLT</td>
<td>Australian Government Office for Learning and Teaching</td>
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Executive summary

Project context
The first five years of a child's life are irrefutably important, establishing life-long health, social and economic outcomes. To optimise these outcomes, national and state policy is directing professionals from a range of disciplinary backgrounds involved with children to work more collaboratively than ever before. As pre-service education varies across the professions, such collaboration to support the early years has proven problematic. The diverse demands of multiple disciplines and professions, qualifications and workforce agendas does little to reduce this concern in integrated service delivery work. Australia is uniquely primed to offer rich insights given our recent policy shifts towards service integration as a means of attending to the complex challenges associated with optimising every child’s health, care and educational outcomes in the present and into the future (DEEWR 2011; Mustard 2008; Press, Sumison & Wong 2010).

This report documents the processes and outcomes of a project designed to address the challenges of interdisciplinary work with young children. The project did this by developing a national interdisciplinary learning and teaching framework to inform any curriculum in health, education or welfare for people studying to work with children from birth to five years and their families.

Project approach
Cultural change in early years’ education and practice through collaboration and partnership were core goals of this project. As such, the project drew on two distinct yet interrelated theoretical frameworks; Community-Based Participatory Research (CBPR) (Israel, Eng, Schulz & Parker 2005) and a Diffusion of Innovation (Doi) model (Rogers 2003) across the four stages of the project. The process of developing the resources was as important to begin the process of cultural change as the resources themselves. An interactive web presence was developed prior to Stage 1 so that individuals and groups could provide feedback at any time or find out how they could contribute more formally or take part in dissemination.

Each stage of the project was developed with a discrete collaborative approach as follows:

- **Stage 1: Development of a statement of shared outcomes**
  The shared outcomes were identified via (i) a rigorous and comprehensive review of research evidence; (ii) experiential evidence gathered via online surveys of professionals, workers and families; and (iii) contextual evidence provided by research partners and members of an expert advisory group.

- **Stage 2: Development of an interdisciplinary map**
  The interdisciplinary map was developed though a comprehensive review of national professional guidelines and requirements, followed by an online consultation period.
• **Stage 3: Development of a statement of essential universal elements**
The essential universal elements were identified via (i) a rigorous and comprehensive review of professional guidelines; (ii) experiential evidence gathered via focus groups with professionals, workers and families; (iii) online surveys of professionals, workers and families, and (iv) contextual evidence provided by research partners and members of an expert advisory group.

• **Stage 4: Development of a national interdisciplinary learning and teaching framework**
The national interdisciplinary learning and teaching framework is the culmination of all of the resources above in addition to a self-evaluation tool for use by curriculum developers to critique and inform future interdisciplinary curriculum development.

**Project outputs and resources**
Working consultatively across the disciplines of medicine, nursing and midwifery, education, early education and care, social work, psychology, health sciences, and community services, four principal documents have been produced as follows:

- A statement of shared outcomes (stage 1)
- An interdisciplinary map (stage 2)
- A statement of essential universal elements (stage 3)
- A national interdisciplinary learning and teaching framework incorporating all of the above resources including a self-evaluation tool (stage 4)

The Framework, including all of the resources, is freely available at: http://www.flinders.edu.au/mnhs/early-years/

**Key findings**
A key finding of this study is that educators and professionals from all of the disciplines who work with children have their own disciplinary language and are often challenged to conceptualise how their constructs could be reframed. This was evident not only from participant data but from discussions during partner meetings and advisory group meetings. Recognising and exploring these differences amongst ourselves as partners enhanced our abilities to openly explore participant comments and reactions in analysing data. Further it reinforced the need to begin the development of disciplinary language within a framework of shared outcomes for children during pre-service education. By doing this, the collective needs of the child can be prioritised in the learning environment, not just those relevant to the discipline.

A further finding is that there is a great, untapped opportunity for collaboration within and between the educators of those who traditionally work with children. Through partner
meetings, advisory group discussions and focus group data it was clear that educators and professional representatives wanted to collaborate and actively work to unpack language barriers.

A strength of this project is that the concept of interdisciplinary education has made over 1,000 connections to potential and actual adopters via all of the project networks. This is in addition to those who attended presentations and our public launch. The project met the goal of commencing a diffusion of innovation strategy to begin a cultural shift in education to facilitate interdisciplinary work in the early years.
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Chapter 1 - Context

Setting the context

The importance of the early years in determining a child’s life course is unrefuted and compelling (Shonkoff, Boyce & McEwen 2009). Evidence from diverse fields such as health, economics, neuroscience and education espouse that young children and their families need to be supported to reach optimal outcomes into adulthood. This focus on well-becoming, however, fails to acknowledge the need to examine the structures, practices and interventions that have the capacity to improve young children’s immediate health and wellbeing (Ben-Arieh 2008; Biggeri & Santi 2012).

A central and reoccurring feature of research, policy and advocacy in this arena has centred on ‘service integration’ to offer cohesive support and access to health, education, and social services with a shared intent of responding to children’s and families’ needs within local contexts (AMA Task Force on Indigenous Health 2013; Eastman, Newton, Rajkovic & Valentine 2011; Mustard 2008; Sims 2011; Wong & Press 2012). There is little evidence-based practice to-date of service integration attaining this interdisciplinary intent for children’s well-becoming or wellbeing (Wong & Sumson 2013). Importantly, tensions around differing discipline views, misunderstandings of roles in such service integration, and a valuing of the work of respective disciplines are key barriers to successful work in this area (Nichols & Jurvansuu 2008; Rous, Myers & Stricklin 2007; Wong, Sumson & Press 2012).

As such, an important and necessary first step in supporting the integration of services for the wellbeing of children and families in the early years is to develop interdisciplinary understandings in the pre-service education of those who intend to work with children throughout their disciplinary careers. Accordingly, this project has sought to facilitate dialogue across disciplines to develop a framework with a suite of resources that would enable higher education providers to consider interdisciplinary perspectives in programs and courses that involve professional work with children and families in the early years. The following sections of this chapter outline the context for this work, and its growing need both in integrated services contexts and in sites/services that continue to work from a single discipline base.

The international context

The notion of service integration has strong resonance in international research and policy. Organisation for Economic Co-operation and Development (OECD) reports released surrounding the Starting Strong agenda, for instance, have urged governments globally to address split or tied systems of health, education and social services to work in the interests of greater unity in and across these services for children and families in the early years (2012, 2006, 2001). As a consequence programs such as Head Start (US), Toronto First Duty
Interdisciplinary education for the early years (Canada), and Sure Start (UK) have a mixed history, length and modus operandi of service integration to improve children’s health and wellbeing outcomes (Cleveland & Colley 2013; Corter, Patel, Pelletier & Bertrand 2008; Kagan & Kauerz 2007).

Comparatively, Australia offers some similar state-based programs of practice in Victoria (Best Start) and New South Wales (Families First) and integrated hubs in South Australia, as inspired by key state-based recommendations in the past decade (Wright 2005). What is typically less clear in such policy initiatives is precisely how to bring such policy-driven intentions into integrated service delivery practice (Valentine, Katz & Griffiths 2007). Strategies like co-location, community outreach and a multi-service agency approach are common. Fane et al. (2016) argue, however, that research has yet to reasonably explore whether the policy-perceived benefits of service integration are being delivered by such programs. Beyond this important measure, there is an urgent need to consider how to foster and support a constructive, pragmatic alignment between disciplines working with children and families in the early years, cognisant of the socio-political nuances in the local contexts implementing integrated services.

The national context

Despite being a wealthy nation, Australia is only a middle-ranked country when it comes to the wellbeing of our children and young people (Australian Research Alliance for Children and Youth [ARACY] 2013). Furthermore, a far greater gap exists between Australia’s highest and lowest performing students than found in many other OECD countries (ibid). Significantly, almost 30 per cent of Indigenous children are developmentally vulnerable and represent a significant gap between indigenous and non-Indigenous children (Australian Institute of Health and Welfare [AIHW] 2012). Australia has implemented a significant shift in policy focus to attend to the challenges of optimising every child’s health, care and educational outcomes (Mustard 2008). The National Agenda for Early Childhood (DEEWR 2011) called for major reforms in early childhood care and education. A core aspect of the National Early Childhood Development Strategy requires a better educated early childhood multidisciplinary workforce to create what child development scholars have suggested is "fundamental cultural change required for responsive service delivery" (CoA 2009a, p. 20; Mustard 2008). In November 2012 the ARACY held a National Symposium to advance the development of a National Action Plan for Child and Youth Wellbeing (ARACY 2012). The symposium concluded that interdisciplinary collaboration was essential to improve health, education and welfare outcomes for Australian children.

This project dovetails with these important policy initiatives and bridges the critical gap between policy and practice. Significantly, for the first time this project delivers a collaborative interdisciplinary framework to inform learning and teaching in higher education to support the professional preparation of an interdisciplinary early childhood workforce, thus supporting this required 'fundamental cultural change'.

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Early years' professionals across disciplines play an essential part in prevention and early intervention strategies aimed at resolving the long-term effects of inadequate engagement or disengagement with the appropriate health and welfare services (Parry, Maio-Taddeo, Arnold & Nayda 2009). Reviews of services specifically designed to provide care for children and families found that combined approaches to interventions are more effective (Siraj-Blatchford & Siraj-Blatchford 2009; Productivity Commission 2011). Integrated services are being offered in some Australian jurisdictions, with South Australia, Victoria and Tasmania instigating joint departments for health, education and welfare service provision for the early years.

These joint departments are now requiring health, welfare and education professionals to work in seamless multidisciplinary teams without having the underpinning common understandings of their respective professional backgrounds and cultures. At present the interdisciplinary 'early childhood workforce' is drawn from disciplines such as social work, child and family health nursing, physiotherapy, occupational therapy, speech therapy, psychology, medicine, and early childhood education. With their specific tertiary education, these professionals have no common early childhood specific education or training. Current policy agendas for 'joined up' service provision make this even more important.

A compounding problem is the philosophical differences held by professionals from different disciplines regarding views of children and childhood. These differences are played out in the frameworks for care and education developed by various disciplines to guide their educational preparation for practice. The National Framework for Protecting Australia's Children 2009-2020 (CoA 2009b), for example, while advocating children as everybody's business; remains a framework for social care. The Early Years Learning Framework for Australia (CoA 2009c) is focused predominantly on the work of early childhood educators. While work is underway to combine the disciplines and their language in documents such as the National Action Plan for Child and Youth Wellbeing, professionals currently working collaboratively continue to be divergent in theory and practice. Notably, varied perspectives on the value of evidence for practice also make the trialling and implementation of new programs within multidisciplinary settings extremely difficult.

Development of the national interdisciplinary learning and teaching framework promoted professional collaboration and inter-professional alignment from pre service education. It enabled professionals who work with children in the early years to collaboratively challenge and co-create shared perspectives on all aspects of the early years, including child protection. From the establishment of our interdisciplinary project team, this project targeted potential adopters from the outset, spearheading future repositioning and reshaping of discipline-based curriculum and courses.
The need for a national interdisciplinary learning and teaching framework

This project is of major significance to national, state and territory governments across Australia who increasingly recognise the importance of optimising health, development and wellbeing in the early years and the subsequent need to educate the early year’s workforce to meet this challenge. The resources developed will support the Productivity Commission’s (2011) call to develop a high quality early childhood workforce that can enact a fundamental cultural shift in service delivery. The resources will support the development of practice based on a common language, participatory planning and service delivery; a shared philosophy; improved communication systems and pathways; and shared understandings of roles.

Work in the early years not only covers multiple disciplinary areas, it also embraces multiple levels of educational qualifications and workforce agendas. The Australian Qualifications Framework (AQF) (Australian Qualifications Framework Council [AQFC] 2013) is the national policy for regulated qualifications. It incorporates the qualifications from each education and training sector into a single comprehensive framework. Individuals working in the early years encompass workers from AQF level 2 (vocational certificate) through to AQF level 9 (master’s degree). Disciplines such as nursing, psychology and social work also have national registration requirements that guide study at AQF level 7 or higher. Disciplines such as teaching have additional state and territory professional standards and regulatory requirements to meet. These diverse workforce agendas create both opportunities and challenges that will be addressed in this project.

While frameworks such as the Belonging, Being and Becoming - The Early Years Learning Framework for Australia (CoA 2009c) exist for the discipline of education with young children, no such guidance exists for the majority of health and welfare early years’ programs. For example, in a national survey of child and family health nursing postgraduate programs in Australia, Kruske and Grant (2012) found significant inconsistencies in the coverage, depth and breadth of course content and clinical practice requirements. The AQF (AQFC 2013) identifies that candidates completing a graduate certificate or graduate diploma (AQF level 8) will have ‘advanced knowledge and skills for professional or highly skilled work’. Graduates of a master’s degree (AQF level 9) will have ‘specialised knowledge and skills for research and/or professional practice...’ (p. 59). There is no current process for professionals or their employers to ascertain the level of specialisation achieved through study in the early years, as there is no integrated or unified national curriculum against which it can be measured.

This project uniquely identified elements that are essential within disciplines along with elements that are universal across the disciplines. These essential universal elements can now inform learning and teaching within existing and future curricula.
The project outcomes

The primary outcome of the project is a national interdisciplinary learning and teaching framework to inform curriculum for the education of professionals who will work with children from birth-to-five years of age (the early years) and their families. The framework incorporates:

1. A statement of *shared outcomes* for children from birth to five years that recognises various disciplinary foci

2. An *interdisciplinary map* of national regulatory requirements

3. A set of *universal essential elements* incorporating knowledge, skills and attributes required for working with children from birth to five years of age

4. A *self-evaluation tool* that can be embedded into the delivery of existing curriculum and inform future interdisciplinary curriculum development.
Chapter 2 – Approach and methodology

The approach and methodology

Cultural change in early years' education and practice through collaboration and partnership are the core goals of this project. As such, the project drew on two distinct yet interrelated theoretical frameworks; Community-Based Participatory Research (CBPR) (Israel, Eng, Schulz & Parker 2005) and a Diffusion of Innovation (Doi) model (Rogers 2003).

Based on principles of collaboration and participation, CBPR guided the project processes and outcomes. Its collaborative approach equitably involved all partners, recognising the strengths that each brings (Israel et al. 2005). CBPR begins with a research idea of importance to a community and aims to combine knowledge with action and achieving social change (ibid). For this project, the topic of importance is the development of an educational framework to enable professionals who will work with children in the early years and their families to communicate, collaborate and improve the wellbeing, health and education of Australia's children. The project concept and design recognised the strengths and contributions of education providers, professionals, service providers and consumers by involving them as representatives on the project team, then in broad and repeated consultation through the Delphi process, focus groups and expert panel.

Rogers' (2003) Doi model provided an opportunity to innovatively augment a required cultural shift in the early childhood workforce. Consideration of the four elements - innovation, communication channels, time and social system (ibid) underpinned the project design. For the interdisciplinary early years' workforce, adoption of change in practice begins with engagement in the very creation of the innovation; the creation of shared resources to inform curriculum across the disciplines.

Stage 1: Development of a statement of shared outcomes

Whilst originally conceptualised as a statement of ‘common’ outcomes, on recommendation from the advisory group, the statement was renamed to be a statement of shared outcomes.

Literature review

A comprehensive search of the database literature from 2004 to 2014 was undertaken to identify relevant material related to childhood outcomes with the education, health and welfare literature. The literature review included Australia plus the OECD countries of New Zealand, Canada, United States of America and the United Kingdom. The rationale for this was that these countries were most similar to Australia in the organisation of their political, governmental and community structures. Following analysis of this literature in NVIVO, 52 statements about desired childhood outcomes were derived for the first Delphi survey.
Delphi survey

Round 1

The first Delphi round was open from May to July 2015 and was conducted online using Lime Survey software. Invitations to participate in the Delphi questionnaire were initially distributed through the project partner’s academic and professional networks, the project’s advisory group member’s academic and professional networks, and the project’s own mailing list. Participation then snowballed as these invitations were further forwarded on to others. An open invitation to participate was also posted on the project website. The survey was open longer than originally proposed to increase the number of participants. Also, the survey received some media publicity close to the original closing date. Further time ensured that those responding to the media publicity could still participate.

Overall, there were 412 responses to the Delphi survey. Of these, 305 were full responses and 107 incomplete responses. The 42 nil responses were removed, leaving a dataset of 370 for analysis.

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Survey data was uploaded into SPSS and NVIVO for analysis. Of the 52 statements, five did not achieve 75 per cent approval. Project partners undertook preliminary data analysis to suggest how the 5 statements which did not have 75 per cent approval could be modified. Participant feedback about wording of statements and recommendations for additional statements to include in the second Delphi round were also considered.

To reword the Delphi statements that had not received 75 per cent agreement, the project team followed Puddy and Wilkins’ (2011, p.4) framework for thinking about evidence as three distinct but overlapping facets including: (i) the best available research evidence; (ii) experiential evidence; and (iii) contextual evidence, as shown below in Figure 1.
Using this framework, initial statements derived from the literature were modified based on experiential and contextual evidence from the survey participants and advisory group members. For example, while the literature clearly indicated that all babies should be breast fed this statement met only 49.5 per cent agreement with 39 per cent only agreeing if this statement was modified and 11 per cent disagreement. To accommodate these views, this statement was changed to ‘children will be breastfed where possible’ in the second Delphi round.

One unexpected finding was the tension between the literature and the population regarding the use of the term ‘mother’. Using Puddy and Wilkins’ (2011) approach, the term ‘mother’ was changed to ‘parent and caregivers’ for the second Delphi round.

**Round 2**

The second round of the stage 1 Delphi survey was open from October to November 2015 and was conducted online using Lime Survey software. This round contained 9 statements, of which 8 statements received at least 75 per cent agreement. The statement not receiving 75 per cent agreement (‘children will have parents and caregivers who have finished school’) was ultimately removed.

There were 129 full responses and 28 incomplete responses to the survey questions. Survey data was uploaded into SPSS and NVIVO for analysis.
Table 2 Stage 1 Delphi round 2 participation

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**Stage 2: Development of an interdisciplinary map**

Extensive searching was undertaken to ensure that all relevant publicly available professional documentation (i.e. standards of practice, competencies and codes of ethics) were considered in the development of the interdisciplinary map. In the initial proposal the interdisciplinary map was to incorporate evidence-informed theories and national regulatory requirements. This information was extremely difficult to identify in disciplinary literature. Preliminary searches and discussions also identified tensions within and between the professions. As mapping progressed the project partners decided to remove all information about theoretical frameworks used by different professions as it was determined to be potentially divisive. Highlighting theoretical differences between professionals seemed contradictory to the project’s aim of developing commonalities. Theories are dynamic and the early childhood environment encourages professionals to draw on a diverse range of theories. The map therefore focuses on national regulatory requirements (i.e. Australian professional guidelines, regulations and codes of ethics).

Presentation of the interdisciplinary map was modelled on the table developed by Morpeth 2004 (as cited in Axford, Berry, Little & Morpeth 2006) with adjustments to better suit the Australian context. A professional web designer was contracted to develop an interactive web resource for the project website. Project partners and the advisory group provided feedback on development.

**Stage 3: Development of a statement of essential universal elements**

Following the process used in stage 1, development of the essential universal elements followed Puddy and Wilkins’ (2011, p.4) framework for thinking about evidence as three distinct but overlapping facets. Initial evidence was drawn from a review of the literature, disciplinary standards and competencies for practice and focus groups. This data was inductively coded in NVIVO for knowledge, skills and values by the project management team. Project partners then reviewed nodes in a workshop session and worked with the project management team to draft statements for the Delphi survey.
The Delphi survey enabled validation and refinement of the statements. Subsequent expert contextual evidence was provided by project partners and the advisory group.

**Focus groups**

Eight focus groups were conducted across Australia between July and August 2015. Open-ended questions asked of the participants focussed on the essential, universal elements required for working effectively with children, from birth to five years, and their families.

Audio recordings from these were transcribed and analysed in NVIVO. The cross-disciplinary focus group conducted in South Australia was, with ethics and participant approval, video recorded for the purposes of training focus group leaders in other states and to provide consistency.

**Table 3 Stage 3 focus group participation**

<table>
<thead>
<tr>
<th>State Type</th>
<th>State</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross disciplinary professionals</td>
<td>SA</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>WA</td>
<td>4</td>
</tr>
<tr>
<td>Interdisciplinary service providers</td>
<td>NSW</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>QLD</td>
<td>9</td>
</tr>
<tr>
<td>Interdisciplinary tertiary educators</td>
<td>NSW</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>QLD</td>
<td>3</td>
</tr>
<tr>
<td>Service users</td>
<td>SA</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>WA</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>44</td>
</tr>
</tbody>
</table>

**Delphi survey**

The stage 3 Delphi survey contained 97 statements and was conducted online using Lime Survey software. The statements were derived from the analysis of literature reviewed, professional standards and competencies documents, and focus group data. A second Delphi round was not conducted as all statements received 75 per cent+ agreement in the first round.

Survey data from 349 respondents (234 full and 115 incomplete responses) was uploaded into SPSS and NVIVO for analysis. Prior to analysis, 93 responses (92 nil responses and 1 from a respondent who answered ‘No’ to the question ‘Do you live in Australia’) were removed from the dataset.
Project partners and the advisory group reconsidered statements in light of participant comments and their own contextual experiences. This resulted in the rewording of 46 statements, the addition of 2 statements and the removal of 3 statements.

**Table 4 Stage 3 Delphi round 1 participation**

<table>
<thead>
<tr>
<th>In which state or territory do you live?</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>Tas</th>
<th>Vic</th>
<th>WA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Male</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Gender Female</td>
<td>5</td>
<td>48</td>
<td>16</td>
<td>78</td>
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<td>21</td>
<td>43</td>
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</tr>
<tr>
<td>Total</td>
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<td>50</td>
<td>16</td>
<td>82</td>
<td>91</td>
<td>22</td>
<td>43</td>
<td>22</td>
<td>349</td>
</tr>
</tbody>
</table>

**Stage 4: Development of a national interdisciplinary learning and teaching framework and self-evaluation tool**

The project’s external evaluator worked with the project team to develop a practical user-friendly self-evaluation tool. Development of the tool was informed by the work of May and Thomas (2010) who pioneered a self-evaluation approach for embedding equity and diversity in higher education curricula in Scotland.

Once designed, this resource was distributed to the project team and advisory group members who made adjustments and amendments.

**Disciplinary and interdisciplinary linkages**

As an interdisciplinary project, the development of disciplinary and interdisciplinary linkages was built into all stages of the project. They occurred within the project team, the advisory group and in the culmination of the project resources.
Chapter 3 – Outputs and findings

Between 2014 and 2016 the proposed outcomes of this project have been achieved by the research team. Below is an overview of the resources developed by the project.

Stage 1: Statement of shared outcomes

In all 52 shared outcomes were agreed upon. The shared outcomes for young children are presented in five outcome domains:

1. National outcomes

This domain comprises outcomes relating to social, economic, political and geographic contexts across Australia. There are 13 agreed outcomes in this domain.

2. Community outcomes

This domain comprises outcomes relating to community contexts and relationships. There are 4 agreed outcomes in this domain.

3. Service provision outcomes

This domain comprises outcomes for children receiving a health, education or welfare service. Such services support children and their families to achieve individual, family, community and national outcomes. There are 5 agreed outcomes in this domain.

4. Family outcomes

This domain comprises outcomes relating to children’s family environments. There are 10 agreed outcomes in this domain.

5. Individual outcomes

This domain comprises outcomes relating to individual children. There are 20 agreed outcomes in this domain.
From June 2016 the shared outcomes resource has been available to download from the project website.

**Stage 2: Interdisciplinary map**
The interdisciplinary map is presented as a searchable comparative online resource incorporating information about the following professions/occupations:

- Child Support Worker
- Early Childhood Teacher
- General Practitioner
- Maternal, Child & Family Health Nurse
- Occupational Therapist
- Physiotherapist
- Psychologist
- Speech Pathologist
- Childcare/Childhood Educator
- Family Day Care Educator/Provider
- Inclusion Support Worker
- Midwifery
- Paediatrician
- Psychiatrist
- Social Workers
Searchable information on the database includes:

- Role description
- Entry requirement for program of study
- Length of program of study and location
- Professional experience placement and the location
- Registration standards/requirements
- Child related screening
- Australian Quality Framework (AQF) level
- Qualifications to practice
- Authorising body for program of study
- Professional authorising body
- Professional competencies and standards

Figure 3 Screenshot of interdisciplinary map

From June 2016 the interdisciplinary map has been available on the project website.
Stage 3: Statement of essential universal elements

The essential universal elements are presented in 17 domains:

A. Essential universal knowledge and skills

These domains focus on the essential knowledge and skills that all professionals and workers working with children from birth to 5 years would be expected to develop for practice.

1. Children
2. Family
3. Community
4. Aboriginal and Torres Strait Islander culture
5. Child safe practice
6. Communication and collaboration
7. Leadership
8. Legislation and other guidelines
9. Work practice and service delivery
10. Ethical practice
11. Research to inform practice

B. Essential universal attributes

These domains focus on the essential attributes that all professionals and workers working with children from birth to 5 years would be expected to develop for practice.

12. Dignity and trust
13. Diversity
14. Equity
15. Justice and integrity
16. Respect and privacy
17. Rights
Stage 4: National interdisciplinary learning and teaching framework and self-evaluation tool

The *National Interdisciplinary Education Framework for Professionals Working in the Early Years* will inform curriculum for the education of professionals across diverse disciplines who will work with children from birth to five years of age (the early years) and their families. It incorporates:

- A statement of shared outcomes for children from birth to five years that recognises various disciplinary foci
- An interdisciplinary map highlighting training and professional requirements in selected children’s services professions
- A statement of essential universal elements (knowledge, skills and attributes) required for working with children from birth to five years of age
- A self-evaluation tool to guide reflection on how the resources are being taken up in programs and curricula within and across courses and across disciplines.

These resources can be integrated into existing learning and teaching curricula and provide a platform for inclusive development of future curricula. The self-evaluation tool has 2 strands. Strand 1 is intended for use by institutional directors of learning and teaching, heads of faculties/schools, senior managers, staff in offices of learning and teaching, and learning and teaching development staff. Strand 2 is designed for program/course coordinators, unit coordinators, module writers and learning designers. Within each strand there are a series of statements against which to consider achievements towards implementing or integrating the *National Interdisciplinary Education Framework for Professionals Working in the Early Years*. From June 2016 the self-evaluation tool has been available on the project website to download.

![Components of the National Interdisciplinary Education Framework for Professionals Working in the Early Years](image)
Chapter 4 – Project impact, dissemination and evaluation

Analysing success

The early childhood workforce is charged with delivering early childhood development services in a framework of quality and national consistency for the safety of all Australian children and their families. This requires development of a national framework for learning and teaching that incorporates common outcomes for children, an interdisciplinary map, and essential universal elements.

The combination of a highly collaborative, enthusiastic and respectful group of project team members, an inclusive project leader and a highly effective project manager contributed positively to the process and outcomes of this research endeavour. The group involved in this research comprised of experienced researchers and practitioners from different locations with varied disciplinary backgrounds. Of significance, the researchers came with disciplinary backgrounds in early childhood education, nursing, psychology, social work and health epidemiology. The breadth of knowledge available was representative of the broader target group of those working with children and their families thereby ensuring that specific discipline knowledge was gathered at the early stages of the project.

The contribution of the project advisory group could also be identified as a measure of success. Drawn from an even more diverse group of individuals involved in the care, education and wellbeing of children, this group ensured that the project resources were relevant to a range of AQF levels and reflected the lived experience of children and families in contemporary Australian society. This diversity of professional and discipline backgrounds kept discussions relevant, interesting and provided the opportunities for a range of perspectives to be considered and presented challenges and debate, which deepened understanding. The ability of those involved to draw on relevant connections was also useful when additional information and support was sought including locating representative participants for data collection.

The members’ willingness to share tasks and work together meant deadlines were met and outputs were enriched as different combinations of perspectives were drawn on. The ability to rely on the quality of work done to keep documents flowing and meetings planned and recorded meant that available time was able to be used to best effect.
Evaluation outcomes
All key objectives were achieved:

Deliverable 1
Development of a national interdisciplinary learning and teaching framework to inform the curriculum of professionals who work with children from birth to five years of age and their families: Achieved

Deliverable 2
Identification of common outcomes for children from birth to five years that recognises various disciplinary foci: Achieved and renamed shared outcomes

Deliverable 3
Development of an interdisciplinary map of evidence-informed theories and national regulatory requirements for inclusion in an educational framework for early childhood practice: Achieved with the purposive removal of evidence-informed theories

Deliverable 4
Identification of knowledge, skills and attributes required for working with children from birth to five years of age: Achieved

Deliverable 5
A statement of common outcomes for children, an interdisciplinary map, a statement of universal essential elements for working with early years’ children and a web based self-evaluation tool that can be embedded into the delivery of existing curriculum and inform future interdisciplinary curriculum development: Achieved

Deliverable 6
Dissemination of the project’s resources and outcomes via a project website, web bulletins, publications in academic journals and disciplinary newsfeeds, and presentation at the Australian Association of Maternal Child and Family Health Nurses biennial conference: Achieved with publications in process

Impact and value of the project
The value of this project resides in the creation of substantial material that can be used to enhance the skills and knowledge of all those who work with young children and their families. The impact of the materials created through this research project will be evident in the adoption of these research products by the educational and professional bodies responsible for developing and supporting those who work with young children. The value
may be better appreciated through a pilot embedding the concepts in tertiary courses of study for practitioners who will work with young children and their families.

**Dissemination activities**
The project included a dissemination and evaluation strategy integrated across the life of the project and beyond within the design of this project. Communication and dissemination began in stage one through engagement with stakeholders and eminent leaders in the modified Delphi study. The project aimed to integrate the national interdisciplinary learning and teaching framework into existing learning and teaching curricula through the promulgation of the project resources. Ongoing self-evaluation in our design ensures the future sustainability of project resources. Their intrinsic value is realised through the involvement of distinguished early childhood leadership groups and individuals seeking to educate, develop and support an interdisciplinary early years' workforce.

To this end information was regularly circulated via a dedicated website (http://www.flinders.edu.au/mnhs/early-years/early-years_home.cfm), and printed materials. Participants were invited to remain in contact to receive updated information about the research. An afternoon tea was held in December 2015 to inform interested parties about the progress of the research and to introduce members of the research team to the attendees.

The products resulting from this research were officially launched at an event in September 2016. A publicity video introducing the framework document was first shown at the launch and is now available via the project website. The launch was recorded for dissemination purposes. Findings were circulated via the website and there were in-house presentations at the organisations represented in the research team.
Research findings were disseminated at the following conferences:


- Grant, J & Parry, Y 2015, *What do we all need to know, think and do? Developing an Australian interdisciplinary educational framework for all professionals who will work with children from birth to five years*, paper presented at the International Collaboration of Community Health Nurses Conference, 19-21 August, Korea.


- Grant, J & Parry, Y 2016, *Values and evidence: developing a framework for the collaborative education for professionals who will work with children from birth to five years*, poster presented at the All Together Better Health VIII Conference, 6-9 September, Oxford UK.

The project website has had over 9700 page views with an average time on page of 102 seconds.

In the longer term a strategy to disseminate broadly to designers of tertiary qualification courses and professional development and learning programs will be required. Ongoing contact with participants, together with the research team and advisory group members will assist in the development of a data base for effective national dissemination of the project materials. Project champions with appropriate experience and expertise have been appointed from project partners, advisory group members and interested others to ensure that the vision for interdisciplinary education for the early years continues beyond the initial funding grant. The role of these project champions includes:

- Identifying opportunities and advocating for the uptake and implementation of the National Interdisciplinary Education Framework for Professionals Working in the Early Years.

- Maximising the impact within educational institutions and professional bodies of the National Interdisciplinary Education Framework for Professionals Working in the Early Years.

The first teleconference for project champions was held in September 2016.

**Factors critical to success**

The amount of interest in the topic plus the range and depth of relevant knowledge held by members of the research team enabled valuable progress to be made quickly. In particular, opportunities for face-to-face meetings enabled complex concepts to be examined and debated. The ability of team members to work together and provide independent feedback meant that the effort was harnessed productively. The early planning and continuous
information-flow marshalled the organisation of effort to best effect. Positive leadership and efficient support meant inclusive decisions were made so that multiple tasks could be undertaken in a timely way.

**Factors that impeded success**

Cultural change in early years' education and practice through collaboration and partnership were the core goals of this project. The process of adoption takes time. The project was staged over two years so as to have the time necessary to engage a range of adopter behaviours. As a national project there is still more to do to support the uptake of the project materials across the country.

Resources have taken longer to develop than originally proposed due to the complexity of bringing together views from a wide range of professions.

The Stage 3 Delphi survey took longer to develop than originally proposed due to the complexity of synthesising literature across professions.

**Limitations**

One of the fundamental limitations of the project is the inability to measure ongoing uptake of the resources and subsequent impact. The original focus of the project was initiating a cultural shift for the early years workforce through creating foundational educational resources for interdisciplinary work. Whilst the project can claim success at raising awareness and engaging practitioners and educators in this shift, it is unable to measure continuing impact. This is an area for future educational research.
References

AMA Task Force on Indigenous Health 2013, *The healthy early years - getting the right start in life Aboriginal and Torres Strait Islander health report card 2012-2013*, AMA, Barton ACT.


Australian Research Alliance for Children and Youth 2012, *Towards a national action plan for child and youth health and wellbeing - setting our future priorities, Report for discussion at the Nest Summit Phase 1*, 23 November 2012, ARACY, Melbourne.


Corter, C, Patel, S, Pelletier, J & Bertrand, J 2008, 'The early development instrument as an evaluation and improvement tool for school-based, integrated services for young children
and parents: The Toronto first duty project’, *Early Education and Development*, vol. 19, no. 5, pp. 773-94.


Mustard, F 2008, *Investing in the early years: Closing the gap between what we know and what we do*, Department of the Premier and Cabinet, South Australia.


Interdisciplinary education for the early years


Puddy, RW & Wilkins, N 2011, Understanding evidence part 1: Best available research evidence, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA.


Appendix A

Certification by Deputy Vice-Chancellor (or equivalent)

I certify that all parts of the final report for this OLT grant provide an accurate representation of the implementation, impact and findings of the project, and that the report is of publishable quality.

Name: .......................................................... Date: .........

Professor Andrew Parkin
Deputy Vice-Chancellor
(Academic)
# Appendix B - Impact plan

<table>
<thead>
<tr>
<th>Anticipated changes at:</th>
<th>Project completion</th>
<th>Six months post-completion</th>
<th>Twelve months post-completion</th>
<th>Twenty-four months post-completion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Team members</strong></td>
<td>Recognition of project impact through responses to self-evaluation tools and publications.</td>
<td>Recognition of impact through beginning integration of resources into employing university curricula.</td>
<td>Recognition of impact through university awards, promotions, and prizes.</td>
<td>Recognition of impact through integration of resources into universities across Australia.</td>
</tr>
<tr>
<td><strong>2. Immediate students</strong></td>
<td>Recognition of requirement for working collaboratively, and together with other disciplines in an inter-disciplinary manner.</td>
<td>Changes to curriculum indicate that students are more work ready.</td>
<td>Students engage respectfully and collaboratively with students from other early childhood disciplines. Students having an increased understanding of inter-disciplinary theories for engaging with families and children.</td>
<td>Students expect to work collaboratively within their education program and adopt common skill sets.</td>
</tr>
<tr>
<td><strong>3. Spreading the word</strong></td>
<td>Publications accepted as per publication plan (2 publications so far). Conference presentations as per publication plan (3 presentations so far). Materials used to promote teaching quality to international prospective students and partner universities. Cascading influence through engagement with the early childhood.</td>
<td>Materials used to promote teaching quality to international prospective students and partner universities. Cascading influence through engagement with the early childhood.</td>
<td></td>
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*NB: these are approximations & text is not expected in every cell*
### Anticipated changes at:
*NB: these are approximations & text is not expected in every cell*

<table>
<thead>
<tr>
<th>Project completion</th>
<th>Six months post-completion</th>
<th>Twelve months post-completion</th>
<th>Twenty-four months post-completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>by partner universities. Health, education and welfare services aware of the project. Establishment of online presence, links to other organisational websites (e.g. AEDC) and twitter following.</td>
<td>sector, professional organisations and government departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Narrow opportunistic adoption</strong></td>
<td>Students, professional organisations and early childhood sector linked to web resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Narrow systemic adoption</strong></td>
<td>Universities are using the resources in education programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Broad opportunistic adoption</strong></td>
<td>Students, professional organisations and early childhood sector linked to web resources. It is estimated that 4000 students across 7 professions will benefit from the</td>
<td>Curriculum across 30 universities integrate common outcomes for children and common skill sets</td>
<td></td>
</tr>
</tbody>
</table>
### Anticipated changes at:

*NB: these are approximations & text is not expected in every cell*

<table>
<thead>
<tr>
<th>Project completion</th>
<th>Six months post-completion</th>
<th>Twelve months post-completion</th>
<th>Twenty-four months post-completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>curricula changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Broad systemic adoption</strong></td>
<td>Impacts on professional accreditation requirements ensuring students are better equipped for assisting child and families to provide for early childhood resulting in systematic changes in early intervention for children</td>
<td>Standards for professional practice across the disciplines include common outcomes for children</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C - External evaluator report

Evaluation Report: OLT Innovation and Development Grant

*Developing a national interdisciplinary educational framework for professionals working with children in the early years*

**Project leader:** Dr Julian Grant  
**Evaluator:** Professor Margaret Hicks, Adjunct, University of South Australia

**Background**

The aim of this project was ‘to develop a national interdisciplinary learning and teaching framework to inform curriculum for the education of professionals who will work with children from birth to five years of age (the early years) and their families’ (Project Application, p1). The project was led by Dr Julian Grant, Flinders University and project managed by Dr Carolyn Gregoric. Partners included Professor Jennifer Sumsion (Charles Sturt University), Associate Professor Sally Brinkman (Telethon Institute for Child Health Research), Associate Professor Kerryann Walsh (Queensland University of Technology), Dr Jessie Jovanovic, Dr Yvonne Parry, Dr Keith Miller (all Flinders University), Ms Kaye Colmer (Gowrie SA), and Ms Christine Gibson (Australian Centre for Child Protection). This was a newly formed team of research partners and the external partners had not collaborated with the project leader before. An advisory group of thirteen experts from a range of universities and different organisations also actively supported the project. The project began in August 2014 and concluded in September 2016. Over this time there were four distinct phases to the project aligned to the four original outcomes:

1. A statement of common outcomes for children from birth to five years that recognises various disciplinary foci
2. An interdisciplinary map of evidence informed theories and national regulatory requirements for inclusion in an educational framework for early childhood practice
3. A statement of universal essential elements (knowledge, skills and attributes)
4. A set of project resources based on outcomes 1,2 and 3, that constitute a framework for learning and teaching that can be embedded into the delivery of existing curriculum and can inform future year’s curriculum development.

I was engaged as the evaluator of the project six months after the project began (the original evaluator was unavailable) and I have worked collaboratively with the project team providing formative input until the conclusion of the project. A set of evaluation questions and an evaluation plan (see Appendix) informed by ALTC and OLT evaluation resources (Dept. of Education and Training, 2016) and Owen (2007) were agreed by the team and these framed the evaluation process and this report. The focus of the evaluation was to determine if the project’s aims have been achieved, outcomes delivered within budget and on time. Importantly the grant application included a dissemination and evaluation strategy for each of the four stages of the project, hence a focus on these elements were maintained across the life of the project ensuring formative input prior to a summative evaluation.

**Outcomes**

There were four clear outcomes identified for the project and they were aligned with the four distinct stages of the project. Each of these major outcomes involved a series of activities that culminated in a set of resources that are informed by the literature, experiential practices and
collaborative stakeholder feedback. All of the outcomes have been achieved and they are publicly available on the project website: http://www.flinders.edu.au/mnhs/early-years/early-years_home.cfm

One of the aims of this project was to achieve cultural change and change across disciplines. This began from the very beginning of the project by engaging multiple stakeholders in a range of mediums and importantly has been sustained throughout the project, with a good foundation for future impact. The seven disciplines engaged in this project included: medicine, nursing and midwifery, education, social work, psychology, health sciences, and community services. A web-presence was developed before Stage 1 and this became an important communication channel and place of interaction for the project. The project team has reported over 1000+ connections with people over the duration of the project.

Products and outputs
The overall deliverable for this project was an interdisciplinary framework that consisted of a number of resources. The following resources were developed and are available on the project website.

1. A statement of shared outcomes
2. An interdisciplinary map
3. A statement of essential universal elements

Unique to this project was the development of a self-evaluation tool that educators can use to reflect and provide guidance for integrating these resources into the curricula.

Central to this project was a strong collaborative approach and one that engaged key stakeholders from the beginning of the project. The external partners and the project leader had not worked together previously and while this often presents difficulties in the beginning stages of a project both the staff and the individual universities willingness to support collaboration and involvement in this team was a particular strength. This extended beyond the project team and the advisory group and engaged a large number of people across the sector as Delphi techniques and focus groups were used to provide stakeholder feedback on resources during the different stages of the project. The large number of people who were engaged throughout the project implementation provided an important vehicle for disseminating and spreading information about the project to a wider audience. The website has recorded nearly 10,000 page views (Google Analytics, February 2015 – September 2016).

Project Management

The project was managed by an extremely capable project manager, Dr Carolyn Gregoric, who has maintained project management for the full duration of the project. Consistently throughout the project there were regular meetings between the project leader, project manager and one other project team member; regular virtual and face-to-face meetings with the full project team; and regular meetings and engagement with the project advisory group. All of these meetings were minuted, action lists were documented, the budget was monitored, and a risk register was maintained. As the evaluator I had full access to all documentation and communicated regularly with the project leader and project manager.

Two activities required a longer time-line than originally forecast due to their complexity (the development of the resources and stage 3 of the Delphi). Timelines were appropriately adjusted and an extension of 3 months was agreed with the OLT to ensure that these activities could be
completed. Given that one of the project team members withdrew in the beginning stages of the project and was not replaced, the budget was able to be adjusted accordingly so that no further funding was required to accommodate this extension.

**Dissemination**

One of the strengths of the project was a dissemination strategy across the life of the project and this was articulated and implemented for each of the four stages. As the project had a strong collaborative orientation and engagement with a wider community for stakeholder feedback there were many opportunities for disseminating outcomes from the project. This has gone beyond partner groups, and other groups and associations have now contacted the project team with input. Mediums included an online bulletin, a project blog, media releases, twitter, LinkedIn. Social media is an important vehicle for dissemination and the project team engaged with this to ensure that regular updates were disseminated to the sector.

The project team created a publications plan and were also involved in formal dissemination activity including conference presentations and peer-review publications. To date, four conference presentations have been completed including 2 national conferences and peer-review publications are in progress.

**Sustainability**

As with all projects, there is concern about the longer term sustainability of project outcomes once the funding concludes. The project team has considered the legacy of the project very carefully. The web-site resources stand as a ‘published’ suite of resources that do not require ongoing maintenance; hard copy resources have also been published and disseminated; and the publication plan of the project team members (with a number of publications in progress) will ensure that the knowledge developed through this project is accessible in multiple modes for future users. Terms of reference for ‘Project champions’ have been developed to ensure the vision and use of the framework continues into the future and it is planned that this community will continue to meet virtually.

**General**

Undertaking a project that is multi-disciplinary and also focussed on cultural change can be a complex and difficult endeavour. This project has exemplified a process and practices for achieving this. Three key elements that have contributed to this success include:

1. Establishing strong collaborative engagement with a wide group of stakeholders from the beginning of the project
2. Engaging an effective, efficient and highly competent project manager for the duration of the project
3. Identifying and enacting a dissemination and evaluation strategy across all four stages of the project.

The project has delivered excellent outcomes and tangible resources that have been disseminated to the sector. This provides a solid platform for a future project to investigate the take-up and impact of this interdisciplinary framework across the curricula.

**References**


### Appendix: Evaluation plan

<table>
<thead>
<tr>
<th>Specific project outcomes</th>
<th>Activity/methods</th>
<th>Outcome/resource/indicator</th>
<th>Timeline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A statement of common outcomes for children from birth to five years that recognises various disciplinary foci</td>
<td>1.1 Disciplinary literature review Draft set of common outcomes Critical examination and synthesis of disciplinary literature and relevant international and national frameworks for practice with children from birth to five years and their families (by project team). This will result in a proposed set of common outcomes for children from birth to five years.</td>
<td>1.11 Completed literature review 1.12. Draft set of common outcomes</td>
<td>End of July 2015</td>
<td>1.11 Completed</td>
</tr>
<tr>
<td></td>
<td>1.2 Modified Delphi  a) stakeholders’ feedback b) analysis of feedback Using a modified Delphi technique, we will distribute the proposed common outcomes via email to a balanced and wide-ranging group of early childhood leaders and stakeholders. We will identify stakeholder groups through the project team’s professional networks and will include professionals who work in the early years, service providers, service users, academics and researchers. The project team will analyse the data and prepare a revised statement of common outcomes</td>
<td>1.21. Stakeholder feedback collected 1.22. Analysis of feedback 1.23 Revised statement of common outcomes</td>
<td>End of July 2015</td>
<td>1.2 Completed</td>
</tr>
<tr>
<td></td>
<td>1.3 Expert panel feedback A representative expert panel will be recruited from participants from round 1 of the Delphi. The revised statement of common outcomes will be returned via email to the expert panel requesting agreement or disagreement with each component of the revised statement until a 75% consensus is achieved. The subsequent rounds of the modified Delphi will involve analysing, summarising and returning the working documents to the expert panel. The first email round will request participants to nominate ‘agree’, ‘disagree’ or ‘agree with changes’, where changes can be noted and integrated by the project team. The next email round, if needed, will contain only ‘agree’ or ‘disagree’. Following Keeny, McKenna and Hasson (2011) we will aim for 75% consensus.</td>
<td>1.31. Stakeholder feedback from expert panel collected 1.32. Analysis of feedback from expert panel</td>
<td>Mid Nov 2015</td>
<td>1.3 Completed</td>
</tr>
<tr>
<td>Specific project outcomes</td>
<td>Activity/methods</td>
<td>Outcome/resource/indicator</td>
<td>Timeline</td>
<td>Status</td>
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<tr>
<td>1.5 Dissemination and evaluation (Outcome 5):</td>
<td></td>
<td></td>
<td></td>
<td>Website developed: <a href="http://www.flinders.edu.au/mnhs/early-years/">http://www.flinders.edu.au/mnhs/early-years/</a></td>
</tr>
<tr>
<td>2. An interdisciplinary map of evidence-informed theories and national regulatory requirements for inclusion in an educational framework for early childhood practice</td>
<td>2.1a Review relevant guidelines</td>
<td>2.1 Reviews of guidelines and regulations completed</td>
<td>End of April 2015</td>
<td>2.1a Completed</td>
</tr>
<tr>
<td></td>
<td>2.1b Review relevant regulations</td>
<td></td>
<td></td>
<td>2.1b Completed</td>
</tr>
<tr>
<td></td>
<td>Critical examination of (a) relevant international and national evidence-informed guides and (b) regulations for practice (by project team)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2 Synthesis of information</td>
<td>2.2 Completed</td>
<td>End of April 2015</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Synthesis of findings by project team into an interdisciplinary map of evidence-informed theories and regulations for practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3 Interdisciplinary Resource and Evaluation Tool (Outcome 4) Development of the interdisciplinary map into a project resource with an accompanying self-evaluation tool</td>
<td>2.31 Interdisciplinary resource (map) developed</td>
<td></td>
<td>Interdisciplinary map <a href="http://www.flinders.edu.au/mnhs/early-years/disciplines.cfm">http://www.flinders.edu.au/mnhs/early-years/disciplines.cfm</a></td>
</tr>
<tr>
<td></td>
<td>2.32 Self-evaluation tool available on web-site</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.4 Dissemination and evaluation: Launch of the second project resource; An interdisciplinary map of evidence-informed theories and national regulatory requirements with an accompanying web-based self-evaluation tool. We will upload the resource onto the project web page and distribute it via web bulletins. It will also be published in academic journals and disciplinary newsfeeds.</td>
<td></td>
<td></td>
<td>Self-evaluation tool</td>
</tr>
<tr>
<td>3. A statement of universal essential elements (knowledge, skills and attributes) required for working with children from birth to five years of age</td>
<td>3.1 Review of empirical literature Development of Focus group questions</td>
<td></td>
<td>End of December 2015</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Critical review of relevant disciplinary and interdisciplinary empirical literature on elements for working with children from birth to five years and their families (by project team). This review will inform the development of focus group protocols.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.2 Focus groups x 8 Transcription of focus group recordings Analysis of focus group data</td>
<td></td>
<td>August 2015 – focus group interviews and transcription</td>
<td>3.2 Focus group interviews and transcription completed</td>
</tr>
<tr>
<td></td>
<td>3.3 Modified Delphi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.4 Universal Elements Resource and Evaluation Tool</td>
<td></td>
<td></td>
<td>Universal Essential Elements</td>
</tr>
</tbody>
</table>
### Specific project outcomes

<table>
<thead>
<tr>
<th>Activity/methods</th>
<th>Outcome/resource/indicator</th>
<th>Timeline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5 <strong>Dissemination and evaluation</strong>: Through the call for participation in focus groups and the Delphi study, this stage of the project will enable broader engagement with additional potential adopters, and updates for early adopters. It will also further disseminate the project as per Outcomes 1 and 2. The constant review of elements proposed in the Delphi study is a form of dissemination of the collective development of the framework. We will then launch the final resource with an accompanying web-based self-evaluation tool. The resource will be uploaded onto the project web page and distributed via web bulletins. It will also be published in academic journals and disciplinary newfeeds.</td>
<td></td>
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</tr>
</tbody>
</table>
Appendix D - Project materials and resources

The framework document, including all of the resources, is freely available at:
http://www.flinders.edu.au/mnhs/early-years/
### Appendix E – Risk matrix

Use this risk matrix as a guide to assess the inherent risk level.

#### Likelihood scale:

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost certain</td>
<td>This event is expected to occur in most circumstances / commonly repeating / occurs weekly</td>
</tr>
<tr>
<td>Likely</td>
<td>The event will probably occur in most circumstances / known to occur / occurs monthly</td>
</tr>
<tr>
<td>Possible</td>
<td>The event might occur, say yearly / has a 1 in 20 chance of occurring</td>
</tr>
<tr>
<td>Unlikely</td>
<td>The event could occur at some time, say once in 10 years / say 1 in 100 chance of occurring</td>
</tr>
<tr>
<td>Rare</td>
<td>Event may only occur in exceptional circumstances / less than a 1% chance of occurring</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Consequence 1 Insignificant</th>
<th>Consequence 2 Minor</th>
<th>Consequence 3 Moderate</th>
<th>Consequence 4 Major</th>
<th>Consequence 5 Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost certain</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Extreme</td>
<td>Extreme</td>
</tr>
<tr>
<td>Likely</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Extreme</td>
</tr>
<tr>
<td>Possible</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Unlikely</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Rare</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
</tr>
</tbody>
</table>

#### How to Prioritise the Risk Rating

Once the level of risk has been determined the following table may be of use in determining when to act to institute the control measures.

<table>
<thead>
<tr>
<th>Extreme</th>
<th>Act immediately to mitigate the risk. Either eliminate, substitute or implement risk control measures.</th>
<th>An identified extreme risk does not allow scope for the use of administrative controls even in the short term.</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Act immediately to mitigate the risk. Either eliminate, substitute or implement risk control measures. If these controls are not immediately accessible, set a timeframe for their implementation and establish interim risk reduction strategies for the period of the set timeframe.</td>
<td>An achievable timeframe must be established to ensure that elimination, substitution or risk controls are implemented. <strong>NOTE:</strong> Risk (and not cost) must be the primary consideration in determining the timeframe. A timeframe of greater than 6 months would generally not be acceptable for any hazard identified as high risk.</td>
</tr>
<tr>
<td>Risk Level</td>
<td>Description</td>
<td>Interim Measures until permanent solutions can be implemented:</td>
</tr>
<tr>
<td>------------</td>
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<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>Medium</td>
<td>Take reasonable steps to mitigate the risk. Until elimination, substitution or risk controls can be implemented, institute administrative or personal protective equipment controls. These “lower level” controls must not be considered permanent solutions. The time for which they are established.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop administrative controls to limit the use or access.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide supervision and specific training related to the issue of concern. (See Administrative Controls below)</td>
</tr>
<tr>
<td>Low</td>
<td>Take reasonable steps to mitigate and monitor the risk. Institute permanent controls in the long term. Permanent controls may be administrative in nature if the hazard has low frequency, rare likelihood and insignificant consequence.</td>
<td></td>
</tr>
</tbody>
</table>
Potential Risk Factors | Probability of Risk Arising (H/M/L) | Impact (H/M/L) | Risk Indicators | Control Mechanisms | Named Risk Lead
--- | --- | --- | --- | --- | ---
Financial | Funder/commissioner problems: Failure to deliver promised funds? Last minute budget changes – under-funding? Funders’ linking funding to deliverables/milestones. | Estimate: Low | High | Information from any source accounting for risk. Information from funders – Accounting procedures Project delays | Outline proposal already submitted and approved Project terminated Audited oversight of institutional financial management. Regular progress meetings with project team Regular progress meetings with project team | CI: Dr Julian Grant CI: Dr Julian Grant CI: Dr Julian Grant
<table>
<thead>
<tr>
<th>Potential Risk Factors</th>
<th>Probability of Risk Arising (H/M/L)</th>
<th>Impact (H/M/L)</th>
<th>Risk Indicators</th>
<th>Control Mechanisms</th>
<th>Named Risk Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project budget overspend</td>
<td>Low</td>
<td>Medium</td>
<td>Regular (monthly) finance reports</td>
<td>Designated budget holder</td>
<td>CI: Dr Julian Grant &amp; Finance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regular reporting mechanisms to funder and institutional finance</td>
<td>Monthly finance reports</td>
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<td></td>
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<td></td>
<td>Project management systems to control project stages</td>
<td>Expenditure monitoring</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clear allowances indicated in budget</td>
<td></td>
</tr>
<tr>
<td>Any partner organisations or individuals unable to meet deliverables</td>
<td>Low</td>
<td>Low</td>
<td>Formal reporting mechanisms</td>
<td>Monitor partners’ meetings</td>
<td>CI: Dr Julian Grant</td>
</tr>
<tr>
<td>Legal/Contractual</td>
<td>Lack of appropriate working space for research project staff</td>
<td>Low</td>
<td>Formal health and safety risk assessment undertaken</td>
<td>Health and safety risk assessment action plan</td>
<td>CI: Dr Julian Grant</td>
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<tr>
<td></td>
<td></td>
<td>Low</td>
<td></td>
<td>ICT requirements implemented</td>
<td></td>
</tr>
<tr>
<td>Potential Risk Factors</td>
<td>Probability of Risk Arising (H/M/L)</td>
<td>Impact (H/M/L)</td>
<td>Risk Indicators</td>
<td>Control Mechanisms</td>
<td>Named Risk Lead</td>
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</tr>
<tr>
<td>Poor communication between research collaborators, evaluator and Research Associate</td>
<td>Medium</td>
<td>Medium</td>
<td>Clear project meeting minutes – circulated reviewed</td>
<td>Non-disclosure agreement signed by partner organisations</td>
<td>CI: Dr Julian Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Independent advisors on Reference Group</td>
<td>Project management system followed to check off project deliverables</td>
<td></td>
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<td></td>
<td></td>
<td>Reporting mechanisms in place ensuring external evaluation of project</td>
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<td></td>
<td></td>
<td>Regular internal project team meetings</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Research project framework followed</td>
<td></td>
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<tr>
<td>Potential Risk Factors</td>
<td>Probability of Risk Arising (H/M/L)</td>
<td>Impact (H/M/L)</td>
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<td>Control Mechanisms</td>
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<tr>
<td>Delays</td>
<td>Low</td>
<td>Medium</td>
<td>Stakeholder meeting minutes</td>
<td>Proactive engagement with stakeholders &amp; media throughout project</td>
<td>CI: Dr Julian Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Project management</td>
<td>Establish and maintain strong links with partner organisations/CIs</td>
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<tr>
<td></td>
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<td></td>
<td>Related local &amp; national media stories</td>
<td>Develop effective marketing plan for any project products or outputs</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Communication with stakeholders</td>
<td>Develop a project communication and dissemination strategy for project duration</td>
<td></td>
</tr>
<tr>
<td>Lack of commitment from any related professional/service user/client organisations or groups</td>
<td>Medium</td>
<td>High</td>
<td>Establishment of Reference Group, Expert Panel and Key stakeholder groups for feedback.</td>
<td>Involve key stakeholders from the start of the project</td>
<td>CI: Dr Julian Grant</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback from professional/service user/client organisations or groups</td>
<td>Set up a stakeholder group with input, evaluation (and control?) over aspects of the project</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Develop a project communication and dissemination strategy for project duration</td>
<td></td>
</tr>
<tr>
<td>Potential Risk Factors</td>
<td>Probability of Risk Arising (H/M/L)</td>
<td>Impact (H/M/L)</td>
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</tr>
<tr>
<td>Loss of subject/respondent information</td>
<td>Low</td>
<td>High</td>
<td>Research Ethics committee</td>
<td>Comply with Data Protection Act 1998 (NHMRC guidelines).</td>
<td>CI: Dr Julian Grant</td>
</tr>
<tr>
<td>Inappropriate disclosure of respondent information</td>
<td>Low</td>
<td>High</td>
<td>Database monitoring arrangements</td>
<td>Ensure all data is non identifiable to subject/respondent – code questionnaire immediately</td>
<td></td>
</tr>
<tr>
<td>Respondents/subjects dissatisfied</td>
<td>Low</td>
<td>High</td>
<td>Feedback from respondents and/or research team member</td>
<td>All subject data stored electronically is password protected</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Complaints made by respondents</td>
<td>All other subject data stored in a lockable file</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Secure data storage/processes</td>
<td>Follow research governance guidance on the protection of subject information</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Team members confidentially</td>
<td>Implement any recommendations from the appropriate research ethics committee(s)</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Research data regularly backed-up</td>
<td></td>
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<td></td>
<td>Two copies of research database stored securely</td>
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<td>Clear grievance route</td>
<td></td>
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<td></td>
<td>Indicated to subjects confidential agreements</td>
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<tr>
<td>Potential Risk Factors</td>
<td>Probability of Risk Arising (H/M/L)</td>
<td>Impact (H/M/L)</td>
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<td>Control Mechanisms</td>
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</tr>
<tr>
<td>Project rejected/subjected to amendment by research ethics committee</td>
<td>Low</td>
<td>High</td>
<td>Feedback sought from research ethics committee</td>
<td>Input from ethics advisor sought prior to submitting project proposal</td>
<td>CI: Dr Julian Grant &amp; research team</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback from stakeholders and advisors</td>
<td>Advice and input from institutional research director and research sponsor</td>
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</tr>
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<td></td>
<td></td>
<td></td>
<td>Implement recommendations from ethics committee and resubmit if required</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Stakeholder group approves project proposal</td>
<td></td>
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<tr>
<td>Potential Risk Factors</td>
<td>Probability of Risk Arising (H/M/L)</td>
<td>Impact (H/M/L)</td>
<td>Risk Indicators</td>
<td>Control Mechanisms</td>
<td>Named Risk Lead</td>
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<td>--------------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Poor uptake of project outputs or deliverables (if appropriate)</td>
<td>Low</td>
<td>Low</td>
<td>Feedback from stakeholder steering group</td>
<td>Develop project communication and dissemination strategy</td>
<td>CI: Dr Julian Grant &amp; research team</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback from user panel</td>
<td>Full involvement of stakeholder group and user groups throughout project</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Monitoring of outputs and uptake</td>
<td>Marketing strategy developed for each project output</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Feedback from any pilot phases</td>
<td>Evaluate pilot phases of project products and implement changes</td>
<td></td>
</tr>
</tbody>
</table>

Interdisciplinary education for the early years
<table>
<thead>
<tr>
<th>Potential Risk Factors</th>
<th>Probability of Risk Arising (H/M/L)</th>
<th>Impact (H/M/L)</th>
<th>Risk Indicators</th>
<th>Control Mechanisms</th>
<th>Named Risk Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodological limitations</td>
<td>Unable to recruit sufficient participants to the focus groups</td>
<td>Medium</td>
<td>Medium</td>
<td>Monitoring of research instruments via professional organisations, stakeholder and user groups representative of subject population Monitoring of data collection procedures</td>
<td>Full involvement of user and stakeholder groups in developing &amp; piloting research instruments Maintain strong links with the relevant organisations to facilitate process Awareness raising strategy implemented prior to data collection Ensure equality of access to data collection procedures by providing alternative forms of completion (e.g. paper, online, large print, translation)</td>
</tr>
<tr>
<td>Resource</td>
<td>Changes in key project staff</td>
<td>Low</td>
<td>Low</td>
<td>HR processes Appraisal process Adequate staffing</td>
<td>Develop succession plan Ensure handover mechanism in place Involve other key members in partner organisations in project processes Ensure 'cover' arrangements for illness etc.</td>
</tr>
<tr>
<td>Potential Risk Factors</td>
<td>Probability of Risk Arising (H/M/L)</td>
<td>Impact (H/M/L)</td>
<td>Risk Indicators</td>
<td>Control Mechanisms</td>
<td>Named Risk Lead</td>
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<td>----------------------------------------</td>
</tr>
<tr>
<td>Appropriately qualified PI and RF/RA fellow recruited to undertake project</td>
<td>Low</td>
<td>Low</td>
<td>Recruitment process</td>
<td>Clear and appropriate training plan for researchers developed &amp; implemented</td>
<td>CI: Dr Julian Grant &amp; research team</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appraisal process</td>
<td>All human resources processes in place to manage the recruitment process</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Liaison meetings with any partners sharing recruitment</td>
<td>Weekly supervision undertaken, and as required, from project sponsor</td>
<td></td>
</tr>
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<td>Project overruns planned timeframe</td>
<td>Low</td>
<td>Medium</td>
<td>Project board meetings</td>
<td>Project management systems used to manage project time frames</td>
<td>CI: Dr Julian Grant &amp; research team</td>
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<td>Feedback from PI at key project stages</td>
<td>GANTT chart developed and updated regularly to monitor timeframes involved for each task</td>
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<td>Project supervision undertaken by project board</td>
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Appendix F – Protocol for project champions

Terms of Reference
National interdisciplinary educational framework for professionals working with children in the early years
August 2016

The National Interdisciplinary Education Framework for Professionals Working in the Early Years, funded by the Australian Government Office of Learning and Teaching, can be used to inform higher education curriculum for preparing early years professionals across disciplines. The framework attends to the diverse demands of multiple professions, qualification levels and workforce agendas.

The National Interdisciplinary Education Framework for Professionals Working in the Early Years will inform curriculum for the education of professionals across diverse disciplines who will work with children from birth to five years of age (the early years) and their families through:

- A statement of common outcomes for children from birth to five years that recognises various disciplinary foci
- An interdisciplinary map highlighting training and professional requirements in selected children's services professions
- A statement of universal essential elements (knowledge, skills and attributes) required for working with children from birth to five years of age
- A self-evaluation tool to guide reflection on how the resources are being taken up in programs and curricula within and across courses and across disciplines.

These resources can be integrated into existing learning and teaching curricula and provide a platform for inclusive development of future curricula.

Project Champions
Project champions will have appropriate experience and expertise to ensure that the vision for interdisciplinary education for the early years continues beyond the initial Office of Learning and Teaching (OLT) funding grant.
The role of project champions includes:

- Identifying opportunities and advocating for the uptake and implementation of the *National Interdisciplinary Education Framework for Professionals Working in the Early Years.*
- Maximising the impact within educational institutions and professional bodies of the *National Interdisciplinary Education Framework for Professionals Working in the Early Years.*

Project champions will meet occasionally via webinar or teleconference. The first teleconference will be held in September 2016.

**If you have any questions please contact:**
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