Procedures and Forms for NDIS early childhood supports service providers in Victoria



DEPARTMENT OF EDUCATION AND TRAINING PROCEDURES AND FORMS for SERVICE providers operating under the national disability insurance agency

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* *Human Services Standards Evidence Guide September 2015*;
* *Human Services Standards Policy May 2016*; and
* *Human Services Standards Self-Assessment Report and Quality Improvement Plan for Disability Service Providers registered/registering with the National Disability Insurance Agency March 2015,*

available at [DHHS Standards Self Assessment and QIP guidelines](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation).

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Introduction

Service providers in Victoria funded by the Department of Education and Training (the Department) to deliver Early Childhood Intervention Services (ECIS) are required to comply with the Victorian Early Childhood Intervention Standards 2016 (ECI Standards), as well as the conditions contained in the Early Childhood Programs and Services Guide 2015, the Victorian ECIS Guide, their service agreement with the Department and regional monitoring by the departmental staff.

## The National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) will be rolled out across Victoria during the 2016-19 period. The introduction of the NDIS will bring changes to the way services are accessed and to the funding arrangements for service providers.

The Commonwealth and Victorian governments have agreed as part of the Bilateral Agreement (Schedule F) that during the transition to the NDIS, existing quality and safeguards will continue to apply.

Commonwealth and Victorian safeguards will apply when NDIS funded providers register to deliver ‘in-scope’ supports that have been matched to current Commonwealth and Victorian programs.

Providers seeking to deliver ‘in-scope’ supports will be unable to finalise registration with the National Disability Insurance Agency (NDIA) unless they supply evidence that they have the relevant *Victorian or Commonwealth Approved NDIS Provider* status to deliver those supports.

Quality and safeguarding for participants receiving ‘in-scope’ supports will be achieved through:

* NDIS registration processes, and
* Victorian or Commonwealth Government monitoring

## Early Intervention Supports for Early Childhood

The NDIS registration group *Early Intervention Supports for Early Childhood (*short form name*- Early Childhood Supports)* has been deemed an ‘in-scope’ support.

*Early Childhood Supports* provide a range of therapeutic interventions in a collaborative environment designed to enhance development and maximise the potential of a young child who has a disability or developmental delay. The *Early Childhood Supports* registrationgroup covers the following NDIS support items:

* Transdisciplinary early childhood intervention
* Specialised individual therapy for early childhood
* Specialised group early childhood interventions

Under the quality and safeguarding arrangements for transition, obtaining status as a *Victorian or Commonwealth Approved NDIS Provider* is a pre-requisite for finalising NDIS registration to deliver *Early Childhood Supports* in Victoria*.*

This document outlines the process for obtaining and maintaining ***Victorian Approved NDIS Provider* status to deliver *Early Childhood Supports*** in Victoria.

Steps to achieve status as a *Victorian Approved NDIS Provider of Early Childhood Supports*

## Registration

Providers seeking to deliver *Early Childhood Supports* under the NDIS will be unable to finalise their NDIS registration to deliver these supports until they provide evidence to the NDIS of either *Commonwealth* or *Victorian Approved NDIS Provider* status.

*Approved NDIS Provider* status can be achieved in one of three ways:

* Existing Victorian government funded ECIS providers will be granted Victorian Approved NDIS Provider status
* Existing Commonwealth funded providers registered before 1 July 2016 to deliver the *Helping Children with Autism* (HCWA) or *Better Start* programs will be granted Commonwealth Approved NDIS Provider status
* All other providers registering to deliver *Early Childhood Supports* under the NDIS in Victoria will need to apply to the Department of Education and Training for *Victorian Approved NDIS Provider status- Early Childhood Supports,* which includes undertaking a quality assurance process against the *Victorian Early Childhood Intervention (ECI) Standards 2016.*

## Existing Victorian Government funded ECIS providers

A provider who holds an existing funding and service agreement with the Department to deliver ECIS and who seeks to register with the NDIA to deliver the matched ‘in-scope’ support *Early Childhood Supports*, will be deemed to have already achieved *Victorian Approved NDIS Provider* status and will not have to undergo an additional review process in order to obtain approval as a NDIS provider. This is in recognition of their existing compliance with the *Victorian* *ECI Standards* and monitoring under their service agreement.

Where an existing ECIS provider wishes to expand or change the supports the organisation is currently funded to deliver, they may be required to undergo a quality assurance process to demonstrate their capacity to deliver those supports to expected standards. For further information, see the NDIS website provider toolkit for supports in scope of Victorian quality and safeguarding arrangements: <https://myplace.ndis.gov.au/ndisstorefront/providers.html>

## Existing Commonwealth Government funded HCWA and Better Start providers

A provider who held a service agreement with the Commonwealth, prior to 1 July 2016, to deliver HCWA or Better Start services and who seeks to register with the NDIA to deliver the matched ‘in-scope’ support Early Childhood Supports, will be deemed to have already achieved Commonwealth Approved NDIS Provider status and will not have to undergo an additional review process in order to obtain approval as a NDIS provider. This group of providers will use their Commonwealth agreement documentation as proof of status when providing evidence as part of their NDIS registration. This group of providers will continue to be monitored by the Commonwealth and must comply with the conditions outlined in the NDIS provider toolkit Guide to Suitability: <https://myplace.ndis.gov.au/ndisstorefront/providers.html>

## New Providers

From 1 July 2016, new providers seeking to obtain *Victorian Approved NDIS Provider (Early Childhood Supports)* status are required to:

* complete the application form found within the Fact Sheet on the Department’s website:  [Applying for Victorian Approved NDIS Provider status](http://www.education.vic.gov.au/childhood/providers/needs/Pages/ecisframework.aspx) and
* undertake a self-assessment against the *Victorian Early Childhood Intervention (ECI) Standards* and quality improvement planning, using the tools and forms within this document (also found on the Department’s website: [Victorian ECI Standards self-assessment and quality improvement plan](http://www.education.vic.gov.au/childhood/providers/needs/Pages/ecisframework.aspx) ).

The self-assessment must demonstrate the provider’s compliance with the *Victorian* *ECI Standards*. Where a provider rates themselves as partially compliant against the *ECI Standards*, the provider must demonstrate how compliance will be achieved through their *Quality Improvement Plan*. Providers will submit their documents to the Department for review. The review will verify if the provider’s self-assessment and quality improvement planning adequately demonstrates their suitability to deliver *Early Childhood Supports*. Providers may also be requested to submit copies of documents, client and staff file audits as part of their self-assessment requirements.

## Existing *Victorian Approved NDIS Providers* seeking to expand to deliver *Early Childhood Supports*

Where a provider has *Victorian Approved NDIS Provider* status to deliver other NDIS supports and seeks to expand their service delivery to include *Early Childhood Supports,* the provider will be required to undertake self-assessment and quality improvement planning processes against the *ECI Standards in order to receive Victorian Approved NDIS Provider* status to deliver *Early Childhood Supports.* Providers will be required to submit their self-assessment and application for Approval status to the Department as outlined in the Fact Sheet  [Applying for Victorian Approved NDIS Provider status](http://www.education.vic.gov.au/childhood/providers/needs/Pages/ecisframework.aspx).

## Refusal to grant Victorian Approved NDIS Provider status

Where review of the application, self-assessment and *Quality Improvement Plan* indicates the provider is not able to demonstrate compliance with the *Victorian* *ECI Standards*, the Department may request further information from the provider. Where this additional information does not address the provider’s capacity to comply with the *ECI Standards*, the Department will advise the provider in writing of proposal to refuse *Victorian Approved NDIS Provider (Early Childhood Supports)* status*.* The provider will not be able to finalise registration with the NDIS to deliver *Early Childhood Supports* if *Victorian Approved NDIS Provider* status is required*.*

## Monitoring

All providers who have *Victorian Approved NDIS Provider* status will be monitored against the policies and conditions as included in the NDIS *Guide to Suitability*. The Victorian Government will retain primary responsibility for monitoring compliance with these requirements.

To maintain *Victorian Approved NDIS Provider (Early Childhood Supports)* status, all providers will be required to:

* undertake independent review against the *ECI Standards* within 12[[1]](#footnote-2) months of gaining *Victorian Approved NDIS Provider (Early Childhood Supports)* status. The review must be purchased at provider expense from a Department approved independent review body of the provider’s choice. Providers must achieve verification against the *ECI Standards*.
* comply with the relevant NDIS *Terms of Business* and specific Victorian Government requirements contained in the NDIS *Guide to Suitability*. Where applicable, Victorian Government departments will monitor NDIS providers for compliance with Victoria’s quality and safeguarding arrangements. If the Department has concerns about an organisation’s performance it can initiate a service review (undertaken by Departmental staff).

A failure to comply with these requirements will result in loss of *Victorian Approved NDIS Provider (early childhood supports)* status, NDIS registration for, and ability to deliver, NDIS funded *early childhood supports*. More information regarding the NDIS *Guide to Suitability* can be found in the NDIS provider tool kit available from the following link: [NDIS Guide to Suitability](https://providertoolkit.ndis.gov.au/sites/g/files/net3066/f/provider_registration_guide_to_suitability.pdf)

## Providers in Barwon

From 1 July 2016, all providers previously registered with the NDIA to deliver *Early Childhood Supports* in the Barwon NDIS trial area (and in Victoria), will also be required to hold *Victorian* or *Commonwealth Approved NDIS Provider* status. Those providers who are not able to demonstrate they hold either status will be required to obtain *Victorian Approved NDIS Provider* status by achieving verification against the *ECI Standards* through:

* completing the application form, including the declaration of compliance with the Victorian Early Childhood Intervention (ECI) Standards

The Department will provide further details regarding the timelines and processes for the independent reviews to this group of providers.

To maintain *Victorian Approved NDIS Provider (Early Childhood Supports)* status, all providers will be required to undertake independent review against the *ECI Standards.*

The review must be purchased at provider expense from the Department approved independent review body of the provider’s choice. Providers must achieve verification against the *ECI Standards*.

Additionally, all *Victorian Approved NDIS Providers of Early Childhood Supports* must comply with the relevant NDIS *Terms of Business* and specific requirements contained in the NDIS *Guide to Suitability*. Where applicable, Victorian Government departments will monitor NDIS providers for compliance with the Victoria’s quality and safeguarding arrangements. A failure to comply with these requirements will result in loss of *Victorian Approved NDIS Provider (early childhood supports)* status, NDIS registration for, and ability to deliver, NDIS funded *early childhood supports*. More information regarding the NDIS *Guide to Suitability* can be found in the NDIS provider tool kit available from the following link: [NDIS Guide to Suitability](https://providertoolkit.ndis.gov.au/sites/g/files/net3066/f/provider_registration_guide_to_suitability.pdf)

## Recognition of other governance standards

Where organisations have achieved compliance against recognised governance standards and can provide evidence of this, they may not be required to undertake self-assessment or independent monitoring against Standard 5 of the *ECI Standards* – *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.

## Independent reviews and verification against the Victorian ECI Standards

Independent review processes help ensure that providers have acceptable levels of management and service delivery in place and encourage continual provider self-improvement.

Independent review bodies assess and compile evidence that indicates if a provider is meeting the *ECI Standards*.

The independent review will encompass:

* review of provider’s policies, documented processes, reports, information for clients
* site visits (prior notification)
* client/staff file review
* client interviews or participation in the review
* client and other stakeholder feedback

To maintain verification (and continue to hold *Victorian Approved NDIS Provider -* *Early Childhood Supports* status), a service provider needs to be assessed as meeting the *ECI Standards* and comply with the NDIS *Guide to Suitability* requirements. Verification against the *ECI Standards* (and ‘approved’ status) will be valid for a period of 18[[2]](#footnote-3) months unless conditions of approval state otherwise.

Where a provider does not meet a standard, the provider is required to:

* immediately resolve any non-compliance with the *ECI Standards* that places a client at significant risk; or
* resolve any other non-compliance within three months.

The independent review body will advise the Department immediately if it suspects, or has evidence of, or receives allegations of the following:

* safety concerns, abuse or risk to a child who receives *early childhood supports* from a provider
* a provider who puts a client at risk of significant harm
* faulty governance, financial accountability or criminal activity of a provider
* inadequate professional qualifications or failure to maintain qualifications and registration

The Department may publish information about the service provider’s performance against the *Victorian* *ECI Standards*.

## Scope for independent review

To maintain *Victorian Approved NDIS Provider* status, providers will be required to undertake independent review against the *ECI Standards* within 12[[3]](#footnote-4) months of gaining *Victorian Approved NDIS Provider (Early Childhood Supports)* status. In exceptional circumstances and at the Department’s discretion, an exemption may be considered and the provider may complete a self-assessment and quality improvement planning process in lieu of the independent review. Where the Department determines a self-assessment does not demonstrate compliance with the *ECI Standards*, it may require the provider to undertake an independent review or advise the provider that it is at risk of losing *Victorian Approved NDIS Provider* status.

Under the service agreement conditions and conditions contained in the NDIA *Guide to Suitability*, providers may only subcontract services where there is prior written consent from the Department. Providers that subcontract any services must have a contract with the subcontractor that includes a term that the subcontractor agrees to allow an independent review body to access its premises to conduct an independent review of subcontracted services delivered on behalf of the provider. The subcontracted provider may be included in the scope of the independent review against the provider.

## Endorsed Independent Review Bodies

The Department has endorsed a number of independent review bodies to undertake independent reviews of a provider’s compliance against the *ECI Standards*. Providers are required to choose an independent review body from the range of Department endorsed review bodies. The scheduling of reviews will be negotiated between the provider and the independent review body within the times set out in this document. An independent review body will inform the Department that it has been engaged by a provider and the scheduled date for the independent review. The provider must submit their independent review body’s verification of the provider’s performance against the Victorian ECI Standards to the Department. The Department will be notified by the independent review body of any significant risk issues identified during independent review. Purchase of review by an endorsed independent review body is at the provider’s expense.

A list of endorsed independent review bodies is available on the Department’s website: [ECIS and the NDIS](http://www.education.vic.gov.au/childhood/providers/needs/Pages/ecisframework.aspx)

**Self-Assessment**

**and**

**Quality Improvement Plans**

# 

Victorian Early Childhood Intervention (ECI) Standards 2016

# Background

The *Victorian Early Childhood Intervention Standards 2016* (ECI Standards) support funded early childhood intervention providers to understand the Victorian Government’s expectations concerning the quality of service delivery for young children with disability or developmental delay and their families.

The ECI Standards reflect the early intervention outcomes for young children with disabilities or developmental delays and their families, and are underpinned by the key principle of family centred practice. They recognise that the foundation of effective early childhood intervention is based on national and international evidence based research.

The ECI Standards consist of four service delivery standards and one organisational performance standard.

The title of each Standard indicates the main focus and the accompanying statements summarise the goal of each standard. The criteria describe the key components that make up the standard.

The ECI Standards are primarily a quality improvement tool. The Department must ensure services purchased for consumers are of a high quality, are effective and reflect the needs of consumers.

When services implement the ECI Standards they set in place the framework that will guide continuous quality improvement in their organisation. The Department will assist providers to achieve the ECI Standards through a process of monitoring and support.

It is important that all organisations adopt a team approach that assists the service to meet the Standards through:

* their documentation
* the knowledge and awareness of their governing bodies, management, service delivery staff and users
* ongoing monitoring and evaluation practices.

# ECI Standards and Quality & Safeguarding requirements in Victoria during NDIS transition

Providers seeking to register with the NDIS to deliver *Early Childhood Supports* in Victoria will be required to provide proof of either current *Victorian* or *Commonwealth Approved NDIS Provider - Early Childhood Supports* status in order to finalise registration with the NDIS. Providers who do not have this status must apply for *Victorian Approved NDIS Provider- Early Childhood Supports* status from Victoria by undertaking a self-assessment against the *Victorian* *ECI Standards* that demonstrates their compliance with the standards.

**Currently** the Department reviews all self-assessments against the ECI Standards at no cost to providers. However, this may change in the future and providers may be required to purchase this self-assessment review at their own cost.

Where a provider has *Victorian Approved NDIS Provider* status to deliver other NDIS supports and seeks to expand their service delivery to include *Early Childhood Supports,* the provider will be required to undertake self-assessment and quality improvement planning processes against the *ECI Standards* in order to finalise registration to deliver early childhood supports.

*Providers who obtain Victorian Approved NDIS Provider- Early Childhood Supports* status will be subject to independent review against the *ECI Standards* within 12[[4]](#footnote-5) months of gaining *this* status. This independent review will be at the provider’s expense and must be purchased from a Department approved independent review body of their choice.

For further information on applying for and maintaining *Victorian Approved NDIS Provider- Early Childhood Supports* status, please visit the following Departmental website: [ECIS and the NDIS](http://www.education.vic.gov.au/childhood/providers/needs/Pages/ecisframework.aspx)

## What is self-assessment and why is it important?

Self-assessment involves an organisation reflecting on how it does things and how it measures up against criteria. By engaging in a self- assessment process, an organisation can identify strengths, weaknesses and opportunities for improvement.

The self-assessment should report each service provider’s findings about how well it is meeting the *ECI Standards*, including organisational performance.

Self-assessment needs to be informed by input from clients. In early childhood intervention, families are seen as intrinsic partners and services are underpinned by family centred practices. Self-assessment for organisations providing *early childhood supports* under the NDIS must be informed by input from families receiving the *early childhood supports.*

Organisations must ensure there are accessible ways for families to provide feedback and actively contribute to how services are delivered. Organisations benefit when they link quality management with child and family outcomes, staff competence and wellbeing, organisational sustainability and service improvement.

Self-assessment is an opportunity for providers to:

* confirm where the service is meeting the *ECI Standards*
* identify gaps in current systems and processes that do not meet the *ECI Standards*
* plan actions to address any identified gaps in systems and processes
* identify additional opportunities for improvement
* support continuous improvement.

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 this group of 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 (note this must be compliant with the Departmental policy)
* Documented incident management process (note this must be compliant with the Departmental policy)

The *ECI Standards* assessment tools

The *Victorian ECI Standards* are a set of service quality standards for funded organisations delivering services to young children with disability or developmental delay in Victoria.

The *ECI Standards* are summarised as:

* Family centred practice
* Access and engagement
* Outcomes for children and families
* Inclusion and participation
* Organisational performance

All funded organisations are required to meet the *ECI Standards*. National Disability Insurance Agency (NDIA) providers who seek to obtain or maintain *Victorian Approved NDIS provider* status (to deliver *Early Childhood Supports*) are also required to meet the *ECI Standards*.

# The self-assessment tool

The self-assessment tool includes:

* Self-assessment record
* Assessment matrix
* Quality improvement plan
* Checklist of actions.

## Self-assessment record

The self-assessment record is used to document evidence of current good practice and identify areas for further improvement. Issues for priority action can be identified.

## Assessment matrix

The assessment matrix is a summary of the findings of the self-assessment, and allows providers to identify their overall performance against the standards and the governance and management standards.

* **Met**: written and verbal evidence clearly demonstrates that the provider meets all the requirements of the criteria
* **Partly Met**: written and verbal evidence clearly demonstrates that the provider only meets part of the requirements of the criteria.
* **Not Met**: written and verbal evidence clearly demonstrates that the provider does not meet the requirements of the criteria.
* **Not Applicable**: a not applicable rating may apply, for example, where a provider has been granted an exemption by the Department from undertaking a review against Standard 5 Organisational Performance.

Providers are required to self-assess and rate against all of the *ECI Standards* criteria and indicators.

The self-assessment must demonstrate the provider’s compliance with the *ECI Standards*.

Where the Department or an independent review body deems a self-assessment to be insufficient (i.e. it does not demonstrate compliance with the *ECI Standards*), it may require the service provider to undertake an independent review or advise the provider that is proposes to refuse or revoke *Victorian Approved NDIS Provider – Early Childhood Supports* status.

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## Quality improvement plan

The quality improvement plan provides a summary of the actions required to meet the indicators. This section is compulsory where standards have been rated as part met or not met, and is recommended for all providers even where they believe they have met the ECI Standards.

Providers should document any opportunities for improvement even when the criteria are fully met. These are optional actions to promote continuous quality improvement and ensure the provider keeps up to date with best practice. These should also be documented in the quality improvement plan.

The quality improvement plan assists providers prioritise actions required to meet the *ECI Standards* and ensures the self-assessment is linked to continuous quality improvement.

Client and staff file audit tools

Where requested, providers may be required to complete either client and/or staff file audits using the included file audit forms. The sample size should be the square root of the total number of staff files plus one. Where the provider is a sole provider, staff file information provided will be their own. The client file audit results should be the square root of the total number of open and closed client files in the last 12 months, plus one.

## Checklist of actions

A checklist is included at the end of the self-assessment tool to assist service providers in reviewing the completed self-assessment prior to submission.

Conducting the self-assessment

## Preparing for the self-assessment

The self-assessment process should be completed by people within your organisation who have the skills to coordinate the process, such as engaging other staff in examining the standards and criteria, conducting interviews and deciding which policies, records or other documents might need to be examined or revised. Depending on the size of your organisation, this activity may require the cooperation of a number of people.

A number of methods can be used to conduct the self-assessment including:

* Feedback from staff, management, board of management and families
* Desktop review of your organisation’s policies and procedures
* Workshops/meetings to discuss what is working well and where there are gaps

To promote involvement it is useful to explain why the self-assessment is being undertaken and why their feedback is important.

## Collecting evidence

The self-assessment involves collecting and assessing evidence for each standard. Organisations must provide evidence to demonstrate they are addressing each of the following evidence categories:

* Documents
* Knowledge and awareness
* Evaluation and monitoring.

The *ECI Standards Evidence Guide* section in this document includes evidence examples that can be used to demonstrate that each applicable criterion and evidence category has been met.

## Categories of evidence

The three categories of evidence are described below.

## Documents

The documents category includes a wide **range of written material** that demonstrates how an organisation meets the *ECI Standards* while also addressing relevant external requirements for example legislation, regulations, and departmental and program specific requirements. Documentation might include:

* Policies, procedures, protocols, work instructions describing the organisations processes and practices
* Information available and/or provided to families or displayed, such as: brochures, pamphlets, newsletters, photographs, or posters or other written material given to families who use the service or other stakeholders
* Records and other tools used by staff or families who use the service, examples may include referrals, intake and assessment tools, plans, attendance records, feedback and complaint forms, improvement forms, personnel files, meeting minutes, memorandums and emails.

The self-assessment should list the relevant documents, hard copies are not required. Where these documents are publically available on the provider’s website, please include the relevant link. The Department may request copies of documents referred to in the provider’s self-assessment where compliance with the *ECI Standards* is unclear.

Knowledge and awareness

The knowledge and awareness category provides information about **the methods** the organisation uses to demonstrate implementation of the documented processes and systems. This should include assisting board members, management, staff, carers, volunteers and other stakeholders in understanding the processes and service delivery systems.

This might include:

* Training plans/records (planned training, orientation)
* Agenda items in meetings
* Manuals/guidelines/memos.

For families who use the service, this may include:

* When, how and what information is provided
* Provision of information in other formats to facilitate understanding and to meet the language, cultural and communication needs of individuals
* Use of interpreters.

Monitoring and evaluation

The monitoring and evaluation category provides **information to demonstrate the organisation’s approach** to continuous quality improvement and the **methods used to measure** the effectiveness of processes and systems. Evidence should confirm implementation and identify outcomes or outputs of systems and processes. This might include:

* Complaints register, incident register
* Reports, including: management reports, financial reports, annual reports and audit reports
* Feedback mechanisms, for example focus groups, surveys, complaints
* Documentation audits, for example client files/records, personnel files/records
* Internal and/or external audits
* Benchmarking
* Quality plans and associated activities
* Risk management plans
* Other monitoring processes, for example incident reports and hazard identification
* Minutes of meetings
* Observations
* Interviews.

Assessing the evidence and applying a rating

This requires an organisation to examine the three categories of evidence against the standards to identify strengths and areas requiring improvement. As part of this process providers are required to apply a self-assessment rating of met, partially met, not met or not applicable for each criterion.

To achieve a met status, a provider must have evidence that processes and systems are documented, the appropriate people are aware of them (staff, people using the service and stakeholders) and that these are regularly monitored and reviewed. Where a provider identifies a partly met or a not met, improvements must be identified and documented in the Quality Improvement Plan.

## 

Completing the Quality Improvement Plan

Following the self-assessment, a quality improvement plan must be developed where the provider does not fully meet a criterion and areas for improvement are identified. These must be included in the quality improvement plan to assist prioritising actions for improvement. It is recommended that all providers undertake a quality improvement plan to support a culture of continuous improvement in their business even if their self-assessment identifies they meet the ECI Standards.

Improvement plans should include the following details:

* The improvement action that is planned
* The name/position of the person responsible for completing the action
* The timeframe within which action is to be completed
* The outcome of the action and the date the action is completed.

Examples of the type of improvement that may be required are:

* Develop and introduce new or additional policies and/or procedures
* Review current policies and/or procedures
* Review orientation and/or staff training programs
* Further develop written information for clients
* Consistently implement the agreed organisational processes
* Introduce new or additional quality improvement processes
* Increase opportunities for stakeholders to provide feedback.

## 

Completing the assessment matrix

Once the self-assessment is finalised, the assessment matrix should be completed. This requires inserting a rating against each criterion, reflecting the self-assessment findings.

The ECI Standards evidence guide

An evidence guide has been developed to help organisations prepare for and participate in internal (self – assessment) and external (independent) reviews against the *ECI Standards* and can be found on the following webpage link: : [ECIS and the NDIS](http://www.education.vic.gov.au/childhood/providers/needs/Pages/ecisframework.aspx)

Overview of the *ECI Standards*

|  |  |  |
| --- | --- | --- |
| **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 outcome 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 establish 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 critical for 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 |

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| ***ECI Standards* self-assessment report and quality improvement plan** | |
| **Service provider** |  |
| **Legal entity name** |  |
| **Trading name** |  |
| **Entity telephone contact** |  |
| **Entity email address** |  |
| **Main site address** |  |
| **Additional sites** |  |
| **Number of staff, including subcontractors:** |  |
| **Contact name** |  |
| **Position** |  |
| **Date submitted:** |  |
| **Submitted to:** |  |
| **Declaration:** | In providing this self-assessment I:   * declare that this information is true and correct * agree to provide required supporting information/documentation to demonstrate compliance with the ECI Standards if requested by the Department * commit that the above named provider will work within the intent of the *Victorian ECI Standards* * understand that entities registered or contracted by the NDIA are required to comply with the Victorian Quality and Safeguards Arrangements for Transition and any other conditions or restrictions placed on registration by the Victorian Department of Education and Training * Confirm I am authorised to submit this self-assessment on behalf of the entity named |
| **Signature of authorised person:** |  |
| **Name, date and position:** |  |

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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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
| ***Action required to meet the criteria****: Must be transcribed to quality improvement plan* |
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| ***Action to support continuous quality improvement:*** *Must be transcribed to quality improvement plan* |
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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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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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 services 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; 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 environment uses resources and symbols that are responsive to the needs of all families * 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> |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
| ***Action required to meet the criteria:*** *Must be transcribed to quality improvement plan* |
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| ***Action to support continuous quality improvement:*** *Must be transcribed to quality improvement plan* |
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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 * Interpreters are used, as required, to support more effective communication * 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 work collaboratively * The service demonstrates a cohesive and holistic approach to planning and implementing programs for children and their families * The service adopts active engagement strategies |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
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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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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| **Standard 3: Outcomes for children and families** |
| ***Service delivery focuses on functional outcomes for children and families that support 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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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| **Standard 3: Outcomes for children and families** |
| ***Service delivery focuses on functional outcomes for children and families that support achievement of their goals*** |
| **Criterion 3.2 The service builds 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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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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 The service promotes 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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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| ***Action to support continuous quality improvement:*** *Must be transcribed to quality improvement plan* |
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| **Standard 4: Inclusion and participation** |
| ***The inclusion and meaningful 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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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| ***Action to support continuous quality improvement:*** *Must be transcribed to quality improvement plan* |
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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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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| ***Action to support continuous quality improvement:*** *Must be transcribed to quality improvement plan* |
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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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
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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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
| ***Action required to meet the criteria:*** *Must be transcribed to quality improvement plan* |
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| ***Action to support continuous quality improvement:*** *Must be transcribed to quality improvement plan* |
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| **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 |
| Documents |
| Knowledge and awareness |
| Evaluation and monitoring |
| **SELF-ASSESSMENT RATING: MET / PART MET / NOT MET (delete as applicable)** |
| ***Action required to meet the criteria:*** *Must be transcribed to quality improvement plan* |
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| ***Action to support continuous quality improvement:*** *Must be transcribed to quality improvement plan* |
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| **Assessment Matrix** | | | | | | | | | |
| CRITERIA | *Place a tick in the appropriate box* | | **Met** | | **Partly Met** | | | **Not Met** | |
| **Standard 1: Family centred practice** | |  | |  | | |  | |
| 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 | |  | |  | | |  | |
| **Standard 2: Access and engagement** | |  | |  | | |  | |
| 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 | |  | |  | | |  | |
| **Standard 3: Outcomes for children and families** | |  | |  | | |  | |
| 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 | |  | |  | | |  | |
| **Standard 4: Inclusion and participation** | |  | |  | | |  | |
| 4.1 The service promotes the inclusion and participation of children in family and community life | |  | |  | | |  | |
| 4.2 The services assists early childhood education and care settings to support the inclusion and participation of all children | |  | |  | | |  | |
| **5. Organisational performance** | | | | | | | |
|  | **Met** | | **Partly Met** | | **Not Met** | **Not applicable** | |
| 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 |  | |  | |  |  | |

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| **ECI Service Quality Improvement Plan** | | | | |
| ***Criteria*** | ***Planned action*** | ***Who is responsible*** | ***Due date*** | ***Outcome/review*** |
| ***Date complete*** |
| ***Action required to meet the criteria*** | | | | |
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| ***Optional areas for improvement*** | | | | |
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| **Self-assessment checklist** | |
| ***Please ensure you have completed the following information before submitting your self-assessment to the required contact.*** | |
| Your service provider details |  |
| The assessment matrix |  |
| Your evidence examples for each criteria |  |
| Self-assessment findings for each criteria |  |
| A self-assessment rating for each applicable criteria |  |
| The quality improvement plan ‘Actions required to meet the criteria’ where you have rated an expected outcome as part met or not met. (Transcribed from applicable standard/s) |  |
| The quality improvement plan ‘Optional action to support continuous quality improvement’ where you have rated an expected outcome as Met, but identified improvement opportunities. (Transcribed from applicable standard/s.) |  |
| Previous quality improvement plan submitted showing progress and actions completed  (Where second or subsequent self-assessment) |  |
| Client file audit completed and results submitted (Where requested) |  |
| Staff file audit completed and results submitted (Where requested) |  |
| Sole providers and small organisation of four or less staff – provide evidence of:   * 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 |  |

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** | | | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 this time period may change in line with any policy changes as determined by the Department. [↑](#footnote-ref-2)
2. Please note this time period may change in line with any policy changes as determined by the Department and the phasing to full scheme arrangements [↑](#footnote-ref-3)
3. Please note this time period may change in line with any policy changes as determined by the Department [↑](#footnote-ref-4)
4. Please note this time period may change in line with any policy changes as determined by the Department [↑](#footnote-ref-5)