Inclusion Support

Programme

Strategic Inclusion Plan

This is a paper-based Strategic Inclusion Plan (SIP) to support Early Childhood and Child Care (ECCC) services without access to appropriate technology, such as non-CCB Approved services including Budget Based Funded (BBF) and Indigenous Advancement Strategy (IAS) services to complete a SIP. Developing a Strategic Inclusion Plan (SIP) is the first step to accessing support through the Inclusion Support Programme (ISP).

All other CCB Approved services must complete their SIP via the IS Portal. Information about the IS Portal, including Frequently Asked Questions and a range of task cards are available from the [IS Portal Information](http://www.education.gov.au/Inclusion%20Support%20Portal%20Information) webpage.

Information about the ISP, including program guidelines is available from [www.education.gov.au/isp](http://www.education.gov.au/isp).

**Completing this form**

 A SIP is a self-guided inclusion assessment and planning tool for early childhood and child care (ECCC) services accessing the ISP. The SIP includes short and long term strategies for improving and embedding inclusive practice for the inclusion of children with additional needs alongside their typically developing peers. The development of a SIP recognises a service’s current inclusive capacity and capability, outlines objectives for inclusion practices and can identify the need for funding support from the Inclusion Development Fund (IDF).

The table below outlines each component of the SIP that must be completed and reviewed by the Inclusion Agency to apply for each funding stream under the ISP, if required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|    | **IDF Subsidy for an Additional Educator** | **IDF Subsidy for Immediate/Time Limited Support** | **IDF Family Day Care Top Up** | **IDF Innovative Solutions Support** |
| Relating to the service | Relating to the care environment |
| **Service Profile** | Yes | No | No | Yes(Centre-based only) | Yes(Centre-based only) |
| **Care Environment** | Yes | Yes | Yes | No | Yes |
| **Inclusion Profile** | Yes | No | Yes | No | Yes |
| **Educator Profile** | No | No | Yes | No | Yes(Family Day Care only) |
| **Barriers and Strategies** | Yes | No | Yes | No | Yes |

 **Organisation Details**

Organisation Name: Contact Name:

 ABN: Phone Number:

 Address: Primary CCB
Approval ID Approval ID\*:

 Email: \***CCB Approval ID not required for BBF and IAS services.**

**Inclusion Agency Details**

 Activity ID (IP to complete – available on IS Portal):

 State/Territory:

Organisation Name:

 Address:

IA Region:

 Contact Name: Phone Number:

 Email:

**Inclusion Development Fund Manager Details**

 Activity ID:

 Organisation Name:

 Contact Name: Phone Number:

 Email:

KU Children’s Services

4-3E50PIB

**Service Profile**

**This section only needs to be completed if you are a centre-based service.**

The Service Profile collects information on the number of children enrolled in the service by the cohorts the programme supports, including children with disability, from refugee/humanitarian background, culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander status. It also identifies the service’s inclusion practices and community outreach strategy.

**Service details**

Date of effect:

|  |  |
| --- | --- |
| Total Care staff |  |
| Total number of children enrolled at the service |  |
| Total licenced places |  |
| Number of enrolled children with a disability or undergoing assessment |  |
| Number of enrolled children from a CALD background |  |
| Number of enrolled Aboriginal or Torres Strait Islander children |  |
| Number of enrolled children from refugee or humanitarian background |  |
| Number of enrolled children with language/speech delays |  |
| Number of enrolled children with challenging behaviours |  |

**Type of Support**

Did your service receive support under the Inclusion and Professional Support Program (IPSP)?

Yes No If Yes, what support was given?

 Inclusion Support Subsidy (ISS) Indigenous Professional Support Unit (IPSU) support

 Professional Support Coordinator (PSC) support Bicultural Support

 Inclusion Support Agency (ISA) support Specialist equipment

**Service Inclusion practices**

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

How **will** your service engage with families in the community who do not currently access ECCC services?

**Educator profile**

**This section only needs to be completed if you are an FDC service.**The Educator Profile identifies any previous support the FDC Educator received under IPSP. It also identifies the FDC educator's inclusion practices and community outreach strategies.

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 Professional Support Coordinator (PSC) support Bicultural Support

 Inclusion Support Agency (ISA) support Specialist equipment

**Service Inclusion practices**

How **does** your service promote learning experiences, interactions and participation to build on children’s strengths and

encourage involvement?

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

services?

**Care Environment**

 A care environment is a specific setting, room or grouping of children in care.

A separate Inclusion Profile will be completed for each care environment the service is requiring inclusion assistance with. If you are including more than one care environment on the SIP, please copy this page and complete one for each care environment.

**Care Environment**

Care environment name:

Description of Care environment:

**Inclusion Profile**

The Inclusion Profile is in the context of a care environment in the service and provides information on the total number of staff and total number of children present in the care environment.

A separate Inclusion Profile will be completed for each care environment the service is requiring inclusion assistance with.

If you are including more than one care environment on the SIP, please copy this page and complete one inclusion profile for each care environment.

**Inclusion Profile**

What is the total number of children in the care environment per standard week?

What is the total number of staff in the care environment per standard week (excluding additional educator/s)?

Age of the youngest child in the care environment?

Years Months

Age of the oldest child in the care environment?

Years Months

On average, how confident are the educators in the care environment to include children with additional needs? (select one)

Highly Confident Confident Moderately confident Low confidence

No Confidence

Are there Kindergarten or preschool programmes offered in this care environment that receive child-based state Government funding?

Yes No

Date of Effect:

**Barriers, Strategies and Action items**

The SIP identifies the barriers that impact the service’s capability to include children with additional needs and the proposed strategies the service will implement to address inclusion barriers. Once you have identified the barriers, list the strategies that will overcome the inclusion barrier/s and explain the actions you will take to implement the strategy in the care environment and the resources you will use. **For a full list of barriers and strategies and descriptions, please see Section 4.4.2 of the ISP User Guide.**

|  |  |  |
| --- | --- | --- |
| **Barriers** | **Strategies** | **Actions** |
| **Barrier (include barrier category and barrier – see ISP User Guide):**

|  |  |
| --- | --- |
| Barrier start date |  |
| Barrier end date (if no longer impacting the care environment) |  |

 | **List the strategies will you use to address the barrier (see ISP User Guide):****Status:** Not started In ProgressCompleted No longer required | **Explain the actions you will take to implement the strategies. Mention how and when will you implement the action and what resources you will use:** |
| **Barrier end reason (if applicable):** | **Progress notes:**  |

If you have more than two barriers, please copy this page and complete one for each barrier.

|  |  |  |
| --- | --- | --- |
| **Barriers** | **Strategies** | **Actions** |
| **Barrier (include barrier category and barrier – see ISP User Guide):**

|  |  |
| --- | --- |
| Barrier start date |  |
| Barrier end date (if no longer impacting the care environment) |  |

 | **List the strategies will you use to address the barrier (see ISP User Guide):****Status:**Not started In ProgressCompleted No longer required | **Explain the actions you will take to implement the strategies. Mention how and when will you implement the action and what resources you will use:** |
| **Barrier end reason (if applicable):** | **Progress notes:**  |

**Children**

If you are including more than two children on the SIP, please copy this page and complete one for each child.

This page is where you identify all eligible child/ren to be included in the care environment that the service is requiring IDF support for. These children will be included on an IS Case when applying for support through the IDF.

**Enrolled child to be included on the SIP**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| DOB: |  |
| CRN: |  |
| Gender: |  |

**Demographic details (Mandatory – indicate all that apply to the child identified above)**

Specialist equipment required: Indigenous or Torres Strait Islander:

Culturally and Linguistically Diverse: Refugee/Humanitarian:

**Disability (Mandatory – for each disability type, indicate if it is formally diagnosed or undergoing assessment)**

Primary Disability

Type: With Diagnosis:

 Undergoing assessment:

 Other Disability

Type: With Diagnosis:

 Undergoing assessment:

Other Disability

Type: With Diagnosis:

 Undergoing assessment:

**Attachments**

Consent for document sharing:

Has the child’s parent or guardian consented for you to view documents already associated with this child?

Yes No

Please ensure you attach relevant documents required, such as *Permission to Share Personal Information for the purposes of Inclusion Support Programme* form and evidence of diagnosis or undergoing assessment of diagnosis.

**Enrolled child to be included on the SIP**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| DOB: |  |
| CRN: |  |
| Gender: |  |

**Demographic details (Mandatory – indicate all that apply to the child identified above)**

Specialist equipment required: Indigenous or Torres Strait Islander:

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**Disability (Mandatory – for each disability type, indicate if it is formally diagnosed or undergoing assessment)**

Primary Disability

Type: With Diagnosis:

 Undergoing assessment:

Other Disability

Type: With Diagnosis:

 Undergoing assessment:

Other Disability

Type: With Diagnosis:

 Undergoing assessment:

**Attachments**

Consent for document sharing:

Has the child’s parent or guardian consented for you to view documents already associated with this child?

Yes No

 Please ensure you attach relevant documents required, such as *Permission to Share Personal Information for the purposes of Inclusion Support Programme* form and evidence of diagnosis or undergoing assessment of diagnosis.

**Contacts**

The Contacts Page lists all contact people that can be used to contact your service about the ISP. Complete at least the primary contact details. BBF and IAS services are not required to fill in a Personnel ID.

**Primary contact details**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Personnel ID: |  |
| Role: |  |

**Other contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | First Name: |  |
| Last Name: |  | Last Name: |  |
| Personnel ID: |  | Personnel ID: |  |
| Role: |  | Role: |  |

**Review – Inclusion Professional to complete**

When reviewing a SIP, Inclusion Professionals should consider the services current inclusive capacity and capability and how this has helped progress the strategies in place to address the inclusion barriers identified in the Inclusion Profile. **Services are not required to complete this section.**

**Have you reviewed the current service profile?**

 **Yes No**

**Have you reviewed the current inclusion profile?**

**Yes No**

**Have you reviewed the barriers and strategies associated to the care environment?**

**Yes No**

**Review findings**