

School Readiness Funding: Annual planning guide

Reminder: The Kindergarten Management Information System (KIMS) will be used for the School Readiness Funding planning cycle from 2023 onwards. This includes drafting and submitting SRF annual plans for 2023.

User guides will be provided separately to assist you to complete and submit your plan through the KIMS platform.

School Readiness Funding planning

This guide supports kindergarten services through the School Readiness Funding planning process and the completion of the *School Readiness Funding annual plan* (the annual plan). Reflective questions will assist you to analyse data and identify child, educator and family needs and priorities to inform your plan.

Tips on how to develop goals, indicators, and measures of success, alongside practice examples, will help you get your planning underway.

Overview of the School Readiness Funding planning process

Connection to the Victorian Early Years Learning and Development Framework (VEYLDF)

The School Readiness Funding planning process is guided by the Early Years Planning Cycle (EYPC), shown at Figure 1.

'The EYPC outlines the process early years professionals use to question and analyse, act, and reflect on evidence they have collected. This strengthens the decisions they make about what is important for children and families within their communities' (VEYLDF p.8).

The EYPC drives an inquiry process to support continuous improvement. This same approach informs School Readiness Funding, from planning through to end of year reflection, and commencement of the following year's cycle.

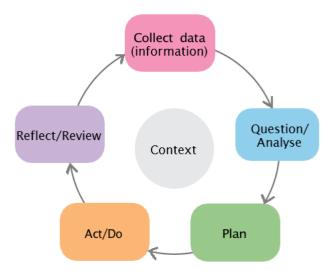


Figure 1: The Early Years Planning Cycle, adapted from the VEYLDF (2016).

Connection to the ACECQA Quality Improvement Plan process

The School Readiness Funding planning process and format is designed to complement the Quality Improvement Plan (QIP) and, for Early Years Managed (EYM) services, the Service Improvement Plan (SIP) process. Kindergarten services are to incorporate relevant priorities from the QIP/SIP into the School Readiness Funding plan and vice versa. Aligning planning for the QIP/SIP and School Readiness Funding will support achievement of goals and streamline the approach to whole of service continuous improvement. School Readiness Funding provides kindergarten services with extra resources to drive improvement for children.

Who should be involved in the School Readiness Funding annual plan?

Approved providers are responsible for ensuring a School Readiness Funding annual plan(s) is completed and approved for their service(s).

A collaborative approach to planning at the individual service level supports a culture of reflective practice and professional inquiry. Approved providers should conduct planning with their service(s) to ensure that each plan is specific to the needs of children, their families, and the service. Engaging teachers, educators, children, families, and relevant community services in the planning process is critical to enrich decision making and ensures the development of common goals for continuous improvement.

What are the planning stages?

Planning for School Readiness Funding occurs in six steps (see Figure 2 below).



Figure 2: School Readiness Funding planning steps.

PLANNING FOUNDATIONS

The School Readiness Funding planning process commences with three steps to develop *planning foundations*. In this process, you will collect data and question and analyse the information to inform your *planning outline*.

STEP 1

Collect Information

The Ecological Model underpinning the VEYLDF illustrates the strong network of people, contexts, community services and programs that support children's learning and development.

Collecting data (information) provides the evidence base for an understanding of what is currently happening in your service and community and informs the focus areasof your plan.

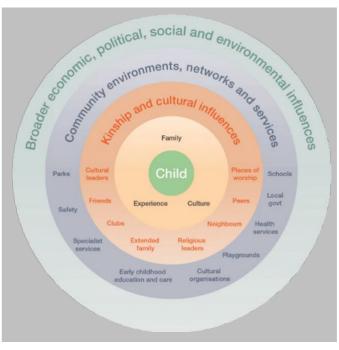


Figure 3: Ecological model (Adapted from Bronfenbrenner, 1979).

Data (information) sources to inform School Readiness Funding

Planning for School Readiness Funding relies on the collection of evidence from three distinct levels to inform the identification of needs and outcomes. A process of questioning and analysis enables the identification of themes or patterns to reflect upon to determine what concerns or issues your service should focus on, and what outcomes you are striving to achieve.

Services that are allocated over \$5,000

If your 2023 SRF allocation is over \$5,000 you are strongly encouraged to collect data from all three levels described below, Community/child, service & educator level. Collecting data from all three levels supports you to create a clear picture of the issues and needs at your service as you set goals and choose menu items

Services that are allocated less than \$5,000

If your 2023 SRF allocation is less than \$5,000 there are reduced planning requirements in place for the 2023 SRF cycle. Services receiving less than \$5,000 are encouraged to provide data from a minimum of one of the three data levels described below, Community/child, service, or educator level, to support them with their SRF plan

Figure 4 provides some examples of data sources (information) you may use to inform your service planning.

Community/Child Level

- · Australian Early Development
- · Census
- · Municipal Early Years Plans
- · Current and past child observations
- · Discussions with school(s)
- Discussions with other early childhood professionals
- (e.g., maternal and child health services)
- · Observational data using Early Years Assessment and Learning Tool (EYALT)

Service Level

- · Quality Improvement Plan
- · Service Improvement Plan (EYMs)
- · Assessment and rating
- · Attendance and participation data



Educator Level

- Professional learning plans
- **VEYLDF Practice Principles**

Figure 4: Collect data (information).

Examples of data sources and findings from data for a hypothetical kindergarten service are provided below

Data source Example of what a service may find from data Australian Early · X% of children in this area are developmentally at risk or vulnerable in the language and cognitive Development skills domain. Census · X% of children in this area are developmentally at risk or vulnerable in the communication skills and general knowledge domain. Local and X% of children in this area are developmentally vulnerable/developmentally at risk in the social community level competence domain. Child Feedback from teachers and educators in the service has identified: observations · Children often require support to communicate their needs to educators and their peers. Children require high levels of support to engage in the program and to focus on tasks. The learning environment only supports the individual needs of a small number of children in the group. **Educator** Educational leaders, teachers and educators have identified a need to further develop their skills in the areas of: professional learning plans · extending children's language development. supporting children to regulate their own behaviour, respond appropriately to the behaviours of others and effectively resolve conflicts. enhancing knowledge of language development to support differentiation and to scaffold children's learning (where to next?).

Quality Improvement Plan	 The service QIP identifies goals relating to the following elements: 1.2.1: Intentional teaching 1.2.3: Child directed learning 1.2.2: Responsive teaching and scaffolding 1.3.1: Assessment and planning cycle 1.3.2: Critical reflection.
Kindergarten enrolment data	 X% of children enrolled in this service identify as Aboriginal and Torres Strait Islander (compared to X% within the broader community/local government area) X% of children enrolled in this service are known to child protection (compared to X% within the broader community/local government area).
Participation data	 X% of children in this local government area attend a kindergarten program prior to starting school. Is this below the Victorian State average? X% of children enrolled in this service attend 85%+ of their enrolled hours

Question and Analyse

In Step 2 of the annual plan, you will question and analyse the data collected at Step 1 to identify the overall service needs of a community/child, service and/or educatorin relation to the three School Readiness Funding priority areas.

Services receiving **less than \$5,000** are reminded of the reduced planning requirements regarding data collection identified in step 1

The VEYLDF and associated resources provide a basis to prompt reflection, assist you to challenge assumptions and to analyse current practice.

Use the:

- VEYLDF outcomes to consider learning opportunities that build on and extend children's learning and development; and
- VEYLDF Practice Principles to identify capacity building opportunities at the educator level and to support reflective practice.

To access and download the VEYLDF Practice Principle Guides and Evidence Papers, see: www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldfproflearn.aspx

Questioning and analysing your data are about identifying patterns, for example:

- a trend over time (e.g., improving AEDC scores over the last three cycles, profile of children enrolling and attending over the cycle)
- a relationship between two different things (e.g., as parents' rating of the service increases, so does kindergarten participation)
- a common theme or idea (e.g., a majority of parents comment in your annual survey that they would like more opportunities to discuss their child's learning with the teacher)
- a result that is different to the rest (e.g., one or two families indicate low satisfaction with the kindergarten, compared with high satisfaction from all other families).

Working out what your data is telling you is a two-part process: first, work out what each individual piece of data is telling you; then work out what the data tells you when you bring it all together.

A. Making sense of individual pieces of data

Quantitative data, whether collected by your service or gathered from another source, is usually in table or chart format. To identify patterns in each table or chart, try asking:

- What stands out from this data? Can I see a pattern?
- Is there a trend over time?
- Is there a relationship between different parts?
- Is there data that does not fit the overall pattern? Why might that be?

Qualitative data usually consists of written information, such as responses to survey questions or educators' notes. Finding patterns in this data is about noticing the main topics or themes, sometimes referred to performing a thematic analysis. To identify the themes in qualitative data, try asking:

- What ideas are mentioned multiple times?
- What is the main message here?
- What are we still unsure about from this data?
- What other data is needed to support/ challenge the conclusions we are making?

B. Making sense of combined data

Once you have worked out what your individual pieces of data are telling you, you are ready to bring these findings together to make combined sense of them. Combining, also known as synthesising your data findings, primarily involves working out whether different pieces of data are reinforcing or contradicting each other.

When combining data findings, it can be useful to organise your findings under headings or key questions. In the case of SRF planning, you could organise your findings under the SRF priority areas or the levels of data (i.e., community/child, educator, and service) such as in the following table.

To work out what the combined data under each priority area is telling you, try asking:

- Do these findings agree with each other?
- Do some of these findings disagree with or contradict each other?
- How would you sum up what this collection of findings is saying?

Refer to the below table to support you with your questioning and analysis of data to identify levels of need.

Level	Description	Questions and considerations to prompt thinking	Example
Community /child	Community/child level data provides a picture of the recurrent learning, development, health, and wellbeing needs of children and families that typically attend your service. You are also encouraged to reflect on the community in which your service is located, and the information learned from professional partnerships with other early years professionals including Maternal and Child Health, allied health professionals and primary school professionals in your community. Consider Australian Early Development Census data for your local community. See: www.aedc.gov.au/data	Considering the School Readiness Funding priority areas, what are the commonly occurring needs of the families and children (at a cohort level) who typically attend the service? What impacts upon, or contributes to, these commonly occurring needs?	Data shows that children and families typically attending our service require support in: communication and language, particularly oral communication, and language developing social competence, particularly self-regulation attending kindergarten programs on a regular basis.
Educator	Consider areas for: skill development; opportunities to challenge or extend thinking; and opportunities to deepen practice and support ongoing improvement. Staff professional development plans may assist you in this process.	 Considering educators' professional learning plans, goals, and aspirations, what are the particular/additional support/training needs? How well-placed are educators to? implement the VEYLDF Practice Principles, and progress children's learning and development towards the VEYLDF outcomes? 	Enhance educator knowledge in: using child assessment to inform curriculum decision making supporting children's executive function understanding developmental phases of language learning to scaffold children's learning and guide the direction (where to next?) of teaching.
Service	A service's Assessment and Rating Report and QIP will provide valuable data to inform what practice and pedagogy to focus on at a service level. An EYM SIP, if applicable, will provide another source of data to support your decision-making.	· What continuous improvement strategies are identified in your service QIP/SIP? What are you already doing that you could build on to achieve your goals? Which School Readiness Funding priority areas align with these? · What do your National Quality Framework ratings tell you about how ready your service is to implement small or more complex practice changes?	Based on data from professional learning plans and the QIP/SIP, service-level knowledge development is required to: · support responsive teaching and scaffolding in identified areas · increase educators' capability and confidence with assessment and using the planning cycle.

Step 2
Have you provided an overall picture of the issues and needs of your service at a community/child, service, and educator level?

Services receiving under \$5,000 are encouraged to focus on \underline{one} level of data only in their SRF plan

Identify Priorities & Set Goals

Consider and analyse the information from Step 1 and Step 2 to identify which priority area(s) you will focus on in this year's School Readiness Funding annual plan. The priority(ies) you select should align with the areas identified for improvement in Steps 1 and 2.

Services with allocations **under** \$5,000 are encouraged to select one priority area and set one goal relevant to your services data and needs. Services with allocations **over** \$5,000 may choose to select one or more priority area(s) that are relevant to their service's data and needs.

Communication (language development)

Wellbeing (social and emotional)

Access and inclusion

In addition to the issues, you have identified in Step 2, you may also like to consider the information and reflective questions below

School Readiness Funding priority area: Communication (language development)

Children's wellbeing, identity, sense of agency and capacity to make friends are connected to the development of communication skills. These skills enable children to express feelings, thoughts and to be understood (VEYLDF p.22).

Communication (language development) can include

- \cdot vocabulary and sentence development
- · listening to and following instructions
- · engagement in book-sharing and early literacy
- $\boldsymbol{\cdot}$ communication in play and social interaction

Reflective questions to get you started:

- How does your everyday practice support children to be effective communicators? What more do you need to know about children's literacy and language development?
- 2. What are some of the challenges children and families face that affect children's development of language and communication skills?
- 3. Are all children relaxed and participating in learning experiences? What support do you need to create a learning environment that facilitates children's language and communication?

Resources to prompt further reflection:

Assessment of Children as Effective Communicators in Early Childhood Education and Care: Literature Review www.vcaa.vic.edu.au/Documents/earlyyears/EYLitReview_Communication.pdf

Communication Practice Guide www.vcaa.vic.edu.au/Documents/earlyyears/Communication PracticeGuide.pdf



School Readiness Funding priority area: Wellbeing (social and emotional)

The VEYLDF defines wellbeing as 'good mental and physical health, including attachment, positive affect, and self-regulation, being able to manage emotions productively and build resilience and persistence, being adaptable and confident and experiencing feelings of satisfaction and happiness' (VEYLDF p.20). A strong sense of wellbeing enables children to maximise learning and life opportunities.

Wellbeing (social and emotional) can include

- · self-regulation, focus and attention
- · positive relationships, friendships, and attachments
- · emotional resilience and positive mental health
- · social responsibility and helping skills
- · fine and gross motor skills

Reflective questions to get you started:

- How do you currently assess children's social and emotional wellbeing? What more do you need to know?
- 2. How do you intentionally support children to manage emotions and impulses, and to persevere when faced with challenges?
- 3. Are all children's views heard? Who is not having a say? How can the views of all children be captured?

Resources to prompt further reflection:

Wellbeing Practice Guide www.vcaa.vic.edu.au/
Documents/early years/EYWellbeingPracticeGuide.pdf

School Readiness Funding priority area: Access and inclusion

The aim of inclusion is equity. Early childhood educators understand that every child develops and learns in individual ways and has unique learning dispositions, strengths, abilities, and interests. Equitable responses provide varying levels of support to address the needs of each individual – for example, by providing additional support, adapting learning experiences or making special provisions.

Access and Inclusion can include

- Supporting families to ensure children are enrolled in kindergarten programs and are attending on a regular basis
- Outreach that increases participation of children, community engagement, and cultural and social inclusion



Reflective questions to get you started:

- 1. Think about the people living in the community in which your service is located. Do the children attending/enrolled in your service and their families reflect the broader community e.g., cultures, socioeconomic statuses, lifestyles, values, genders, and abilities? Do service practices and curriculum reflect this diversity? Who is not represented?
- 2. What barriers might be in place preventing their access? How might you overcome these barriers?
- 3. What are some of the challenges children and families face that affect children's learning? How doyou acknowledge and respond to these challenges?
- 4. How do you make your assessment and observations relevant to the children and families you support? How could you make this more meaningful?

Resources to prompt further reflection:
Practice Principle Guide: Equity and Diversity
https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracquideequityanddiversity2017.pdf

Consider the below information for supporting the formulation of goals, indicators, and measures of success.

Developing goals

Developing goals will be most effective when all relevant people in the service are able to participate and share opinions. The ability to reflect critically to determine areas for improvement will support the identification of key issues and strategies to support continuous improvementand enhanced outcomes for children.

Services with allocations **over \$5,000** may choose to select one or more priority areas that are relevant to their service's data and needs. Services in this category are encouraged to create a minimum of one goal for each of the SRF Priority Areas selected.

Services with allocations **under \$5,000** are reminded of the reduced planning requirements and are encouraged to select one priority area and set one goal, relevant to their data and needs.

The development of a goal/s should be based on your analysis of the relevant data, and it will help to guide your selection of SRF menu items.

When identifying goals, it is useful for your service to reflect on goals set in previous periods and whether they remain relevant to your forward plan. It may be that some of your goals will remain relevant over a number of planning periods.

The **S.M.A.R.T Goals** method may provide a way to help you develop achievable goals. S.M.A.R.T goals are:

- Specific: Clearly defined
- Measurable: Able to be measured
- Achievable: Able to be reached with existing resources and staffing
- Relevant: Focused on your priority area and directly related to the findings from the data
- Time-bound: Specified as needing to be achieved within 12 months

For example, the goal "Educators are able to refer children" is made SMART through the following adaptations:

- 1. Specific: Educators refer children who demonstrate language delay
- 2. Measurable: Educators identify and refer all children who demonstrate language delay
- 3. Achievable: Educators identify and refer 90% of children who demonstrate language delay
- 4. Relevant: Educators identify and refer 90% of children who we have identified at risk of language delay
- 5. Time-bound: Educators identify and refer 90% of children who we have identified at risk of language delay by the end of the year

Sustained change to pedagogy and practice takes time. When setting goals consider:

- breaking down broad outcomes into specific, manageable steps to ensure goals are realistic and achievable
- · allowing for realistic timelines
- · targeting which people need to be involved to achieve the goal
- the intended outcomes of menu items you have selected to help you achieve your goal.

Step 3

- · Have you selected one or more of the three priority areas?
- · Do the selected priority area(s) address theareas of need identified in Step 2 analysing data and information?
- $\cdot\;$ Have you developed at least one S.M.A.R.T goal for each selected priority area?

Reminder:

Services receiving under \$5,000 are encouraged to select <u>one priority area only</u> that links to their data from steps 1 and 2 and develop one SMART goal

Identify Priorities & Set Goals

Priority Area	Goal(s) for this year	Details/Comments
Access & Inclusion	Educators will develop their confidence to provide a culturally inclusive environment where all children and families at the service have a strong sense of belonging	
Communication (Speech/Language Development)	 For Educators to be supported to facilitate language and emergent literacy development skills in all children through reading, singing and role play. Educators will ensure children with language delays are supported by an allied health professional by supporting families with the referral process 	
Wellbeing (Social/Emotional Development)	 For educators to build confidence in providing all families with suggestions to support their child's social and emotional skills development at home. For educators to incorporate two new strategies that support self-regulation with the children and families 	The Details/ comments section can be used to include extra details about

- The thinking that led to the creation of their SMART goal
- The menu items selected that will meet this goal

Selecting Menu Items

Planning for menu items, selecting items, and developing indicators

As you will be setting a minimum of one goal for each of your selected SRF Priority Area/s, the indicators and measures of success will be set against each menu item, allied health item or flexible funding item in KIMS.

The indicators and measures of success will correspond to the overarching goal/s but will be specific to each item in your plan. This would help you in the reflect/review stages to understand if the item selected is having impact and helping your service to work towards its goal/s.

Indicators and measures refer to things you can measure to help you understand whether you are making progress with your work.

Outcome measures indicate whether you are making progress towards or have achieved your goal. You will need to identify an outcome measure for each goal. Try asking:

- What will it look like when I have achieved my goal?
- How will I know when I have achieved my goal?

Once you have considered your outcome measures, you will need to work out where you will get the data from. Typical data sources for measures of success include:

- Both formal and informal child assessment (e.g., standardised and/or validated assessment tools, child observations, pedagogical documentation, learning samples, teacher judgements, teacher checklists)
- Attendance records
- Family and/or staff surveys
- Conversations with families and/or other early childhood professionals
- Self-assessment or observation of practice
- Staff appraisals
- NQS assessment and rating result

PLANNING OUTLINE

The *planning outline* in Steps 4-6 of the School Readiness Funding annual plan builds on the processes of data collection, questioning and analysis undertaken. In this process, you will use *planning foundations* to plan for allied health and menu items; set goals, indicators, and measures of success; and finalise your School Readiness Funding annual plan.

Implementation measures indicate whether you are implementing your menu items as you planned. Implementation measures help you to understand your outcome measures.

For example, if you are not seeing the outcomes you expected, checking your implementation measures can help you to see whether this is due to poor implementation or something else. You will need implementation measures for each menu item. To identify an implementation measure, try asking:

- What tasks / activities will we need to complete to implement the menu item?
- Who will do what, and when?

You will also need to identify what data is needed for each implementation measure. Typical data sources for implementation measures include:

- Calendars/schedules
- Program planning documents
- Staff reflections/journal entries
- Family and/or staff surveys
- Conversations with families and/or other early childhood professionals
- Self-assessment or observation of practice.

Planning for menu items

The menu of evidence-informed programs and supports (the menu) has been developed by the Department. The menu lists a range of evidence-informed programs and supports that are aligned with the School Readiness Funding priority areas and the VEYLDF.

When developing indicators and measures for success consider:

- What is it that you are trying to achieve?
- · How will you know when you have achieved it?
- How will you measure success?

When selecting menu items, services are encouraged to reflect on any menu items they have previously accessed. This could include reflecting on what the service learnt from engaging in previous menu items. Potential questions for services to explore with their educational teams are:

- what did the service need to do to be ready to successfully engage with a menu item?
- have you chosen menu items that address the identified needs of your service, with indicators/measures of success?
- have you considered the balance of items and supports chosen from the menu? For example, if you have selected a range of training programs, consider the timelines and the capacity of educators to attend. How will learnings be meaningfully implemented into practice?
- what enablers or supports were important to successful implementation of menu items?
- what barriers were identified and overcome (or not) when accessing previous menu items and what may that mean for items in the future?

Once you have selected your menu item/s, it is time to plan for how they will be implemented. Services will need to ensure:

- they investigate the time needed to attend/engage with the training/resources
- allocate time to embed the learnings for each menu item across your service
- consider if you will be using backfill or additional hours to support the implementation/embedding of each menu item.
- provide clear details and comments about the menu items chosen and break down of costs for the programs, additional hours or backfill (number of educators x hours)
- Have you considered the balance of items and supports chosen from the menu

^{**}Backfill refers to when an educator is relieved during normal contact hours to attend or embed training - requiring someone to be brought into facilitate the funded kinder program

^{*}Additional hours refer to when an educator is given additional time to attend training or embed learnings outside of their normal hours.

Priority area	Menu items	Indicator and measure of success	Cost (\$)	Timeline (Term 1 – 4)	Estimated backfill cost (leave blank if N/A)	Estimated Additional hours cost (leave blank if N/A)	Details/ comments
Communication (language development)	Coaching	 Curriculum design and coach feedback demonstrates that: educators engage in critical reflection to support continuous improvement children's literacy development is increasingly supported through openended experiences in the curriculum plan educators use intentional teaching to scaffold children's language and communication development, and support positive behaviour. Observations of children indicate: an increase in verbal communication to express feelings and ideas Children engage with each other more frequently in the learning environment using positive interactions. 	\$4,000	Terms 1-4	\$210		Coaching to be accessed through Example Coaching Services. Costed at \$250 per hour, accessed for sixteen hours (based on website information). 2 x 2-hour sessions per term to support implementation of other professional development programs. Cover for teacher to work with coach = \$210 (half day) Other sessions conducted with the coach in the room alongside educators
Wellbeing	Example Wellbeing Training Session	Child observations demonstrate an increase in children's self-regulation in routines and transitions. Curriculum plan includes specific examples from training. Educators' reflections of practice post- training demonstrate an increased level of knowledge in this area and reflect on impact of strategies on teaching. Documentation and communication with families shares information on strategies and encourages contribution.	\$900	Terms 2-4	\$640		2 x educators to attend 8-hour training day Item cost \$450 per person 2 x \$450 =\$900 Backfill 2 X 8 hours @\$40 per hour backfill for educators (Diploma) 2 x \$320 =\$640

Priority area	Menu items	Indicator and measure of success	Cost (\$)	Timeline (Term 1 – 4)	Estimated backfill cost (leave blank if N/A)	Estimated Additional hours cost (leave blank if N/A)	Details/ comments
Access and inclusion	Social worker / Family support worker	Educators demonstrate enhanced skills, knowledge, and confidence to support children and families experiencing vulnerabilities, particularly those at risk of not engaging or disengaging from early childhood education. Parents receive inclusive parenting support and assistance to access services pertinent to their child's needs, particularly kindergarten and support children's transition from kindergarten services to school. Evidence of outcomes provided through quarterly reports detail the effect on enrolment rates and attendance for vulnerable cohorts.	\$5,000	Terms 2-4			Support worker has teaching degree and has considerable training including but not limited to PEEP learning together Program, Supported Playgroup facilitator, experience as a family engagement officer.

Allied Health

This step should only be completed by services that have been allocated a specified amount of allied health by the Department. The level of allied health support is tiered, with services receiving a level of support in line with their School Readiness Funding allocation. Refer to your terms and conditions letter for the number of sessions available to your service. Additional allied health may also be purchased from the menu.

Allied health professionals will build on existing skills and knowledge of educators and families to support children's development in the priority areas and build educators' capacity to embed practices in their programs. It is expected that the first session for each service is used to collaboratively plan the use of allied health support across the year, and this will count as one session. Ongoing sessions from allied health professionals under the capability-building model may include (but is not limited to), coaching, modelling, training, and working with teachers and educators, parents, and families. Allied health sessions will generally be delivered in the kindergarten, alongside educators, to further develop educators' approaches, strategies, and skills to enhance child development. Telehealth/online supports may also be provided as well as resource packs.

Services that do not have an allied health allocation from the Department may access allied health from the menu and can access the allied health support line.

The below table outlines an example of goals, indicators, and measures of success to guide completion of this section of your plan.

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Priority Area Area Allied health discipline	Indicator and measure of success	Estimated sessions	Timeline (Term 1 – 4)	Estimated backfill cost (leave blank if N/A)	Estimated Additional hours cost (leave blank if N/A)	Details/ comments
Your allied health provider you about the best allied he to address the needs and go service. The preferred choice of all discipline that you initially s flexible and to be discussed allied health provider. It may during the planning cycle a your allied health provider we through the year	alth support cals of your ied health elect here is d with your be amended as you and ork together		r terms and cond allied health sess your service.	\$420 iitions letter for sions available to		Includes initial planning session with allied health practitioner Backfill for 3 sessions = approx. 1 day

Priority Area	Preferred allied health discipline	Indicator and measure of success	Estimated sessions	Timeline (Term 1 – 4)	Estimated backfill cost (leave blank if N/A)	Estimated Additional hours cost (leave blank if N/A)	Details/ comments
Communicatio n (language development)	Speech Pathology	Educators identify and refer 90% of children who we have identified at risk of language delay by the end of the year.	2	Term 1-4	\$220		Backfill for 2 hours per AH session @ \$55 per hour for Educators to engage with AH session
Wellbeing (Social and Emotional)	Psychology	Educators to understand children's social and emotional literacy. Survey (pre and post) indicates an increase in educator's skills and capacity to implement strategies.	2	Term 1-4			
Wellbeing (Social and Emotional)	Occupational Therapy	The curriculum included intentional teaching strategies to support children's emergent writing skills. Reflections show an increased level of fine motor skill. Establish partnerships where information sharing supports family's confidence and actively engage families in planning for ongoing learning and development in the service and at home		Term 1-4		\$220	Additional hours for after-hours sessions to parent/families Approx. 4hrs for additional hours

Allied health support line:

An allied health support line is available for kindergarten services who are not able to access in-service allied health supports.

The allied health support line offers phone and email appointments to kindergarten services who do not receive a notional allocation of allied health sessions through School Readiness Funding (i.e., services receiving under \$5,000).

For further information, contact IPC Health at: Telephone: 9216 7818. | Email: school.readiness@ipchealth.com.au | Hours of operation: 9:00am - 5:00pm. IPC Health website

Flexible Funding Items

For services receiving more than \$5,000 of SRF, up to 25 per cent of their total SRF allocation can be spent flexibly on a local priority in consultation with the Department. Local priorities are needs that are identified as unique to a particular service or community and allows access to items or supports that are not on the Menu. This is optional and services may also choose to spend all their SRF on Menu items including any flexible funding. The use of this flexible funding must meet the intent of SRF, which is to support the educational outcomes of educationally disadvantaged children and build the capability of educators and families to respond to the needs of the cohort of children at the service. The use of flexible funding should also clearly align with one of the School Readiness Funding priority areas or a local priority.

As a first step, services that wish to spend some of their funding flexibly must discuss this with their local Early Childhood Improvement Branch early in the planning process.

Administration/Planning allowance:

All services allocated more than \$5,000 in School Readiness Funding, can allocate **up to five per cent** of the funding (capped at \$10,000 per service) to support the administration and planning of School Readiness Funding. This allowance should be included in annual plans as part of the 25 per cent available for Flexible Funding.

To include this as a Flexible Funding item in your plan, select any of the priority areas, add "Administration/Planning" free text as the Item and add "N/A" for the Indicator and Measure of Success field. Services are encouraged to include details and comments to explain how they will use the administration/planning allowance in their plan.

NOTE: This item must not exceed five percent of the total service level SRF allocation and must not be more than \$10,000.

Estimated costs and GST

Service providers registered for GST should plan for and acquit their SRF funding exclusive of GST as they are able to claim GST input tax credits on their business expenses from the ATO when they lodge their BAS.

Service providers not registered for GST should plan for and acquit their SRF funding inclusive of GST (the total gross cost of item) as they are unable to claim GST input tax credits on their business expenses. Service providers can refer to the invoices from Menu item providers to identify the GST exclusive and inclusive total costs and enter the appropriate costs into their plans and acquittals.

If required, please consult with your accountant for further information.



Step 6:

If you have incorporated flexible funding items, do they align with the flexible funding guidelines?

Finalise Plan

KIMS will be used for the School Readiness Funding planning cycle from 2022 onwards. User guides, training and support will be provided separately to assistyou in completing and submitting your plan through the KIMS platform.

Step 4: Select Menu items Step 1: Collect data Have you chosen menu items that address the identified needs of your service, with Have you considered a range of data sources to indicators/measures of success? provide a complete picture of therecurrent Will you need to backfill staff members who learning and development needs of children and will require time out of the room to engage in a families that typically attendyour service? menu item? Calculate adequate backfill /additional hours / additional educators for each menu item (number of educators x Step 2: Question and Analyse hours) Have you provided an overall picture of the Have you considered the balance of items issues and needs of your service at a or supports chosen from the menu? community/child, service, and educator level For example, if you have selected a range of training programs, consider the timelines and the capacity of educators to attend. How will **Step 3:** Identify Priority area & Set goals learnings be meaningfully implemented into Have you selected one or more of the practice? three priority areas? Do the selected priority area(s) address **Step 5:** Allied health the areas of need identified by analysing data and information? Have you assigned all allied health sessions Have you developed at least one allocated to your service? If you are unsure of the S.M.A.R.T goal for each selected priority allied health discipline that best aligns with your service goals, please select undecided.' Your allied health provider will collaborate with you to identify the best support for your service. **Step 6:** Flexible Funding If you have incorporated flexible funding items, do they align with the flexible funding guidelines? Step 7: Finalise Plan Is your School Readiness Funding allocated as \$0 on your plan i.e., fully Do your estimated costs include or exclude GST as appropriate for your service (see page 16)? Have you completed all the steps above? Are you ready to submit your plan for approval?