

**SPECIALIST CHILDREN'S SERVICES
PROGRAM STANDARDS**

**Department of Human Services
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ACKNOWLEDGEMENTS FOR SPECIALIST CHILDREN'S SERVICES PROGRAM STANDARDS DEVELOPMENT

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INTRODUCTION

The Specialist Children's Services (SCS) system provides support for children with disability/developmental delay (from birth to school age), as well as for their families. Services can include family services coordination, special education and therapy programs, counselling, respite, parent support, transition to school and support to access generalist services such as pre-school and childcare.

The SCS Program Standards were developed by SCS service providers as a practical tool for continuous quality improvement. The Standards apply to SCS teams, early intervention services and preschool field officers.

A wide ranging consultation process was undertaken in developing these Standards, with the participation of key stakeholders such as families, representatives from peak bodies, government and non-government service providers.

Input from families and the field has been invaluable and this development process, ensuring that the Standards are firmly anchored in current policies and practices within SCS. The consultative approach taken in the development process means that the Standards should be easily implemented by services, and that the Standards reflect important principles and current practices embraced by the field, such as family-centred practice.

It is envisaged that the Standards will evolve, reflecting new practices, in line with a continuous quality improvement approach. It is also envisaged that further work in relation to outcomes in early intervention, as well as feedback from service providers and families, will lead to a refinement of performance indicators. As such, the Standards should not be regarded as static, but rather as a first step for services adopting quality improvement processes.

The Development of the Standards

Coopers and Lybrand were contracted by the SCS Unit as consultants to develop the Standards. It was envisaged that the development process would involve close collaboration with the field and the representatives of families.

A Program Standards sub-committee provided expert advice and support to the consultants during the project. The role of this group was to provide detailed input to shape and build the Standards. After receiving feedback from the field, the information was processed by the sub-committee in developmental workshops. These workshops replaced formal committee meetings, establishing a culture of collaboration teamwork.

Developmental Workshops

Over 300 individuals and groups in the field were provided with a copy of the project plan for the development of the Standards. This was followed by four workshops, which included representatives from each region, such as SCS teams, funded early intervention agencies, preschool field officers and families.

The workshops were run as developmental sessions – that is, there were no pre-determined Standards to be discussed. This process was integral to identifying the key values, which apply to SCS, as well as examples of good practice in service delivery. These concepts were then drawn together into a set of draft Standards.

Two further workshops were held, which discussed assessment methodologies and possible performance indicators. Regional Managers also participated in these workshops. Through this interactive process, concepts emerged which shaped the Standards.

A set of draft Standards was circulated for comment to over 300 individuals and organisations in the field. Meetings were organised by groups that reviewed the draft material and gave feedback to the sub-committee. The Program Standards sub-committee then reviewed all these comments, making changes to the Standards reflecting the feedback from families and the field.

Testing the Standards

Six services were involved in testing the draft set of Standards and associated Performance indicators. The objective of this pilot process was to have services test the Standards against a number of screening criteria that had been developed by the field. These criteria were that the Standards:

- Were clear in expression and intent
- Reflected a family focus
- Were practical
- Were meaningful
- Gave implementation advice to other users, and
- Outlined changes required of the service.

The six pilot groups worked through each of the Standards within a tight timeframe. Some Performance Indicators were more relevant to internal service processes.

In the later instance, staff reviewed the Performance Indicators, commenting on the following questions:

- What changes did you need to make to implement this Performance Indicator?
 - Where did you go to obtain the Information for the Performance Indicator?
 - What questions did you ask yourself to address the Performance Indicator?
- and
- What is your overall assessment of the Standard/Performance Indicators and what changes did you suggest?

An assessment and feedback sheet was developed to standardise the format in which feedback was returned.

The feedback from the pilot phase indicated that the Standards:

- Generally were clearly expressed and meaningful for services and families.
 - Reflected seventy-five to ninety per cent of current work practices.
 - Assisted services to identify gaps in services and areas for improvement.
- and
- Would lead to improved work practices, as they reflected quality issues in SCS.

The pilots found that the main implications of the Standard and Performance Indicators were as follows:

- There is a need for services to provide more documentation than they generate at present. Although this may mean more work initially, it was felt that it would result in streamlined recording processes in the future.
- Services need to provide more verbal or written information to families about their own and other services.
- Written Family Support and Service Plans should be adopted in all circumstances. The breadth of the plan will vary, depending on the needs of the family and the child.
- Some work would be necessary to develop written grievance procedures and priority of access policies for individual services.
- Formal feedback from families should be obtained – a new initiative for some services.

and

- A pro-active approach to ethnic communities in the service catchment should also be taken – also a new initiative for many services.

Summary

The development phase involved key players and was highly interactive. All responses from those involved have been considered and many have been used to refine the Standards.

The pilot process has indicated that the Standards are valuable, meaningful and can be implemented.

The challenge for all services will now be to carefully examine the Standards and identify areas where current practice can be refined and improved.

HOW THE STANDARDS WILL BE USED

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

When they implement the Standards, each service is setting in place the framework that will guide continuous quality improvement. The Department, through accountability processes such as funding and service agreements, will assist services to achieve the Standards through a process of monitoring and support.

A key to achieving the Standards will be a carefully planned and cooperative implementation process. A team approach that involves all staff in the process is recommended, ensuring that everyone involved shares an understanding of how these quality improvement measures will make services work better for both families and staff. This approach encourages services to create innovative methods to achieve their goal of meeting the Standards, or even of moving beyond them.

An information sheet about the Standards is available for families. Services are encouraged to discuss the Standards with parents and to provide a full copy on request.

GLOSSARY

To help you understand how these terms have been used within the context of Program Standards, please read this before proceeding with the rest of this manual.

| | | |
|---|----------------|---|
| 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 for the planning of programs and use of services. |
| Continuous Improvement | Quality | 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 agency operates, and the service or functions it performs. Continuous Quality Improvement often incorporates standards. |
| Family Service and Support Plan (FSSP) | | A plan developed for the child and the family to address specific needs identified by parents and professionals in the assessment phase. The plan will include 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 family and the child. |
| Generalist Services | | These include services available to the general community such as Community Health Centres, Child Care Centres, Maternal and Child Health Services, Preschools and General Practitioners. |
| Initial Contact | | Initial Contact can take a variety of forms. It can be a face-to-face interview, a letter or a phone call. |
| Levels of Service | | Levels of service may refer to hours of service, frequency, range and type of services. |
| Outcome | | The change in the child and their family's situation, which was due to the service provided. |
| Output | | The volume of activity and services generated by the service provider. |
| Performance Indicators | | Specific, preferably measurable, information which will assist in monitoring service quality or quantity. |
| Protocol | | An agreement between program areas and/or agencies about the way in which business will be conducted. |
| Standards | | A description of an agreed or expected level of performance in relation to quality, incorporating a statement of intent and guidelines of expectation. Program Standards are to be used in addition to the standards that are required of a specific profession or discipline. |

THE PROGRAM STANDARDS AND PERFORMANCE INDICATORS

The package of Program Standards comprises three components.

Program Standards

The Standard is the broad statement of what families can expect from Specialist Children's Services.

Statements of Expectation

These describe practices which services are expected to follow in order to meet the performance indicators.

Performance Indicator (PI)

This identifies the type of process the service should put in place in order to establish that Standards are being met.

Where **Family Feedback Indicators** are listed as a performance indicator, a service may choose from a number of methods. For example, information may be collected through a written questionnaire, a face-to-face interview, a suggestion box or focus groups.

SUMMARY OF SPECIALIST CHILDREN'S SERVICES PROGRAM STANDARDS

Standard 1: Family-centred Practice

Families can expect to be involved in a mutually respectful, collaborative working partnership with service providers. Families will be provided with information and support, enabling them to make informed decisions about their child.

Standard 2: Access to Services

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

Standard 3: Positive Change for Children and their Families

Service delivery supports and enables positive change for children and their families, helping them to achieve their goals.

Standard 4: Coordination

Families can expect that staff will strive to achieve greater coordination within and between specialist and generalist children's services.

Standard 5: Confidentiality and Privacy

Families have a right to confidentiality and privacy in their dealings with the service.

Standard 6: Organisational Performance

Management structures and administrative processes reflect good practice and support efficient and family-centred service delivery.

STANDARD 1 FAMILY CENTRED PRACTICE

Families can expect to be involved in a mutually respectful, collaborative working partnership with service providers. Families will be provided with information and support, enabling them to make informed decisions about their child.

Statements of Expectation

- A.** Family decisions about the services their child will receive and the level of their involvement will be supported by the provision of current, relevant information about flexible service options.
- PI 1** Family Feedback Indicator. This provides an opportunity for families to provide information and feedback on the services they are receiving. It is up to each service to decide on the most appropriate way to gather this information from families, for example, through a written questionnaire to all parents, a face-to-face interview, and a focus group of a suggestion box.
- B.** The service will work to address the individual needs and expectations of the child and family within the context of the family's priorities, strengths and support networks.
- PI 2** Families are involved in a process of assessment of the child, to identify needs and skills. The strategies used and the level of family involvement are documented.
- PI 3** The service documents the options available and the strategies in place, to enhance flexible and responsive service delivery to families.
- C.** Families can expect a Family Service and Support Plan. This plan reflects the shared ideas, knowledge, skills and strategies of parents and professionals. The plan will promote interactions and activities that enhance the child's competencies and development and that also meet the identified needs of the family. The plan will be updated and reviewed jointly at agreed intervals.
- PI 4** Number of families who have a current Family Service and Support Plan and number of plans which have been reviewed as agreed.
- PI 5** The family is given their own copy of the Family Service and Support Plan.
- PI 6** Family Feedback Indicator
- D.** The service aims to create an open and welcoming environment, and to provide opportunities for feedback from families on all aspects of its work.
- PI 7** Processes allowing families to provide feedback are in place and are evaluated by the service.
- PI 8** Feedback generated from the family (PI 7) has been documented and incorporated in the service's annual planning and review process.

E. Each service has a simply written complaints or grievance procedure which sets out the process for formal complaints. This is made available to families at entry to the service, and will include information on:

- Timelines for investigation and resolution
- Contacts for advocacy and support
- A process for resolving complaints
- Feedback to the family.

PI 9 The service has a complaints or grievance procedure addressing the above. Information on this procedure is made available to parents.

PI 10 The service maintains a record of all grievances and their outcomes. The service takes steps to consider the underlying issues raised in the complaint, and notes any changes to work practices or policies made as a result.

STANDARD 2 ACCESS TO SERVICES

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

Statements of Expectation

- F.** The service implements its written policy on who may access its services. The policy includes clear eligibility criteria and priority of access guidelines.

PI 11 Client population reflects eligibility criteria and guidelines for priority of access.

- G.** The service will make initial contact with families within two weeks of receipt of a referral, in order to provide information about the range of services offered, and an approximate date for commencement of services.

PI 12 Numbers of families who received contact within two weeks of referral being received by the service.

- H.** Services will implement strategies aiding access for families living in geographically isolated areas.

PI 13 Numbers of clients and/or level of service provided in targeted geographical areas, pre and post the introduction of new strategies.

- I.** Services will strive to respond in culturally appropriate ways to families from different ethnic backgrounds.

PI 14 The service implements its own written action plan detailing strategies for providing services in culturally appropriate ways. This plan will be developed and reviewed using feedback from families within the targeted group and existing cultural and support networks.

PI 15 The service sets and monitors targets for increased participation by people from different ethnic backgrounds (reflecting its target population). The service assesses the effectiveness of its strategies, pre and post their introduction.

PI 16 Family Feedback Indicator.

STANDARD 3

POSITIVE CHANGE FOR CHILDREN AND THEIR FAMILIES

Service delivery supports and enables positive change for children and their families, helping them to achieve their goals.

Statements of Expectation

J. Service delivery is designed to support and aid the development of the child, delivering positive outcomes for the family.

PI 17 Each child has a written plan comprising statements on:

- Background
 - Assessment and Observations
 - Recommendations
- and
- An action plan.

Each family is offered a copy of this plan.

K. Collaborating with the family, short and longer-term goals for the child and family will be identified. The service will monitor and review the planned program.

PI 18 The achievement of goals and strategies contained in the Family Service and Support Plan is reviewed at agreed times. These times are set jointly by the family and the service.

PI 19 At the conclusion of the program provided by the service, an 'exit' process to establish the extent to which the family's goals have been met is undertaken with the family.

L. Service provision is directed towards a planned program involving skills transference, enabling families to acquire further skills and confidence to manage their child's development.

PI 13 Family Feedback Indicator.

STANDARD 4 COORDINATION

Families can expect that staff will strive to achieve greater coordination within and between specialist and generalist children's services.

Statements of Expectation

- M.** Families can expect to be informed about other services in the intermediate area which may be able to meet their needs.
- PI 21** The service provides or directs families to information on other local specialist and generalist services.
- N.** The service maintains links with other specialist and generalist services in the immediate service area.
- PI 22** The service has written protocols for referrals and working relationships with other agencies, which are reviewed at agreed intervals.
- PI 23** The service has written policies on transition arrangements (to school, disability services, generalist services, etc), and this information is communicated to parents.
- O.** The responsibility of family service coordination will be determined by the family. They may choose to undertake this role or to select an advocate or service provider.
- PI 24** Proportion of families who have a Family Service Coordinator nominated, as indicated in Family Service and Support Plan.
- PI 25** Family Feedback Indicator.
- P.** The service will assist generalist services and the wider community to develop a better understanding about children with disabilities and developmental delay.
- PI 26** A plan for providing information to generalist services has been developed and is evaluated by the service annually.
- PI 27** The service has developed a strategy to promote the inclusion of children with disabilities and developmental delay into generalist services. The effectiveness of this strategy is evaluated by the service.

STANDARD 5 CONFIDENTIALITY AND PRIVACY

Families have a right to confidentiality and privacy in their dealings with the service.

Statements of Expectation

Q. The service has a written policy on confidentiality, information release, minimal and relevant record-keeping, and the need for the family's consent before passing any information to others. The service informs families about this policy.

PI 28 The service has a written policy which includes:

- The fact that consent is required before information is shared with other services.
 - That it is acceptable for parents to refuse consent.
 - Protocol for information release.
 - How requests for information from protective services will be dealt with.
 - An undertaking to obtain minimum information.
- and
- The period of time that records will be retained.

PI 29 The service has induction processes in place, informing staff about confidentiality and privacy policies.

R. Families may have access to information about their child, in accordance with the agency's policy on information release.

PI 30 Family Feedback Indicator.

S. The service treats all information on the child and the family as confidential, and keeps all written case notes in a secure place.

PI 31 Number of complaints about breaches of confidentiality which are recorded and addressed.

STANDARD 6 ORGANISATIONAL PERFORMANCE

Management structures and administrative processes reflect good practice and support efficient and family-centred service delivery.

Statements of Expectation

Note: Performance Indicators are encompassed within the Statements of Expectation for this Standard.

- T.** Through a consultative process, the service has developed a written statement of purpose which specifies its goals and target groups. This statement of purpose is available to families.
- U.** Through a consultative process, the service has developed a set of brief, written policy statements. These statements describe how, according to specific circumstances, the service will address:
- Access to information and to the service.
 - The service that will be provided to families.
 - Coordination with other services.
 - Exit and transition.
 - Confidentiality and privacy.
 - Complaints.
 - Staff supervision and professional development.
 - How appropriate staff competencies are defined.
- and
- How family feedback will be obtained annually.
- V.** The service has in place an annual planning process which enables management, staff, and interested families to evaluate the services's objectives, achievements against its objectives, the Standards, and plans for the next year.
- W.** The service has in place a process to obtain family feedback at least annually, by using consultative mechanisms that are appropriate to the circumstances.
- X.** Administrative systems are in place which enable services to collect and monitor data to support service delivery and to report as required for funding purposes.

FAMILY SERVICE AND SUPPORT PLAN

A Family Service and Support Plan (FSSP) is developed for the child and the family, to address specific needs that are identified in the assessment phase. Parents and professionals form a collaborative partnership in which the child and family's needs and goals are identified. Goals may relate to the child's development and the family's needs in caring for their child. The FSSP may also include goals relating to maximising the child's participation in general community activities such as preschool and childcare.

The FSSP will include strategies to achieve specific goals and outcomes for the family and child. The FSSP can also include strategies to assist families in addressing specific health and safety issues which relate to the child's disability or developmental delay, such as positioning a child with physical disabilities at rest or play, and adapting safety restraint equipment in motor vehicles.

A review date is always included in the FSSP. The breadth of the FSSP will vary, depending on the complexity of the needs of the family and the child.

For many families, the FSSP may be brief and cover a limited number of areas. In some instances, it may be brief and relate to one type of discipline-specific therapy. For children and families with more complex needs, the FSSP will be comprehensive, and will include a diverse range of educational, therapy and support interventions.

Sample Family Service and Support Plan

Family Name: _____ Date of FSSP: _____

Child's Name: _____ Date of FSSP Review: _____

Child's Date of Birth: _____ Person Responsible for Coordination: _____

| Child/Family Need | Goal/Outcome | Strategies | Review Date | Goal Achieved/ Not Achieved |
|-------------------|--------------|------------|-------------|--------------------------------|
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