



# Quality Evaluation Report

Version 2.4

Evaluation details	
<b>Organisation</b>	Kids are Kids! Therapy and Education Centre Inc
Chief Executive Officer/Director:	Lisa Hoffman Teresa Barrie
Assignment name:	Comprehensive
Geographic area/s:	Perth Metro Area
National Standards for Disability Services assessed:	Standards 1-6
Evaluation team*:	Gudrun Gilles
Final report date:	20 June 2019
Report Endorsement	
Endorsed by:	Mary McHugh Quality and Safeguarding Manager

\* This report was prepared by a member of the Panel Contract of Team Leaders and Evaluators, managed by Disability Services.



## Executive summary

### Introduction

This report describes the findings of the Evaluator who visited Kids are Kids! and made observations; reviewed feedback from individuals with disability, their families and carers, staff and management; and assessed written evidence for compliance with the National Standards for Disability Services (Standards).

An opening meeting was held on 15 May 2019 and the Evaluator conducted visits on 04 June 2019, 05 June 2019 and 11 June 2019. A closing meeting was held via telephone on 19 June 2019

### Assessment of compliance with the Standards

The rating scale used to assess the Standards is **met/not met**.

Standard 1: Rights	Met
Standard 2: Participation and inclusion	Met
Standard 3: Individual outcomes	Met
Standard 4: Feedback and complaints	Met
Standard 5: Service access	Met
Standard 6: Service management	Met

### Exceptional practices

Where noted, exceptional practices refer to initiatives towards excellence in service delivery

- Families consulted with value that therapists are friendly, professional and reliable. They like the multidisciplinary approach, not only between Kids are Kids! team members, but across families, teachers and other stakeholders providing support, which they believe enhances outcomes for their children.
- Families and staff identified effective recruitment, good communication and a commitment to the professional development as well as the retention of staff, as strengths of this service.

### Required Actions (RA)

Where noted, RAs refer to a major gap in meeting **Standards (NSDS)** and identified **Indicators of Practice (IoPs)**. They identify action necessary to address matters that have serious implications for the rights, safety, wellbeing and dignity of individuals with disability; or may relate to legal requirements and duty of care issues. RAs are required to be addressed by the compliance date.

No.	NSDS	IoP(s)	RA statement	Compliance date
			No RA has been identified	



### Service Improvements (SI)

Where noted, SIs refer to opportunities for continuous improvement. They identify actions to enhance outcomes for individuals with disability and compliance with **Standards (NSDS)** and their relevant **Indicators of Practice (IoPs)**.

Progress on SIs is reported in the annual Self-assessment (April each year).

No.	NSDS	IoP(s)	SI statement
1.	All		Incorporate the requirements of the NDIS Code of Conduct and Practice Standards when reviewing policies, procedures and practice.

### Self-assessment (SA): Standards 1-6

The Self-assessment is completed by the organisation each year in April, for verification of evidence during the audit.

SA completed by:	Lisa Hoffman - Executive Officer
Is the Self-assessment evidence verified; and of sufficient quality to adequately demonstrate the organisation's knowledge of the Standards and their indicators of practice?	Yes The Self-assessment responses by the service reflect findings and observations from this evaluation. Kids are Kids! demonstrate a culture of professional practice and continuous improvement.

### Code of Conduct

The Code of Conduct is prepared by the service provider as part of Registration; and is made available to the Evaluator for their review during the assessment.

Does the service provider's Code of Conduct articulate values built around the service and the people for whom services are/to be provided?	Yes The service has two Code of Conducts, one for the Board of Management and one for employees, volunteers, contractors and consultants. The Code of Conduct for employees, volunteers, contractors and consultants is a comprehensive document, however, the service may want to consider reviewing the Code of Conduct to ensure it encapsulates all components as per the NDIS Code of Conduct and strengthening the expression of conduct relating to providing services and supports to children with disability. <b>SI 1 refers</b>
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## Service profile

Service profile	
Service description (in brief)	
The services provided	<p>Kids are Kids! Provide general and specialist therapy services in metropolitan and South West Regional areas. Programs include:</p> <ul style="list-style-type: none"> <li>• Block funded Early Intervention Services</li> <li>• Early intervention and school aged services in Perth metro area (capacity building)</li> <li>• Self-managed services.</li> </ul>
The resources	<p>Kids are Kids! receive block funding of approximately \$930,000 for Early Intervention services. Other funding derived from individualised sources is of approximately \$1.6 million.</p> <p>At the time of this evaluation, the Kids are Kids! team comprised of (represented in full time equivalent positions):</p> <ul style="list-style-type: none"> <li>• 1.6 Executive Officers</li> <li>• 0.8 Senior Administration Officer</li> <li>• 2.5 Administration Officer</li> <li>• 0.3 Marketing Coordinator</li> <li>• 1.5 Senior Program and Clinical Coordinator</li> <li>• 6.5 Senior positions (Therapy, Psychology, Speech Pathology)</li> <li>• 16.2 Therapists, Pathologists Psychologists</li> </ul> <p>Services are provided from centres in Bateman and Rockingham as well as a variety of community-based locations such as schools, community and day care centres.</p>
The people using services	<p>The organisation uses the term <b>children</b> and <b>their families</b> to refer to individuals with disability, family member/s of individuals with disability and carers.</p> <p>Any child aged 0 –18 years can access services at Kids Are Kids! This includes children with a disability, developmental delay, social, behavioural or specific learning difficulties (Service Access Policy).</p>



<b>Consultation</b>	
<b>Statistics</b>	
Number of observations	1
Number of met/interviewed family/carers/friends/advocates/guardians	1
Number of approaches via telephone or email to family members/carers/friends/advocates/guardians	40
Number of telephone interviews or emails with family members/carers/friends/advocates/guardians	5
Number of individual files/plans reviewed	9
Number of complaints reviewed	1
Number of serious incident reports reviewed	0
Number of staff meetings attended	1
Number of staff consulted	16
Number of external stakeholders consulted	1



## Summary of findings

### Assessment of compliance with the Standards

#### Policies and Procedures (P&P) and Indicators of Practice (IoP)

The findings described below reference information provided to demonstrate the organisation's compliance with the policy and procedure component and Indicators of Practice (IoP) for each Standard.

- For every Standard, the *Assessment summary* provides an overarching statement of the organisation's compliance; highlights good practice; and notes where there is opportunity for service improvement or a matter for the service provider's consideration.
- For every Standard, the *Statement of qualitative evidence* records ratings of Yes (**Y**), No (**N**) or **N/A** against Policies and Procedures and each IoP.
- **Yes:** the IoP describes and affirms the organisation's positive focus and evidence of appropriate practice.
- **No:** a *Reason for finding* provides the context for any gaps/ issues/ weaknesses in evidence and practice and identifies where a Standard is not met resulting in a Required Action (**RA**); or a Service Improvement (**SI**); or an Other Matter (**OM**) for the organisation's consideration.
- The *Legend for evidence information source* refers to:  
**1** documentation **2** discussion with management staff **3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment **6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians.
- The Legend identifies the sources of evidence that the Evaluator has reviewed to determine the rating for each IoP. All findings triangulate using at least three (3) sources of evidence.
- Findings against Indicators of Practice may be used by the organisation to develop its Action Plan to meet minimum Standards, or revise its Continuous Improvement Plan, to show how improvements will be made to enhance compliance with Standards and outcomes for individuals.



**Standard 1: Rights**

Standard for service: **The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.**

**Assessment summary against Standard 1: Rights**

**Standard 1 is met.**

Kids are Kids! has policies and procedures in place supporting outcomes under this Standard. The service and its team of therapists have well-developed internal communication structures. A similar strong communication approach extends to interactions with families and other service providers and recognises the value of open and respectful relationships. From the start, Kids are Kids! invests in getting to know the child and his/her family to maximise informed decision making relating to the matching of the most appropriate therapist. Both staff and families consulted with identified this as a strength of the service. The service has recognised the need to update its policies relating to safeguarding and restrictive practices and has invested in this, not only by reviewing its policies, but providing professional development to staff to ensure practice is contemporary and can be evidenced.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 1 (stated in 'Standard for service' above):	Yes	1,2,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 1		
<b>1:1</b> The organisation, its staff and its volunteers treat individuals with dignity and respect.	Yes	3,7,8
<b>1:2</b> The organisation, its staff and its volunteers recognise and promote individual freedom of expression.	Yes	1,2,5
<b>1:3</b> The organisation supports active decision-making and individual choice, including the timely provision of information in appropriate formats to support individuals, families, friends and carers to make informed decisions and understand their rights and responsibilities.	Yes	1,2,5,8
<b>1:4</b> The organisation provides support strategies that are based on the minimal restrictive options and are contemporary, evidence-based, transparent and capable of review.	Yes	1,2,3,5



<b>1:5</b> The organisation has preventative measures in place to ensure that individuals are free from discrimination, exploitation, abuse, harm, neglect and violence.	Yes	1,2,3,5
<b>1:6</b> The organisation addresses any breach of rights promptly and systemically to ensure opportunities for improvement are captured.	Yes	1,2,5
<b>1:7</b> The organisation supports individuals with information and, if needed, access to legal advice and/or advocacy.	Yes	1,2,3,8
<b>1:8</b> The organisation recognises the role of families, friends, carers and advocates in safeguarding and upholding the rights of people with disability.	Yes	2,3,7,8
<b>1:9</b> The organisation keeps personal information confidential and private.	Yes	1,2,5,7

*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians





**Standard 2: Participation and inclusion**

Standard for service: **The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.**

**Assessment summary against Standard 2: Participation and inclusion**

**Standard 2 is met.**

Kids are Kids! demonstrated its promotion of family and community through its flexibility of service locality, which ranges from centre-based to community-based settings and the family home. The availability of choices in relation to settings was described by families as a strength of this service, but it was noted that the full range of choices are not available in all localities. Collaboration with families, teachers and other service providers was demonstrated throughout this evaluation. Staff described their partnerships with other organisations and how they respond to culturally diverse needs during interviews. Policies, such as the Participation and Inclusion Policy and the Working in Schools Policy express the service’s commitment to work collaboratively and in community settings.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 2 (stated in ‘Standard for service’ above):	Yes	1,2,3,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 2		
<b>2:1</b> The organisation actively promotes a valued role for people with disability, of their own choosing.	Yes	1,2,3,5
<b>2:2</b> The organisation works together with individuals to connect to family, friends and their chosen communities.	Yes	1,2,3,7,8
<b>2:3</b> Staff understand, respect and facilitate individual interests and preferences, in relation to work, learning, social activities and community connection over time.	Yes	1,2,3,7,8
<b>2:4</b> Where appropriate, the organisation works with an individual’s family, friends, carer or advocate to promote community connection, inclusion and participation.	Yes	1,2,3,7,8
<b>2:5</b> The service works in partnership with other organisations and community members to support individuals to actively participate in their community.	Yes	1,2,3,5



<b>2:6</b> The organisation uses strategies that promote community and cultural connection for Aboriginal and Torres Strait Islander people.	Yes	1,2,3,5
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff **4** discussion with external stakeholder; **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians



**Standard 3: Individual outcomes**

Standard for service: **Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.**

**Assessment summary against Standard 3: Individual outcomes**

**Standard 3 is met.**

Kids are Kids! has a well-established process for identifying goals and monitoring them. Plans viewed clearly show family involved in the development and review of goals. The focus during goal setting and review is on the child, their family and their environment and experiences. The service’s commitment to meeting individual and family needs is expressed in their Family Centred Practice Model. The service methodology described in this model was consistently evidenced during interviews with staff and families during this evaluation.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a ‘Reason for finding’ where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 3 (stated in ‘Standard for service’ above):	Yes	1,2,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 3		
<b>3:1</b> The organisation works together with an individual and, with consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.	Yes	1,2,3,8
<b>3:2</b> Organisation planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer or advocate.	Yes	1,2,3,8
<b>3:3</b> The organisation plans, delivers and regularly reviews services or supports against measurable life outcomes.	Yes	1,2,3,8
<b>3:4</b> Organisation planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.	Yes	1,2,3,8
<b>3:5</b> The organisation collaborates with other service providers in planning service delivery and to support internal capacity to respond to diverse needs.	Yes	1,2,3,8

*Legend for evidence information source:* **1** documentation **2** discussion with management staff  
**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment  
**6** other **7** direct observations **8** discussion with individuals, family, carers, friends, advocates or guardians



**Standard 4: Feedback and complaints**

Standard for service: **Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.**

**Assessment summary against Standard 4: Feedback and complaints**

**Standard 4 is met.**

Kids are Kids! has published its Complaints, Compliments and Disputes Policy on its website, outlining several internal and external avenues in which feedback can be provided. The service also conducts an annual survey. On sighting of plans, it was evident that a strong strategy employed by the service to collect feedback was through the review of plans and achievement of goals. The feedback collected during service reviews provides one of several conduits for service improvements and professional development during team meetings and individual supervision sessions.

The Evaluator observed during the evaluation how seriously Kids are Kids! responds to any feedback provided from those accessing the service, noting the effective internal communication and identification of the actions leading to the complaint, as well as the immediate and appropriate feedback to the complainant.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 4 (stated in 'Standard for service' above):	Yes	1,2,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 4		
<b>4:1</b> Individuals, families, friends, carers and advocates are actively supported to provide feedback, make a complaint or resolve a dispute without fear of adverse consequences.	Yes	1,2,5
<b>4:2</b> Feedback mechanisms including complaints resolution, and how to access independent support, advice & representation are clearly communicated to individuals, families, friends, carers and advocates.	Yes	1,2,3,5
<b>4:3</b> Complaints are resolved together with the individual, family, friends, carer or advocate in a proactive and timely manner.	Yes	1,2,3,5
<b>4:4</b> The organisation seeks and, in conjunction with individuals, families, friends, carers and advocates, reviews feedback on service provision and supports on a regular basis as part of continuous improvement.	Yes	1,2,3,5



<b>4:5</b> The organisation develops a culture of continuous improvement using compliments, feedback and complaints to plan, deliver and review services for individuals and the community.	Yes	1,2,3,5
<b>4:6</b> The organisation effectively manages disputes.	Yes	1,2,5

*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians



**Standard 5: Service access**

Standard for service: **The service manages access, commencement and cessation in a transparent, fair and equal and responsive way.**

**Assessment summary against Standard 5: Service access**

**Standard 5 is met.**

Kids are Kids! has published its entry criteria within the various programs on its website. The policy on Service Entry and Exit and the Waitlist Policy were being reviewed by the service at the time of the evaluation. Staff and management described current practice for service entry and waitlist management and the Evaluator sighted documents which reflected the practices described during interviews. Experiences by service users in relation to service access, and particularly communication from the service while being waitlisted, varied. The majority of service users spoken with though described the experience of entering this service as very positive.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 5 (stated in 'Standard for service' above):	Yes	1,2,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 5		
<b>5:1</b> The organisation systematically seeks and uses input from people with disability, their families, friends and carers to ensure access is fair and equal and transparent.	Yes	1,2,5
<b>5:2</b> The organisation provides accessible information in a range of formats about the types and quality of services available.	Yes	1,2,5
<b>5:3</b> The organisation develops, applies, reviews and communicates commencement and leaving a service processes.	Yes	1,2,5
<b>5:4</b> The organisation develops, applies and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.	Yes	1,2,5
<b>5:5</b> The organisation monitors and addresses potential barriers to access.	Yes	1,2,5
<b>5:6</b> The organisation provides clear explanations when a service is not available along with information and referral support for alternative access.	Yes	1,2,5



<b>5:7</b> The organisation collaborates with other relevant organisations and community members to establish and maintain a referral network.	Yes	1,2,5
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff **4** discussion with external stakeholders **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians



**Standard 6: Service management**

Standard for service: **The service has effective and accountable service management and leadership to maximise outcomes for individuals.**

**Assessment summary against Standard 6: Service management**

**Standard 6 is met.**

Kids are Kids! has experienced a steady growth in recent years. The current systems appear adequate to support the service with its current size and complexity. However, the service has recognised that it needs to mature its systems to facilitate growth, and has engaged a consultant, as well as attracted funding, to develop and implement an information technology strategy to facilitate this. Both staff and families have identified during interviews that the recruitment of highly qualified staff and the high retention rate of staff is a strength of the organisation.

**Statement of qualitative evidence**

Team Leader inserts ratings and information sources for P&P and each Indicator of Practice (IoP); and a 'Reason for finding' where relevant.

<b>Policies and Procedures (P&amp;P)</b>	<b>Yes/No or N/A</b>	<b>Info Source</b>
The organisation has policies and/or procedures that support the key elements of Standard 6 (stated in 'Standard for service' above):	Yes	1,2,5
<b>Indicators of Practice (IoP)</b>		
The organisation implements its policies and/or procedures for Standard 6		
<b>6:1</b> Frontline staff, management and governing bodies are suitably qualified, skilled and supported.	Yes	1,2,3,8
<b>6:2</b> Practice is based on evidence and minimal restrictive options and complies with legislative, regulatory and contractual requirements.	Yes	1,2,5
<b>6:3</b> The organisation documents, monitors and effectively uses management systems including Work Health Safety, human resource management and financial management	Yes	1,2,3,5
<b>6:4</b> The organisation has monitoring feedback, learning and reflection processes which support continuous improvement.	Yes	1,2,3,5
<b>6:5</b> The organisation has a clearly communicated vision, mission and values which are consistent with contemporary practice	Yes	1,2,5
<b>6:6</b> The organisation has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.	Yes	1,2,5
<b>6:7</b> The organisation uses person-centred approaches including the active involvement of people with disability, families, friends,	Yes	1,2,3,8





carers and advocates to review policies, practices, procedures and service provision.		
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*Legend for evidence information source:* **1** documentation **2** discussion with management staff

**3** discussion with direct care staff; **4** discussion with external stakeholders **5** annual self-assessment

**6** other **7** direct observation **8** discussion with individuals, family, carers, friends, advocates or guardians



## **Acknowledgments**

Thanks are extended to individuals, families, carers, management and staff for the assistance they provided throughout the evaluation visit.

## **Further information**

Information about the National Standards for Disability Services and the WA Quality System can be accessed on the website:

<http://www.disability.wa.gov.au/disability-service-providers-/for-disability-service-providers/quality-system>

For further information about this report, please contact the Quality and Evaluation team: [quality@dsc.wa.gov.au](mailto:quality@dsc.wa.gov.au)

## **Disclaimer**

The quality evaluation assessment is necessarily limited by the following:

- The methodology used for the evaluation has been designed to enable a reasonable degree of assessment in all the circumstances.
- The assessment involves a reliance on observation, feedback, and written records provided by the organisation as sources of evidence. The accuracy of written records cannot always be completely verified.
- The assessment will involve the Team Leader Evaluator sourcing evidence and seeking feedback from relevant stakeholders. On some occasions, information gathered may not reflect the circumstances applying over the whole group.
- Some issues or required improvements within the organisation may not have been identified due to the time available during the assessment.

## **Confidentiality statement**

The Team Leader Evaluator shall keep all information collected during this assessment, relating to the organisation, confidential; and shall not disclose any such information to any third party, except that as required by legislation or by Disability Services.

All Team Leader Evaluators have signed a confidentiality agreement and will only request and use confidential information provided by the organisation as per the requirements of the Standards being assessed.