A Strategic Inclusion Plan (SIP) is the Inclusion Support Programs (ISP) inclusion assessment and planning tool that supports educators in Early Childhood Education and Care (ECEC) services to engage in reflective practice and planning to improve and embed inclusive practice, in line with the National Quality Standard (NQS).

When developing a SIP, the service and individual Care Environments are required to create a Care Environment Plan with Support of their Inclusion Professional (IP) from the Inclusion Agency (IA). This is the first step to accessing ongoing support from the Inclusion Support Program (ISP) including, accessing Specialist Equipment through the IA and funding through the Inclusion Development Fund (IDF).

A SIP is considered a ‘living’ document that is implemented and updated on a regular basis. It is reviewed at least once in a 12-month period, with support of an Inclusion Professional. Service educators are required to document the progress they have made as they implement their SIP.

The Department of Education anticipates that each service will document their SIP on the Inclusion Support Portal (IS Portal), the online gateway for Early Childhood Education and Care services to engage in inclusion planning and to access Inclusion Development Funding options, but also recognises that there will be circumstances where the use of a paper-based SIP may be required.

This interactive paper-based version of the SIP can be used:

* as a tool for educators to document their inclusion planning before transferring it onto the IS Portal.
* by services who do not have the necessary infrastructure to support the Inclusion Support Portal for the following reasons.
  + Access to the ISPortal has not been granted by the service provider.
  + The service is a Community Child Care Fund-Restricted (CCCFR) service.
  + The service is experiencing IT issues.
  + The service is experiencing PRODA access issues.

For guidance and support to develop your Strategic Inclusion Plan:

* Contact your Inclusion Professional. If you are unsure of who your Inclusion Professional is please contact  [your local Inclusion Agency](https://www.education.gov.au/early-childhood/inclusion-support-program/inclusion-agencies).

For guidance and support using this template also refer to the following Guide:

* [How to complete a paper-based Strategic Inclusion Plan for CBDC & OSHC Service Providers](ttps://idfm.org.au/resources/guide-to-developing-a-paper-based-sip-for-cbdc-and-oshc-services)

### Service Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for completing paper-based SIP** | Select a reason | **SIP ID** (if applicable) |  |
| **Service Name** |  | CCS Primary approval Id |  |
| **Service contact person** |  | Service contact # |  |
| **Service email address** |  | | |
| **Service address** |  | | |

Inclusion Agency Details

|  |  |  |  |
| --- | --- | --- | --- |
| Inclusion Agency Name |  | **Inclusion Agency contact #** |  |
| Name of Inclusion Professional |  | Inclusion Professional contact # |  |
| Inclusion Professional email address |  |

The purpose of the Service Profile is to create a service overview that is shared with the Inclusion Agency (IA) to help them to understand the inclusion needs and practices occurring at your service.

### **Service Details**

|  |  |
| --- | --- |
| **Date of effect** (Service Profile start date) | Click here to select a date |
| **Total number of children enrolled at the service** |  |
| **Total number of licensed places** |  |
| **Total number of staff** |  |
| **\* Number of enrolled children who:** | |
| * have a disability or developmental delay |  |
| * are presenting with challenging behaviours |  |
| * have a serious medical or health condition, inclusion mental health |  |
| * are presenting with trauma related behaviours |  |
| * are Aboriginal or Torres Strait Islander children |  |
| * are children from culturally and linguistically diverse backgrounds |  |
| * are from a Refugee or Humanitarian background |  |
| **Total Number of Children with additional needs** |  |

**\*** Children can be counted in more than one cohort.

## Inclusion Practices

**How does your service promote learning experiences, interactions and participation to build on children's strengths and encourage involvement?**

When responding to this question consider:

* + What does the service do on a daily basis to show their commitment to the inclusion of all children?
  + What is the service’s philosophy and policies in relation to inclusion?
  + How is this reflected in the service’s practices?
  + How does the service ensure their program and daily routines cater to all children?
  + How is the physical environment organised to encourage participation and interaction between peers?
  + What strategies do educators use to encourage participation and interaction between peers?
  + How does the service identify and build on children’s strengths?
  + What resources do educators use or modifications are made to encourage children’s engagement?
  + What professional development is provided to educators to strengthen inclusive practices?
  + What are the service’s strengths in regard to including all children?
  + What would the service like to do to build on their strengths in this area?

Do not exceed 16,000 characters (this includes spaces)

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## Community Outreach

## How will your service engage with families in the community who do not currently access early childhood education and care services?

When responding to this question consider:

* + How does the service currently engage with the local community to encourage access to their service for children with additional needs?
  + How will the service target and engage with families not accessing their services? For example, CALD families, Aboriginal families.
  + How will the service highlight the educational benefits for children with additional needs attending their service?
  + What involvement does the service have in the local community? How will the service utilise these opportunities to promote access for all children and families?
  + How will the service liaise with other sectors and local agencies/groups (e.g. health, migrant services and the other educational institutions in the local area) to build educator knowledge and build community links?
  + How will the service seek feedback from the community to identify if their service is catering to the needs of the community and local families?

Do not exceed 16,000 characters (this includes spaces)

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**Service Profile Review**

The Service Profile review is completed by the services Inclusion Professional after the Service Profile has been uploaded to the IS Portal.

Where a paper-based SIP is unable to be uploaded to the IS Portal and the service is not requiring access to Specialist Equipment and/or Inclusion Development

Funding options, the services Inclusion Professional will complete the Service Profile review below.

|  |
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|  |

**Name of Inclusion Professional:**

**Date review completed:** Click here to select a date

Developing a Care Environment Plan involves creating an **Inclusion Profile** and identifying **Barriers, Strategies and Actions** for each Care Environment seeking to engage in inclusion planning and/or requiring support from the Inclusion Support Program.As the Actions identified in the Care Environment Plan are implemented, **Progress Notes** are recorded. It is expected that Progress Notes will be recorded, at a minimum, every 3 months.

## Care Environment Name: Date of effect (date this profile was created)

|  |  |
| --- | --- |
|  | Click here to select a date |

## Inclusion Profile

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Usual age of children this Care Environment Caters for** Ages from:  Ages to: | Years | Select an age | | Months | | | Select an age |
| Years | Select an age | | Months | | | Select an age |
| Are kindergarten or preschool programs offered in this care environment that receive child-based State Government funding? | Select a response | | | | | | |
| What is the total number of staff in the care environment per standard week (excluding additional educators)? |  | | | | | | |
| On average, how confident are the educators in the care environment to include children with additional needs? |  | | | | | | |
| What is the total number of children in this care environment per standard week? |  | | | | | | |
| Actual age of the youngest child in the care environment? | Years | | Select an age | | Months | Select an age | |
| Actual age of the oldest child in the care environment? | Years | | Select an age | | Months | Select an age | |

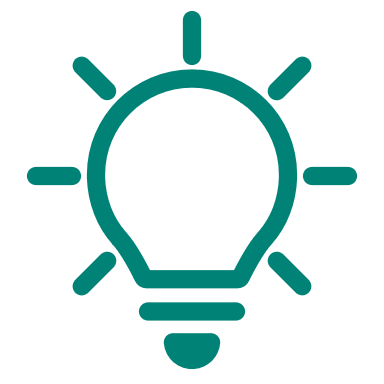
The number of Barriers identified, and Strategies and Actions developed will differ depending on the context and dynamics of the Care Environment and the current capacity and capability of educators.

A **Barrier** is something that is impacting the ability of educators’ to include children with additional needs alongside their typically developing peers.

A **Strategy** identifies what educators’ are going to do to address the **Barrier** to inclusion. For every inclusionBarrier identified there must be at least one Strategy. Multiple Strategies may be needed to address each Barrier.

**Actions** are the steps that educators’ plan to take to implement each **Strategy**. Multiple Actions may be needed for each Strategy.

**Progress Notes** are a record of the achievement’s educators’ have experienced and the progress they have made towards addressing the inclusion Barrier, through implementing the **Actions** developed for each **Strategy.**

The Barriers, Strategies and Action section of this template provides educators with an opportunity to document 4 Barriers, a Strategy for each Barrier and two Actions for each Strategy. Additional Barriers, Strategies and Actions can be added to this template or removed as required.

## Inclusion Barrier

*Choose a Barrier or create a Custom Barrier*

|  |  |
| --- | --- |
| **Date this Barrier was identified:** | Click here to select a date |
| **Barrier Category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom Barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this action?** | | **What resource will be used to implement this Action?** |
|  |  | |  |

## Progress Notes Maximum 2000 characters per Progress Note

|  |  |  |
| --- | --- | --- |
| **Date** | **Notes** | **Progress status** |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |
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## Action 2 Maximum 1000 characters for each text box

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this Action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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| --- | --- | --- |
| **Date** | **Notes** | **Progress status** |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |
| Click here to select a date |  | Click here to select a status |

**Inclusion Barrier**

*Choose a Barrier or create a Custom Barrier*

|  |  |
| --- | --- |
| **Date this Barrier was identified:** | Click here to select a date |
| **Barrier Category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom Barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
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## Action 2 Maximum 1000 characters for each text box

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| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this Action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
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## Inclusion Barrier

*Choose a Barrier or create a Custom Barrier*

|  |  |
| --- | --- |
| **Date this Barrier was identified:** | Click here to select a date |
| **Barrier Category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom Barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

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| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
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## Progress Notes Maximum 2000 characters per Progress Note

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## Action 2 Maximum 1000 characters for each text box

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| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
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## Progress Notes Maximum 2000 characters per Progress Note

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| Click here to select a date |  | Click here to select a status |
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## Inclusion Barrier

*Choose a Barrier or create a Custom Barrier*

|  |  |
| --- | --- |
| **Date this Barrier was identified:** | Click here to select a date |
| **Barrier Category** | Click here to select a Barrier Category |
| **Barrier** | Click here to select a Barrier |
| **Custom Barrier** |  |
| **Date this Barrier ended** | Click here to select a date |
| **Reason the Barrier ended** |  |

## Strategy

*Choose a Strategy or create a Custom Strategy*

|  |  |
| --- | --- |
| **Strategy Status** | Click here to select a status |
| **Strategy Category** | Click here to select a Strategy Category |
| **Strategy** | Click here to select a Strategy |
| **Additional Description** |  |
| **Custom Strategy** |  |

## Action 1 Maximum 1000 characters for each text box

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| --- | --- | --- | --- |
| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this action?** | | **What resource will be used to implement this Action?** |
|  |  | |  |

## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
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## Action 2 Maximum 1000 characters for each text box

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| **Action Start date** | Click here to select a date | **Status of this Action** | Click here to select a status |
| **What is the Action to address this Strategy?** | **How and when will you implement this Action?** | | **What resource will be used to implement this Action?** |
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## Progress Notes Maximum 2000 characters per Progress Note

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| **Date** | **Notes** | **Progress status** |
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| Click here to select a date |  | Click here to select a status |

## Inclusion Professional Care Environment Plan Review

The Care Environment Plan review is usually completed by the service’s IP after a Care Environment Plan has been uploaded to the IS Portal.

Where a paper-based SIP is unable to be uploaded to the IS Portal and the Care Environment is not requiring access to Specialist Equipment and/or Inclusion

Development Funding options, the services IP will complete the Service Profile review below.

|  |
| --- |
|  |

**Name of Inclusion Professional:**

**Date review completed:** Select a date

**Inclusion Professional Annual Review Comment**

As part of the SIP Yearly review process, the service’s Inclusion Professional (IP) will acknowledge the progress of the service in relation to implementing their SIP

over the last 12 months, comment on the service’s plans for the next 12 months, and how these plans were developed to increase educators’ capacity and

confidence to embed inclusive practices in their service and include all children.

Where a paper-based SIP is unable to be uploaded to the IS Portal and the service is not requiring access to Specialist Equipment and/or Inclusion Development

Funding options, the services Inclusion Professional will complete the Annual Review below.

|  |
| --- |
|  |

**Name of Inclusion Professional:**

**Date review completed:** Select a date