



Education Review Office
Te Tari Arotake Mātauranga

He Pou Tātaki:
How ERO reviews hospital-based
education and care services



June 2017



Ko te Tamaiti te Pūtake o te Kaupapa

The Child – the Heart of the Matter

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Foreword

The Education Review Office (ERO) independently reviews and reports on the quality of education in schools and early childhood services. The focus of ERO's reviews in hospital-based services is on the capacity of the service to contribute to children's learning and promote their wellbeing.

He Pou Tātaki: How ERO reviews hospital-based education and care services provides resources for ERO and hospital-based services to use during reviews. The resources included in this document reflect ERO's commitment to the provision of high quality early childhood education for all children in Aotearoa New Zealand.

ERO's evaluation indicators reflect current research, theory and practice in early childhood education. In addition, the indicators in this document reflect the unique characteristics of hospital-based education and care and are integral to the review methodology.

ERO has drawn on *He Pou Tātaki*, its methodology for reviews in centre-based and home-based early childhood services to develop an approach to reviews in hospital-based education and care services. This methodology is also the result of collaborative work between ERO and representatives from hospital-based services. ERO is committed to maintaining a positive and productive relationship with hospital-based services and the broader education community.

Review procedures are available for centre-based and home-based early childhood services, kura and schools, kōhanga reo and Te Aho Matua kura kaupapa Māori. All documents are on ERO's website (www.ero.govt.nz) or can be requested from an ERO office.

June 2017

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PART 1: Introduction

This document gives information about the process that ERO uses for reviews of hospital-based education and care services.

ERO's review methodology¹ focuses on responding to and complementing the unique characteristics of hospital-based education and care services. ERO's evaluations in hospital-based services focus on their capacity to contribute to children's learning and promote their wellbeing. The methodology is underpinned by sound evaluation theory and current educational theory.

The methodology:

- is flexible and responsive to each service's context and stage of development
- builds upon services' internal evaluation processes and information
- retains an accountability function and contributes to service improvements
- incorporates processes for collecting information about government priorities
- is responsive to Government goals for the early childhood sector.

Through its evaluation practice, ERO aims to build the capacity of early childhood education and care services to evaluate and improve their own practice.

1 The methodology outlined in this document specifically applies to ERO's reviews of hospital-based education and care services.

About ERO

ERO is an independent evaluation agency. It provides assurance to the Government about the quality and effectiveness of schools and early childhood services, including hospital-based services.

Children and young people are central to ERO's approach. This is reflected in ERO's whakataukī and is the foundation for ERO's purpose statement.

WHAKATAUKĪ: Ko te Tamaiti te Pūtake o te Kaupapa.
The Child – the Heart of the Matter.

PURPOSE: Our evaluation insights are a catalyst for change so that every child achieves success as a lifelong learner.

ERO's evaluations prompt change and improvement in hospital-based services. They take into account the important contextual and cultural dimensions that shape each service.

ERO's system-wide evaluations also influence national debate and support the Government in the development and implementation of education policy and practice.

ERO and Te Tiriti o Waitangi

Te Tiriti o Waitangi informs the development and implementation of all policies and procedures in ERO, including its education evaluation approaches. ERO promotes educational success for Māori, as Māori, and the realisation of Māori potential. *Ka Hikitia*,² the Government's Māori Education Strategy, clearly articulates this aspiration for the education sector.

Conduct during education reviews

Review officers use ERO's *Manual of Standard Procedures* and follow the *Code of Ethical Conduct for Review Officers*.

The procedures allow for flexible and responsive evaluation that reflects the circumstances of each hospital-based service. ERO's code expects and requires standards of fairness, impartiality, responsibility and trustworthiness. These standards reflect those in the *State Services Commission Standards of Integrity and Conduct*.

2 Ministry of Education. (2013). *Ka Hikitia – Accelerating Success 2013-2017*. Wellington.

PART 2: Children’s learning and wellbeing in hospital-based services

Context of hospital-based services

Hospital-based early childhood education and care services operate from hospital premises and provide education and care to children who are patients of that hospital. Aotearoa New Zealand is the only country internationally to have an education curriculum in hospital settings.³

The hospital play specialists’ profession is a niche field, emerging in New Zealand as a professional practice in the 1960s.⁴ Hospital play specialists (HPS) work as members of interdisciplinary healthcare teams to support children’s development and their emotional wellbeing in hospital settings. They also contribute to wider aspects of paediatric care and provide support for siblings and family members.⁵

HPS incorporate the principles, strands and goals of *Te Whāriki*,⁶ the early childhood curriculum with therapeutic play programmes. This model emphasises the role of play in transforming the potentially psychologically harmful hospital experience into one where the child can learn and grow. Children often regress in hospital due to the uncertainty and stress they face. The role of hospital-based services is therefore very different and learning programmes and outcomes for children will also be different from those in non-hospital settings.⁷

All licensed hospital-based education and care services are required to meet regulated standards and effectively support HPS to gain the additional knowledge and skills for working within a hospital-based context. ERO’s reviews of hospital-based services respond to the services’ context and evaluate their performance in contributing to children’s learning and promoting their wellbeing.

Regulatory environment

The Education Act 1989 was amended in 2008 to create a revised legislative framework for the operation of early childhood services. All hospital-based services are licensed under the *Education (Early Childhood Services) Regulations 2008*.⁸

The key document that forms part of the regulatory framework is the *Licensing Criteria for Hospital-based Education and Care Centres 2008* and the *Early Childhood Curriculum Framework*.⁹ Hospital-based services must meet the licensing criteria as well as requirements contained in the regulations, in order to gain and maintain a licence to operate.

ERO’s evaluation focuses on the quality of education and care that the hospital-based service provides and how each service meets the regulated standards.

3 Kayes, M. (2005). *The Experience of Novice Play Specialists in their Early Months of Employment*. (Master of Health Science thesis), Auckland University of Technology, Auckland.

4 Hospital Play Specialists Association. (2014). *History: Background information on the development of play and recreation services in New Zealand hospitals*. Retrieved from <http://www.hospitalplay.org.nz/online/history.csn>

5 Rollins, Judy A., Bolig, Rosemary and Mahan, Carmel C. (Eds). (2005). *Meeting children’s psychosocial needs across the health-care continuum*. Pro-Ed. Austin, Texas.

6 Ministry of Education (1996). *Te Whāriki: He Whāriki Mātauranga mō ngā Mokopuna o Aotearoa; Early Childhood Curriculum*. Wellington.

7 Matthews, B. (1991). *A therapeutic play programme for young hospitalised children*. Paper presented at the ‘The Impact of Policy Change’. Fifth Early Childhood Convention (September 8-12. 1991). Dunedin.

8 Ministry of Education. (2008). *Education (Early Childhood Services) Regulations 2008*. Wellington.

9 Ministry of Education. (2008). *Licensing Criteria for Hospital-based Education and Care Centres 2008*. Wellington.

United Nations Convention on the Rights of the Child (UNCRC)

UNCRC¹⁰ is a human rights treaty which sets out the civil, political, economic, social, health and cultural rights of children. It places an obligation on governments not just to protect children's rights but to actively promote them. It also requires governments to allow children to have a voice in decisions that affect them. New Zealand ratified the United Nations Convention on the Rights of the Child (UNCRC) on 6 April 1993.

Leaders and HPS should give consideration to children's rights in their services' policies and practices for the provision, protection and participation of children and their families in hospital-based services.

Hospital-based services and Te Whāriki

The curriculum framework is prescribed by the Minister of Education. *The Early Childhood Education Curriculum Framework* is made up of the English and te reo Māori versions of the principles and strands of the early childhood curriculum *Te Whāriki: He Whāriki Mātauranga mō ngā Mokopuna o Aotearoa (Te Whāriki)*.¹¹ All licensed hospital-based services are required to provide a curriculum that meets the principles and strands of *Te Whāriki*.

Te Whāriki is based on socio-cultural perspectives. This means that there is an expectation that the curriculum in each hospital-based service will respond to the social and cultural values and beliefs of its community of children, families and HPS. Each hospital-based service, in consultation with its community, determines its own curriculum priorities and emphases.

Hospital-based services and Te Tiriti o Waitangi

Te Tiriti o Waitangi is a foundation document of Aotearoa New Zealand and guides education with regards to participation, power and partnership for Māori, as tangata whenua, and non-Māori as signatories to the Treaty. The Treaty provides a driving force for the revitalisation of Māori language and culture.

Hospital-based services are required to provide a curriculum that acknowledges and reflects the unique place of Māori as tangata whenua. The curriculum must also help children to develop their knowledge and understanding of the cultural heritages of both parties to Te Tiriti o Waitangi.

The principle of partnership in the Treaty needs to be reflected in the practices of the hospital-based service. Working in partnership with Māori requires inclusive and collaborative relationships between the hospital-based service and whānau for the learning and wellbeing of Māori children.

Responding to diversity

Diversity¹² encompasses many characteristics including medical needs, ethnicity, socio-economic background, gender and home language.

To understand and respond to this diversity, service leaders and HPS need to have a deep understanding of the identity and experiences of the children attending the service. Their systems and practices should be responsive to all children's needs, capabilities and circumstances.

10 Ministry of Justice. (May 2015). *United Nations Convention on the Rights of the Child*. 1989.

11 Ministry of Education. (1996). *Te Whāriki: He Whāriki Mātauranga mō ngā Mokopuna o Aotearoa; Early Childhood Curriculum*. Wellington.

12 Ministry of Education. (2003) *Quality Teaching for Diverse Students in Schooling: Best Evidence Synthesis Iteration (BES)*.

Māori children

Ka Hikitia,¹³ the Government's Māori Education Strategy, proposes that the language, culture and identity of Māori children be acknowledged and a productive partnership forged by the sharing of power between Māori children, whānau, iwi, HPS and leaders.

Penetito¹⁴ states that there is no such thing as **the** Māori identity, there are only Māori identities. In addition, Māori children live in and between at least two worlds. While they may position themselves differently in these worlds they are Māori, by virtue of descent and whakapapa.¹⁵

The wellbeing and learning of Māori children is located in their culture, language and identity. A child's culture, language and identity are where concepts of mana, wairua and mauri exist. *Mana* is the power and potential the Māori child brings with them.¹⁶ *Wairua* is a concept linked to the child's spirit and emotional stability. *Mauri* is observable. It is the life force and energy of the child which enables energy to be expended; the mind to think and have some control over how the body behaves. It enables the child to be vibrant, expressive and impressive.¹⁷

Children of Pacific heritage

The *Pasifika Education Plan*,¹⁸ the Government's strategic direction for improving Pacific education, includes a focus on how well early childhood services engage Pacific children, parents, families and communities.

Children with a Pacific heritage are not a homogeneous group. Pacific children come from diverse groups with different cultures and languages. While some Pacific children are born in New Zealand, others may be new arrivals to the country or may have come to New Zealand specifically for specialised medical treatment.

Understanding the diversity of Pacific children is integral to understanding each child as an individual. HPS cannot simply create broad strategies or approaches for Pacific children in hospital-based services. They need to use their knowledge and understanding of Pacific children, their families and communities to design a meaningful curriculum for each Pacific child.

13 Ministry of Education. (2013). *Ka Hikitia – Accelerating Success 2013-2017*. Wellington.

14 Penetito, W. (2001). 'If We Only Knew ... Contextualising Māori Knowledge'. Paper presented at Earl Childhood Education for a Democratic Society 2001. New Zealand Council for Educational Research. Wellington.

15 Rameka, L. (2011) *Being Māori: Culturally relevant assessment in hospital-based education*. *Early Years* 31, (3): 245–256. Retrieved from [dx.doi.org/10.1080/09575146.2011.614222](https://doi.org/10.1080/09575146.2011.614222).

16 Walker, R. (2008) The Philosophy of Te Whatu Pōkeka: Kaupapa Māori assessment and learning exemplars. *The First Years: Ngā Tau Tuatahi, New Zealand Journal of Infant and Toddler Education* 11 (1): 5-9.

17 Mead, H., and Mead, S. (2003). *Tikanga Māori: Living by Māori Values*. New Zealand. Huia Publishers.

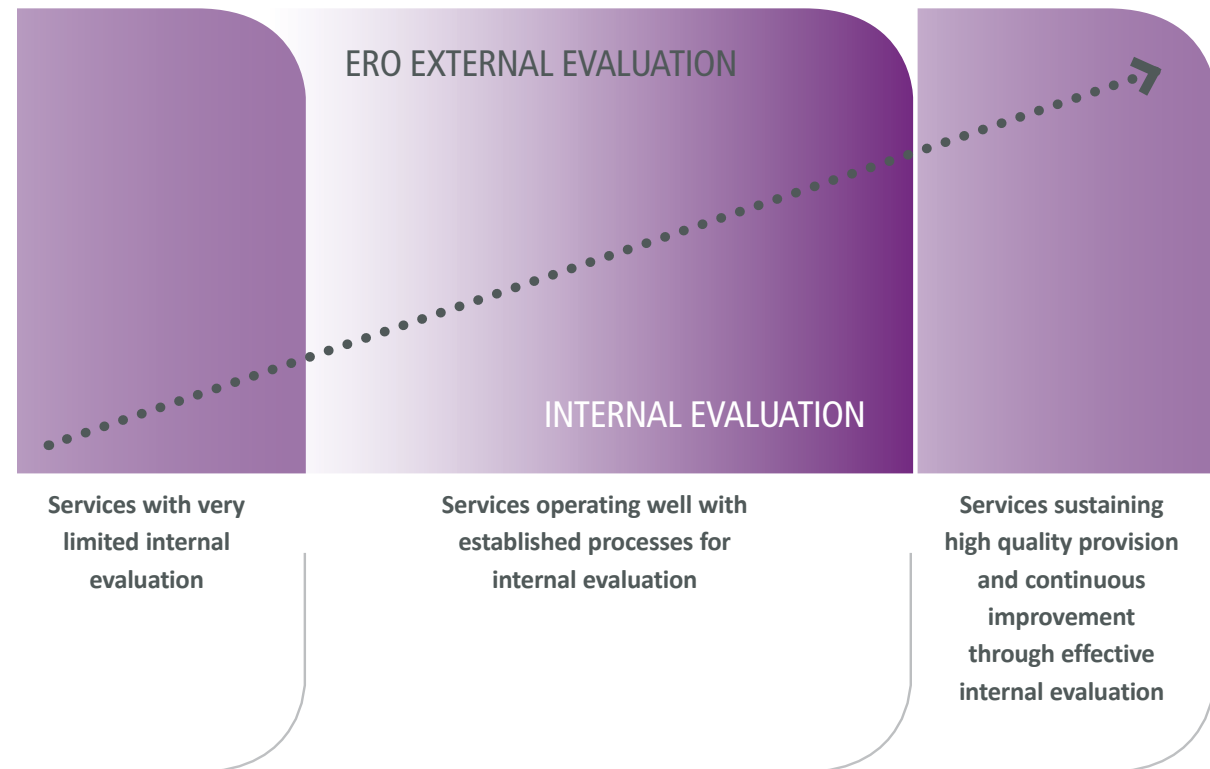
18 Ministry of Education. (2013). *Pasifika Education Plan 2013-2017*.

Part 3: Evaluation in hospital-based service reviews

ERO’s external evaluation process is both proportional and responsive to the service’s internal evaluation. It responds to the hospital-based service’s overall capacity and capability to evaluate and improve its own performance. ERO’s external evaluation also has a role to play in building the evaluation capacity of each service according to its context.

Diagram 1: Responsive approach to evaluation

An evaluation approach that balances external ERO evaluation with service’s internal evaluation according to each service’s circumstances.



The relationship between external and internal evaluation

External evaluation can:

- stimulate internal evaluation
- expand the scope of internal evaluation
- validate the results of internal evaluation
- provide an additional perspective
- include a capacity building role as part of the external evaluation.

Internal evaluation can:

- deepen the scope of external evaluation
- give a context to the external evaluation
- provide important insights
- improve the interpretation of external evaluation findings
- contribute to increased use of external evaluation findings.

Building evaluation capability

ERO uses its external evaluation process to increase capability within hospital-based services to undertake internal evaluation as a routine activity for both accountability and improvement purposes. The intention is for evaluation to become embedded in the day-to-day practice of leaders and hospital play specialists.

ERO builds the evaluation capability of the hospital-based service through:

- making its own external evaluation processes transparent
- modelling evaluation practice
- encouraging participation in ERO's evaluation process
- having discussions about the service's internal evaluation processes
- involving nominated service personnel in evaluation design, analysis and synthesis processes
- providing tools (e.g. examples of questions and indicators) that services can use in their internal evaluation
- discussing resources that services can use to help them with internal evaluation.

Internal evaluation in hospital-based services

The term internal evaluation is often used synonymously with other terms such as self evaluation, self review, assessment, monitoring and appraisal.

ERO defines internal evaluation as *the use of robust processes to systematically inquire into and evaluate the effectiveness of policies, programmes and practices. Evaluation findings are used to inform decision-making, improve the quality of practice and contribute to children's learning and wellbeing.*

Regulatory requirements for internal evaluation

Hospital-based services are required to undertake self review as part of their licensing requirements. The criteria to assess the governance management and administration standard specifies that *an ongoing process of self-review helps the service maintain and improve the quality of its education and care.*¹⁹

The licensing criteria require hospital-based services to document:

- a process for evaluating their operation
- a schedule showing timelines for planned evaluation of different areas of operation
- recorded outcomes from the evaluation process.

Internal evaluation is an integral part of professional practice in the governance, management and administration of the hospital-based service.

Guidance and support to help services with internal evaluation

The Ministry of Education resources such as *Quality in Action: Te Mahi Whai Hua*²⁰ and *The Quality Journey: He Haerenga Whai Hua: Improving quality in early childhood services*²¹ can help hospital-based services understand the concept of internal evaluation.

The Ministry has also published guidelines for self review in early childhood services:

*Ngā Arohaehae Whai Hua.*²² These guidelines set out a process for services to use to undertake internal evaluation. This process is one that requires a systematic process of preparation, data gathering, analysis and decision-making. It implies an evaluative approach.

Internal evaluation: scope, depth and focus

Internal evaluation processes help the hospital-based service know how well it is contributing to children's learning and promoting their wellbeing. As a result of information from internal evaluation, the service is able to identify how to improve practice.

There are different ways of describing the scope, depth and focus of internal evaluation.

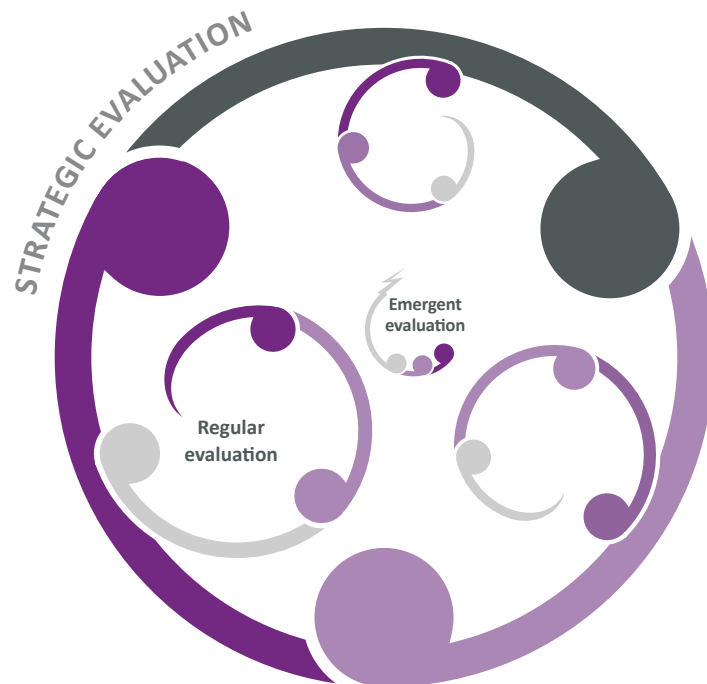
The Ministry of Education's guidelines refer to a framework of *planned* and *spontaneous* review/evaluation. The following diagram expands on that framework by including *strategic* evaluation. Strategic evaluation is the process by which the hospital-based service evaluates how well it is achieving its vision, goals or philosophy.

19 Ministry of Education. (2015). *Licensing criteria for hospital based ECE services*. Retrieved from www.education.govt.nz/early-childhood/running-an-ece-service/the-regulatory-framework-for-ece/licensing-criteria/hospital-based-ece-services/governance-management-and-administration/professional-practices/gma6-self-review/.

20 Ministry of Education. (1998). *Quality in Action/Te Mahi Whai Hua: Implementing the Revised Statement of Desirable Objectives and Practices in New Zealand Early Childhood Services*. Wellington: Learning Media.

21 Ministry of Education. (1999). *The Quality Journey/He Haerenga Whai Hua: Improving quality in early childhood services*. Wellington: Learning Media

22 Ministry of Education.(2006). *Ngā Arohaehae Whai Hua/Self-review guidelines for early childhood education*. Wellington: Learning Media.

Diagram 2: Scope, depth and focus of internal evaluation

Strategic evaluation is long term, and focused on key goals related to the hospital-based service's vision, goals or philosophy.

Regular (or planned) internal evaluations are about 'business as usual'. They are smaller, focused and ongoing, feeding regular information into the strategic evaluation.

Emergent (or spontaneous) evaluations are in response to unplanned events or issues as they arise. They are one-off spontaneous evaluations but should fit with overall goals and link to other evaluations.

All evaluations involve gathering information which is used as evidence to support judgements and make decisions about service direction and priorities.

Internal Evaluation: a continuum of understanding and practice

Evaluation is a developmental activity that is best understood as operating on a continuum of understanding and practice. The features or characteristics of each of the identified stages are a guide to determining the level at which the hospital-based service understands and undertakes internal evaluation. See diagram 3 on next page.

Diagram 3: Internal evaluation continuum

A continuum of capacity (understanding and practice)

Highly effective/well-developed internal evaluation

- well-established processes for internal evaluation
- purpose of internal evaluation is clear
- systematic, planned and deliberate inquiry
- documentation developed to show evidence of process and outcomes
- multiple perspectives sought – children and whānau contribute to internal evaluation
- indicators or criteria are used
- use of multiple sources of information
- well-analysed information
- strong focus on teaching and learning and outcomes for all children
- internal evaluation includes a focus on all aspects of the service's operation over time
- internal evaluation is linked to the service's vision and philosophy and informs strategic direction
- internal evaluation outcomes are used for decision-making and improvement
- internal evaluation involves working with evidence to achieve ongoing improvement

ERO's evaluation indicators provide more detailed information about highly effective internal evaluation.

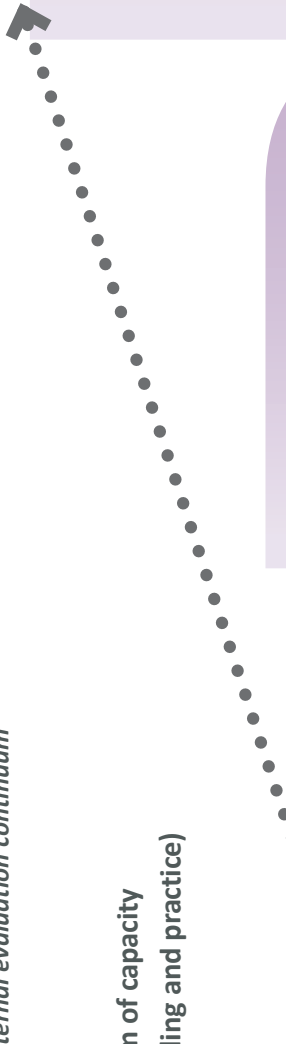
Developing internal evaluation

- shared understanding of internal evaluation developing
- evidence of internal evaluation but not strongly aligned to strategic planning/ goals/vision/philosophy
- focus on resources and environment
- evidence of a process (documented)
- starting to focus evaluation on teaching and learning practice and children's learning
- becoming established with clear purpose and procedures to guide internal evaluation
- a planned approach evident – use of a review plan or schedule to guide evaluation
- examples of spontaneous or emergent and planned evaluations

Internal evaluation that meets regulatory requirements sits between these two stages.

Early stage of internal evaluation

- largely compliance or audit focused
- mostly about policy review (as a paper exercise)
- understanding of internal evaluation developing but not shared at all levels of the service (purpose and processes)
- processes and outcomes not documented
- mostly undertaken by individuals rather than a collaborative activity
- limited as to whose perspectives are sought
- limited gathering of evidence
- limited analysis of information
- action not taken as a result of internal evaluation



PART 4: ERO's framework for review – Ngā Pou Here

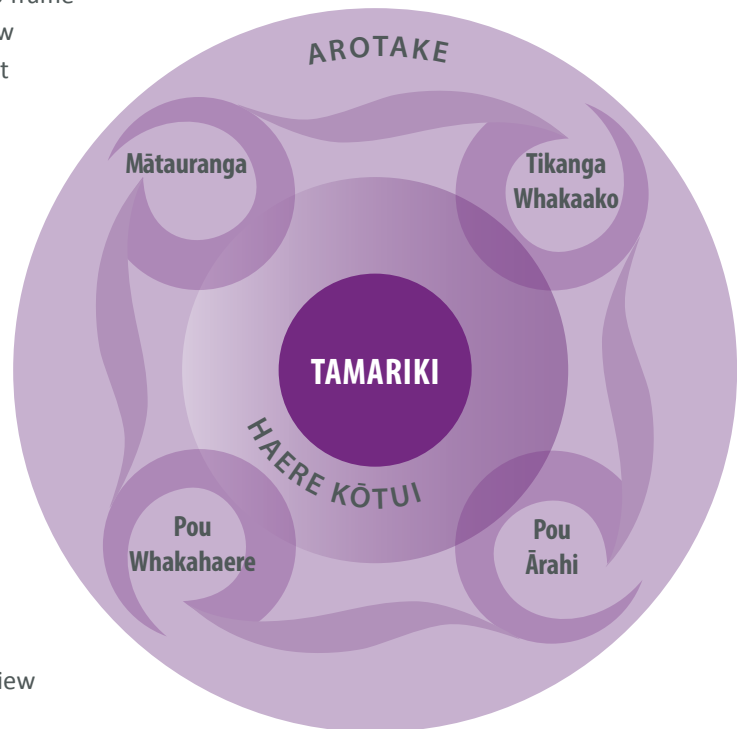
Introduction

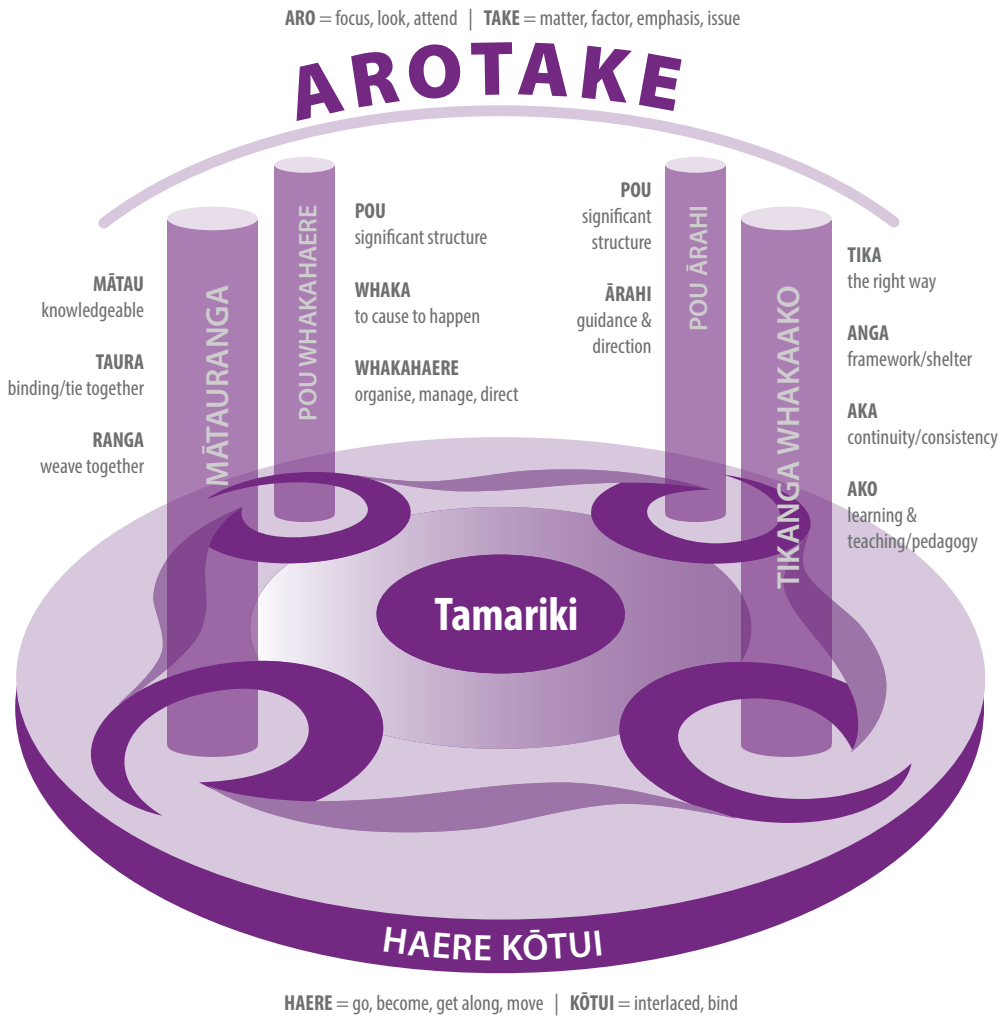
Ngā Pou Here is a metaphor used to frame the early childhood education review methodology. *Ngā Pou Here* is about the factors that affect the capacity of hospital-based education and care services to contribute to children's learning and promote their wellbeing. Tamariki/children are at the centre of ERO's focus.

The use of Māori terminology and concepts in *Ngā Pou Here* is one strategy ERO uses to realise its commitment to equitable outcomes for Māori. Review officers and hospital-based services can use the Māori terminology and increase their understanding of the Māori world view as expressed in *Ngā Pou Here*.

In this section the terminology and meaning of each *Pou* is briefly explored from the perspective of te ao Māori. PART 5 has more information about *Ngā Pou Here* as an evaluation framework and ERO's evaluation indicators in PART 6 further explain each *Pou*.

Diagram 4: Ngā Pou Here





CONTRIBUTES TO CHILDREN’S LEARNING AND PROMOTES THEIR WELLBEING

Diagram 5: Ngā Pou Here Te Ao Māori

This diagram shows the Pou, the significance of the words in te reo Māori, and how the principles of partnership (Haere Kōtui) and self review (Arotake) connect and support the Pou.

Ngā Pou Here

Pou are carved posts placed strategically on the land or in specific places to acknowledge and represent the relationship between tangata whenua, their ancestors and their environment or taiao. Pou are significant markers that identify boundaries, guardianship and protection. In short, they mark the traditional and contemporary associations significant to Māori and their contribution to Aotearoa New Zealand’s cultural heritage and identity. This diagram shows the interconnectedness of the Pou and their connection to children’s learning and wellbeing. The four Pou embody inclusion, equity and balance. None of the Pou can stand on their own; they impact on and influence one another.

Pou Whakahaere

Pou Whakahaere acknowledges the skills and knowledge that a group of people bring to a particular context. Pou Whakahaere are entrusted to work on behalf of others to ensure that the vision and aspirations of the collective are realised. Their significant marker is that of management and governance.

Pou Whakahaere is a marker for:

- the service establishing its vision, philosophy and strategic direction
- the service having an up-to-date policy framework that guides practice
- management of resources, including people, money and property
- capacity building to enable the service to sustain quality, contribute to children’s learning and support their wellbeing.

Pou Ārahi

Pou Ārahi refer to the people who ‘ārahi’ or provide guidance, supervision and direction to others. Pou Ārahi enact the guidelines and procedures put in place by Pou Whakahaere. This requires a high level of skill in culturally and socially appropriate leadership.

Pou Ārahi is a marker for:

- the enactment of the service’s philosophy
- realising the service’s vision and strategic direction
- establishing a service culture that supports ongoing improvement
- building and supporting professional practice.

Mātauranga

Mātauranga is a body of knowledge that is framed in certain ways. In curriculum development it is important to ask whose knowledge is valued and how this impacts on children’s learning and wellbeing. The inclusion of mātauranga Māori enables all children to understand the significance of Māori as tangata whenua through the use of te reo Māori; Māori symbols; learning experiences that focus on the environment (taiao) through the lens of atua Māori Māori (guardians of the forest, sky, earth, wind, rain, storms, earthquakes and volcanoes); pūtaiao (science); and hangarau (technology). Mātauranga Māori communicates something fundamental about the Māori world, something distinctive and valuable. It encompasses both ancient and modern forms of knowing and enlightenment.

The inclusion of Mātauranga Māori across the curriculum enhances the mana and wairua of Māori children. This validates their ways of knowing, being and doing. At the same time it provides all children with knowledge and information that supports their learning and understanding of the world they live in.

Mātauranga is a marker for:

- HPS’ professional knowledge and their curriculum and subject content knowledge
- HPS’ knowledge of culture and context and how this contributes to decisions about curriculum
- HPS’ knowledge of each child, their parents, family/whānau and where possible, their wider community
- assessment and planning processes.

Tikanga Whakaako

Tikanga whakaako, also known as Māori pedagogy, is a term used to describe teaching and learning that is appropriate for Māori children within an education context. The concept of ako is deeply embedded in tikanga whakaako. Ako acknowledges teaching and learning as a reciprocal process.

Tikanga whakaako also recognises that the child, their parents and family/whānau cannot be separated. Embracing the concept of tikanga whakaako enables HPS to build caring and purposeful learning relationships where everyone feels that their contribution is valued and their potential is recognised. Critical to Māori pedagogy (tikanga whakaako) is the notion of which or whose knowledge (mātauranga) is privileged.²³

Tikanga whakaako is a marker for:

- relationships and interactions between HPS, children, their parents, family/whānau and the interdisciplinary team involved with a child's care
- Te Tiriti-based practice and a bicultural curriculum
- inclusive practices
- learning environments
- transition into, within and between the home, hospital, hospital-based service, other early childhood services and the wider community.

Haere Kōtui

Haere Kōtui captures the essence and importance of partnership. The phrase emphasises the sense of coming together to work with and alongside each other. Haere Kōtui weaves and binds the essential strands of individual commitment and contribution with collective focus and responsibility for the achievement of desired outcomes. A well-woven whāriki brings together all those who are important to the task.

Embedded within the action of Haere Kōtui is whanaungatanga, which in contemporary contexts has been described as the ways in which a group of people, coming together for a common cause or kaupapa, interact and behave with one another.²⁴

Whanaungatanga is based on genuine respect, appreciation and support afforded to others. It recognises the centrality of whānau and relationships to Māori children in hospital-based settings. Whanaungatanga creates a support system drawing on loyalties, obligations and commitment to a common purpose.^{25, 26}

Partnership is especially important for Māori children because of the central role of whānau in building children's sense of identity; through whānau children develop their understanding of the world and their place in te ao Māori.

Arotake

Arotake encompasses the terms assess, evaluate and review. In ERO's work, arotake refers to the process of conducting evaluation. Both internal and external evaluative inquiry helps hospital-based services to know how well they are supporting Māori children to realise their potential.

There are many different forms of Māori identity and there are many ways of consulting and engaging with Māori. The processes used during arotake need to appropriately observe Māori tikanga and kawa. So should the way ERO communicates the findings. Effective and culturally appropriate evaluation activities are those that foster meaningful and honest engagement with Māori.

23 Walker, R. (2008) The Philosophy of Te Whatu Pōkeka: Kaupapa Māori assessment and learning exemplars. *The First Years: Nga Tau Tuatahi, New Zealand Journal of Infant and Toddler Education* 11 (1): 5-9.

24 Smith, G.H. (1995) Whakaoho Whānau: New Formations of Whānau as an Innovative Intervention into Māori Cultural and Educational Crises. *He Pukenga Korero: A Journal of Māori Studies* 1 (Spring): 18-36.

25 Hohepa, Margie. (1993) *Preferred Pedagogies and Language Interactions in Te Kōhanga Reo*, Monograph 13, Te Tari Rangahau o te Matauranga Māori, University of Auckland, Auckland.

26 Walker, R. (2005) *Bicultural Challenges to Early Childhood Education in Aotearoa New Zealand: Walking With Uncertainty*. Paper presented to the CEIEC Conference 'Honouring the Child, Honouring Equity: Reconsidering Rights and Relationships', Melbourne, 17-20 November 2005.

PART 5: ERO's education reviews in hospital-based education and care services

The structure for ERO's evaluation

This section provides a brief description of the elements that make up the review structure.

These are:

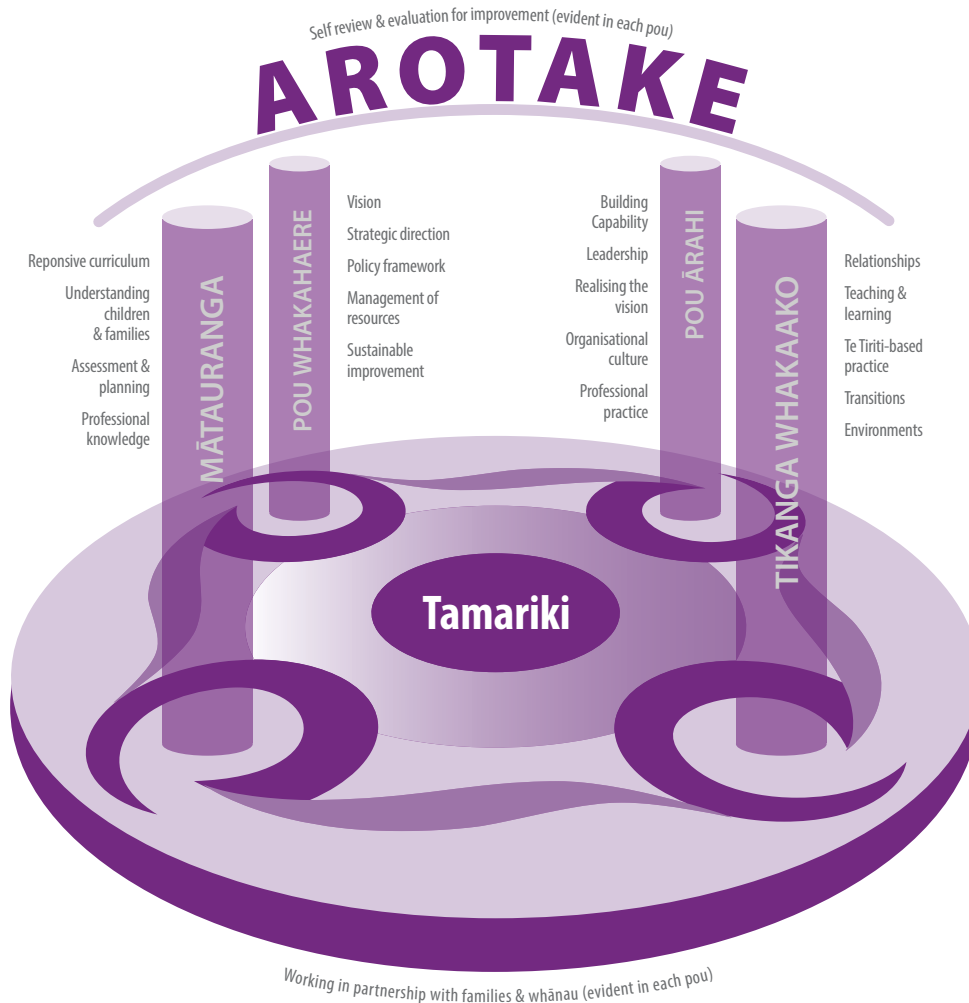
1. ERO's overall evaluation question
 2. *Ngā Pou Here* – the review framework
 3. Capacity and sustainability
 4. Review focus
 5. National evaluation topics
 6. Compliance
-

1. ERO's overall evaluation question

ERO's review will answer the overall evaluation question:

How well placed is this service to contribute to children's learning and promote their wellbeing?

In answering this question, ERO's structure for reviewing and reporting helps hospital-based services to see what they are doing well, where they need to develop and what they could do next to improve practices.



CONTRIBUTES TO CHILDREN'S LEARNING AND PROMOTES THEIR WELLBEING

Diagram 6: Ngā Pou Here – Review Framework

This diagram shows what each Pou represents in the review process. It also shows the connecting elements, Haere Kōtui and Arotake, which should be evident in each Pou.

2. Ngā Pou Here – the review framework

Ngā Pou Here is ERO’s framework for the evaluation of processes and practices in a hospital-based service. The overall aim of using Ngā Pou Here is for ERO to evaluate the service’s capacity to contribute to children’s learning, promote their wellbeing and to sustain a process of ongoing improvement.

Ngā Pou Here explores four key areas:

- Pou Whakahaere – how the service determines its vision, philosophy and direction to contribute to children’s learning and promote their wellbeing
- Pou Ārahi – how leadership is enacted to contribute to children’s learning and promote their wellbeing

- Mātauranga – whose knowledge is valued and how the curriculum is designed to contribute to children’s learning and promote their wellbeing
- Tikanga Whakaako – how approaches to teaching and learning are responsive to diversity, contribute to children’s learning and promote their wellbeing.

Within each *Pou* ERO considers the extent to which the service is enacting Haere Kōtui (working in partnership) and using Arotake (evaluative approaches). As connecting elements, Haere Kōtui and Arotake are envisaged as weaving through and connecting each *Pou*.

ERO’s evaluation indicators in PART 6 clarify the basis on which ERO evaluates hospital-based services’ performance within *Ngā Pou Here*, and provide a tool to assist services with internal evaluation.

Reviewers use *Ngā Pou Here* to design and undertake the review according to each hospital-based service’s context, while ensuring that the focus remains on the service’s capacity to contribute to children’s learning and promote their wellbeing.

3. Capacity and sustainability

The structure of *Ngā Pou Here* supports ERO to determine the capacity a service has to sustain and continue to improve the quality of provision for all children in the hospital-based setting.

For services that are not performing well, *Ngā Pou Here* will help review officers to identify and prioritise the key areas for development. For services that demonstrate a high level of performance, the review can focus on the service’s own information about how well it contributes to children’s learning and promotes their wellbeing.

ERO’s review process takes into account each hospital-based service’s context, performance and capacity. The review framework remains sufficiently flexible for review officers to design reviews that are responsive to context.

4. Review focus

During each review ERO will explore how the hospital-based service’s systems, processes and practices respond to diversity and recognise and respond to children’s languages, cultures and identities in partnership with parents and families/whānau.

ERO will review how well the service contributes to children’s learning and promotes their wellbeing in relation to:

- inclusive practices that enable each child to participate and engage in the programme, and further develop their competence as a learner
- provision for the learning and wellbeing of infants and toddlers, where applicable.

5. National evaluation topics

The national evaluation topics (NETs) are an important part of ERO’s review process.

Through the NETs, ERO investigates key aspects of early childhood services’ performance in relation to the Government’s education priorities. Topics for investigation change regularly and are decided in consultation with the Minister of Education, the Ministry of Education and other government agencies.

ERO uses a range of ways to gather information for its national reports, depending on the scope and focus of the information needed.

Information from early childhood service reviews is gathered, aggregated and analysed. System-wide evaluation judgements are developed from this analysis and published in education evaluation reports which are on ERO's website and often printed as booklets.

Hospital-based services will be notified of the current NET before their scheduled ERO review. Information about current NETs is also provided on ERO's website.

6. Compliance

Hospital-based education and care services operate under a comprehensive set of regulations (reflecting the importance of safety and wellbeing for young children) and there is a public expectation that ERO will continue to check on compliance with these regulations.

ERO supports services' management of compliance functions and places emphasis on services' own reporting on compliance. ERO has developed the *Guidelines for Hospital-based Education and Care Services Assurance Statement* and *Self-Audit Checklists* so that services can provide assurance that they have taken all reasonable steps to meet legal requirements.

During the course of all reviews, ERO checks performance in respect of compliance as attested in the Assurance Statement.

Compliance is not a major focus of reviews unless it appears to ERO that there are significant levels of risk to children's safety and wellbeing. If the checking process indicates significant problems, ERO will investigate further or make a recommendation to the Ministry of Education to reassess the service's compliance with licensing requirements.

Part 6: ERO's evaluation indicators for education reviews in hospital-based education and care services

Introduction

ERO's evaluation indicators are about the factors that contribute to children's learning and promote their wellbeing in hospital-based services. The evaluation indicators:

- help to determine if high quality is being achieved
- are indicative of quality – they do not represent quality practice on their own
- are statements that can be verified through data collection and analysis.

They are not requirements and hospital-based services are not expected to demonstrate that they have achieved all practices outlined in the indicators. The primary purpose of ERO's evaluation indicators is to promote improvement.

Indicator development

ERO's evaluation indicators for education reviews in hospital-based services draw on *He Pou Tātaki*, ERO's methodology for the review of centre-based and home-based early childhood services. The indicators in *He Pou Tātaki* are based on current national and international evaluation and research, ERO's national evaluations, and many years of reviewing experience within ERO.

This publication significantly revises the indicators in *He Pou Tātaki* to be specifically relevant to hospital-based education and care services. It is the result of collaborative work between ERO and representatives from the hospital-based sector. Where there was a lack of research, articles or other material were used if they communicated ideas or aspects of best practice not well explored in research.

The indicators as a resource

The evaluation indicators are a resource that informs the judgements that ERO reviewers make about different aspects of the performance of hospital-based services. They are also intended to clarify the basis on which ERO evaluates performance and to assist in the services' internal evaluation.

For ERO, the evaluation indicators:

- keep reviews focused on how well placed the service is to contribute to each child's learning and promote their wellbeing
- support the implementation of *Ngā Pou Here*, the review framework
- keep the importance of success for Māori children to the fore
- promote consistency by providing guidance for reviewers
- provide a basis for discussion with service personnel about what they know about the quality of education and care for children who attend their service.

For hospital-based services, the evaluation indicators:

- make the review process transparent
- help them to understand the basis on which ERO makes its judgements
- focus them on factors that contribute to each child's learning and wellbeing
- provide a tool to assist them with their own internal evaluation
- help to build their evaluation capacity by modelling evaluative questions and evidence-based judgements.

How the indicators are organised

The indicators are organised within each of the four *Pou* of *Ngā Pou Here*.

At the beginning of each set of *Pou* there are indicators for partnership with parents and families/whānau (Haere Kōtui) and sustainability through internal evaluation (Arotake).

These elements weave through and connect each *Pou*. As a result there is some overlap across the different sections.

The evaluation indicators for each *Pou* are preceded by questions to guide evaluation and review of that *Pou*.

The evaluation questions and prompts

Priority questions

These questions ask what the service knows through its internal evaluation. They ask about the effectiveness of partnerships and internal evaluation in relation to each *Pou*.

Supporting evaluation questions

These are the key evaluative questions that highlight the main aspects of each *Pou*.

Investigative prompts

These prompts further unpack the priority questions and the supporting evaluation questions. They are examples rather than a definitive list.

The indicators

Connecting elements

These refer to indicators related to Haere Kōtui (partnerships with parents and families/ whānau) and Arotake (sustainability through internal evaluation). Because Haere Kōtui and Arotake are woven across each *Pou* there is a **connecting elements** indicator section for each *Pou*.

Contributing elements

This is a way of grouping the indicators according to particular aspects of practice or common themes for particular indicators.

Using the indicators as part of internal evaluation

- The *indicators* can be used:
 - ~ to foster greater depth of understanding about an element or area for development
 - ~ as a tool for exploring an aspect of high quality practice
 - ~ as a measure to evaluate whether high quality is being achieved
- The *investigative questions* are a good starting point to reflect on an aspect of practice.

EVALUATION FRAMEWORK FOR POU WHAKAHAERE

How effectively do the service's philosophy, vision, goals and systems contribute to children's learning and promote their wellbeing?

Priority questions

What does the service know about the effectiveness of its philosophy, vision, goals and systems in:

- supporting the languages, cultures and identities of each child?
- responding to the interests, strengths and capabilities of each child who attends the service?

How effectively does the service promote partnerships with parents and families/whānau?

How effectively does internal evaluation guide decision making and lead to improvements in the provision of high-quality education and care in hospital-based settings?

Supporting evaluation questions

To what extent does the service:

- value and implement the principles of Te Tiriti o Waitangi through its policies and practices?
- involve parents and families/whānau in internal evaluation and include their aspirations and expectations for their children's learning in the vision and associated goals and plans?
- plan (long and short term) and implement strategies that focus on improvement?
- have policies that guide practice?
- effectively manage finances, resourcing, health and safety?
- appoint staff with relevant knowledge and expertise and provide for ongoing staff development?
- use robust internal evaluation processes to guide decision-making and improve quality?

Examples of prompts for investigation

- In what ways do plans, policies and practices demonstrate evidence of a commitment to the principles of Te Tiriti o Waitangi?
- What processes are used to consult with parents, families/whānau and the wider community?
- How does the service find out what aspirations and expectations parents and families/whānau have for their children?
- How is this information used?
- What informs the service's long and short-term planning? How does it focus on children's learning and wellbeing?
- How has the statement of philosophy been developed? Has it been reviewed? Who was involved? Whose values and beliefs does it reflect?
- How does the service ensure alignment between policy and practice?
- In what ways does internal evaluation link to the service's vision and associated goals?
- What internal evaluation of governance and management practices is undertaken?
- What internal evaluation is planned? What internal evaluation is undertaken in a spontaneous way?
- What is the impact of internal evaluation? What difference does it make for all children and their families?

Indicators for Pou Whakahaere

ELEMENTS	EXAMPLES OF INDICATORS
Connecting elements	
Pou Whakahaere and partnerships with parents, family and whānau	<p>The service's philosophy, vision and associated goals and plans are influenced by the aspirations parents, and families/whānau have for their children.</p> <ul style="list-style-type: none"> • Māori are acknowledged as tangata whenua and the importance of Te Tiriti o Waitangi is strengthened through partnerships, policies and practices. • Parents and families/whānau are consulted, have opportunities to contribute to internal evaluation and to be involved in decision-making about their child. • Appropriate physical spaces are provided for conversations with and among HPS, parents and families/whānau and interdisciplinary teams.
Pou Whakahaere and sustainability through internal evaluation	<p>There is compelling evidence that internal evaluation is well understood and used to inquire into and evaluate the effectiveness of policies, programmes and practices.</p> <ul style="list-style-type: none"> • Expectations/guidelines/procedures are documented to effectively guide internal evaluation. • Internal evaluation: <ul style="list-style-type: none"> – includes all aspects of the operation of the service – is focused on promoting quality – is ongoing and responsive to identified priorities – focuses on progress towards the service's vision and goals. • Internal evaluation informs: <ul style="list-style-type: none"> – decision-making at a governance level including priorities, plans, policies and actions – professional learning and development (PLD) programmes. • The impact of change made as a result of internal evaluation is well monitored over time.
Contributing elements	
Vision	<p>A clear vision sets direction for the service. The service's vision:</p> <ul style="list-style-type: none"> – includes reference to the bicultural heritage of Aotearoa New Zealand – is responsive to the impact of illness, hospitalisation and medical events on children, parents and families/whānau – guides long and short-term planning; and reflects a commitment to high quality early childhood education for all children in a hospital-based setting.
Philosophy	<p>Service leaders and HPS can articulate/demonstrate how the philosophy is enacted in practice.</p> <p>The service's philosophy:</p> <ul style="list-style-type: none"> – is developed collaboratively by leaders and HPS – is clearly documented and regularly reviewed – recognises the value of te reo me ona tikanga Māori and the bicultural heritage of Aotearoa New Zealand – outlines the hospital-based service's vision and goals to contribute to children's learning and promote their wellbeing.
Strategic direction	<p>The service has evidence to demonstrate the achievement of its vision and goals.</p> <ul style="list-style-type: none"> • Planning (long and short-term) clearly identifies the service's priorities to promote the learning and wellbeing of each child in the hospital-based service. • Goals are supported by appropriate actions and resources to enable them to be achieved. • Progress towards identified goals is systematically monitored.

Policy framework and guidance	<p>The service's policies and associated procedures:</p> <ul style="list-style-type: none"> – acknowledge Te Tiriti o Waitangi and Māori as tangata whenua – set out clear expectations and guidance for HPS to implement Te Tiriti-based/ bicultural practices and curriculum – take into account the Rights of the Child (UNCRC) – promote high quality practice based on the principles of advocacy, inclusion, quality, equity and social justice.
Performance management	<p>Performance management contributes to the service achieving its vision and goals.</p> <p>The service has up-to-date policies and procedures that support the recruitment, induction, appraisal and professional learning and development (PLD) of competent leaders and HPS.</p>
Financial management	<p>Expenditure is monitored through regular reporting.</p> <ul style="list-style-type: none"> • An annual budget reflects the priorities the service provider has for: <ul style="list-style-type: none"> – contributing to children's learning and wellbeing in this hospital-based service – meeting health and safety requirements – providing professional learning and development for leaders and HPS.
Health and safety management	<p>The service has effective systems to monitor the physical and emotional health and safety for all involved in the service.</p> <p>Note: <i>The Education (Hospital-based Services) Regulations 2008</i> set the requirements for health and safety.</p>
Capacity building	<p>Those responsible for leading the service have a good understanding of, and the capability to carry out, their respective roles and responsibilities. There is a strong focus on continual improvement.</p> <ul style="list-style-type: none"> • A commitment and capability to recruit, manage and develop competent HPS is evident. • Personnel are well supported through induction and training that relates to the specific knowledge and skills required for working in a hospital-based service. • Leaders and HPS undertake professional learning and development to ensure they have current knowledge and the necessary skills to improve practice and provide high quality early childhood education within a hospital-based context. This includes: <ul style="list-style-type: none"> – leading bicultural development and Tiriti-based practices – advocacy for equity and social justice for children and their families/whānau through cross-cultural development and understanding the Rights of the Child (UNCRC).

EVALUATION FRAMEWORK FOR POU ĀRAHI

How effectively does this service build the capability of leaders to contribute to children's learning and promote their wellbeing?

Priority questions

What do leaders know about the effectiveness of practices in relation to:

- supporting the language/s, culture/s and identity of each child?
- responding to the interests, strengths and capabilities of each child who attends the service?

How effectively do leaders work in partnership with parents and families/whānau to contribute to children's learning and promote their wellbeing?

How effective is the educational (pedagogical and curriculum) leadership of the service?

To what extent do leaders promote and implement effective internal evaluation as a means to improve the quality of education and care?

Supporting evaluation questions

How effectively do leaders:

- promote the vision of the hospital-based service and its associated goals?
- promote quality learning and teaching?
- build and support professional practice?
- develop relationships and collaborative ways of working?
- provide opportunities for leadership at all levels? (hospital play specialists, parents and families/whānau, children, the wider community)

Examples of prompts for investigation

How is leadership defined and enacted in this service?

- How well do leaders understand and promote the service's philosophy, vision and goals?
- What do these leaders do to promote strong partnerships and work in a responsive way with families?
- What role do leaders have in internal evaluation?
- What PLD have leaders and HPS undertaken recently? What impact has this had? What PLD is planned?
- How does PLD contribute to the implementation of bicultural and Te Tiriti-based practices?
- How do leaders and HPS increase their cultural competencies?
- How do leaders support HPS to develop their professional teaching practice, including the additional knowledge and skills required within a hospital-based service?

Indicators for Pou Ārahi

ELEMENTS	EXAMPLES OF INDICATORS
Connecting elements	
Pou Ārahi and partnerships with parents and whānau	<p>Leaders base relationships on respect, trust and reciprocity.</p> <p>Leaders and hospital play specialists:</p> <ul style="list-style-type: none"> – respectfully validate te ao Māori – work collaboratively with parents and families/whānau, are responsive to concerns and questions, value their aspirations and expectations and encourage them to take an active role in the hospital-based setting – communicate effectively with families who are bi- or multilingual – strongly advocate for children and their families/whānau.
Pou Ārahi and sustainability through internal evaluation	<p>Leaders are focused on improving the quality of education and care through ongoing systematic internal evaluation.</p> <ul style="list-style-type: none"> • Effective quality assurance processes are implemented to meet the: <ul style="list-style-type: none"> – Licensing Criteria for Hospital-based Education and Care Services 2008 – the prescribed Early Childhood Curriculum Framework – other requirements included in the regulations. • Internal evaluation is valued, effectively led and includes the gathering and analysis of useful information from a range of sources. • HPS increase their individual and collective capability in internal evaluation. • HPS have time to critically reflect on and use evidence and research to improve their practice. • All those involved in the service have opportunities to be involved in internal evaluation. • Internal evaluation is documented and outcomes shared with those involved in the service.
Contributing elements	
Realising the vision and philosophy	<p>Leaders show a strong commitment to the philosophy, vision and goals of the service.</p> <ul style="list-style-type: none"> • A shared understanding of the service’s philosophy, vision and goals is promoted. • A high level of commitment to bicultural practice is apparent and the service’s vision and goals are focused on children’s learning and wellbeing.
Establishing and organisational developing the culture of the service	<p>Leaders establish a culture in which children, their parents and families/whānau are first and foremost valued, celebrated and affirmed for who they are.</p> <ul style="list-style-type: none"> • A high level of relational trust is evident among all who are involved in the service and is conducive to debate, negotiation, problem solving and critical reflection. • Collaborative ways of working are fostered with everyone involved in the service, including the wider health-care organisation.
Building and supporting professional practice	<p>Leaders have a strong commitment to practices that contribute to children’s learning and promote their wellbeing.</p> <ul style="list-style-type: none"> • Leaders and hospital play specialists: <ul style="list-style-type: none"> – support the development and implementation of a Tiriti-based curriculum and engagement in bicultural practices – ensure their practices reflect the rights of all children to a high quality, inclusive hospital-based curriculum – plan for PLD and identify and access training and development opportunities. • Emergent leadership among staff is encouraged.

EVALUATION FRAMEWORK FOR MĀTAURANGA

How effectively is this service's curriculum designed to contribute to children's learning and promote their wellbeing?

Priority questions

What does the service know about the effectiveness of its curriculum (design and planning) in:

- supporting the language/s, culture/s and identity of each child?
- responding to the interests, strengths and capabilities of each child in the hospital-based setting?

To what extent does this service's curriculum respond to and build upon the knowledge and experiences that children, parents and families/whānau bring to the service, especially for those children who experience multiple admissions and/or transitions?

How effective is internal evaluation in evaluating the impact of the service's curriculum on each child's learning and wellbeing?

Supporting evaluation questions

- How well do HPS know and respond to children, their parents and families/whānau?
- How well are the aspirations and goals of parents and families/whānau understood by HPS and reflected in the curriculum?
- How effective are assessment and planning processes in enabling HPS to notice, recognise and respond to the strengths, interests and capabilities of each child in this hospital-based setting?
- To what extent is the curriculum based on hospital play specialists':
 - professional knowledge, curriculum and subject knowledge, and knowledge of each child?
 - understanding of te ao Māori perspectives?
 - knowledge of the diverse cultural identities of families and whānau?
 - understanding of the impact of hospitalisation and treatment on children, their parents and family/whānau?

Examples of prompts for investigation

- How do HPS get to know children, their parents and family/whānau?
- What informs curriculum decisions in this service? How are emphases and priorities for the curriculum determined?
- What processes are in place to involve children, parents and families/whānau in planning and reviewing the curriculum?
- What processes are in place to plan, assess and evaluate a curriculum that responds to the strengths, interests and capabilities of each child in a hospital-based setting?

Indicators for Mātauranga

ELEMENTS	EXAMPLES OF INDICATORS
Connecting elements	
Mātauranga and partnerships with parents and whānau	<p>Hospital play specialists, through contact with parents, families and whānau, promote strong, responsive, reciprocal and respectful partnerships to support each child's wellbeing and learning.</p> <p>Hospital play specialists:</p> <ul style="list-style-type: none"> – understand te ao Māori perspectives to help them relate with Māori whānau – value and acknowledge parents' and families/whānau aspirations for their child, take account of these in assessment and planning processes and share this information with parents – can demonstrate how they provide opportunities for parents and families/whānau to contribute to the curriculum and enhance connections for children – work in partnership with parents/whānau of children with special needs to enhance their learning and wellbeing – work with interdisciplinary teams to enrich children's experiences in the hospital-based setting.
Mātauranga and sustainability through internal evaluation	<p>Hospital play specialists use internal evaluation to inquire into the effectiveness of curriculum practices.</p> <p>Hospital play specialists:</p> <ul style="list-style-type: none"> – use Te <i>Whāriki</i> as a basis for evaluating the service's curriculum – evaluate the impact of curriculum decisions on children in the hospital-based setting – use their professional knowledge to review how their expertise is reflected in the service's curriculum
Contributing elements	
Professional knowledge	<p>The principles and strands of Te <i>Whāriki</i> underpin the curriculum provided in the hospital-based service.</p> <ul style="list-style-type: none"> • Hospital play specialists: <ul style="list-style-type: none"> – understand the special nature and complexities of a hospital-based context, and respond sensitively and respectfully to how this impacts on children and families – know about current theories of learning, teaching and development and use this knowledge to design a responsive curriculum – learn about Māori theories and philosophies to assist in the development of a culturally appropriate curriculum – learn te reo Māori, use correct pronunciation and integrate te reo meaningfully into the programme – recognise, value and advocate for the importance of children learning through play – are able to explain and discuss their pedagogy and share the rationale for curriculum decisions with parents and families/whānau – learn about the diverse language/s, culture/s and identity of each child attending.
Curriculum and subject content knowledge	<p>Hospital play specialists can explain how the curriculum provided aligns to the principles and strands of Te <i>Whāriki</i>.</p> <ul style="list-style-type: none"> • Hospital play specialists have: <ul style="list-style-type: none"> – an understanding of te ao Māori perspectives across all aspects of the curriculum – sufficient knowledge, including subject and general knowledge, to build on children's existing understandings, working theories and dispositions – a depth of subject knowledge that enables them to respond meaningfully to children's interests. • Where HPS do not have the necessary knowledge to support children's interests they access information with children, parents and families/whānau.

Knowledge of learning and of children as learners	<p>Hospital play specialists have information that shows how they appreciate the experiences each child brings with them to the hospital based-setting. These experiences are acknowledged and provide a basis for decisions about the curriculum, particularly for those children who experience multiple admissions and/or transitions.</p> <ul style="list-style-type: none"> • Hospital play specialists: <ul style="list-style-type: none"> – understand the child in the context of family/whānau and wider community – have an understanding of each child as a unique learner and the valued outcomes identified by their family/whānau – carefully listen to, recognise, respond to and encourage each child’s development through dialogue and providing meaningful experiences.
Knowledge of children’s rights	<p>Within the curriculum, hospital play specialists have information that demonstrates how they provide opportunities for children to discuss and negotiate rights, informed consent, fairness and justice with adults.</p> <ul style="list-style-type: none"> • The curriculum empowers children with the knowledge that they have the power to affect conditions that impact on them. • Assessment practices support children to understand and contribute to decisions about their learning and what happens to them in hospital.
Knowledge of culture and context	<p>Hospital play specialists acknowledge whakapapa as integral to the development of a sense of self, belonging and connectedness.</p> <ul style="list-style-type: none"> • Information about local hapu and iwi, their history, sites of significance and kawa is incorporated into the programme in a meaningful and respectful manner. • Kaupapa Māori concepts such as manaakitanga, wairuatanga, whanaungatanga and kaitiakitanga are integral to curriculum decisions. • The diversity within children of Pacific heritage (i.e. they are not a homogenous group) is recognised and HPS understand that language and culture are key to Pacific children’s identity and a positive, confident sense of self. • HPS seek ways to maintain each child’s connection to their language, culture and identity.
Knowledge of family and community	<p>Hospital play specialists:</p> <ul style="list-style-type: none"> – recognise that Māori have a unique culture and history based on strong genealogical links and relationships – engage with children and their parents’ language and culture to make the setting more meaningful for children and their families/whānau.
Assessment and identity	<p>Assessment for learning practices are underpinned by current theory and research and actively involve children, parents and families/whānau. Hospital play specialists are knowledgeable practitioners who understand children’s learning.</p> <ul style="list-style-type: none"> • Assessment values children’s languages, cultures and identities and acknowledges their social and cultural world, diverse experiences and places/ways of learning. • HPS learn about Māori theories and philosophies to assist in the development of culturally appropriate assessment practices. • Assessment acknowledges the meaning children are making of their healthcare and hospital experiences.

Assessment processes	<p>Hospital play specialists keep records/evidence that demonstrate how they are intentional in the way they recognise and respond to opportunities to meaningfully engage children and contribute to their learning.</p> <p>Hospital play specialists use assessment practices that:</p> <ul style="list-style-type: none"> – reflect the learning and experiences in the hospital-based setting – focus on enhancing dispositional learning, as well as skills and ways of knowing – reflect the complexity and continuity of children’s learning and relationships with people, places and things, particularly for those children who experience multiple admissions and/or transitions – reflect a credit-based approach that pays attention to children’s strengths, interests and dispositions in a hospital-based context. <ul style="list-style-type: none"> • Ongoing observation of children builds a picture of what children know, understand, feel, are interested in, and can do. • Assessment includes multiple perspectives that enhance the interpretation and analysis of children’s learning and wellbeing.
Assessment purpose	<p>Hospital play specialists use a range of approaches for different assessment purposes. These include:</p> <ul style="list-style-type: none"> – understanding and supporting children’s engagement and learning – identifying and understanding children’s capabilities and where they may need additional support <ul style="list-style-type: none"> • Assessment supports children’s learning and experiences • Assessment practices provide parents and families/whānau with a way of contributing to each child’s learning and supporting their wellbeing.
Curriculum planning	<p>Hospital play specialists analyse assessment information to understand children’s learning pathways and plan to promote each child’s learning and wellbeing.</p> <ul style="list-style-type: none"> • A range of information, including from interdisciplinary healthcare teams, is used to provide a comprehensive view about each child. • Planning that contributes to learning and promotes the wellbeing of each child is evident.

EVALUATION FRAMEWORK FOR TIKANGA WHAKAAKO

How well do teaching and learning practices contribute to children's learning and promote their wellbeing?

Priority questions

What does the service know (through its internal evaluation) about the effectiveness of tikanga whakaako in:

- supporting the language/s, culture/s and identity of each child?
- responding to the interests, strengths and capabilities of each child who attends the service?

To what extent do teaching and learning practices promote partnerships with parents and families/whānau?
How effective is internal evaluation in improving teaching and learning practices?

Supporting evaluation questions

How effectively do hospital play specialists:

- use teaching practices that enhance each child's sense of self as a successful learner?
- engage in respectful, reciprocal and responsive relationships with each child, their parents and family/whānau?
- respond to the strengths, interests and capabilities of each child?
- implement practices that reflect the principles of *Te Whāriki*?
- interact with each child to extend and challenge their thinking?
- use teaching strategies and resources that reflect Aotearoa New Zealand's dual cultural heritage?
- engage in reflective practice that leads them to question and modify their practice?

How well are transitions managed for children when they are settling into the service, particularly for those children who experience multiple admissions and/or transitions? For example, transitions into, within and between home, hospital/s, wards, the hospital-based service, other early childhood services and the wider community.

Examples of prompts for investigation

- What do HPS know about the effectiveness of their teaching practice and strategies in contributing to learning and promoting the wellbeing of each child?
- In what ways do teaching and learning practices:
 - engage or extend each child's knowledge, skills and dispositions?
 - recognise and respond to each child's dispositions to learn, their strengths, interests and capabilities?
 - promote the diverse languages, cultures and identities of children and their families/whānau?
 - support each child as they transition into, or between home, hospital, the hospital-based service, other early childhood services or the community?

Indicators for Tikanga Whakaako

ELEMENTS	EXAMPLES OF INDICATORS
Connecting elements	
Tikanga Whakaako and partnerships with parents and whānau	<p>The service is welcoming to each child, their parents and family/whānau.</p> <ul style="list-style-type: none"> • Hospital play specialists: <ul style="list-style-type: none"> – base partnerships on genuine attitudes of acceptance, respect and are willing to listen and respond – incorporate the cultural skills and expertise that families/whānau bring to the service – ensure that interactions with diverse families are culturally responsive – enable parents and families/whānau to have a sense of ownership, be involved in educational and health care decisions and ensure that any intervention is culturally responsive.
Tikanga Whakaako and sustainability through internal evaluation	<p>Hospital play specialists:</p> <ul style="list-style-type: none"> – systematically evaluate the quality of their own practice and the impact of this on children, parents and families/whānau – engage in discussion and debate that challenges and informs improvement of their practice. <p>• Internal evaluation:</p> <ul style="list-style-type: none"> – includes a focus on the impact of the service’s curriculum for Māori children – leads to improved practices that are ‘enabling’ and based on principles of advocacy, diversity, equity and social justice.
Contributing elements	
Relationships and interactions with children	<p>Hospital play specialists:</p> <ul style="list-style-type: none"> – develop positive, sensitive, responsive and reciprocal relationships with children – foster children’s language development and their understandings of medical language used with them – take time to listen to children and provide for authentic dialogue in meaningful contexts – actively promote peer interactions to support children’s learning and wellbeing – ask open questions of children to allow their interests to lead learning – use te reo Māori in ways that recognise it as a living language, indigenous to Aotearoa New Zealand – acknowledge children’s culture/s, language/s, identity and life experiences – encourage, accept and respect children’s voice.
Children’s rights	<p>Hospital play specialists advocate for the rights of children and families/whānau to contribute to decisions that affect their wellbeing.</p> <ul style="list-style-type: none"> • HPS talk with children about decisions that affect them and respect children’s rights to express a point of view, be involved in decisions that affect them and be empowered to take increased responsibility for their own wellbeing.

<p>Effective teaching practice</p>	<p>Hospital play specialists intentionally:</p> <ul style="list-style-type: none"> – use a range of strategies to encourage children to express and explore their working theories, including their response to hospitalisation and medical treatment – use a range of teaching strategies and practices to respond to the cultures, languages and identities of each child and their family/whānau – integrate the perspectives of tangata whenua and te ao Māori – support children’s problem-solving and experimentation – make links across time, place and activities by revisiting children’s experiences, ideas and interests – understand the concept of ako and support children to change roles between teacher and learner – consistently implement routines and give children a sense of security in being able to predict what will happen next – make learning meaningful, challenging, fun and enjoyable. <p>Intentional teaching includes:</p> <ul style="list-style-type: none"> – co-construction between children, parents and families/whānau and HPS – joint involvement in child and adult-initiated activities – HPS involvement in children’s self-initiated play – sustained interactions that extend children’s thinking and value their contribution to the learning experience – providing children with feedback that acknowledges their effort and experiences.
<p>Literacy and mathematics</p> <p>Links to the school curriculum</p>	<p>Hospital play specialists are knowledgeable; they use current research to inform their thinking; they are familiar with and understand the links between <i>Te Whāriki</i> and The New Zealand Curriculum (NZC). They use this knowledge to provide meaningful experiences across the curriculum.</p> <ul style="list-style-type: none"> • HPS provide a repertoire of literacy practices that enable children to: <ul style="list-style-type: none"> – observe, listen and build their understanding of specific medical language – use literacy for a purpose – critically question • HPS provide good quality resources to: <ul style="list-style-type: none"> – support children’s home languages – engage children in meaningful play based experiences to develop print awareness and alphabet knowledge • HPS enhance children’s learning through the provision of meaningful and interesting opportunities to: <ul style="list-style-type: none"> – engage in games in which children can vary the level of challenge – use open-ended resources to explore literacy and mathematics concepts in play – make sense of the natural, social, physical and material worlds – be creative and imaginative – use information communication technologies (ICT) in meaningful ways.
<p>Te Tiriti-based practice</p> <p>Bicultural curriculum</p>	<p>Hospital play specialists can demonstrate how they:</p> <ul style="list-style-type: none"> – are open to ‘listening to culture’, allowing space and time for whānau Māori to tell their stories, create their own images, and listen to their own voices – incorporate the principles of Te Tiriti o Waitangi (partnership, participation and protection) – include Māori concepts, knowledge, skills, attitudes, reo, practices, customs, values and beliefs into learning experiences – use te reo Māori – implement the principles of <i>Ka Hikitia</i>.²⁷ • HPS practice reflects the competencies in <i>Tātaiako</i>²⁸

27 Ministry of Education. (2013). *Ka Hikitia: Accelerating Success 2013-2017*. Wellington.

28 Ministry of Education (2011). *Tātaiako – cultural competencies for teachers of Māori learners*. Wellington. Wellington.

<p>Inclusive practices</p>	<p>Hospital play specialists:</p> <ul style="list-style-type: none"> – share a philosophy and commitment to inclusive education that includes beliefs and values based on social justice, fairness and human rights and the United Nations Rights of the Child (UNCRC) – identify and remove barriers to a child’s participation and learning, so far as possible – help all children and families to celebrate their differences by reinforcing the rights of individuals and groups to be different – provide children with positive ways of thinking about and understanding disability – enable children to explore gender and gender roles in ways that are non-stereotypical and open-ended.
<p>Learning environment</p>	<p>Hospital play specialists ensure that resources and environments in the hospital-based setting:</p> <ul style="list-style-type: none"> – offer a variety of experiences to encourage exploration that is meaningful, challenging and enjoyable for children – provide opportunities for children to make choices that are linked to their interests – support children to choose, experience challenges and revisit prior learning and experiences – include languages and symbols of children’s cultural backgrounds.
<p>Transition into, within and between home, the service, home and community</p>	<p>Hospital play specialists, in partnership with parents and families/whānau implement transition practices that:</p> <ul style="list-style-type: none"> – nurture children’s sense of wellbeing and belonging during and after transitions between the hospital, home, other early childhood services and the wider community – honour children’s linguistic and cultural uniqueness – foster children’s engagement to enhance their security and confidence at settling-in and transition times – maintain effective partnerships to support transition between home, hospital/s, the hospital-based service, other early childhood services and the wider community, particularly for children who experience multiple admissions and/or transitions.

CHILDREN UP TO TWO YEARS OF AGE

These indicators focus on factors that contribute to high quality provision for children up to two years of age. They are particularly focused on Tikanga Whakaako and Mātauranga.

ELEMENTS	EXAMPLES OF INDICATORS
Connecting elements	
Positive, sensitive and responsive interactions	<p>Hospital play specialists work collaboratively with parents and families/whānau to maintain infants' and toddlers' need for strong and secure attachments and respond sensitively to each child's changing needs and preferences.</p> <ul style="list-style-type: none"> • Secure, child-family-hospital play specialist relationships promote the development of children's positive sense of self. • The social and emotional climate created by a responsive curriculum contributes to each child's learning and supports their wellbeing. • Hospital play specialists: <ul style="list-style-type: none"> – engage in consistent, responsive interactions with children, their parents and families/whānau to establish a secure foundation for each child – respect children's and families/whānau rights to be informed and consulted about decisions that affect them – maintain a calm, slow pace in which younger children have space and time to lead their learning and recognise and use learning opportunities within care routines e.g. nappy changing – learn about te ao Māori to support their care of Māori infants and toddlers. • HPS engage with parents and families/whānau to: <ul style="list-style-type: none"> – know the narrative style (language development) of children and the level of communication and language used by each child – be responsive to children's temperaments, preferences and interests, including the subtle cues offered by infants and toddlers including body language, for example, gaze, pointing – offer infants and toddlers appropriate choices about what is to happen to them and support them to manage, so far as possible, experiences that may be challenging – be available to infants and toddlers, supporting them in their learning and resisting the urge to intervene unnecessarily in their problem-solving efforts and mastery of their own physical development – be sensitive and responsive to differences in children's social and cultural backgrounds. • The importance of play as a vehicle for learning is respected and valued.
Learning environment	<p>The physical environment provides for the safety, physical and emotional wellbeing and intellectual stimulation of young children.</p> <ul style="list-style-type: none"> • HPS advocate for environments, practices and treatment options that optimise a sense of wellbeing and belonging. • HPS educate and support parents, and families/whānau to soothe and comfort infants and toddlers when they are exposed to stress that they cannot control. • There is sufficient space to prevent overcrowding and to minimise children's exposure to potential stress. • There are safe spaces for children who are not yet mobile, able to sit by themselves and for those who are crawling and learning to walk.

<p>Structural aspects of quality for infants and toddlers</p> <p>Responsibility for these aspects lies mainly with Pou Whakahaere and Pou Ārahi</p>	<p>The service provider has policies and procedures to promote infants' and toddlers' sense of wellbeing, including continuity of connection with people who are important to them.</p> <ul style="list-style-type: none">• Structures and systems ensure HPS are available and have the time to develop positive relationships with infants and toddlers and their parents and whānau.• A positive working environment facilitates low turnover of HPS and is conducive to their relationships with infants and toddlers.• HPS have:<ul style="list-style-type: none">– relevant qualifications, knowledge and skills to support infants' and toddlers' learning and wellbeing– professional knowledge that includes current research on high quality care and education practices for infants and toddlers.
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PART 7: Process guidelines for reviews

Notification

ERO begins the process with a notification email that gives the hospital-based service time to prepare for the external review.

In the notification email ERO includes links to electronic versions of *He Pou Tātaki* (this document), the *Hospital-based Assurance Statement and Self-Audit Checklists*, the *Self Report* and links to electronic versions of other relevant documents.

Self report

The self report plays a significant part in the ERO review. ERO's evaluation builds on the information that the service provides in the self report about what is going well and where improvement may be needed. It helps ERO to design a review that is responsive to each context.

The self report is largely structured on *Ngā Pou Here*. Completing the self report is an opportunity for the service to reflect on its practice in relation to contributing to children's learning and promoting their wellbeing

Information exchange

Before the on-site stage of the review, information is shared between ERO and the service.

The review coordinator gives the service an opportunity to clarify information about the review process through telephone or email contact, and explores with the service who will take responsibility for being involved in the review.

The review coordinator specifies the date for the hospital-based service to provide ERO with the completed *Self Report* and *Assurance Statement* and other requested documentation.

Designing the review

Review design involves ERO deciding, often in collaboration with the service, where it will place its evaluation emphasis during the ERO review. A significant determinant of review design is the quality of internal evaluation within a service.

The organisation and nature of the ERO review is determined in response to context. Context includes the service's philosophy, vision and goals and its capacity, as indicated through documentation and other sources of information.

ERO uses information provided by the service, including the completed relevant *Assurance Statement* and *Self Report*, to scope the review. ERO also draws on internal information it has about the service including the last ERO report and reporting history. The scoping process helps ERO to determine what needs to be further explored during the review.

ERO uses *Ngā Pou Here* as a framework for organising the information it has and the investigative questions it wants to answer on the review. Consideration is given to the interrelationship between the *Pou* and where the emphasis will be placed.

The review team plans the review process taking into account the resources available for the review. The review design is shared with the service.

The focus of the review

Decisions about the balance between the *Pou* and where to focus reviews depend on information in the completed *Self Report* and *Assurance Statement*.

The time allocated to gathering information within each *Pou*, the processes used and the reporting of findings varies between reviews. ERO uses a 'one-size-fits-one' approach so that the process is tailored to be as responsive and contextual as possible. Each review will look different.

The *Ngā Pou Here* framework shows relationships between each *Pou* and children's learning and wellbeing. Areas of strength and areas for review and development that are identified by ERO and the service should lead to (or help create the conditions for) improvements in how the service promotes children's learning and supports their wellbeing.

The national evaluation topics (NETs) provide a way for ERO to investigate key aspects of the hospital-based service's performance in relation to the Government's education priorities, where relevant. Each topic is explored through the review framework, *Ngā Pou Here*, and is evaluated in this context.

In some services, reviews need to focus on compliance, because of risks to the safety and wellbeing of children. This is likely to be the case where, despite attestation made by the service in the *Assurance Statement*, there do not appear to be adequate systems for the internal checking of compliance.

Investigation and synthesis

During its time on-site the review team:

- uses evaluative questions, investigative questions and evaluation indicators as a basis to gather and document evidence
- reads the service's documentation, talks to leaders, HPS and others as appropriate, and determines the purpose and focus of any observations
- synthesises the review findings.

The service delegates appropriate personnel to be involved in the review and negotiates the level of their involvement with the review team. Ongoing interaction between service personnel and the review team will be a feature of the process.

The scoping process helps review teams to plan with the service who else ERO should talk to during the review. Participants may include:

- hospital play specialists (HPS)
- the contact person/service provider
- hospital leaders/management
- parents and families/whānau.

From the service's self-review information ERO identifies if the hospital-based service is already performing well in a specific area or if there is a need for improvement.

For areas where the service is performing well, the priority is on validating the results of internal evaluation. For areas where review or development is needed ERO uses its processes to build the service's capability to evaluate and improve its own practice.

Consultation

ERO encourages each hospital-based service to share information about the consultation it has undertaken. ERO is particularly interested in any consultation that shows:

- how the service works in partnership with parents and families/whānau
- how HPS contribute to review and development in the service.

Discussion of findings

Towards the end of its time at the service the review team will discuss the review findings with the personnel nominated by the service. In situations where significant development is needed ERO will indicate the likelihood of an early return review.

This discussion of findings could include services leaders and/or staff who will have the responsibility for taking action as a result of the external review.

It may be that findings are shared throughout the review process, in which case a discussion of findings may not be necessary at the end of the onsite stage of the review.

Reporting

The audience for ERO reports includes the government and the public, as well as those in the early childhood sector.

Hospital-based service reports will start with an overall judgement. The report will include the material findings that answer the overarching evaluation question. The report is sent to the hospital-based service as an unconfirmed report within 20 working days of the completion of the on-site part of the review. A service that is identified as *Not Well Placed* will receive the unconfirmed report within 10 days of the last day on site.

The management of the hospital-based service has 15 working days from the date ERO sends the report in which to query the evidential basis for reported judgements; and/or advise ERO in writing of any errors of fact and provide supporting documentation. A service that is identified as *Not Well Placed* has 10 days to respond.

ERO considers any response from the service and, where justified, makes amendments to the report. The report is confirmed and a copy is sent to the service provider.

The confirmed report is released publicly on ERO's website two weeks after it is sent to the service provider.

Differentiated Return Times

The timing of the next ERO review will depend on how well placed the service is to contribute to children's learning and promote their wellbeing. There are four options:

Very well placed – the next ERO review in four years

ERO will next review the service in four years when it finds that the service is consistently effective in contributing to children's learning and promoting their wellbeing. High quality performance in relation to ERO's evaluation indicators for *Ngā Pou Here* will be evident.

Well placed – the next ERO review in three years

ERO will next review the service in three years when it finds that the service is effective in contributing to children's learning and promoting their wellbeing. Good performance in relation to *Ngā Pou Here* will be evident.

Requires further development – the next ERO review within two years

This option is used when many of the factors that contribute to children’s learning and promote their wellbeing are not evident or require significant development. ERO will have some confidence that the service can improve with support.

After receiving the confirmed report, the service will be expected to participate in a meeting with ERO and the Ministry of Education to begin developing a plan for improvement.

The Ministry of Education will oversee the support that the service needs to become *Well placed* to contribute to children’s learning and promote their wellbeing.

Approximately six to nine months after the ERO review, the service will provide ERO with an update about its progress. The Ministry of Education will also update ERO on the progress made. This information will be used to determine the appropriate ERO return time within the two year period.

Should ERO find that there has not been sufficient improvement the service will be identified as *Not well placed*. ERO will recommend that the service’s licence is reassessed by the Ministry of Education.

The next ERO review in consultation with the Ministry of Education

This option will be used when a service is not performing adequately, is not meeting legal requirements and does not have the capacity to make improvements without support or Ministry intervention.

The service will be expected to address concerns and prevent a continuation of poor performance. There will be licensing consequences for continued poor performance.

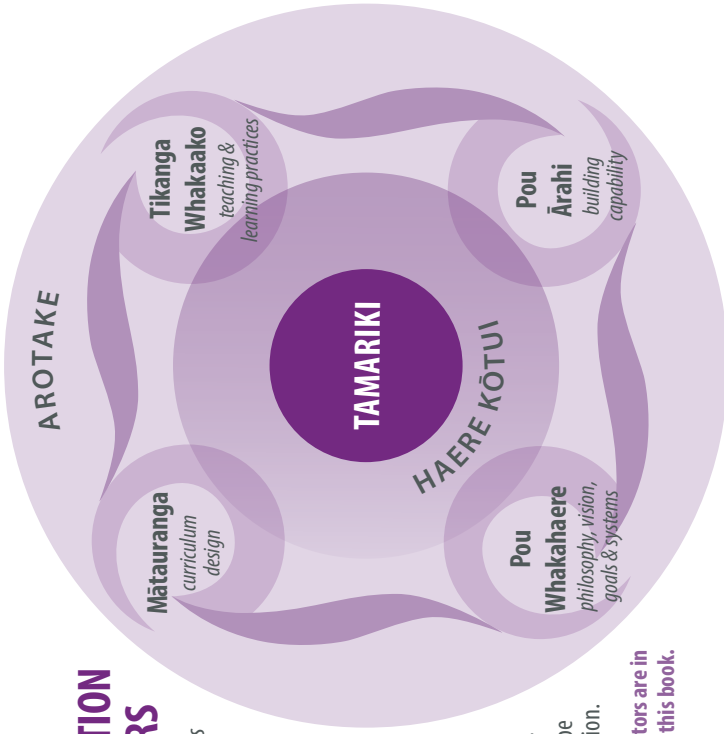
ERO will not review the service again until the Ministry of Education is satisfied that the service meets licensing requirements.

The four different review return times provide ERO with greater flexibility in how it responds to a hospital-based service’s performance. ERO and the Ministry of Education will work closely with services that need to improve and help them build capability. ERO will make less frequent visits to those services that are performing very well.

Most services are likely to be considered *Well placed* and will continue to be reviewed every three years.

ERO has developed criteria to support the overall judgements and their corresponding return times. These are on ERO’s website (www.ero.govt.nz) under Review Process/Early Childhood. *Ngā Pou Here* and the evaluation indicators support the criteria and provide a deeper insight into what ERO considers to be high quality early childhood education and care in hospital-based services.

NGĀ POU HERE



THE EVALUATION INDICATORS

ERO's Evaluation Indicators for Early Childhood Services help to determine whether high quality practice is demonstrated.

Ngā Pou Here and the evaluation indicators support ERO's criteria for the three year and four year return times.

The criteria for the **Very Well Placed** option are further unpacked through the indicators.

The indicators provide a deeper insight into what ERO considers to be high quality early childhood education.

The indicators are in **PART 6** of this book.

Diagram 7: Connections between Ngā Pou Here, the Evaluation Indicators, and the Criteria.

<p>The next ERO review in consultation with the Ministry of Education <i>Not well placed to contribute to children's learning and promote their wellbeing</i> This option will be used when a service is not performing adequately, is not meeting legal requirements and does not have the capacity to make improvements without support or Ministry intervention. ERO will not review the service again until the Ministry of Education is satisfied that the service meets licensing requirements.</p>	<p>The next ERO review within TWO YEARS <i>Requires further development to contribute to children's learning and promote their wellbeing</i> This option is used when many of the factors that contribute to positive outcomes for children are not evident or require significant development. ERO will have some confidence that the service can improve with support.</p>	<p>The next ERO review in THREE YEARS <i>Well placed to contribute to children's learning and promote their wellbeing</i> ERO will next review the service in three years when it finds that the service is effective in promoting children's wellbeing and largely effective in promoting children's learning. Good performance in relation to Ngā Pou Here will be evident.</p>	<p>The next ERO review in FOUR YEARS <i>Very well placed to contribute to children's learning and promote their wellbeing</i> ERO will next review the service in four years when it finds that the service is consistently effective in promoting children's wellbeing and learning. High quality performance in relation to ERO's evaluation indicators for Ngā Pou Here will be evident.</p>
<p>2 YEARS</p>	<p>3 YEARS</p>	<p>4 YEARS</p>	<p>4 YEARS</p>

THE CRITERIA ERO has four different review return times for hospital-based early childhood services, depending on their capacity to contribute to children's learning and promote their wellbeing. ERO has criteria to inform its decision about the return time and the overall judgement that links to this. The criteria help ERO to evaluate practice across the wide range of quality in the early childhood sector.

SEE ERO'S WEBSITE FOR THE CRITERIA TO SUPPORT THESE DECISIONS



Education Review Office
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www.ero.govt.nz