Guide to Developing a Quality Improvement Plan

MAY 2014
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Contents

About the National Quality Standard 2
The National Quality Framework 2
The National Quality Standard 2
The self-assessment and quality improvement planning process 3
The assessment and rating process 3
National Quality Standard document suite 3

The self-assessment and quality improvement planning process 4
Self-assessment drives reflection on quality education and care 4
Reflection determines quality improvements 4
Tools for reflection on quality of practices 5
Turning reflection into quality improvement strategies 5
Self-assessment informs the Quality Improvement Plan and assessment and rating process 5

Transitioning to the National Quality Standard 6
Regulatory requirements 6
How it works: the main points 6

The assessment and rating process 8

State and territory Regulatory Authorities 10

Appendix 1: Quality Improvement Plan examples 10
Quality Improvement Plan for Quality Area 2 (family day care example) 11
Quality Improvement Plan for Quality Area 3 (centre-based service example) 12
Quality Improvement Plan for Quality Area 5 (outside school hours care example) 13
Quality Improvement Plan for Quality Area 6 (general example) 14

Index 16
About the National Quality Standard

The National Quality Framework

In December 2009 all Australian governments, through the Council of Australian Governments, agreed to a partnership to establish a National Quality Framework for Early Childhood Education and Care ("National Quality Framework").

The Australian Government and state and territory governments recognise the importance of increasing their focus on the early years to ensure the wellbeing of children throughout their lives and to lift the productivity of our nation as a whole. The drive for change is based on clear evidence that the early years of a child’s life are very important for their present and future health, development and wellbeing.

National Quality Framework components

The National Quality Framework aims to raise quality and drive continuous improvement and consistency in education and care services through:

- the National Quality Standard for Early Childhood Education and Care and School Age Care ("National Quality Standard"), which is underpinned by:
  - Belonging, Being and Becoming: The Early Years Learning Framework for Australia
  - My Time, Our Place: Framework for School Age Care in Australia
- a national quality rating and assessment process
- streamlined regulatory arrangements
- a new national body jointly governed by the Australian Government and state and territory governments—the Australian Children’s Education and Care Quality Authority—to oversee the new system.

Effective date

The National Quality Framework started on 1 January 2012, Requirements such as qualifications, educator-to-child ratios, and other key staffing arrangements are being phased in between 2012 and 2020.

The National Quality Standard

The National Quality Standard sets a new national benchmark for the quality of education and care services. It will also give services and families a better understanding of what a quality service is. This will enable families to make informed decisions about the services providing education and care to their child.
The self-assessment and quality improvement planning process

The National Quality Standard is the standard against which services:

- self-assess their performance in delivering quality education and care
- plan future improvements to their education and care service.

The outcome of the process is the development of a Quality Improvement Plan, which services must submit to their Regulatory Authority. See:

- ‘The self-assessment and quality improvement planning process’ on page 4
- ‘Transitioning to the National Quality Standard” on page 6.

The assessment and rating process

Services are assessed and rated against the National Quality Standard.

The relevant Regulatory Authority in each state and territory undertakes the assessment and rating process and is the point of contact for any questions services may have about self-assessment, quality improvement planning, and the assessment and rating processes. See:

- ‘The assessment and rating process’ on page 8
- ‘State and territory Regulatory Authorities’ on page 10.

National Quality Standard document suite

The suite of documents and tools in place to support the National Quality Standard is as follows:

<table>
<thead>
<tr>
<th>National approved learning frameworks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonging, Being and Becoming: The Early Years Learning Framework for Australia</td>
</tr>
<tr>
<td>My Time, Our Place: Framework for School Age Care in Australia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guide to the National Quality Standard</td>
</tr>
<tr>
<td>Educators Belonging Being and Becoming: Educators’ Guide to the Early Years Learning Framework for Australia</td>
</tr>
<tr>
<td>Guide to Developing a Quality Improvement Plan (this document)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality assessment tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQS Assessment and Rating Instrument</td>
</tr>
<tr>
<td>Guide to Assessment &amp; Rating for Services</td>
</tr>
</tbody>
</table>
The self-assessment and quality improvement planning process

The purpose of this the document is to help services complete the Quality Improvement Plan after:

- evaluating their current practices through self-assessment against the National Quality Standard, then
- identifying the practices they can or should improve.


Self-assessment drives reflection on quality education and care

It is important for professionals in any field to have a way of regularly assessing their practice, recognising their strengths and identifying areas that can be improved.

A consistent process of reflection and evaluation enables services to gain an informed picture of:

- current practice
- the quality of education and care experienced by children and families.

This ‘picture’ of current practice highlights and confirms the service’s particular strengths and is the starting point for planning to improve quality.

Reflection determines quality improvements

The most effective improvements to service delivery are initiated from within the service, rather than being imposed from the outside. Therefore, once the quality of current practice in the service is assessed, the next step is to determine where quality improvements can be made and plan how to implement changes.

Because the focus is on quality improvement at the service, it is important to be open, honest and critically reflective when undertaking the self-assessment and quality improvement planning processes.

Services may already have in place a comprehensive process of reflection, self-assessment and evaluation. If this is the case, it is recommended that the National Quality Standard and related regulatory requirements be incorporated into these processes to ensure that all standards and elements outlined in the National Quality Standard are considered in the self-assessment process.

While it is important to reflect on practice, policies and procedures against the seven quality areas of the National Quality Standard and related regulatory requirements, there is no expectation that all 18 standards and 58 elements will be addressed in the Quality Improvement Plan.

It is intended that services will prioritise areas for improvement against the seven quality areas of the National Quality Standard and the related regulatory requirements. For example, in the event that during the self-assessment process it is identified that the service is not meeting a regulatory requirement, then this should be either addressed immediately or identified as a priority for attention in the Quality Improvement Plan.
It is likely that services have a range of documents that assist and record the planning process. The Quality Improvement Plan is a summary of the key areas prioritised for improvement.

**Tools for reflection on quality of practices**

As a first step, it is important that educators and management have the opportunity to become familiar with the *National Quality Standard*, the related regulatory requirements and the *Guide to the National Quality Standard*.

Within the *Guide to the National Quality Standard* there are:

- introductory statements for each quality area, standard and element that describe the intent and explain the way in which the practices described contribute to quality outcomes for all children
- references to related regulatory requirements, which will help services reflect on the quality of their practices.

Questioning how and why certain practices occur is the most effective way to begin critically examining service practice. The *Guide to the National Quality Standard* includes a set of reflective questions that serve as prompts to explore actual practice at the service. While the questions are not exhaustive they can assist the service to think about how and why things are done that way while reflecting on specific practices to determine the:

- effectiveness of practice for all children and families
- relevance of the practice to the service and its stakeholders
- equity and fairness of the practice for all children, families and educators.

**Turning reflection into quality improvement strategies**

The Quality Improvement Plan must include strategies to address those quality areas noted during the self-assessment or assessment process as not meeting the *National Quality Standard* or any regulatory requirement.

A service meeting or exceeding the *National Quality Standard* in all quality areas should demonstrate its commitment to continuous improvement by documenting how the service will maintain its current quality practices and progress them to the next level.

**Self-assessment informs the Quality Improvement Plan and assessment and rating process**

All services must complete the self-assessment and quality improvement planning process as part of the assessment against the *National Quality Standard*.

The self-assessment documentation should be available at the service to inform discussion of the assessment and rating process and it can be summarised in the relevant section of the Quality Improvement Plan template.

Submission of self-assessment documentation to the regulatory authority is not required; however, there needs to be evidence that the Quality Improvement Plan is informed by the self-assessment process. Completing the relevant section of the Quality Improvement Plan template (‘Key improvements sought’) will provide the link between the areas identified for improvement through the self-assessment process and the quality improvement strategies developed to address them.
Transitioning to the National Quality Standard

This section outlines the transition to self-assessment, quality improvement planning, and assessment and rating under the National Quality Standard.

Regulatory requirements

The Education and Care Services National Regulations 2011 (‘National Regulations’) require that the approved provider ensure a Quality Improvement Plan is prepared for the service that:

- includes an assessment by the provider of the quality of the practices of the service against the National Quality Standard and the National Regulations; and
- identifies any areas that the provider considers may require improvement; and
- contains a statement of philosophy of the service.

How it works: the main points

Develop the plan: timeline for new services

The approved provider of a service approved after 31 January 2012 must prepare the Quality Improvement Plan within three months of the grant of service approval (see regulation 55).

Develop the plan: timeline for existing services

Existing services that transitioned to the new system on 1 January 2012 (1 August 2012 in WA), were required to develop a Quality Improvement Plan by 30 April 2012 (30 November 2012 in WA).

Review the plan annually and submit it on request

The approved provider must also review and revise the Quality Improvement Plan for the service at least annually, having regard to the National Quality Standard, and submit the most current copy of the Quality Improvement Plan to the regulatory authority on request (see regulation 55-56).

Keep a current plan on the premises and make it available to families and regulators

A service approval is granted subject to the condition that the approved provider ensures a current Quality Improvement Plan for the service is kept on the premises of the service at all times or, in the case of a family day care service, at the principal office of the family day care service (see regulation 31).

The Quality Improvement Plan must also be made available on request for inspection by the regulatory authority or an authorised officer and to parents of a child who is enrolled or who is seeking to be enrolled at the service (see regulation 31).
**Revise the plan**

The Quality Improvement Plan is designed to be a dynamic, evolving document. Services will have approximately three weeks after receiving notification of the commencement of the assessment and rating process to undertake any necessary revisions to their existing plan before they submit it to the regulatory authority.

**Collaborate widely when developing the plan**

It is recommended that services adopt a collaborative approach to self-assessment and the development of their plan, involving wherever possible children, families, educators, staff members, management and other interested parties, such as representatives of a community agency that works with the service to support the inclusion of children with additional needs.

**Update the plan after assessment and rating**

It is recommended that the service update their Quality Improvement Plan after the assessment and rating process is completed to reflect the outcomes of the assessment and rating process.

**The assessment and rating process: detail**

Steps with more detail are provided in the next section to help services understand the context of timeframes, the interconnected nature of self-assessment, quality improvement planning, and assessment and rating.
The assessment and rating process

These steps provide more detailed information about the assessment and rating process. The timeframes reflect the minimum period of time involved in each step.

The following table outlines the national quality rating and assessment process for evaluation of services against the National Quality Standard and National Regulations. It is designed to be a cooperative process with opportunities for services to discuss how they are meeting the National Quality Standard and enhancing outcomes for children.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Step</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1*</td>
<td>A: Notice of visit</td>
<td>The approved provider receives a letter from the regulatory authority notifying of the four week period in which the assessment and rating visit will occur.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The regulatory authority requests that the approved provider submits a copy of the service Quality Improvement Plan within three weeks. The regulatory authority may also request additional service specific information.</td>
</tr>
<tr>
<td>Week 3</td>
<td>B: Quality Improvement Plan</td>
<td>The approved provider submits the Quality Improvement Plan to the regulatory authority.</td>
</tr>
<tr>
<td>Weeks 5 - 8</td>
<td>C: Visit occurs</td>
<td>The assessment visit will occur during the four week period specified in the letter to the approved provider. The regulatory authority will give the approved provider at least five days’ notice of the date of the visit.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The authorised officer may give some general comments at the time of the visit but will not give an indication of the service rating. Feedback may include the opportunity to make minor adjustments to the service operation within specified areas and timeframes to address concerns identified at the visit. For further information on the minor adjustments policy refer to the Guide to Assessment and Rating for Regulatory Authorities.</td>
</tr>
</tbody>
</table>
* Note that the timeframes given in the table are guidelines only.

Once the report is finalised and received by the approved provider, the 14 day period in which a review can be requested commences. If the notice is sent electronically, the 14 days run from the day that it is sent. If posted, the 14 days run from the fourth day after the notice of ratings was posted.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Step</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approx. 3 - 5 weeks after the visit date</td>
<td>D: Draft report</td>
<td>The approved provider is issued the draft report. The approved provider has 10 working days to provide feedback on any factual inaccuracies in the report and provide evidence to support their feedback.</td>
</tr>
<tr>
<td>Approx. 5 - 7 weeks after the visit date</td>
<td>E: Feedback due</td>
<td>Feedback on the draft report is provided to the regulatory authority. If no feedback is provided, the report is final and the notice of final ratings is issued to the approved provider.</td>
</tr>
<tr>
<td>Approx. 8 weeks after the visit date</td>
<td>F: Final report</td>
<td>If feedback is provided on the draft report, this is considered by the regulatory authority, the report is then finalised and the notice of final ratings is issued to the approved provider.</td>
</tr>
</tbody>
</table>
State and territory regulatory authorities

Contact details for state and territory regulatory authorities can be found on the ACECQA website at www.acecqa.gov.au

Appendix 1: Quality Improvement Plan examples

To assist in developing your Quality Improvement Plan some example entries are provided. See:

- Quality Improvement Plan for Quality Area 2 (family day care example) on page 11
- Quality Improvement Plan for Quality Area 3 (centre-based service example) on page 12
- Quality Improvement Plan for Quality Area 5 (outside school hours care example) on page 13
- Quality Improvement Plan for Quality Area 6 (general example) on page 14.
## Quality Improvement Plan for Quality Area 2 (family day care example)

### Key improvements sought for Quality Area 2

<table>
<thead>
<tr>
<th>Element 2.1.1</th>
<th>Each child’s health needs are supported.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified issue</td>
<td>During self-assessment, co-ordinators found that some educators did not have copies of health management plans for children with health needs, such as anaphylaxis and asthma.</td>
</tr>
</tbody>
</table>

### Improvement plan

<table>
<thead>
<tr>
<th>Standard/element</th>
<th>What outcome or goal do we seek?</th>
<th>Priority (L/M/H)</th>
<th>How will we get this outcome? (Steps)</th>
<th>Success measure</th>
<th>By when?</th>
<th>Progress notes</th>
</tr>
</thead>
</table>
| 2.1.1            | For children’s health needs, such as anaphylaxis and asthma, health management plans must be kept at the educator’s residence, as well as at the scheme co-ordination office. | High            | – Review all children’s enrolment forms and health management plans.  
– Survey families to ensure they have provided a health management plan for their child where relevant.  
– Encourage educators to liaise regularly with families about children’s health needs and to communicate with their co-ordinator so that copies of health management plans can be kept at both the residence and the scheme co-ordination office. | 100% of health management plans are present during monthly checks by co-ordinators at educators’ residences. | Each month. | 12 June 2013: We have ensured that current educators have all children’s health management plans at their residence. |
### Quality Improvement Plan for Quality Area 3 (centre-based service example)

#### Key improvements sought for Quality Area 3

<table>
<thead>
<tr>
<th>Element 3.2.1</th>
<th>Outdoor and indoor spaces are designed and organised to engage every child in quality experiences in both built and natural environments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified issue</td>
<td>The self-assessment identified that some outdoor areas of the service are not easily accessible by children with a physical disability.</td>
</tr>
</tbody>
</table>

#### Improvement plan

<table>
<thead>
<tr>
<th>Standard/element</th>
<th>What outcome or goal do we seek?</th>
<th>Priority (L/M/H)</th>
<th>How will we get this outcome? (Steps)</th>
<th>Success measure</th>
<th>By when?</th>
<th>Progress notes</th>
</tr>
</thead>
</table>
| 3.2.1            | Improved access to all areas of the outdoor environment for children with physical disabilities who are currently enrolled or may be enrolled in the future. | Medium          | – Develop a costed plan to allow wheelchair access to the lower part of the main outdoor area.  
– Identify funding for the project.  
– Implement the plan. | All children will be able to independently access all parts of the main outdoor area. | – Develop plan over the next 6 weeks.  
– Identify funding sources by mid-year.  
– Complete work this year (2013). | 12 June 2013: Initial discussions have been held with children, families, educators, advisers and an inclusion support specialist to identify the type of access needed. |
# Quality Improvement Plan for Quality Area 5 (outside school hours care example)

## Key improvements sought for Quality Area 5

<table>
<thead>
<tr>
<th>Element 5.1.2</th>
<th>Every child is able to engage with educators in meaningful, open interactions that support the acquisition of skills for life and learning.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identified issue</strong></td>
<td>Self-assessment identified that interactions with children in the after-school session tend to be focused on the whole group rather than conversations with individual or small groups of children. Educators are directive and tend to stand back and supervise rather than engaging with children in their play.</td>
</tr>
</tbody>
</table>

## Improvement plan

<table>
<thead>
<tr>
<th>Standard/element</th>
<th>What outcome or goal do we seek?</th>
<th>Priority (L/M/H)</th>
<th>How will we get this outcome? (Steps)</th>
<th>Success measure</th>
<th>By when?</th>
<th>Progress notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.2</td>
<td>To structure the after-school program and routines in a way that creates greater opportunities for educators to interact with individuals and with small groups of children for the majority of the session.</td>
<td>Medium</td>
<td>– Research current best practice in planning programs and environments in outside school hours care.  &lt;br&gt;– Reduce number of experiences requiring direct adult supervision so that educators are more available to engage with individual children.  &lt;br&gt;– Review afternoon tea routine so that educators can sit and talk with small groups of children.</td>
<td>– Educators engaging in sustained conversations with individual and small groups of children.  &lt;br&gt;– Educators participating in children’s play.  &lt;br&gt;– Educators collaborating with children about routines and experiences.</td>
<td>– Conduct research over the next 6 weeks.  &lt;br&gt;– Develop ideas for afternoon tea routine in consultation with children and families over next 6 weeks.  &lt;br&gt;– Completion by end of Term 2 (2013).</td>
<td>12 June 2013:  &lt;br&gt;- Workshop about planning in outside school hours care organised with Professional Support Coordinator.  &lt;br&gt;- Discussed structure of after-school programs with other services at network meeting to generate ideas.</td>
</tr>
</tbody>
</table>
### Quality Improvement Plan for Quality Area 6 (general example)

#### Key improvements sought for Quality Area 6

<table>
<thead>
<tr>
<th>Element 6.1.2</th>
<th>Families have opportunities to be involved in the service and contribute to service decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified issue</td>
<td>Families were offered the opportunity to be involved in the review of policies when policies were emailed to all and copies were placed in the service foyer, but no responses were received from parents or families.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 6.3</th>
<th>The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified issue</td>
<td>Several educators identified during self-assessment that they would like to increase their cultural competence, especially in regard to the local Indigenous community.</td>
</tr>
</tbody>
</table>
### Improvement plan

<table>
<thead>
<tr>
<th>Standard/element</th>
<th>What outcome or goal do we seek?</th>
<th>Priority (L/M/H)</th>
<th>How will we get this outcome? (Steps)</th>
<th>Success measure</th>
<th>By when?</th>
<th>Progress notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.2</td>
<td>Input by families to policy review and associated decision making.</td>
<td>Medium</td>
<td>– Target requests for input to policy reviews to family members with known interest or expertise in the policy area. Identify these areas by considering: – enrolment forms – comments families make to educators – complaint records – minutes of parent group meetings. – Match policies to family members. – Approach family members in person to ask for their input.</td>
<td>Gain meaningful input from at least 20% of the service’s families during the upcoming review of health and safety policies.</td>
<td>– Identify family members’ areas of interest within 4 weeks. – Request input from identified families during the planned review of health and safety policies scheduled for completion within 3 months.</td>
<td>12 June 2013: Educators have begun talking with family members about their areas of interest, and noting areas they are already aware of.</td>
</tr>
</tbody>
</table>

| 6.3 | Strengthen our relationship with the local Indigenous community. | Medium | – Undertake cultural awareness/competency training for educators around Aboriginal and Torres Strait Islander culture and ways of knowing and being. – Invite members of the local Indigenous community into the service. | A flourishing relationship between the service and the local Indigenous community is evidenced in all the ways relationships are nourished. – Educators feel confident and assured that their interactions with Indigenous people are respectful and culturally competent. – Educators will begin to incorporate their learning into planning for children’s learning and wellbeing. | 31 December 2013 | 12 June 2013: We have recently been introduced to a highly respected Aboriginal elder in this community and we plan to follow up on this introduction by inviting her to visit us so that we can get to know each other. |
Index

A
assessment and rating process 3
  assessment and rating process table 8
  steps involved 9

G
Guide to the National Quality Standard 5

N
National Quality Framework 2
  components 2
  effective date 2
National Quality Standard 2, 3, 4, 5
  assessment and rating process 8–9
  document suite 3
  transitioning to 6–7
National Regulations 6

Q
quality improvement, reflection determining 4–5
Quality Improvement Plan 4, 5, 6
  examples 11–16
  kept on premises for inspection 6
  for QA2 (family day care example) 11
  for QA3 (centre-based service example) 12
  for QA5 (outside school hours care example) 13
  for QA6 (general example) 14–15
  submission, development and review 6–7

R
reflection
  determining quality improvements 4–5
  tools for 5
  turning into quality improvement strategies 5
Regulatory Authorities 3, 10
  regulatory requirements 6

S
self-assessment
  driving reflection on quality education and care 4
  informs the Quality Improvement Plan and
  assessment and rating process 5
  and quality improvement planning process 3, 4, 5
State and territory Regulatory Authorities 10

T
transitioning to the National Quality Standard 6–7
  process involved 6–7
  regulatory requirements 6