

**Victorian Early Childhood Intervention (ECI) Standards 2016**

**Evidence Guide**

*ECI Standards* and review process

Aims of the *ECI Standards* and review process

The *Victorian Early Childhood Intervention* (*ECI) Standards 2016* and the review process seek to ensure that children and their families experience the same quality of service no matter which provider they are accessing. This process aims to:

* Assure the community and stakeholders that providers are delivering services that meet family’s needs
* Develop a common and systemic approach to the quality review process
* Build greater transparency in quality requirements between the department, providers and clients
* Enable providers to select an independent review body from an approved panel
* Foster a culture of continuous quality improvement that is embedded in everyday practice and supports the meaningful participation of families in giving feedback about the quality of services received
* Use the expertise of independent review bodies to appraise the core business functions of providers

Verification and independent review under the *ECI Standards*

*ECI Standards* and the independent review processes assist providers to have acceptable levels of management, administration and service delivery. These processes examine compliance with standards and encourage service providers to continually improve service delivery.

Under the agreed working arrangements for transition to the National Disability Insurance Scheme in Victoria, providers seeking to register with the NDIS to deliver the registration group Early Childhood Supports in Victoria must demonstrate they hold Victorian or Commonwealth Approved NDIS Provider status in order to finalise this registration. Providers who do not hold either Victorian or Commonwealth Approved NDIS Provider status must apply to Victoria to obtain Victorian Approved NDIS Provider status to deliver Early Childhood Supports. Applicants must demonstrate their suitability by undertaking satisfactory self-assessment and Quality Improvement Planning against the *ECI Standards.*

In order to maintain their approved status providers must undertake independent review against the *ECI Standards* 12[[1]](#footnote-1) months after obtaining *Victorian Approved NDIS Provider* status to deliver *Early Childhood Supports.* Independent review is one mechanism to ensure children and families receive quality services. Other mechanisms include monitoring undertaken by Departmental staff. Incident reporting processes also help ensure that incidents are appropriately recorded and responded to. If the Department has concerns about an organisation’s performance it can initiate a service review (undertaken by Departmental staff).

Corporate and management standards

The Department recognises that providers may be independently reviewed, verified and accredited for a number of purposes. Where organisations have undertaken similar reviews they may not need to be reviewed against Standard 5. Organisational Performance. The Department considers that DHHS Human Services Standards governance and management requirements and the National Safety and Quality Health Service Standards (S1 Governance) as acceptable alternatives or other JAS-ANZ scheme governance requirements by negotiation with the Department. For some service providers, this approach will reduce the number of times they need to undertake similar business audits to meet State and Commonwealth requirements.

The ECI Standards evidence guide

This guide has been developed to help organisations prepare for and participate in internal (self – assessment) and external (independent) reviews against the *ECI Standards.*

The *ECI Standards* elements

The *ECI Standards* comprise four quality standards and one organisational governance standard.

An overview/explanation is included at the beginning of each standard.

Each standard includes a number of criteria that describe the key elements to be addressed to meet that standard. In addition there are evidence indicators to measure each criterion.

The elements of the *ECI Standards* are shown in the table below.

Standards elements

| **Element of standard** | **Purpose** |
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| **Title** | Focus of the Standard – provides a broad statement of what families can expect from the ECI provider |
| **Standard statement** | Summarises the goal of the Standard |
| **Overview/explanation** | Describes the intent and guiding principles that underpin the Standard |
| **Criteria** | Describe the key components to be addressed to meet the Standard |
| **Indicator** | The type of process/practice the service should put in place to establish that the Standards are being met |
| **Evidence examples for Standards 1 - 4** | Evidence examples are provided to assist services to determine the extent to which their organisation is meeting the indicator. These examples can also be used by an independent review body to assess the organisation against the Standard. |

Evidence examples have been developed to help providers (including large organisations, sole providers and small organisations with of less than 5 staff (including contractors)), prepare for and participate in internal (self – assessment) and external (independent) reviews against the *ECI Standards*. Providers are encouraged to use the examples to develop their own systems and processes. Independent review bodies also use the *ECI Standards* to conduct reviews and verify compliance.

Evidence examples are designed to help providers meet the requirements of the *ECI Standards* and to support continuous quality improvement. The examples are designed to be practical and aim to encourage service providers to be innovative in how they demonstrate compliance with the *ECI Standards.*

Evidence examples are provided for:

Standard 1: Family centred practice

Standard 2: Access and engagement

Standard 3: Outcomes for children and families

Standard 4: Inclusion and participation

Evidence examples for Standard 5 Organisational Performance are not provided as these are encompassed within the criterion statements and indicators.

Overview of the ECI Standards

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|  | **Standard** |  | **Criterion** |
| 1 | **Family centred practice**  *Families can expect to be involved in a respectful, collaborative working partnership with service providers* | 1.1 | Service delivery is underpinned by family centred and strength based practices |
| 1.2 | Families have a goal-oriented and outcomes focussed family service and support plan |
| 2 | **Access and engagement**  *Children and families have access to services appropriate to their needs without being disadvantaged by their cultural, financial or geographic situation* | 2.1 | Children and families have access to services relevant to their needs |
| 2.2 | The service is responsive to the diversity of children and families |
| 2.3 | The service establishes linkages with other services to support a coordinated approach for children and families |
| 3 | **Outcomes for children and families**  *Service delivery focuses on functional outcomes for children and families that support the achievement of their goals* | 3.1 | Service delivery enhances children’s learning, wellbeing and development |
| 3.2 | The service builds the capacity of families to support their child’s learning, wellbeing and development |
| 4 | **Inclusion and participation**  *The inclusion and participation of children in everyday family and community life is promoted* | 4.1 | The service promotes the inclusion and participation of children in family and community life |
| 4.2 | The service assists early childhood education and care settings to support the inclusion and participation of all children |
| 5 | **Organisational performance**  *Sound governance and management guides quality service delivery* | 5.1 | The service has effective governance and management processes to deliver high quality services |
| 5.2 | The service has effective risk management policies and processes to manage client issues, human resources and the sustainability of services |
| 5.3 | The service manages human resources to ensure that appropriately skilled and trained staff are available to safely provide services to clients |
| 5.4 | The service has effective information systems to sensitively manage client information, improve services and meet identified client needs |

# **ECI STANDARD INDICATORS**

In addition to the standards and criteria, indicators have been developed to assist services to understand

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| **Standard 1: Family Centred Practice** |
| *Families can expect to be involved in a respectful, collaborative working partnership with service providers* |
| Criterion 1.1 Service delivery is underpinned by family centred and strength based practices |
| Indicators   * ECI professionals understand and implement the principles of family centred and strength based practice * ECI professionals recognise and respect the central role of families in children’s lives * Families are provided with objective information about the service and what level of service will be provided * ECI professionals provide relevant information to enable families to make informed choices and decisions * ECI professionals recognise, and incorporate in their work, families’ understanding of their child’s strengths, interests and needs * ECI supports are individualised to reflect the unique strengths and needs of each child * Family members and professionals work together and share information routinely and collaboratively to achieve family identified outcomes * Information is provided in an accessible format about: the quality of service families can expect to receive from the service provider; their right to an advocate, including how to access one; their right to privacy and confidentiality; the process for accessing records; feedback processes; complaints process and this information is provided on entry to the service * The service provides families with information to support their linkages with other local specialist and universal services relevant to their child and family’s needs * Families have an opportunity to provide information and feedback on all aspects of the services they are receiving * Family feedback information is documented and informs the service’s annual planning and review process * The service maintains a record of all complaints and their outcomes |

and implement the Standards across their organisation.

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| **STANDARD 1: Family centred practice** |
| *Families can expect to be involved in a respectful, collaborative working partnership with service providers* |
| Criterion 1.2 Families have a goal-oriented and outcomes focussed family service and support plan |
| Indicators   * Families actively participate in the planning and development of a Family Service Support Plan * All plans are individualised to respond to the identified needs of the child and family * All families have a documented plan(s) that: * Reflects the strengths, needs, goals, supports and outcomes specified by the family * Describes how these goals will be achieved, including timelines * Includes input from family, carers and other service providers, as appropriate * Is reviewed within timeframes agreed with the family to reflect changing needs * The plan reflects the shared ideas, skills and knowledge of families and professionals * The plan promotes interactions and activities that enhance the child’s competencies and development and is underpinned by the Victorian Early Years Learning and Development Framework * Families receive a copy of their plan and any revised plans in a format that they can understand * The service supports families to be actively involved in monitoring and reviewing the plan * The outcomes of the goals in the plan are measured and reported in ways that are meaningful to the family |

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| **Standard 2: Access and engagement** |
| *Children and families have access to services appropriate to their needs without being disadvantaged by their cultural, financial or geographic situation* |
| Criterion 2.1 Children and families have access to a service relevant to their needs |
| Indicators   * The service creates an inclusive and welcoming environment where all families are encouraged to participate in and contribute to their child’s learning and development * Service delivery hours are responsive to the needs of children and families accessing the service * Policies and processes are in place which document eligibility, priority of access and demand management * Information is provided to families in an accessible format that facilitates understanding regarding: entry and exit processes; criteria to determine priority for service; conditions that may apply to services being provided; any fees or costs, as applicable * Data and feedback mechanisms are in place to identify and address barriers to access * The service identifies service accessibility issues and implements strategies to address these * The service enables access for families living in geographically isolated areas * The service implements the *Child Safe Standards 2015*   Compliance with the Child Safe Standards is a requirement for Victorian government approval. Victoria has introduced compulsory minimum standards for organisations that provide services for children to help protect children from abuse. This includes services that provide early childhood intervention. The Victorian Commission for Children and Young People administers and enforces the Child Safe Standards. Further information is at <http://www.ccyp.vic.gov.au> |

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| **Standard 2: Access and engagement** |
| *Children and families have access to services appropriate to their needs without being disadvantaged by their cultural, financial or geographic situation* |
| Criterion 2.2 The service is responsive to the diversity of children and families |
| Indicators   * The service provides culturally respectful and responsive services which respect the diversity of families, including vulnerable families, families who identify as Aboriginal or Torres Strait Islander background and those who are from cultural and linguistically diverse backgrounds * The service adopts active engagement strategies * The service demonstrates a cohesive and holistic approach to planning and implementing programs for children and their families * Families and professionals work together as a collaborative team to achieve common goals * An ECI practitioner undertakes the role of key worker to be the family’s main point of contact and main person working with the family * The key worker is supported by a transdisciplinary team of relevant professionals who form a collaborative team * Interpreters are used, as required, to support more effective communication |

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| **Standard 2: Access and engagement** |
| *Children and families have access to services appropriate to their needs without being disadvantaged by their cultural, financial or geographic situation* |
| Criterion 2.3 The service establishes linkages with other services to support a coordinated approach for children and families |
| Indicators   * The service strives to achieve greater coordination for families within and between specialist and universal services * The service maintains links with other specialist and universal services in the area ensuring current knowledge of these services and a complementary approach to service delivery * The service provides or directs families to information on other local specialist and universal services which may be able to meet their needs * The service collaborates with other services to enhance transition/exit planning to meet the needs of the child and family * The service has documented processes for transition arrangements (to school, disability services, universalist services), case closure and this information is communicated to families * The service provider is visible and active in referral networks with clear referral pathways to relevant universal and specialist services |

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| **Standard 3: Outcomes for children and families** |
| *Service delivery focuses on functional outcomes for children and families that support the achievement of their goals* |
| Criterion 3.1 Service delivery enhances children’s learning, wellbeing and development |
| Indicators   * Program goals reflect functional outcomes relevant to the child’s access and meaningful participation in their everyday settings * The service supports families to identify and build on a child’s strengths interests and capabilities * Goals and strategies focus on functional outcomes that support children’s learning, development and wellbeing and are appropriate to their development and cultural circumstances * Assessment of children’s development is authentic and holistic and includes collaboration with families and other professionals as well as the child’s functionality in their everyday routines and activities * The service promotes and supports children’s participation in daily routines, at home, in the community, and in early childhood settings * The service promotes and supports the learning and development opportunities alongside peers in everyday community settings e.g. play group, kindergarten * Flexibility of service delivery allows for interventions to take place in environments that are responsive to the family situation * Service delivery is informed by the outcomes and practice principles identified in the Victorian Early Years Learning and Development Framework (VEYLDF) |

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| **STANDARD 3: Outcomes for children and families** |
| *Service delivery focuses on functional outcomes for children and families that support the achievement of their goals* |
| Criterion 3.2 Services build the capacity of families to support their child’s learning, wellbeing and development |
| Indicators   * ECI professionals build the knowledge, skills and abilities of the individuals who will spend the most time with the child in order to maximise the learning and development opportunities in their everyday life * ECI professionals assist families to understand how their family routines and everyday activities can support their child’s development * Interventions build on family support and resources assisting them to strengthen formal and informal supports to match their needs and interests * Goals are able to be integrated into the child and family’s daily routine and in other settings within which the child participates * ECI professionals link families with local community resources which may meaningfully meet their needs * Decisions on equipment requirements are made in consideration of the family, home and community settings * Families are satisfied with the support they receive to achieve stated goals |

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| **Standard 4: Inclusion and participation** |
| *The inclusion and participation of children in everyday family and community life is promoted* |
| Criterion 4.1 Services promote the inclusion and participation of children in family and community life |
| Indicators   * The service promotes the child’s access and participation in family and community life * Goals and strategies focus on building the child’s capacity to meaningfully participate in naturally occurring, developmentally appropriate activities with families and peers * Wherever possible, intervention supports are provided within the family setting, building family confidence to implement these strategies in their everyday life * The service has clearly documented policies and processes that acknowledge and support the rights of children with disabilities and their families to access and participate in their community * The service supports every child, regardless of their needs, to fully participate in family and community life * The service promotes and supports the learning and development opportunities alongside peers in everyday community settings e.g. play group, kindergarten * The service provides families with information, in a format that is understood to enhance informed decision making and choice * The service supports families to develop the skills and confidence to be their child’s ongoing advocate |

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| **Standard 4: Inclusion and participation** |
| *The inclusion and participation of children in everyday family and community life is promoted* |
| Criterion 4.2 The service assists early childhood education and care settings to support the inclusion and participation of all children |
| Indicators   * ECI professionals are available to support children within other early childhood settings * The key worker acts as the main contact between the client ECI service and the early childhood education and care setting * The service provides families with resources and information to support their participation in early childhood education and care settings * ECI professionals respect and collaborate with early childhood education and care professionals to facilitate sharing of knowledge and understanding of the child * ECI professionals support early childhood education and care professionals to identify and implement strategies and adaptations that assist the child’s inclusion in the learning and development opportunities offered in the early childhood education and care program * The ECI service provides families and early childhood education and care staff with information and support to promote the smooth transition of children from home to early childhood education and care, between early childhood education and care settings and onto school |

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| **Standard 5: Organisational Performance** |
| *Sound governance and management guides quality service delivery* |
| Criterion 5.1: The service has effective governance and management processes to deliver high quality services |
| Indicators   * The service’s governance and management processes are effective and transparent and there are clear management and staff accountabilities * The service’s strategic and annual planning informs the delivery of services to improve outcomes for children and families accessing services * The service effectively meets its legal obligations and contract management requirements * The service works actively with children and their families and other external stakeholders to improve the quality of its services * The governing body possess the skills, knowledge and experience required to fulfil their role * The service has robust financial management systems in place * The service has robust legislative compliance systems in place * The service has a continuous quality improvement system in place |

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| **Standard 5: Organisational Performance** |
| *Sound governance and management guides quality service delivery* |
| Criteria 5.2: The service has effective risk management policies and processes to manage client issues, human resources and the sustainability of services |
| Indicators   * The service has an effective risk management plan that meets policy requirements * The service complies with relevant accountancy standards * The service has an active workplace health and safety policy and process * The service’s insurance policies are maintained |

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| **Standard 5: Organisational Performance** |
| *Sound governance and management guides quality service delivery* |
| Criteria 5.3: The service manages human resources to ensure that appropriately skilled and trained staff are available to safely provide services to clients |
| Indicators   * The service’s recruitment processes ensure that staff, carers and volunteers provide safe and high quality services to children and families accessing services * The service has a thorough process for pre-employment criminal history and referee checks and ensuring the currency of staff Working With Children checks * The service employs staff with appropriate discipline tertiary qualifications, who are registered with their regulatory body where appropriate, and either hold or are eligible for membership of their professional association * The service’s recruitment, supervision, training and development processes support staff to respond to the diversity of families, including vulnerable families, families who identify as Aboriginal or Torres Strait Islander background and those who are from cultural and linguistically diverse backgrounds |
| **Standard 5: Organisational Performance** |
| *Sound governance and management guides quality service delivery* |
| Criteria 5.4: The service has effective information systems to sensitively manage client information, improve services and meet identified client needs |
| Indicators   * The service sensitively manages client information and maintains client privacy and confidentiality in line with legislative requirements * Client information is retained and disposed of appropriately and sensitively * Information is provided to families in ways that are accessible to families seeking information * The service has an effective information management system in place which is easily accessible to staff to support planning and service delivery |

File audit tools

Client and staff file audit tools have been developed as a resource to help providers and reviewers assess practice against the Standards. These tools have also been designed to confirm that provider records are being maintained to meet specific program requirements. These tools are available at Attachment 1.

What is evidence?

Evidence enables providers to demonstrate they meet the requirements of the *ECI Standards*. The gathering of evidence to verify and confirm the implementation and effectiveness of processes and systems may be achieved through the following methods:

Review of documents – such as policies, procedures and records

Interviews with staff and management

Interviews with families who use the service and other stakeholders

Observation of the physical environment and staff practice

Evidence must be relevant, reliable, current and adequate, defined as follows:

Relevant: the evidence is directly related to the process/system being reviewed

Reliable: the evidence is from a source or person having knowledge and/or experience related to the process/system being reviewed. The reliability of evidence is strengthened when it can be corroborated through different information-gathering methods

Current: the evidence is up to date (or from a recent timeframe) to enable demonstration of implementation over time

Adequate: there is enough evidence to make a decision related to verifying the rigour of the implementation and the effectiveness of the process/system being reviewed.

Categories of evidence

To address each of the *ECI Standards*, criteria and indicators, evidence examples have been provided in three categories:

Documented approach

Knowledge and awareness

Monitoring and evaluation.

To demonstrate compliance with each of the *ECI Standards*, criteria and indicators, providers will need to demonstrate that processes and/or systems are in place.

For more information on the categories of evidence, see the *Victorian ECI Standards Self-Assessment and Quality Improvement Plan* document available on the Department’s website [ECIS and the NDIS](http://www.education.vic.gov.au/childhood/providers/needs/Pages/ecisframework.aspx)

Supporting documents

Existing Departmental polices and guidelines provide direction and support in relation to how funded services should be delivered. When undertaking reviews, independent review bodies will need to examine whether a provider’s systems, policies and services reflect applicable Departmental program requirements. Providers are required to refer to their service agreements, the *Department of Education and Training Programs and Services Guide December 2015* and *Victorian* *ECIS Guide 2016 fo*r a full list of the guidelines and requirements. For providers delivering services under the NDIS, these requirements form part of the Terms of Business and Guide to Suitability requirements for NDIS providers of *Early Childhood Supports*.

Sole providers

Sole providers and small organisations of four or less staff (including any contractors/sub-contractors) are required to demonstrate compliance against the *ECI Standards* using the forms and tools in this document. The Department recognises that sole or very small providers may not have the documented policies in place to be able to demonstrate the required level of compliance. Where this is the case these providers must indicate in their response to each section of the self-assessment how they will provide supports in compliance with the ECI Standards. This group of providers must also submit evidence (documentation) with their self-assessment of the following:

* Qualifications
* Registration/membership with the relevant professional body
* Disclosure of any conditions on that registration/membership or negative findings from any professional review
* Experience in providing early childhood interventions for young children with a disability or developmental delay
* Experience providing services within a transdisciplinary or collaborative team framework
* Professional development in place related to the provision of early childhood intervention
* Current Working With Children check
* Documented complaints process
* Documented incident management process

The Evidence Guide examples also include information in relation to sole/small providers.

Documents and requirements

The relevant legislation and Departmental policies are listed below. Service providers should use these documents to develop policies, systems and processes to address each of the *ECI Standards*.

* + *Child Safe Standards 2015*
  + *Complaints management instruction*
  + *Department of Education and Training Programs and Services Guide Early Childhood Program and Services Guide December 2015*
  + *Department of Education and Training Victorian ECIS Guide 2016*
  + *Disability Act 2006*
  + *Equal Employment Opportunity Act 2010*
  + *Health Records Act 2001*
  + *Incident reporting instruction*
  + *Information Privacy Act 2006* and *Department of Education and Training privacy policy*
  + *Occupational Health and Safety Act 2004*
  + *Safety screening policy*
  + *Service agreement information kit for funded organisations*
  + *The Victorian Charter of Human Rights and Responsibilities Act 2006*
  + *United Nations Convention on the Rights of the Child* (UNCRC)
  + *United Nations Declaration on the Rights of Indigenous People*
  + *Working with Children Act 2005* (Working with Children Checks).

Evidence examples for the *ECI Standards*

**Standard 1: Family centred practice**

Families can expect to be involved in a respectful, collaborative working partnership with service providers.

*Overview and explanation of the Standard*

Family centred practice recognises that young children learn, grow and develop within a family. Services should focus both on outcomes for children and also focus on working with parents and other caregivers to support young children with a disability.

This Standard acknowledges the importance of promoting and upholding families’ expectations to be involved in a respectful, collaborative working partnership with service providers. It focuses on the role of providers in using a family centred and strengths based approach to identify and build on a child’s and their family’s existing capabilities.

It requires providers to:

Understand and implement the principles of family centred and strength based practice

Identify the strengths needs and goals particular to each child and family within the context of the family’s priorities, strengths and networks

Provide families with information and support to be prepared to participate in the ECI planning process

Develop document and implement a goal-oriented individualised plan for each child that includes strategies to achieve the identified goals and address the assessed needs

Undertake regular reviews and evaluation of plans to identify and address emerging or changing needs and identify progress in achieving planned goals

Use effective planning, implementation and evaluation processes that are consultative, collaborative and coordinated

The requirement of the Standard allows for a family centred approach to service delivery. Services are planned to support or address all aspects of the child’s strengths and needs.

It requires that:

There are documented policies and procedures that promote family centred practice

Staff understand and implement interventions underpinned by family centred practices

The quality system in place includes regular review and evaluation of systems and processes and feedback mechanisms to support continuous quality improvement.

As a result families will:

Be involved in all decisions in relation to the early intervention provided for their child and their priorities will be acknowledged and reflected in service planning and implementation

Have a plan which addresses their priorities and goals.

**Standard 1: Family Centred practice**

**Criterion 1.1: Service delivery is underpinned by family centred and strength based practices**

**Evidence Examples**

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| **Documented approach** |
| Staff records indicate staff have participated in family centred and strength based practice professional development  Client file records indicate:   * The family has contributed to the identification of their child’s strengths, interests and needs * The family has been provided with information to support linkage with local specialist and universal services   Documented process are in place that describe the system for:   * Active engagement strategies with families * Strengths based approaches * Holistic and collaborative approaches to service delivery * Capacity building of families * Engaging parents/families to support their understanding of their child’s development * Giving families information in an accessible format that facilitates their understanding of: * the quality of service they can expect from the service provider, such as a quality statement * their right to obtain access to and how to use an advocate of their choice * their right to privacy and dignity * the process for accessing their records * informed consent * feedback processes * processes for complaints * accessing interpreting and translation services. * Resources are available to families about child development |

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| **Knowledge and awareness** |
| Evidence demonstrates staff knowledge and awareness of:   * Active engagement strategies * Strategies for supporting the family to identify their strengths and find ways to build on these * Strengths-based approaches * Holistic and collaborative approaches to service delivery * Family capacity-building strategies * Local specialist and universal services that families can link to   Records reflect advising staff of these approaches, for example, in position descriptions, training records, induction, supervision records and staff files  Staff demonstrate knowledge and awareness of strategies for engaging parents in discussions about their child’s development, as well as strengths-based approaches to building parent capacity  Records reflect the approach taken in advising staff of strategies for engaging parents in continuous development of their understanding of child development, along with strengths-based approaches to building parent capacity skills, for example, training records, induction or staff files.  A process is in place for how all people, including those who use the service and staff are supported to understand:   * Family centred practices and the important role of families in supporting their child’s development * Service/program information given to families wishing to access the service, including service model, service delivery options and specific information on operating hours and service locations   Records demonstrate that staff are aware of family centred practices and can support families to make informed choices based on their individual circumstances |

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| **Monitoring and evaluation** |
| There is regular monitoring of staff competency in relation to strengths-based, family centred practice approaches and capacity-building strategies  Feedback mechanisms include the capacity for families to comment on:   * Active engagement strategies * Intervention strategies * The support provided to build their confidence to respond to their child’s individual needs   Regular review of the documented processes occurs and reflects:   * The involvement of family who use the service, staff and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff and other stakeholders. * There is regular monitoring of staff competency in relation to child development and strengths-based approaches to building parent capacity skills   There is evidence that families who use the service are involved in reviews of the quality of service  Records demonstrate family’s acknowledgement of receiving information for example, client files, file checklist, interviews and consent forms  Feedback mechanisms and/or data confirm families who use the service:   * Receive and understand information, including complaint procedures * Receive and understand service/program information   Feedback mechanisms and/or data confirm staff understand:   * The rights of the family to provide feedback, raise concerns and make complaints in regard to the service they receive * Service/program information   Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service, staff and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff and other stakeholders |

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| **Sole providers** |
| Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate they provide services within family centred and strength based frameworks. Examples could include those listed above and the provider’s professional experience, relevant professional development, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of family centred and strength based practices |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * Family engaged to support their child’s development * Processes that promote a family centred approach * The availability of information in a variety of formats to meet family’s needs * Parent satisfaction survey * Internal file audits * Policies and procedures |

**Standard 1: Family Centred practice**

**Criterion 1.2: Families have a goal-oriented family service and support plan**

**Evidence examples**

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| **Documented approach** |
| Documented processes are in place that describe the system for families with reference to:   * The active involvement of families in the planning process * The involvement of other service providers as appropriate * Timeframes for planning   Family Service and Support Plans are documented, provided to families and reflect:   * Children’s strengths, needs, goals, supports and outcomes * Strategies and timeframes to achieve goals   Client file indicates that the family has received a copy of the plan and any revised plans  The plan has been updated and reviewed jointly at agreed timelines  Staff records demonstrate staff participation in training related to supporting families to identify their goals and their formal and informal supports |

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| **Knowledge and awareness** |
| Evidence demonstrates staff understand and use the VEYLDF when planning with families  Evidence demonstrates staff knowledge and awareness of reflecting family goals and needs in the Family Service and Support Plan |

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| **Monitoring and evaluation** |
| Processes are in place for developing, documenting, implementing and monitoring of individual plans, including timeframes and reviews (for example, audits)  Feedback from families confirms satisfaction with the planning process  There is evidence that:   * Families have been supported to actively participate in developing a goal oriented plan * Families have received a copy of their plan * The plan has taken into account the health, wellbeing, learning, developmental and cultural needs of the family * The plan reflects the strengths, needs, goals, support and outcomes specified by the family * The plan includes input from family and other service providers as appropriate * The plan describe how these goals will be achieved, including timelines   Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service and other stakeholders * Links to service planning and delivery * Feedback to families who use the service and other stakeholders |

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| **Sole Providers** |
| * Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate how they support families to participate in the development of plans that reflect their goals and outcomes for their child. Examples could include those listed above and the provider’s professional experience, relevant professional development, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of goal oriented and outcomes focused family service and support plans. |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * Processes that promote a family centred approach * The availability of information in a variety of formats to meet family’s needs * Completed Family Service and Support Plans * Family Service and Support Plans developed and reviewed with families * Family perceptions of the planning process and of their Family Service and Support Plan * Parent satisfaction survey * Internal client file audits * Policies and procedures |

**Standard 2: Access and engagement**

Children and families have access to services appropriate to their needs without being disadvantaged by their cultural, financial or geographic situation.

*Overview and explanation of the Standard*

This Standard acknowledges the importance of promoting and upholding child and family access to services appropriate to their needs.

It emphasises the need for service providers to:

Provide families with information about appropriate services in formats they can understand

Be non-discriminatory in decision making with respect to ability, gender, culture and family circumstances

Provide an integrated, coordinated service within the organisation

Be integrated with the wider early childhood service system to ensure families receive the most appropriate service to meet the needs of their child.

This Standard acknowledges that certain population groups are more vulnerable or at greater risk and should not be disadvantaged by their cultural, financial or geographic situation.

This Standard includes the requirement to comply with the Child Safe Standards across all the evidence categories; documents, knowledge and awareness, and monitoring and evaluation. Compliance with the Child Safe Standards is a requirement for Victorian government approval. Victoria has introduced compulsory minimum standards for organisations that provide services for children to help protect children from abuse. This includes services that provide early childhood intervention. The Victorian Commission for Children and Young People administers and enforces the Child Safe Standards. Further information is at <http://www.ccyp.vic.gov.au>

It requires that:

There are documented policies and procedures that promote families access to services without being disadvantaged by their cultural, financial or geographic situation and comply with the Child Safe Standards

Staff have knowledge and awareness of access pathways to services, respond to the diversity of children and families, and establish linkages with services to support a coordinated approach for children and families and understand and comply with the Child Safe Standards.

The quality system in place includes regular review and evaluation of systems and processes and feedback mechanisms to support continuous quality improvement, including implementation of the Child Safe Standards.

As a result families will:

Access and engage with the most appropriate services to meet the needs of their child

Not be discriminated against because of their cultural, financial or geographic situation.

**Standard 2: Access and engagement**

**Criterion 2.1: Children and families have access to services relevant to their needs**

**Evidence examples**

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| **Documented approach** |
| Documented processes are in place that describe the organisation’s approach to implementing the *Child Safe Standards 2015* including:  Strategies to embed a culture of child safety   * A child safe policy or statement to commitment to child safety * A code of conduct that establishes clear expectations for appropriate behaviour with children * Screening, supervision, training and other practices that reduce the risk of child abuse * Process for responding to and reporting suspected child abuse * Strategies to identify, reduce or remove risks of child abuse * Strategies to promote the participation and empowerment of children   Documented processes are in place that describe:   * Priority of access * A demand management strategy where appropriate * The options available and the strategies in place, to enhance flexible and responsive service delivery to families * The allocation of services * Refusing or ending a service * Costs or fees as applicable * Service feedback mechanisms * Review processes to address a child and family’s changing needs   Staff records indicate staff have participated in *Child Safe Standards* training  Feedback about barriers to service access is collected  Giving families information about alternative services in a format that facilitates their understanding  Information is available in formats the facilitate families understanding of:   * Hours of operation * Entry and exit rules * Service philosophy and model * Options available for service delivery * Criteria to determine priority for service * Conditions that apply to the services provided * Any fees or costs * The appeals process   Records are maintained that reflect:   * Coordinated and clear referral pathways * Participation in referral network, for example, minutes of meetings and involvement in projects. |

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| **Knowledge and awareness** |
| Evidence demonstrates that staff have knowledge and awareness of:   * The environment and staff are welcoming and encourage all families to participate * Supporting families to understand the service model * How to make appropriate referrals * *Child Safe Standards* to help protect children from all forms of abuse and create and maintain child safe environments, including knowing how to respond to and report suspected child abuse * Barriers to service delivery * Strategies for supporting geographically isolated families. |

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| **Monitoring and evaluation** |
| The information provided to families about alternative services is regularly reviewed  A feedback system is in place to measure families satisfaction with the management of their referrals and the coordination of their services, or they are supported to provide feedback if they are not satisfied  Participation in referral networks is regularly reviewed  There is regular monitoring of the service’s implementation of the *Child Safe Standards*  Records identify the service provider’s active involvement in creating and maintaining a child safe environment  There is regular monitoring of staff competency in relation to *Child Safe Standards*  Annual review identifies barriers to service and strategies for improvement  Records identify the service provider reviews its engagement strategies  Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service, staff and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff and other stakeholders. |

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| **Sole providers** |
| Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate that they promote access to their service. Examples could include those listed above and the provider’s professional experience, relevant professional development, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of service provision that promotes access to services. |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * The availability of information in a variety of formats to meet family’s needs * Diversity plan * Parent satisfaction survey * Internal client file audits * Policies and procedures |

**Standard 2: Access and Engagement**

**Criterion 2.2: The service is responsive to the diversity of children and families**

**Evidence examples**

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| **Documented approach** |
| Client records reflect:   * An individualised approach and address the diverse needs and strengths of families and children * Allocation of a key worker * Culturally competent practice priorities and actions   Staff records indicate staff:   * Are supported in their key worker roles by a knowledgeable transdisciplinary team * Are supported to understand the boundaries of their key worker role * Have participated in cultural competence training   Documented processes are in place that describe the system for:   * Taking into account the needs of vulnerable children, those with complex needs or at high risk * Supporting families who use the service to understand and make decisions based on their needs * Accessing interpreters * Giving families information in an accessible format that facilitates their understanding of: * the service available * the quality of service they can expect from the service provider, such as a quality statement * their right to obtain access to and how to use an advocate of their choice * their right to privacy and dignity * the process for accessing their records * informed consent * feedback processes * processes for complaints * accessing interpreting and translation services * the key worker role * allocation of the most appropriate key worker to meet child and family needs * how the key worker accesses primary and secondary consultation from the transdisciplinary team. |

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| **Knowledge and awareness** |
| Evidence demonstrates staff knowledge and awareness of:   * The needs of vulnerable children and families, those with complex needs, and culturally and linguistically diverse and Aboriginal and Torres Strait Islander families * Culturally appropriate practice * How to make appropriate referrals * How to access translation services * The role of the key worker and how to facilitate access to the transdisciplinary team   A process in in place for how families and staff are supported to understand:   * The role of the key worker and how the key worker accesses primary and secondary consultation from the rest of the transdisciplinary team * The needs of vulnerable children and families * The needs of Aboriginal and Torres Islander and culturally linguistically diverse families * How to access interpreter services. |

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| **Monitoring and evaluation** |
| Records identify the service provider’s active involvement/links with the Aboriginal and other cultural services  Client file records demonstrate that families are allocated a key worker who is the family’s main contact  The following are regularly reviewed:   * Service access and support strategies for diverse and vulnerable families * Service involvement/links with Aboriginal services * Use of symbols and resources to make a culturally welcoming environment   The knowledge and understanding of board members and staff in relation to cultural competency is regularly monitored  Feedback mechanisms and/or data confirm staff understand the processes and service provider links to relevant cultural support services  Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service, staff and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff and other stakeholders. |

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| **Sole Providers** |
| Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate that their service is responsive to the diversity of children and families. Examples could include those listed above and the provider’s professional experience, relevant professional development, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of service provision that is responsive to the diversity of children and families. |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * The availability of information in a variety of formats to meet family’s needs (such as use of interpreters, information in different languages or media and other strategies) * Diversity plan * Parent satisfaction survey * Procedures relating to identifying and addressing responsiveness to diversity * File audits that confirm diversity response * Internal client file audits * Policies and procedures |

**Standard 2: Access and Engagement**

**Criterion 2.3: The service establishes linkages with other services to support a coordinated approach for children and families**

**Evidence examples**

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| **Documented approach** |
| Documented processes are in place that describe the system for:   * Responding to requests for services, including referral and service provision timeframes * Information-sharing provisions between services * Establishing networks and maintaining coordinated service pathways with other organisations   Records are maintained that reflect:   * Coordinated and clear referral pathways * Participation in referral networks, for example, minutes of meetings and involvement in projects * Client records indicate coordination with other services, linkages and support |

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| **Knowledge and awareness** |
| Evidence demonstrates staff knowledge and awareness of:   * Process for receipt of referrals, requests for service, response to referral sources and provision of services * Information for families on advice and referral to other services * Specialist and universal services in the area, which may be able to meet family’s needs * Transition and case closure processes. |

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| **Monitoring and evaluation** |
| Records identify the service supports a coordinated approach for children and families  The information provided to families about alternative services is regularly reviewed  A feedback system is in place to measure families satisfaction with the coordination of their service and any referrals, or they are supported to provide feedback if they are not satisfied  Participation in referral networks is regularly reviewed  Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service, staff, and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff, and other stakeholders. |

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| **Sole Providers** |
| Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate that they link with other services to provide a coordinated approach for children and families. Examples could include those listed above and the provider’s professional experience, relevant professional development, professional networks, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of linking with other services to promote a coordinated approach for children and families. |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * The availability of information in a variety of formats to meet family’s needs * Links and protocols with other providers * Processes for ensuring the consent of families to referrals and to the sharing of information between providers * Records of consultations with families, key community groups (e.g. minutes of meetings, focus groups, etc.) * Records of participation in networks/links with other providers (e.g. inter-agency meetings) * Parent satisfaction survey * Internal client file audits * Policies and procedures |

**Standard 3: Outcomes for children and families**

Service delivery focuses on functional outcomes for children and families that support the achievement of their goals

*Overview and explanation of the Standard*

This Standard acknowledges that supports and services are provided with two main outcomes in mind:

Optimising the child’s learning, development and ability to participate in family, early childhood education and care settings and broader community life

Assisting parents and families to have the knowledge, skills and support to respond to the needs of their child.

It reflects the recognition that:

Children’s development and learning is shaped by the environments in which they live, therefore ECI providers need to ensure that these environments are as fully supportive as they can be

Young children’s main learning environments are the family, early childhood education and care services and other community settings. Therefore, these are the environments that need to be able to support children’s learning and development.

It focuses on the role of service providers to share their professional expertise and knowledge to enable the family make informed decisions and assist them to achieve the outcomes they want for their child and family.

It requires service providers to:

Design service delivery to support and aid the development of the child, delivering positive outcomes for the family

Collaborate with the family to identify short and longer terms goals for the child and family

Monitor and review the planned program

Direct service provision towards capacity building involving skills transference, enabling families to acquire further skills and confidence to manage their child’s development

Support and work with the key people and settings for the child

Build learning and development opportunities for children by embedding interventions into the everyday routines and activities of children.

It requires that:

There are documented policies and procedures that promote individualised outcomes that reflect the contextual needs of the child and family

Staff have knowledge and awareness to enhance children’s wellbeing, learning and development and build the capacity of families to support their child

The quality system in place includes regular review and evaluation of systems and processes and feedback mechanisms to support continuous quality improvement.

As a result families will:

Develop the knowledge and skills to respond to the needs of their child and to optimise their child’s learning, wellbeing and development.

**Standard 3: Outcomes for children and families**

**Criterion 3.1: Service delivery enhances children’s learning, wellbeing and development**

**Evidence examples**

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| **Documented approach** |
| Plan goals reflect:   * Outcome relevant to the child’s access and meaningful participation in their everyday natural environments * Strategies to achieve goals/outcomes   Plan reviews document progress to achieving plan goals  Assessment records reflect evidence that families have:   * Actively participated in an assessment of their child’s strengths, wants and needs * Understood the assessment and received a copy of the assessment report/plan/strategies relevant to their child   Documented processes are in place that describe the system for:   * Supporting children’s participation in their natural environments * Embedding the VEYLDF in the core practice of the service and staff induction * Using ECI best practices in service delivery   Staff file records support:   * Training access to VEYLDF * Staff build competence in relation to best practice in early childhood intervention * Staff competence to deliver therapeutic interventions   Client records include:   * Children’s/families strengths, interests, needs and goals * Strategies and timeframes to achieve these goals * Support for children to participate in daily routines at home * Promotion and support for children’s participation in learning and development opportunities in everyday home and community settings.   Program goals reflect functional outcomes relevant to the child’s access and meaningful participation in their everyday natural environments  Records demonstrate that staff are aware of outcome based approaches and regularly measure progress to achieving outcomes. |

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| **Knowledge and awareness** |
| Evidence demonstrates staff knowledge and awareness of:   * The outcomes and practice principles identified in the VEYLDF * Therapeutic interventions relevant to young children with a disability or developmental delay * ECI best practice * Ensuring and formal assessments of children’s development6 are fit for purpose and undertaken with parent consent and involvement * Linking assessment reports to intervention strategies that support achievement of functional outcomes * Supporting children’s participation in daily routines, at home, in the community and early childhood settings * Strategies for supporting the families to identify their strengths and build on these   Records reflect flexibility of service delivery allowing for interventions to take place in environments determined by the family. |

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| **Monitoring and evaluation** |
| Intervention strategies are monitored and effectiveness evaluated  There is regular monitoring of the alignment of practice with documented processes in the child’s record, for example, client file audits  Evidence demonstrates that families who use the service have been given the opportunity to provide feedback about their satisfaction with and experience of the assessment process  Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service, staff and other stakeholders * Links to service planning and delivery enhance children’s learning, wellbeing and development * Feedback to families who use the service, staff and other stakeholders. |

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| **Sole providers** |
| Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate that their service enhances children’s learning, wellbeing and development and focusses on individual functional outcomes. Examples could include those listed above and the provider’s professional experience, relevant professional development, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of focusing on functional outcomes to enhance children’s learning, wellbeing and development |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * The availability of information in a variety of formats to meet family’s needs * Parent satisfaction survey * Internal client file audits * Policies and procedures |

**Standard 3: Outcomes for children and families**

**Criterion 3.2: The service builds the capacity of families to support their child’s learning, wellbeing and development**

**Evidence examples**

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| **Documented approach** |
| Documented processes are in place that describe the system for:   * Supporting families to understand their child’s development and how their family routines and everyday activities can support their child’s learning and development * Building family capacity to support their child’s learning, wellbeing and development   Client file records indicate:   * Parental involvement in their child’s assessment * Parents were provided with comprehensive information about their child’s development * Parents were provided with written reports of any assessments * Family routines and activities are used to embed intervention strategies   Family, home and community settings are considered when prescribing equipment  Resources are available about child development  The Family Service and Support Plan include parent’s perspectives and goals |

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| **Knowledge and awareness** |
| Staff demonstrate knowledge and awareness of strategies for respectfully engaging parents in discussions about their child’s development  Records reflect the approach taken in advising staff of strategies for engaging parents in continuous development of their understanding of child development, along with building parent capacity skills, for example, training records, induction or staff files  Evidence demonstrates staff knowledge and awareness of:   * Strategies for supporting the family to identify their strengths and find ways to build on these * Strengths-based approaches * Assisting families to use every day natural environment and activities to support their child’s development * Local community resources which may meet family’s needs * Family capacity-building strategies * The importance of the key environments in a child’s life to be as fully supported they can be   Records reflect advising staff of these approaches, for example, in position descriptions, training records, induction, supervision, records and staff files  A process is in place for how all people, including those who use the service and staff are supported to understand:   * The importance of building the capacity of families and doing this collaboratively with the family * The importance of using every day routines and activities to support children’s learning, wellbeing and development * Records demonstrate that staff are aware of family capacity building to support their child’s learning, wellbeing and development. |

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| **Monitoring and evaluation** |
| There is regular monitoring of staff competency in relation to family capacity-building strategies  Feedback mechanisms include the capacity for families to comment on their confidence and capacity to support their child as a result of the service intervention  Feedback mechanisms and/or data confirm families who use the service:   * Receive and understand information related to supporting their child’s development * Receive and understand information regarding embedding strategies into their everyday routines and family life * Experience increased understanding and confidence in supporting their child’s learning, wellbeing and development   Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service, staff and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff and other stakeholders. |

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| **Sole Providers** |
| Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate that their service builds the capacity of families to support their child’s learning, wellbeing and development. Examples could include those listed above and the provider’s professional experience, relevant professional development, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of building family capacity to support their child’s learning, wellbeing and development. |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * The availability of information in a variety of formats to meet family’s needs * Parent satisfaction survey * Internal client file audits * Policies and procedures |

**Standard 4: Inclusion and participation**

The inclusion and participation of children in everyday family and community life is promoted.

*Overview and explanation of the Standard*

This Standard acknowledges the importance of promoting and upholding families’ expectations that every child including children with a disability or developmental delay has the right to participate meaningfully in family and community life and to have the same opportunities and experiences as other children.

It emphasises the need for service providers to:

Promote and support the child’s access and participation in family and community life

Promote and support the learning and development opportunities alongside peers in everyday community settings

Promote a sense of belonging for each child

Support children’s learning within natural early childhood settings

Provide families with information about inclusion and participation of children in formats they can understand

Support planning for the child’s transition into and out of early childhood settings and onto school

Implement purposeful adaptations and strategies that support children with a disability or developmental delay to engage in learning and development activities alongside their peers

Support early childhood education and care professionals to identify and implement strategies and adaptations that assist the child’s inclusion in the learning and development opportunities offered in the early childhood education and care program

It requires that:

There are documented policies and procedures that promote children’s inclusion and participation in family and community life and assist early childhood education and care settings to support the inclusion and participation of all children

Staff have the knowledge and awareness to promote children’s inclusion and participation in family and community life and assist early childhood education and care settings to support the inclusion and participation of all children

The quality system in place includes regular reviews and evaluation of processes to support children’s inclusion and participation and feedback mechanisms to support continuous quality improvement.

As a result families will:

Receive information and support to enhance the inclusion and meaningful participation of their children in playgroups, kindergarten and a range of early childhood education and care settings

Be supported as their children transition from one early childhood education and care setting to another and onto school.

**Standard 4: Inclusion and participation**

**Criterion 4.1: The service promotes the inclusion and participation of children in family and community life**

**Evidence examples**

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| **Documented approach** |
| Documented processes are in place that describe the system for:  Promoting the inclusion and participation of children in family and community life  Acknowledging the rights of children and families to access and participate in their community and providers to support and assist them  Staff records indicate that staff have been trained to promote and support the inclusion and participation of children in family and community life including early childhood education and care settings  Client file records indicate children and families are supported to be included and participate in family and community life. |

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| **Knowledge and awareness** |
| Evidence demonstrates staff knowledge and awareness of:   * The benefits of inclusive and participatory practices * The benefits of the inclusion of children in family and community life * Supporting families to understand the benefits of inclusion * Importance of supporting families to implement sustainable routines * Maximising learning and development opportunities for young children that occur in everyday family routines and activities |

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| **Monitoring and evaluation** |
| Records identify the service provider actively supports the learning and development of all children in everyday family and community settings  Feedback from families confirms satisfaction with the assistance provided to support the inclusion and participation of children in family and community life  Regular review of the documented processes occurs and reflects:   * The involvement of families who use the service, staff and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff and other stakeholders. |

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| **Sole providers** |
| Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate that their service promotes the inclusion and participation of children in family and community life. Examples could include those listed above and the provider’s professional experience, relevant professional development, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation of promoting children’s inclusion and participation in family and community life. |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * The availability of information in a variety of formats to meet family’s needs * Parent satisfaction survey * Internal client file audits * Policies and procedures |

**Standard 4: Inclusion and participation**

**Criterion 4.2: The service assists early childhood education and care settings to support the inclusion and participation of all children**

**Evidence Examples**

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| **Documented approach** |
| Documented processes are in place that describe the system for:   * Supporting early childhood education and care settings to include children with disability or developmental delay * Embedding the VEYLDF outcomes and principles into the service * Respecting the role of early childhood education and care professionals in planning for all children in the program   Client records indicate:   * Program goals demonstrate relevance to the child’s inclusion and participation within natural early childhood environments * With parent permission the key worker shares information with professionals to support a child’s inclusion and participation in early childhood settings |

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| **Knowledge and awareness** |
| Evidence demonstrates staff knowledge and awareness of:   * Strategies and adaptations that assist the child’s inclusion in the learning and development opportunities offered in the early childhood education and care settings * Protocols on working relationships with other early childhood education and care settings that promote the inclusion of all children and these are reviewed at regular intervals * Disability Standards for Education * How these services can support the child’s learning and development * Supporting families to understand the benefits of inclusion * Learning and development opportunities are available to children alongside their peers in early childhood education and care settings * Strategies and adaptations that assist the inclusion and participation of all children * Early childhood settings such as playgroups and kindergarten * Learning outcomes and practice principles of the VEYLDF * Supporting children within natural early childhood settings in accordance with their needs * Early childhood education and care program emphasis, philosophy and service access   Key workers support early childhood education and care professionals to understand:   * The impact of a child’s disability or developmental delay on their learning and development * Strategies and adaptations that can support the child’s learning and development in the child’s early childhood education and care program. |

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| **Monitoring and evaluation** |
| A feedback system is in place to measure universal services satisfaction with the support provided to enhance the inclusion and participation of all children  A plan for providing information to universal services has been developed as is evaluated by the service annually  Records are maintained that reflect:   * Strategies to promote the inclusion of children with disability or developmental delay into universal services * The effectiveness of this strategy is evaluated by the service * Feedback about barriers to inclusion is collected.   Records demonstrate universal services are involved in reviews of the quality of the service provided to them  Records reflect that universal services have been supported to inclusive and participatory approaches  Regular review of the documented processes for promoting inclusion and participation occurs and reflects:   * The involvement of families who use the service, staff and other stakeholders * Links to service planning and delivery * Feedback to families who use the service, staff and other stakeholders. |

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| **Sole Providers** |
| * Sole providers and small organisations of less than five staff (including contractors/subcontractors) demonstrate they assist early childhood education and care settings to support the inclusion and participation of all children. Examples could include those listed above and the provider’s professional experience, relevant professional development, participation in early childhood networks, client records and plans, family feedback, information available/provided to families, and other actions that demonstrate an understanding and implementation assisting early childhood education and care settings to support the inclusion and participation of all children. |

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| **What the quality reviewers may look at** |
| * Staff knowledge and training * The availability of information in a variety of formats to meet family’s needs * Parent satisfaction survey * Internal client file audits * Policies and procedures |

**Glossary**

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| Accessible formats | ‘Accessible format’ acknowledges that the way in which information is designed and produced can affect people’s understanding.  Accessible formats can include the production of information in larger print size, the use of plain language, verbal or audio formats, electronic documents, culturally accessible content or use of the internet. |
| Advocacy | The process of standing beside, before or behind an individual or group and speaking out on their behalf to protect and promote their rights and interests. An advocate can be from an organisation or an individual advocate, such as a support person, worker, family member, friend or partner |
| Assessment | The process of gathering and sharing information about the needs and abilities of the child together with the needs, resources and priorities of the family. The purpose of assessment is to assist in making informed decisions and support planning for the child. |
| Community | Social or cultural groups or networks that share a common purpose, heritage, rights and responsibilities and/or other bonds. ‘Communities’ is used variously to refer, for example, to the community within early childhood settings, extended kinships, the local geographic community and broader Australian society |
| Complaints | A complaint is an expression of concern, dissatisfaction or frustration with any aspect of the quality or delivery of service, a policy or procedure, or the conduct of another person. Complaints can be made by people using a service, their families, carers and/or advocates. A complaint is an opportunity for considering service improvements |
| Continuous quality improvement | A developmental approach to quality improvement which assumes that quality can be improved over time. It can involve a review of long term goals, the environment in which an organisation operates and the service it performs. Continuous quality improvement often incorporates standards. |
| Criteria | The criteria describe the key components to be addressed to meet the Standard |
| Cultural and linguistic diversity | The term cultural and linguistic diversity refers to the range of different cultures and language groups represented in the population. In popular usage, culturally and linguistically diverse communities are those whose members identify as having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, sexual orientation or gender identity, religion, preferred language or language spoken at home |
| Cultural competence | Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, service provider organisation or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations |
| The Department | Victorian Department of Education and Training |
| DHHS | Victorian Department of Health and Human Services |
| Documented information | Documented information may be recorded using a variety of media including written, visual and audio recording. |
| Early childhood education and care service | An education and care service is any service providing or intending to provide education and care on a regular basis to young children This includes family day care services, long day care services, and kindergartens. |
| Early intervention | Early intervention is not only intended to prevent the development of future problems but also promote the conditions and build capacity necessary to improve health and development in all areas. |
| Early childhood intervention services | Services that support children 0-6 years with a disability or developmental delay and their families through the provision of specialist support |
| Early childhood intervention best practice | Early Childhood Intervention Australia has developed National Guidelines for Best Practice in Early Childhood Intervention that enables practitioners across Australia, no matter where they operate from, to access the latest research and advice on disability support for young children. |
| Early childhood professionals | Includes, but is not limited to, maternal and child health nurses, all early childhood practitioners who work directly with children in early childhood settings (educators), school teachers, family support workers, preschool field officers, inclusion support facilitators, student support service officers, primary school nurses, primary welfare officers, early childhood intervention workers, play therapists, health professionals and teachers working in hospitals, and education officers in cultural organisations |
| Evaluation | To measure the effectiveness and efficiency of a program or task |
| Family | Family is not restricted to the traditional nuclear family but includes the various arrangements people make to ensure that the young are nurtured and people looked after. The extended family is very important to Aboriginal and Torres Strait Islander people and can compose of mothers, fathers, uncles, aunties, brothers, sisters, cousins and so on |
| Family centred practice | Family-centred practice is a set of values, skills, behaviours and knowledge that recognises the centrality of families in the lives of children. It is grounded in respect for the uniqueness of every child and family and a commitment to partnering with families and communities to support children and with a disability or developmental delay to grow, learn and thrive. It puts family life – and the strengths, needs and choices of these child and their families – at the centre of service planning, development, implementation and evaluation |
| Family service and support plan (FSSP) | A plan developed for the child and family to address specific needs identified by parents and professionals that outlines strategies to achieve specific goals and outcomes for the child and family. A review date is always included in the FSSP. The breadth of the FSSP will vary depending on the needs of the child and the family. |
| Functional goals | A functional goal is based on a child’s individual needs. It identifies the behaviour or skill caregivers/instructors want the child to learn or accomplish, the context in which the skill will be taught, and a quantifiable level of mastery. Functional goals should be developed so that they are relevant to, and implemented and practiced within the child’s daily routine |
| Funded organisation | An organisation funded by the Department of Education and Training |
| Goal oriented | Identifies aims/objectives to be achieved |
| Inclusion | Inclusion refers to the access, meaningful participation and belonging of all children within any given family, community or education setting. It recognises children as active agents in their own lives and learning, and respects the rights of children with a disability to learn and develop alongside their peers. |
| Independent review body | The department-endorsed external review, standards, certification or independent review body assessing against the *ECI Standards* |
| Indicator | For each criterion there are a series of measurable elements of practice used to assess whether the service meets a particular criterion |
| Key worker | The ECI professional who is the main point of contact for families and helps coordinate the delivery of services to the families by managing links between members of the transdisciplinary team. |
| National Disability Insurance Agency | The National Disability Insurance Agency is an independent statutory agency. Their role is to implement the National Disability Insurance Scheme, which aims to support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers |
| National Disability Insurance Scheme | The NDIS supports people with a permanent and significant disability that affects their ability to take part in everyday activities. The NDIS gives people more choice and control over how, when and where supports are provided. It also focuses on early intervention where getting early supports can reduce the impact of disability on a child |
| Natural environments | Natural environments refer to the everyday places where children learn and develop including in their home, community or early childhood education and care setting |
| Outcome | The change in the child and their family’s situation which was due to the service provided |
| People | The term ‘people’ includes children, youth, adults and/or families. |
| Planning | Planning for young children is inclusive of family centred planning and includes the decision-making process regarding supports and intervention to be implemented and sets goals, responsibilities and review processes. |
| Policies | Policies are statements of intent that provide practice guidance related to the expected standard to be achieved. Policies should address the rule, rather than how to implement the rule. |
| Procedures | Procedures provide the guiding steps for the action to be taken to implement a policy. Procedures explain how to perform activities and tasks, specifying who does what and when. |
| Professional | A person engaged or qualified in a profession with the particular knowledge and skills necessary to perform their specific role within that profession |
| Protocol | An agreement between program areas and/or organisations about the way in which business will be conducted |
| Referral | Where a service is unable to fully meet the needs of a child, that family may be referred to another organisation. A referral is a communication from one professional to another, to recommend that a child or family receive a particular service. |
| Risk | The chance of something happening that will have an impact. It is measured in terms of consequences and likelihood. |
| Service provider | Alternative to ‘funded organisation’ or ‘provider’ |
| Standard | The standard describes the overall goal by which organisations can measure their performance. |
| Staff | People employed by a particular organisation |
| Strengths-based approach | A strengths-based approach operates on the assumption that families have strengths and resources for their own empowerment. |
| Service environment | The service provider’s premises or physical office environment, but also includes where services are provided in a client’s home. |
| Transdisciplinary team | A team that includes a range of suitably qualified specialists working together to deliver individually tailored early intervention services to children and their families. |
| Transitions | The process of moving between home and childhood setting, between a range of different early childhood settings, or from early childhood settings to school settings |
| Universal services | Services available to all children in the community |
| Victorian Early Years Learning and Development Framework | This framework advances all children’s learning and development from birth to eight years. It does this by supporting all early childhood professionals to work together and with families to achieve common outcomes for all children. The document is available from the following link: [VEYLDF](http://www.education.vic.gov.au/childhood/providers/edcare/Pages/veyladf.aspx) |
| Wellbeing | Sound wellbeing results from the satisfaction of basic needs - the need for tenderness and affection; security and clarity; social recognition; to feel competent; physical needs and for meaning in life (adapted from Laevers 1994). It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity and resilience |

**Appendix 1 Audit Tools**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff File Audit Tool**  No identifying information is to be recorded during the file audit. The file number (1-10) is to be used if making any reference in the comments section. | | | | | | | | | | | |
| **Name of Organisation: Site: Date:** | | | | | | | | | | | |
| **Criteria** | **In Staff File or Other Record**  (Satisfactory (S), Not Satisfactory (NS) or Not Applicable (NA))  NS would apply when the process was not completed or partially completed  (e.g. where there was not full compliance with reference checking) | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **COMMENTS** |
| **For all staff** |  |  |  |  |  |  |  |  |  |  |  |
| Job application process for example selection report indicates competency for position |  |  |  |  |  |  |  |  |  |  |  |
| Interviews |  |  |  |  |  |  |  |  |  |  |  |
| Reference checks (either face-to-face or telephone contact) according to program requirements |  |  |  |  |  |  |  |  |  |  |  |
| Police check (international if necessary) |  |  |  |  |  |  |  |  |  |  |  |
| Current working with children check |  |  |  |  |  |  |  |  |  |  | Mandatory for staff with direct client contact. |
| Approval panel recommendations and minutes recorded |  |  |  |  |  |  |  |  |  |  |  |
| **Professional development opportunities (as appropriate), including:** | | | | | | | | | | | |
| Training |  |  |  |  |  |  |  |  |  |  |  |
| Occupational health and safety |  |  |  |  |  |  |  |  |  |  |  |
| Incident reporting |  |  |  |  |  |  |  |  |  |  |  |
| Cultural Competence (CALD and Aboriginal clients) |  |  |  |  |  |  |  |  |  |  |  |
| **Supervision:** | | | | | | | | | | | |
| Evidence of supervision |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of any issues arising, action and follow-up being discussed |  |  |  |  |  |  |  |  |  |  |  |
| Professional development plan in place |  |  |  |  |  |  |  |  |  |  |  |
| Exit interviews are conducted (and in a confidential environment) |  |  |  |  |  |  |  |  |  |  |  |
| **Details of accreditation type are noted including:** | | | | | | | | | | | |
| Special conditions |  |  |  |  |  |  |  |  |  |  |  |
| Ongoing or priority training needs |  |  |  |  |  |  |  |  |  |  |  |
| **Comments** | | | | | | | | | | | |
|  | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client File Audit Tool**  No identifying information is to be recorded during the file audit. The file number (1-10) is to be used if making any reference in the comments section*.* | | | | | | | | | | | |
| **Name of Organisation: Site: Date:** | | | | | | | | | | | |
| Criteria | In Client File or Other Record (Satisfactory (S), Not Satisfactory (NS) or Not Applicable (NA) | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | **COMMENTS** |
| **Client Information Provision Includes** | | | | | | | | | | | |
| Evidence of organisation information (e.g. service charter, vision, etc.) being discussed and/or provided to client |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of information being provided to clients regarding their information privacy rights and the organisation's obligations (under legislation and NDIA terms of business) |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of information being provided to clients about the organisation, services offered, other support services available and how to access or re access the service |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of information being provided to clients about fees to be charged, what the fees cover, timelines for payment, the process for addressing difficulties in making payment and process for making a complaint about fees and/or information about fees (as applicable) |  |  |  |  |  |  |  |  |  |  |  |
| **Relevant Information Collected** |  |  |  |  |  |  |  |  |  |  |  |
| Appropriate contact details are documented |  |  |  |  |  |  |  |  |  |  |  |
| Identification of the child’s age, gender, ATSI, development , diagnosis (if available) |  |  |  |  |  |  |  |  |  |  |  |
| Country of birth, preferred language and whether an interpreter is required |  |  |  |  |  |  |  |  |  |  |  |
| Parent contact details and if any care arrangements are documented |  |  |  |  |  |  |  |  |  |  |  |
| Relevant current and historical information (e.g. family/carer information, housing, health, developmental history and current services) |  |  |  |  |  |  |  |  |  |  |  |
| Immediate risk factors/alert issues in relation to the child’s wellbeing and disability are documented |  |  |  |  |  |  |  |  |  |  |  |
| Evidence any critical incidents involving the clients are reported as required within the *Critical Client Incident Management Instruction* |  |  |  |  |  |  |  |  |  |  |  |
| **Assessment and Planning** |  |  |  |  |  |  |  |  |  |  |  |
| Individual goals, strengths, needs and wishes are identified at assessment and development of the Family Service and Support Plan |  |  |  |  |  |  |  |  |  |  |  |
| Individual support plans are linked to the assessment |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of active family participation, input and decision-making in the assessment and planning process |  |  |  |  |  |  |  |  |  |  |  |
| Evidence regarding family involvement in the assessment process being identified and supported |  |  |  |  |  |  |  |  |  |  |  |
| As appropriate, evidence of joint planning and case coordination with other services |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of family preferences regarding their cultural and language connections |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of family preferences regarding connection to their Aboriginal and Torres Strait Islander culture and community |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of individual plans agreed and received by the family |  |  |  |  |  |  |  |  |  |  |  |
| **Monitoring and Review** |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of regular assessment / review of assessment / planning |  |  |  |  |  |  |  |  |  |  |  |
| Child and family outcomes are documented and align with individual goals |  |  |  |  |  |  |  |  |  |  |  |
| Individual plans are assessed and updated as required to reflect changes in child needs, strengths and family goals |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of child’s supported inclusion and participation in family and community life and early childhood education and care settings |  |  |  |  |  |  |  |  |  |  |  |
| **Exit / transition planning and case closure** |  |  |  |  |  |  |  |  |  |  |  |
| Evidence of exit/transition planning including goals and strategies/actions and timelines |  |  |  |  |  |  |  |  |  |  |  |
| **Comments** | | | | | | | | | | | |
|  | | | | | | | | | | | |

1. Please note that this time frame may change in line with any policy changes as determined by the Department. [↑](#footnote-ref-1)