# School Readiness Funding

## Application for inclusion on the 2021 Menu of evidence-informed programs and supports

School Readiness Funding is a Victorian Government needs based funding initiative which provides funding to address educational disadvantage and supports children’s development. Services delivering a kindergarten program are allocated funding for the purchase of high-quality items from a menu of evidence-informed programs and supports (the menu). Programs and supports listed on the menu must directly support children’s learning and development in at least one of the three School Readiness Funding priority areas:

* Communication (language development)
* Wellbeing (social and emotional)
* Access and inclusion.

The menu supports services delivering a kindergarten program to spend their School Readiness Funding to effectively enhance outcomes for children and is available on the Department of Education and Training’s (the Department) website. To support a holistic approach to children’s learning and development, all programs and supports listed on the menu must be consistent with the approved learning framework, the Victorian Early Years Learning and Development Framework (VEYLDF).

The Department invites providers to submit programs and supports for inclusion on the menu annually. Information about the menu and a list of the current programs and supports is available at [https://education.edugate-cms.eduweb.vic.gov.au/childhood/providers/funding/Pages/SRFmenu.aspx](https://www.education.vic.gov.au/childhood/providers/funding/Pages/SRFmenu.aspx)

The Department provides online content including descriptive and implementation information for each program or support listed on the menu.

Please note that the following are out of scope and will not be included on the menu:

* supports that target individual children
* curriculum documents, for example curriculum content units and lesson plans
* individual coaching organisations - the menu contains a ’Coaching’ item allowing kindergartens services to purchase coaching services from organisations of their choosing. The Department does not promote or endorse individual coaches
* standalone equipment and resources.

## Assessment criteria

Submissions must address the assessment criteria as summarised below and information must be specified in the format that follows:

1. **Demonstrated understanding of and alignment with the VEYLDF:**

* The program/support must directly support outcomes for children in *at least one* of the three School Readiness Funding priority areas outlined above, and the submission must provide a clear description of how the program or support aligns with the priority area or areas identified.
* The program/support must be underpinned by *one* *or more* of the eight VEYLDF Practice Principles and *not be* *inconsistent* with any of the Practice Principles. The submission must demonstrate understanding of how the program or support aligns with the identified Practice Principle or Principles.

1. **Appropriate for implementation in Victorian early childhood settings:**

Submissions should demonstrate that the program or support is:

* age appropriate for a play-based kindergarten setting and suitable for children aged two to six years and their families
* available to funded kindergarten services across Victoria. The submission must indicate the extent to which the program or support can be accessed across the State
* inclusive and recognises all children’s and families’ experiences and capabilities to foster a sense of belonging to their family, community and early years settings.

1. **Has an evidence base or clear program logic:**

It is highly recommended that submissions include an evidence base description and a program logic. Where there is no clear evidence base, it is highly recommended that a program logic is provided. The Department may assess the submission as ineligible for the menu where a program logic is not provided.

**To be considered for inclusion on the menu, applicants must:**

1. Complete all fields in the template below as instructed. Note that this is an electronic document, and should be completed and submitted electronically. Only Microsoft Word or Adobe PDF files will be accepted.
2. Complete the program logic using the template provided (Appendix 1)
3. Lodge submissions, ensuring all fields and attachments are complete, by 31 May 2020 via [MenuOfEvidence@edumail.vic.gov.au](mailto:MenuOfEvidence@edumail.vic.gov.au)

The 2021 version of the menu will be launched online in September 2020. Applicants will be advised of the outcome of submissions prior to publication of the updated menu.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Application conditions

1. **Application Documents**

All applications and any accompanying documents will, upon submission, be retained by the Department. The Department will not return any of these documents.

By submitting an application, you agree that the Department can:

1. reproduce the whole or any portion of the application or documents which you have submitted for the purposes of, or in connection with, its evaluation
2. when an application is successful, reproduce the whole or any portion of the documents, information contained in the application or in any website referred to in the application, on the menu in the absolute discretion of the Department, notwithstanding any copyright or other intellectual property rights that may subsist in those documents.
3. **Reservation**

The Department reserves the right, in its absolute discretion to:

1. refuse to consider or accept any application
2. decline to include on the menu any submitted program/support
3. decline to include on the menu any information provided by the applicant
4. remove from the menu any program/support
5. remove from the menu any information provided by the applicant without giving any reason for the refusal, rejection or removal.
6. **Recommended Program/supports**

Inclusion on the menu does not give rise to a contract (express or implied) between the Applicant and the Department for the supply of the program/support.

No legal relationship will exist between the Department and the Applicant until such time as a binding contract is executed by both parties.

1. **Acceptance of Conditions**

By submitting an application on this application form, you agree to these Application Conditions.

# Application Details

*Please complete all the below fields:*

|  |  |
| --- | --- |
| **Name of program/support:** |  |
| **Website:** |  |
| **Date of development:** |  |
| **Manufactured/produced by:** |  |

## Program/support overview

Provide a detailed paragraph describing the program/support. This includes, but is not limited to, information addressing the following prompts:

* program/support type

*(for example training course, training program, incursion, online resource, professional service)*

* aims of program/support
* primary audience

*(for example educators, children, parent/carers, families, other Early Childhood Professionals)*

* delivery mode

*(for example face-to-face, group training, professional development, online, individual coaching and mentoring)*

* time commitment for participants to engage in the program/support.

This information will be used by the evaluators to gain an understanding of the program/support. Please keep your response to a **maximum of 250 words**.

|  |
| --- |
| Provide your response below |

## Program/support costs

Provide a detailed overview of the costs to services that access the program/support including addressing the following information:

* program/support cost - please specify inclusive or exclusive of GST

*(for example per person, per group, per program)*

* factors that might change this cost

*(for example additional participants, extra presenters/facilitators, modified/adapted content)*

* additional costs to be considered

*(for example travel costs, resource costs).*

Please keep your response to a **maximum of 250 words**.

|  |
| --- |
| Provide your response below |

## Other implementation considerations

Provide a detailed overview of any other implementation considerations for the program/support. In your response, consider the prompts below and any other factors that may be important to understand about the program/support. Please keep your response to a **maximum of 300 words**.

* What are the access requirements for this program/support?

*For example:*

* + *tools and systems (e.g. resources, information technology requirements)*
  + *availability for regional and rural services. Outline the capacity to provide the menu Program/support to services across the state of Victoria.*
* What support is provided to the target population responsible for implementing the program/support to ensure effective implementation?

*For example:*

* + *provision of supervision and/or coaching support*
  + *current best implementation knowledge i.e. what is known about most effective processes for implementing this program/support?*
* What other considerations are there for implementation?

*For example:*

* + *training requirements (e.g. minimum level of training, pre-requisite knowledge)*
  + *staffing*
  + *other requirements (e.g. minimum number of participants).*
* Will this program/support build the skills and knowledge of educators and/or families to support children’s learning and development in the long-term? If so, how?
* Can this program/support be adapted and modified for a local priority or goal? If yes, what would this require? Please describe.

|  |
| --- |
| Provide your response below |

# Assessment criteria

*Please ensure you have provided a response to all three criteria below.*

## Criteria 1: Demonstrates understanding of, and alignment with the VEYLDF

1. **Demonstrated understanding of the VEYLDF**

Responses must demonstrate:

* an understanding of the VEYLDF as a framework for programs/supports within the Early Childhood Education sector in Victoria
* how the program/support aligns with the VEYLDF when implemented within Early Childhood Education settings in Victoria.

Please keep your response to a **maximum of 300 words**.

|  |
| --- |
| **Provide your response below** |

1. **Alignment with the VEYLDF Practice Principles**

Provide a response against each of the Practice Principles in the table below that describes how the program/support aligns to the Practice Principle. It is recommended that a reference to where these Practice Principles are demonstrated within any attached program resources is provided.

**Please note detailed responses are only required for Practice Principles relevant to the program/support. Please select N/A where Practice Principles are not relevant.**

Please keep each response to a **maximum of 200 words**.

Responses must demonstrate:

* that the program/support is underpinned by one or more of the eight VEYLDF Practice Principles
* how the program/support is implemented using the identified Practice Principles in day to day programming and practice in an early childhood setting
* that the program/support is not *inconsistent* with any aspect of the VEYLDF Practice Principles.

|  |  |
| --- | --- |
| Practice Principle | Demonstrate alignment OR indicate N/A |
| **Reflective practice** | *Word limit: 200 words* |
| **Partnerships with families** | *Word limit: 200 words* |
| **High expectations for every child** | *Word limit: 200 words* |
| **Respectful relationships and responsive engagement** | *Word limit: 200 words* |
| **Equity and Diversity** | *Word limit: 200 words* |
| **Assessment for learning and development** | *Word limit: 200 words* |
| **Integrated teaching and learning approaches** | *Word limit: 200 words* |
| **Partnerships with professionals** | *Word limit: 200 words* |

1. **Alignment to one or more of the School Readiness Funding priority areas**

Responses must demonstrate:

* that the program/support directly targets at least one of the School Readiness Funding priority areas, listed below, to achieve outcomes for children:
  + Communication (language development)
  + Wellbeing (social and emotional)
  + Access and inclusion.
* how the program/support targets at least one of the priority areas to achieve outcomes for children.

It may be useful to refer to the outcome indicators and the Practice Principles in the VEYLDF when responding to this criteria.

Please keep your response to a **maximum of 300 words**.

|  |
| --- |
| Provide your response below |

## Criteria 2: Appropriate for implementation in Victorian early childhood settings

Responses must demonstrate that the program/support is:

* age appropriate for a play-based kindergarten setting and suitable for children aged two to six years and their families
* accessible to funded kindergarten services across Victoria. The submission must indicate the extent to which the program or support can be accessed across the state of Victoria
* inclusive and recognises all children’s and families’ experiences and capabilities to foster a sense of belonging to their family, community and early years settings.

Please keep your response to a **maximum of 300 words**.

|  |
| --- |
| **Provide your response below** |

## Criteria 3: Has an evidence base or clear program logic

Responses must demonstrate that the program/support:

* is supported by a scientific study, evaluation or research evidence; and/or
* is supported by a program logic (see Appendix 1); and/or
* is based on a theoretical underpinning.

Please keep your response to a **maximum of 300 words**.

|  |
| --- |
| **Provide your response below** |

## Additional Information

Please attach:

* program outline (if applicable)
* any program materialsthat may assist the assessment process for example, presentations.

Outline any **additional information** that you feel is important to be considered in the assessment process.

Please keep your response to a **maximum of 250 words**.

|  |
| --- |
| **Provide your response below** |

# Appendix 1: Program logic template

**Guidance to complete the main elements of the School Readiness Funding menu of evidence informed programs and supports program logic template.**

This document provides a template and guidance for producing a program logic to capture evidence at the logic-informed level for programs, training and resources on the School Readiness Funding menu that address the three priority areas for School Readiness Funding:

* 1. Communication (i.e., language development)
  2. Wellbeing (i.e., social and emotional regulation)
  3. Access and participation (i.e., enhanced participation in services regardless of background, programs targeting children from diverse and/or vulnerable and/or indigenous backgrounds).

## DET Program Logic

**Program, training or resource title:** *Name of the program, training or resource*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| THEORY OF CHANGE |  | | | |
| **TARGET POPULATION** | **INPUTS** | **EVIDENCE** | **ACTIVITIES** | **FAMILY & CHILD OUTCOMES**  **(outcome measures)** |
|  |  | *(please include references)* |  |  |

**Assumptions:**

*List and describe the assumptions associated with the theory of change.*

* <List assumptions here>

**Program Logic Example 1**

**Program, training or resource title:** *A-Z Supporting Child Outcomes*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THEORY OF CHANGE** | Caregivers of young children up to six years of age who improve their responsive caregiving skills will improve child emotional and pro-social behaviours. | | | |
| **TARGET POPULATION** | **INPUTS** | **EVIDENCE** | **ACTIVITIES** | **FAMILY & CHILD OUTCOMES**  **(outcome measures)** |
| Caregivers who have children up to six years of age that are in the process of making the transition to school | **Team:**   * Program Manager * 5 Early Childhood Educators   **Training:**  All staff attend the 2-day training in the practice.  **Supervision:**  Each team member is required to attend   * fortnightly coaching with a practice expert for 3 months * Monthly individual supervision with team leader | * \*Evidence from one randomized controlled trial indicates that Motivational interviewing techniques may support health professionals to engage and motivate clients towards behaviour change when signs of ambivalence arise * \*Evidence from systematic reviews indicate that responsive caregiver strategies for children up to six years of age, that take place during play and everyday activities: can improve:   + Child executive function and pro-social behaviour   + Child learning including their spoken language skills, their expressive vocabulary and their early reading skills   *(please include references)*  *\*This evidence is only an example it should not be copied into a program logic because it may not be the most up-to-date literature.* | **Program activity 1**: Staff use motivational Interviewing to encourage parent’s engagement in the workshop practices and enhance their motivation to use the new parenting skills.  **Program activity 2**:  Staff role model respectful relationships and responsive engagement strategies below during play activities (e.g. reading, storytelling).   * warm and nurturing interactions (e.g. making eye contact while speaking a calm voice) * following the child’s lead by responding to the interests and signals of the child (i.e., expanding on the child's speech, responding to the child's questions or requests) * providing guidance to promote learning by listening and talking with the child (i.e., pointing and naming objects in a book, posing questions to the child) during play activities * giving verbal reinforcement (or praise) to build children’s confidence in learning   Then, Early Childhood Educators (ECE) encourage and support caregivers to interact with their children during play activities using the new skills. | *The program will improve the following outcomes for families and/or children*   * ***Improved child emotional and prosocial behaviour***   ***Measure:***  The Strengths and Difficulties Questionnaire (SDQ) |

**Assumptions:**

*List and describe the assumptions associated with the ‘theory of change.’*

* educators should consider this practice as part of the broader range of transition to school practices to support their children to effectively transition to school.
* services should consider the cost of backfill for staff that attend training when determining the cost of accessing this resource.

**Table 3: program logic elements**

This tables provides guidance on how to populate the program logic template on page 2.

|  |  |
| --- | --- |
| Key program logic element | Description |
| **Target population** | Describe the characteristics of the population who will receive the program, training or resource from the facilitator (e.g. educators or families of children up to six years of age; children aged six to eight years). This is also the person who will participate in the activities. Activities are described below.  *Note: the target population is usually the group that receives the program (in the example below it is the parent). Usually other people will also experience changes from the program (in our example logic, children change when responsive caregiving is taught to parents) but the child in that case will not be the target population because the parents are the participants who receive the program and then use the strategies with children. It is important to list the child’s age range because the activities will change based on the age range of the child. For example, parent of children who are under six years of age will use different strategies compared to parents of infants or teenagers 13 to 16 years of age.* |
| **Inputs** | List all the resources (e.g. staff time, finances, equipment and/or facilities) that are required to implement the program/ training or resource. |
| **Evidence** | Summarise the available research evidence that demonstrates how the program, training or resource will achieve the outcome/s (related to communication, wellbeing, access and participation) with the target population. This includes available evidence on this specific program, training or resource or other programs and practices that have the same approach, outcome and target population. Please include references.  Starting with evidence from published systematic reviews and randomised controlled trials (RCT). If systematic review or RCT evidence does not exist, then list evidence from quasi- experimental designs, interrupted time series or observational studies.  (e.g. Evidence from systematic reviews indicate that responsive caregiver strategies for children up to six years of age, that take place during play and everyday activities can improve child executive function and pro-social behaviour.)  Please see table 2 for a description of each of the study designs listed above. |
| **Activities**  **(see example table below for level of detail required)** | Based on your identified outcomes (related to communication, wellbeing, access and participation) and target population, and what the evidence suggests as the most effective way to achieve the outcomes, describe what your program, training or resource will look like or result in in terms of activities that children and/or families will participate in.  For example, an activity might include the following information:  Staff role model the respectful relationships and responsive engagement strategies below during play activities (e.g., reading, storytelling).   * Warm and nurturing interactions (e.g., making eye contact, using a calm voice). * Following the child’s lead by responding to the interests and signals of the child (e.g., expanding on the child's speech, responding to the child's questions or requests). * Providing guidance to promote learning by listening and talking with the child (e.g., pointing and naming objects in a book, posing questions to the child) during play activities. * Giving verbal reinforcement (or praise) to build children’s confidence in learning. |
| **Family and child outcomes**  **(outcome measures)** | List the family\* and/or child outcomes that will change as a result of the program, training or resource when the child and/or family have finished the program (e.g. improved parental stress, improved language development, improved emotional regulation, improved participation in services reduced parenting stress)  At this stage we would like you to focus only on whether your program addresses any of the following outcomes:   * 1. Communication (i.e., language development)   2. Wellbeing (i.e., social and emotional regulation)   3. Access and Participation (i.e., enhanced participation in services regardless of background, programs targeting children from diverse and/or vulnerable and/or indigenous backgrounds)   4. Other outcomes that do not fit into the categories above (e.g., parenting skills, parenting stress).   Also, include the name of the outcome measure used to monitor the outcome (e.g. Depression Stress and Anxiety Scale, Child Behaviour Checklist) |
| **THEORY OF CHANGE** | Describe how the program, training or resource will achieve the intended outcomes via the activities (that you listed above).  A theory of change is a detailed set of beliefs or hypotheses about how your program, training or resource will lead to the specific observable changes (child and/or family outcomes) that you expect from your program or practice based well-known theories from literature, research and practical experience.  (e.g. Caregivers of young children up to six years of age who improve their responsive caregiving skills will improve child emotional behaviours and pro-social behaviours.) |
| **ASSUMPTIONS** | List and describe the assumptions associated with the theory of change and inputs e.g. the training will be followed by a series of 6 supervision sessions that all trainees participate in; participants (families or child) attend the full program. |

\*note this is only relevant where the facilitator delivers the new skills and knowledge they learn from the program, training or resource to the caregiver.

**Table 4: Study design description**

|  |  |  |
| --- | --- | --- |
| Study design | Description | Common sub-types |
| 1. **Systematic review with meta/analyses (SR)** | The application of strategies that limit bias in the assembly, critical appraisal, and synthesis of all relevant studies on a specific topic. A systematic review uses systematic and replicable methods to synthesise and summarise available research evidence to answer a well-defined research question. Systematic reviews with meta-analyses use statistical techniques to synthesise the data from several studies into a single quantitative estimate or summary effect size. Effects sizes measure the relationship between two variables, providing information about the magnitude of an intervention effect. | 1. N/A |
| 1. **Randomised Controlled Trials (RCTs)** | 1. Randomisation of participants to either a treatment or control group ensures that those in each group differ only in their exposure to the intervention. All other factors that might affect the outcomes of interest should be distributed equally, provided there is a large enough sample size – whether they are known and measured or not. To be valid, participants’ allocation to a group must be entirely by chance, and there should be no difference between the participants in terms of the probability or likelihood that they will be assigned to a specific group. Randomisation of individual recipients of care may not be appropriate if the intervention is targeted at care providers or groups of people (e.g., all members of a class). Under these circumstances, clusters (groups) of people should be randomised by provider and/or site. Trials where groups of people are allocated (or where individual practitioners are randomised, and outcomes are measured in patients) are called cluster-RCTs and can include step-wedge designs that include random assignment. | * Cluster RCTs - a type of randomised controlled trial in which groups of subjects (as opposed to individual subjects) are randomised. Cluster randomised controlled trials are also known as cluster randomised trials, group-randomised trials, and place-randomized trials |
| 1. **Quasi-experimental Designs (QEDs)** | These are trials where the investigators allocate participants to the different groups that are being compared using a method that is not random (such as client or clinician preference/availability) and the outcomes from each group are compared.  This can include:  (1) a controlled before-and-after study, where outcome measurements are taken before and after the intervention is introduced and compared at the same time point to outcome measures in the (control) group.  (2) an adjusted indirect comparison, where two randomised controlled trials compare different interventions to the same comparator i.e. control condition. The outcomes from the two interventions are then compared indirectly. | * Propensity score matching and other matching designs - creates sets of participants for treatment and control groups. A matched set consists of at least one participant in the treatment group and one in the control group with similar propensity scores. The technique attempts to estimate the effect of a treatment, policy, or other intervention by accounting for the covariates that predict receiving the treatment. * Difference in difference estimation - makes use of longitudinal data from treatment and control groups to obtain an appropriate counterfactual to estimate a causal effect. Typically used to estimate the effect of a specific intervention or treatment (such as a passage of law, enactment of policy, or large-scale program implementation) by comparing the changes in outcomes over time between a population that is enrolled in a program (the intervention group) and a population that is not (the control group). * Regression discontinuity – pre-test-post-test control group design that is characterized by its unique method of assignment to intervention. Participants are assigned to either the intervention group or control group solely on the basis of a cut-off score on a pre-test measure. The design is so named because a regression line is plotted to relate the assignment and outcome variables. If the treatment is effective, a discontinuity in the regression line should occur at the cut-off point. By comparison, the absence of a discontinuity is interpreted as a null effect. * Interrupted time series with a control group – trends in an outcome or disease are measured over multiple time points before and after the intervention (factor under study) is introduced to a group of people, and then compared to the outcomes at the same time points for a group of people that do not receive the intervention (factor under study). * Other complex designs that reasonably control for known biases and confounders. |
| **Logic informed** | Involves an inference from mechanisms to claims that an intervention produces a relevant outcome. Reasoning will involve an inferential chain linking the intervention with an outcome.  Key elements of the logic model / program logic for the program or practice are defined and verified in relation to the program or practice and the underpinning scientific evidence. | N/A |
| 1. **Observational study:** | A family of studies in which investigators compare people exposed to an intervention with those who do not. The investigators neither allocate patients to receive the intervention not administer the intervention. Instead, they compare records of patients who had taken an intervention and been treated in routine practice with similar patients who had not taken the intervention. The most common observational designs are case-studies, case-series, case-control studies, cohort studies, and historically controlled studies. | * Cross-sectional study - the investigator measures the outcome and the exposures in the study participants at the same time. This type of study is useful for hypothesis-generation, to identify whether a risk factor is associated with a certain type of outcome, but more often than not the causal link cannot be proven unless a time dimension is included (NHMRC). * Cohort study - outcomes for groups of people observed to be exposed to an intervention, or the factor under study, are compared to outcomes for groups of people not exposed. ((NHMRC).   + Prospective cohort study –groups of people (cohorts) are observed at a point in time to be exposed or not exposed to an intervention (or the factor under study) and then are followed prospectively with further outcomes recorded as they happen   + Retrospective cohort study –the cohorts are defined at a point of time in the past and information collected on subsequent outcomes (NHMRC * Case series - Outcomes for groups of people observed to be exposed to an intervention, or the factor under study, are compared to outcomes for groups of people not exposed. ((NHMRC).   + Post-test – only outcomes after the intervention (factor under study) are recorded in the series of people, so no comparisons can be made   + Pre-test/post-test – measures on an outcome are taken before and after the intervention is introduced to a series of people and are then compared (also known as a ‘before- and-after study’). (NHMRC). |