# Inclusion Planning for SIP

This form replicates the information required in the Inclusion Support (IS) Portal for a Strategic Inclusion Plan (SIP). Education and care services may use this form to gather and document planning information required to be inputted into the IS Portal, if they wish to have a record outside of the portal.

## Service Name

|  |
| --- |
|  |

## Service Profile

|  |  |
| --- | --- |
| **Total Number of children enrolled in the service** |  |
| **Total number of licensed places** |  |
| **Total number of staff** |  |
| **Number of enrolled children with a diagnosed disability or undergoing assessment** |  |
| **Number of enrolled children from a culturally or linguistically diverse background** |  |
| **Number of children from an Aboriginal or Torres Strait Islander background** |  |
| **Number of children from a refugee or humanitarian background** |  |
| **Number of children with language/speech delay** |  |
| **Number of children with challenging behaviours** |  |

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

|  |
| --- |
| Reflect on your practice and you can also use your QIP  |
|  |

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

|  |
| --- |
| Reflect on how you engage with the community and let people know about your service. What you would like to do in the future? – Again, your QIP may be useful.  |
|  |

This section in the SIP relates to a care environment; however services can consider the inclusion barriers, strategies and actions required in relation to the whole service. We have also included Quality Area (which isn’t in SIP) to help link this work to your QIP.

There is a list of prepopulated barrier categories, barriers and strategies supplied by the Department of Education. It is best to use this sheet as a guide as this will assist when you are inputting this information into the IS Portal.

**EXAMPLE:**

|  |
| --- |
| **CARE ENVIRONMENT NAME:** |
| **BARRIERS** | STRATEGIES | ACTIONS | PROGRESS NOTES |
| ****Barrier Category:****Physical EnvironmentBarrier:Environment not suitableIf not on list provided please specify: | **Strategy:**Specialist Equipment**Quality Area/ Standard/ Element:***Use this to help link your work here to your Quality Improvement Plan (QIP)*3: Physical Environment3.2.1 | **What is the action to address this strategy?***strategy description*Access specialist equipment to include a child**How and when will you implement this action?***What steps will you take to action this strategy? How and why will this support inclusion?*Educator consults family & OT about child’s equipment needsEducator checks with service to assess availability and applies for equipmentOT mentors educators in appropriate installation and use of equipmentEducators will facilitate small group play to support participation into program**What resources will be used to implement this strategy?***Resources could include staff, tools, time*educator has time out of room to discuss needs with family & OTTeam have time with OT to learn about correct installation and use of equipment. | **What progress have educators made towards achieving the strategy and action identified?** |

|  |  |
| --- | --- |
| **CARE ENVIRONMENT NAME** |  |
| **BARRIERS** | STRATEGIES | ACTIONS | PROGRESS NOTES |
| ****Barrier Category:**** | **Strategy:** | **What is the action to address this strategy?** | **What progress have educators made towards achieving the strategy and action identified?** |
|  |  |  |  |
| Barrier: | **Quality Area/ Standard/ Element:** | **How and when will you implement this action?** |
|  |  |  |
| If not on list provided please specify: | **What resources will be used to implement this strategy?** |
|  |  |

|  |  |
| --- | --- |
| **CARE ENVIRONMENT NAME** |  |
| **BARRIERS** | STRATEGIES | ACTIONS | PROGRESS NOTES |
| ****Barrier Category:**** | **Strategy:** | **What is the action to address this strategy?** | **What progress have educators made towards achieving the strategy and action identified?** |
|  |  |  |  |
| Barrier: | **Quality Area/ Standard/ Element:** | **How and when will you implement this action?** |
|  |  |  |
| If not on list provided please specify: | **What resources will be used to implement this strategy?** |
|  |  |

|  |  |
| --- | --- |
| **CARE ENVIRONMENT NAME** |  |
| **BARRIERS** | STRATEGIES | ACTIONS | PROGRESS NOTES |
| ****Barrier Category:**** | **Strategy:** | **What is the action to address this strategy?** | **What progress have educators made towards achieving the strategy and action identified?** |
|  |  |  |  |
| Barrier: | **Quality Area/ Standard/ Element:** | **How and when will you implement this action?** |
|  |  |  |
| If not on list provided please specify: | **What resources will be used to implement this strategy?** |
|  |  |

|  |
| --- |
| **YEARLY REVIEW** |
| Reflect on the changes you have applied as a result of the implementation of this SIP. |
|  |
| How has your inclusive practice changed/developed?  |
|  |
| What impact has this had on children and families using your service? |
|  |
| **IP REVIEW** |
|  |

Note: Please copy and paste extra rows in the table above to address further barriers and strategies.

Inclusion Support Programme (ISP) is funded by the Australian Government Department of Education and Training. As part of the ISP, the Victorian Inclusion Agency is led by

Community Child Care Association, and is delivered in partnership with Yooralla and KU Children’s Services.