

School Readiness Funding: 2-Year Planning Guide

School Readiness Funding

The objective of School Readiness Funding is to address educational disadvantage, through **building the capacity of educators and families** to respond to children's learning and development in the three priority outcome areas of Communication (language, literacy and numeracy), Wellbeing (social, emotional and executive function) and Access, Inclusion and Participation.

This guide supports kindergarten services through the School Readiness Funding planning process and the completion of the School Readiness Funding 2-year plan. In developing a 2-year plan, services are encouraged to take a long term view and consider what needs children may have over the full 2-year period and the opportunities to engage in programs or supports that require delivery over more than 1 year. It is also important for services to consider how their funding will be spread over the 2 years, reflecting on how the funding can support children attending the service in both years of the cycle.

Overview of the School Readiness Funding Planning Process

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

The EYPC drives an inquiry process to support continuous improvement. It outlines the process that early years professionals use to; question and analyse, act, and reflect on evidence that they have collected.

This process strengthens the decisions they make about what is important for children and families within their communities' (Victorian Early Years Learning and Development Framework VEYLDF p.8).

We use this same approach to inform School Readiness Funding, from planning through to end-of cycle reflection, and commencement of the next planning cycle. Services should also use this cycle to assist with monitoring the implementation of their plan throughout the two-year cycle to identify if the initial approved plan is still relevant and effective. If, through this process, potential changes are identified, services can discuss making updates to their plan with their local Early Childhood Improvement Branch.

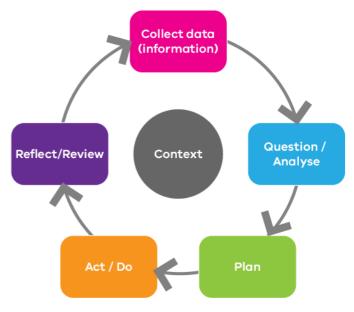


Figure 1: The Early Years Planning Cycle, VEYLDF (2016)

Connection to Quality Improvement Processes

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 encouraged to incorporate relevant priorities from the QIP/SIP into the School Readiness Funding Plan and vice versa. This will support the achievement of goals and streamline the approach to the whole of service continuous improvement.

Priority Outcome Areas - What they mean to School Readiness Funding

School Readiness Funding is aligned to three priority outcome areas: Communication (language, literacy and numeracy), Wellbeing (social, emotional and executive function) and Access, Inclusion and Participation. Expert consensus and evidence indicate that these outcome areas make the biggest difference for children's outcomes, particularly those who experience educational disadvantage.

The priority outcome areas were reviewed and updated in 2024 in consultation with subject matter experts. This review sought to redefine the Priority Outcome Areas to reflect a more comprehensive set of parameters to address educational disadvantage. The updated definitions use more action-oriented language to guide Kindergarten services to plan for and focus teacher and educator skill development across a wider range of content and to an even greater depth.

These outcome areas are defined specific to the policy settings of School Readiness Funding, and they are intended to guide the implementation of School Readiness Funding in kindergarten settings. The priority outcome areas sit at the foundation of each Menu item and are supported through the Allied Health program. Detailed information about the priority outcome areas can be found on page 10 of this document.

Who should be involved in the School Readiness planning Process?

Approved providers are responsible for ensuring that a School Readiness Funding plan is completed and approved for each of their services.

A collaborative approach to planning should be undertaken at the individual service level, as this supports a culture of reflective practice and of professional inquiry. Remember, School Readiness Funding is about building the capabilities of your educators to improve learning outcomes for the children at your service. Approved providers should conduct planning with their service(s) to ensure that each plan is specific to the needs of the children, families, and the service. Engaging teachers, educators, children, families, and relevant community services in the planning process is critical to enriched decision making and ensures the development of relevant and common goals for continuous improvement.

You may like to discuss your School Readiness Funding plan with your Kindergarten Improvement Advisor as you complete the process. This is an opportunity to talk about your service planning and be guided on ways to accurately record relevant information within the plan, which may support the plan's approval process.

What are the planning phases and steps?

Planning for School Readiness Funding occurs across two phases – Planning Foundations and Planning Outline, in seven key steps

PLANNING OUTLINES PLANNING FOUNDATIONS STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6 STEP 7 Identify Data Question **Flexible Priorities &** Collection Allied Health & Analyse Menu Items Funding Items Plan **Set Goals**

(see Figure 2 below).

Figure 2: School Readiness Funding planning steps

PHASE 1 – PLANNING FOUNDATIONS

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

PLANNING FOUNDATIONS

PLANNING OUTLINES

STEP 1

Data

Collection

STEP 2 Question Analyse STEP 3 Identify Priorities & Set Goals

Select Menu Items Plan Allied Health Flexible Funding Items Finalise Plan

STEP 1 - Data Collection (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 areas of 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 data as your evidence from three distinct levels to inform and identify the needs of the service and the expected learning outcomes for children. Once your data is collected, step 2 provides a process of questioning and analysis to enable the identification of themes or patterns to reflect upon so that you can then determine what concerns or issues your service should focus on, and what outcomes you are striving to achieve.

Services that are allocated School Readiness Funding of \$10,000 or greater

If your 2-year School Readiness Funding allocation is \$10,000 or greater, collect data from all three levels described below, community/child level, service level & educator level. Collecting data from all three levels will support you to create a clear picture of the concerns and needs of your service as you select goals and choose menu items to help you achieve those goals.

Services that are allocated School Readiness Funding of less than \$10,000

If your 2-year School Readiness Funding allocation is less than \$10,000 there are reduced planning requirements in place. Services receiving less than \$10,000 are encouraged to provide data from a minimum of one of the three data levels described below, community/child level, service level, or educator level, to support them with their School Readiness Funding plan.

This figure provides examples of data sources (information) that you may use to inform your service planning. The list is not exhaustive, and you are welcome to use data from other sources, provided its relevance and credibility.

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



Figure 4: Collect data (information).

Educator Level

- Professional learning plans
- VEYLDF Practice Principles

Data Level descriptor Table

Data Level	Description
Community/Child Level	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 (AEDC) data for your local community. See: www.aedc.gov.au/data
Educator Level	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.
Service Level	A service's Assessment and Rating Report and Quality Improvement Plan (QIP) will provide valuable data to inform what practice and pedagogy to focus on at a service level. An Early Years Management (EYM) Service Improvement Plan (SIP), if applicable, will provide another source of data to support your decision-making.

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

Data source	Data source level	Example of what a service may find from data
Australian Early Development Census	Community/Child	 X% of the children in this LGA are developmentally at risk or vulnerable in the language and cognitive skills domain. X% of the children in this LGA are developmentally at risk or vulnerable in the communication skills and general knowledge domain X% of children in this LGA are developmentally at risk or vulnerable in the social competence domain. X% of children in this LGA are from born in another country with a language background other than English.
Local and community level	Community/Child	Conversations with feeder/local primary schools indicate that children require support to share their thoughts and ideas verbally (due to limited oral and receptive language skills).
Child observations	Community/Child	 Feedback from teaches and educators in the service has identified: Children often require support to communicate their needs to educators and peers Children require high levels of support to engage in the program and focus on tasks The early learning environment only supports the individual needs of a small number of children in the group. X% of children attending the program become distressed during transition times throughout the year





Data source	Data source level	Example of what a service may find from data
Educator professional learning plans	Educator	Educational leaders, teachers and educators have identified a need to further develop their skills in the areas of: • Cultural awareness and sensitivities
		 Extending children's language development Supporting children to regulate their own behaviour, respond appropriately to the behaviour 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	Service	The service QIP identifies goals relating to the following elements: • 1.2.1 Intentional teaching • 1.2.2 Responsive teaching and scaffolding • 1.2.3 Child directed learning • 1.3.1 Assessment and planning cycle • 1.3.2 Critical reflection
Kindergarten enrolment data	Service	 13 out of 30 children enrolled in this service are from diverse backgrounds. 14 out of 50 of children enrolled in this service are eligible for Early Start Kindergarten (ESK) funding
Participation data	Service	 X% of children in this LGA attend a kindergarten program prior to starting school. This is below the Victorian state average. X% of children enrolled in this service attend 85% of their enrolled hours

PLANNING FOUNDATIONS

PLANNING OUTLINES

STEP 1 Data Collection STEP 2 Question & Analyse STEP 3 Identify Priorities & Set Goals

Select Menu Items

Plan Allied Health Flexible Funding Item Finalise Plan

STEP 2 - Question and Analyse

In step 2 of the plan, you will question and analyse the data that you have collected at step 1 to identify the distinct data levels (community/child level, service level and/or educator level) as well as your overall service needs in relation to the three School Readiness Funding priority areas.

Services receiving **less than \$10,000** in a 2-year cycle are reminded of the reduced planning requirements regarding data collection identified in step 1.

The VEYLDF and associated resourced 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 the 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: *Practice principles for teaching birth to 8 years*

Questioning and analysing your data are about identifying patterns that may have implications for your service in being responsive to this context in the coming two years, 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, or even attendance numbers)
- 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. What picture is the data painting about your service?

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. It is numbers based, countable or measurable.

To identify patterns in your quantitative data try asking:

- What stands out from this data? Can I see a pattern?
- Are there any outliers and why do you think that is? Do they need addressing?
- Is there a trend over time? Is it increasing, decreasing, or stable? Is it a positive (good) trend? Do you need to build on this, or do you need to begin to reverse it?
- Is there a relationship between different parts? (e.g. low engagement from families and a high migrant population)

Qualitative data usually consists of written information, such as responses to survey questions or educators' notes. It could be observational data.

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?
- 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 Data Analysis table below.

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?

Use the **Data Analysis Table** below to support you with questioning and analysis of your data.

Do you have an overall picture of the issues and needs of your service at each of the levels in the table? If your services are receiving under \$10,000 you are encouraged to focus on just one level of data only in your SRF plan.

Data Analysis Table				
Level	Description	Priority Area Alignment (use the definitions on pages 10-12 to help populate this)		
Community/Child	67% of our children are developmentally at risk or vulnerable in the language and cognitive skills domain, this is consistent with the AEDC data and echoes the conversations with the local primary school which tells us that children require support to share their ideas and thoughts verbally.	Communication (language, literacy and numeracy)		
Educator	Observational data shows that we have children requiring support to regulate their own behaviours. We have 2 provisionally registered teachers starting at our service who have requested professional development in the area of behaviour regulation, appropriate responses and conflict resolution.	Wellbeing (social, emotional and executive function)		
Service	Our overall attendance data for enrolled children is 85%, however we have a proportion of enrolments who are from a variety of cultural backgrounds, where absences are higher. We may need develop ways to fully engage all families and create a culturally safe environment for all children and families.	Access, Inclusion and Participation		

PLANNING FOUNDATIONS

PLANNING OUTLINES

STEP 1

Data

Collection

STEP 2 Question & Analyse STEP 3 Identify Priorities & Set Goals

STEP 4 Select Menu Items STEP 5 Plan Allied Healtl

Flexible
Funding Items

STEP 7
Finalise
Plan

STEP 3 – Identify Priorities & Select Goals

Consider your data and analysis to identify which priority area(s) you will focus on in your School Readiness Funding plan. The priorities areas that you select should align with the information you have captured in your data analysis table.

Priority Outcome Areas Defined

The Priority Outcome Areas are defined below and are intended to guide the implementation of School Readiness Funding in kindergarten settings. The Priority Outcome Areas sit at the foundation of each Menu item and are supported through the Allied Health program.



Services with allocations of \$10,000 and under are encouraged to select one priority area and select one goal relevant to your services data and needs. Services with allocations over \$10,000 may choose multiple priority area(s) and goals that are relevant to their service's data and needs.

Communication (language, literacy & numeracy)

Wellbeing (social, emotional & executive function)

Access, inclusion & participation

Communication (language, literacy & numeracy)

Communication is the ability to use verbal and non-verbal skills to effectively express ideas and thoughts to others. These skills support children to participate in diverse and meaningful learning and play experiences. Children's identity, sense of agency and capacity to engage with others are connected to the development of communication skills.

Additionally, communication skills support early numeracy development which is essential for preparing children for daily life, including problem-solving and reasoning.

According to the School Readiness Funding program, supporting Communication (language, literacy and numeracy) includes:

- designing and implementing programs and learning environments that provide rich language, literacy and numeracy experiences
- fostering partnerships with families to strengthen home learning environments that nurture literacy and numeracy skills (including home languages)
- building educators' and families' knowledge and skills to support young children's:
 - vocabulary, sentence development and articulation skills (expressive language)
 - listening and comprehension skills (receptive language)
 - interest and participation in early literacy activities (book knowledge and sharing)
 - concepts of print and phonological awareness (early literacy)
 - interaction skills, including understanding body language and gestures
 - social play, including noticing others, attending, engaging, sharing, negotiating and taking turns (pragmatic and social skills)
 - pattern and symbol identification, recognition and production

- ability to classify, sequence and order objects
- ability to identify and_compare the size, height, length and density of objects (concepts of measurement)
- understanding of spatial relationships and properties of shapes
- understanding of design and mechanical construction concepts and application
- language of STEM

Wellbeing (social, emotional & executive function)

According to the World Health Organisation, 'Wellbeing is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions.' (2021, page 10). Highly developed executive function skills are recognised as a critical foundation for children to actively participate in learning and play experiences, and therefore essential to a child's holistic wellbeing.

The world around a child contributes to and influences the opportunities for children to flourish. Therefore, the learning environments, relationships and experiences children encounter must be mindful of the child's wellbeing past, present and future.

According to the School Readiness Funding program, supporting Wellbeing (social, emotional and executive function) includes:

- taking a trauma informed lens when implementing practices across the service
- providing an environment which promotes and supports development of young children's:
 - social/emotional learning
 - positive, secure, safe and respectful relationships
- implementing strategies to ensure educators and children have:
 - strong relationships
 - high-quality interactions
- · proactively implementing positive mental health approaches to ensure children are engaged and ready to learn
- enacting strategies that support and strengthen children's:
 - working memory
 - focus
 - attention
 - perseverance
- providing children with support in:
 - effective self-regulation
 - positive behaviour
- building an integrated approach to supporting children and families, by sharing knowledge and linking with existing systems, local services and community supports

Access, inclusion & participation

Access is proactively working in partnership with families and communities to identify children who have the most to gain from early learning. Inclusion is the actions taken by early childhood professionals based upon their understanding of children's unique interests, abilities and contexts, including their culture and home language. Meaningful participation in early learning is achieved through purposeful approaches to both access and inclusion.

According to the School Readiness Funding program, supporting Access, inclusion and participation includes:

- developing and implementing systematic processes for vulnerable children and those who are at risk of educational disadvantage which focus on improving:
 - equitable access
 - attendance
 - participation
- · actively building relationships with diverse families across the community to support regular attendance through:
 - meaningful engagement
 - a sense of belonging to the service
- developing strong home partnership and continuity of learning across both environments
- · identifying, learning and engaging with communities through culturally safe practices, to enhance cultural and social inclusion
- · raising awareness of children's rights and using this knowledge to create equitable opportunities for children
- supporting fine and gross motor development which enables improvements for children's:
 - participation in the program
 - independent self-care skills

Selecting Goals

Now that you have identified your relevant priority areas, it's time to select goals and make them specific to your service.

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 improvement and enhanced outcomes for children.

The selection 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 SRF cycles and whether they remain relevant to your forward plan. It may be that some of your goals will remain relevant over several planning cycles.

Broad Goal Selection

The following goals have been developed for your service to select from. The goals are grouped by priority area to assist in selecting appropriate and relevant goals. The goals are able to be selected from a list in KIMS. There, is also an option for you to develop and input your own goals if you wish. A minimum of one goal is required for the priority outcome area/s you have selected to focus on within your plan.

The broad goals do not specify something to be achieved which is particular to your service, making them specific and relevant to your service comes next in KIMS.

COMMUNICATION (language, literacy and numeracy) GOALS:

- Educators will design and implement programs and learning environments that provide rich language, literacy and numeracy experiences.
- Educators will foster partnerships with families to strengthen home learning environments that nurture literacy and numeracy skills (including home languages).
- Educators will build both their own, and their families' knowledge and skills to support children's vocabulary, sentence development and articulation skills (expressive language) and listening and comprehension skills (receptive language).
- Educators will build both their own, and their families' knowledge and skills to support children's interest and participation in early literacy activities (book knowledge and sharing) and concepts of print and phonological awareness (early literacy).
- Educators will build their knowledge on how to develop children's interaction skills (eg. understanding body language, gestures) and pragmatic and social play skills (eg. noticing others, attending, engaging, sharing, negotiating, taking turns).
- Educators will build their knowledge and skills on how to support children's pattern and symbol recognition; ability to classify, sequence and order objects; and compare the size, height, length and density of objects (concepts of measurement).
- Educators will build their knowledge and skills on how to support children's understanding of spatial relationships, properties of shapes, design and mechanical construction concepts and the language of STEM

WELLBEING (social, emotional and executive function) GOALS:

- Educators will increase their knowledge on the effects of trauma and apply a trauma informed lens when implementing practices across the service.
- Educators will provide an environment which facilitates high quality interactions, promotes social/emotional learning and supports the development of positive, secure, safe and respectful relationships.
- Educators will proactively implement positive mental health approaches to ensure children are engaged and ready to learn.
- Educators will build their knowledge on strategies that support children to strengthen their working memory, focus, attention and perseverance.
- Educators will build their knowledge on effective self-regulation and positive behaviour support techniques.
- The service will create an integrated approach to supporting children and families, by sharing knowledge and linking with existing systems, local services and community supports.

ACCESS, INCLUSION AND PARTICIPATION GOALS:

- The service will develop and implement systematic processes which focus on improving equitable access, increasing attendance and participation of vulnerable children and those who are at risk of educational disadvantage.
- The service will actively build relationships with diverse families across the community to support meaningful engagement and a sense of belonging to the service, which improves regular attendance.
- Educators will work with families to develop a strong home partnership and continuity of learning across both environments.
- The service will identify, learn and engage with communities through culturally safe practices, to enhance cultural and social inclusion.
- The service will increase their own, and their community's awareness of children's rights and use this knowledge to create equitable opportunities for all children.
- Educators will increase their knowledge and skills on how to support children's fine and gross motor development which enables children to participate in the program and increases independent self-care skills.

Identify Priorities & Select Goals

For each of your chosen goals, you need to complete answers to two questions to make these goals specific and relevant to your service. Refer to the table below to assist with this. It is important to think about what success would look like at your service. An example has been provided for you below, based on the data analysis table on page 9.

Priority Area	Selected Goal	What will be the specific focus for your service? (i.e. does it relate to a specific cohort/number of children, educators, families? How does it link to the data and analysis captured within the plan?	What does achieving this goal look like at your service and how will it benefit the children, service and/or local community? (What does it look, sound and feel like?)		
Communication	Educators will foster partnerships with families to strengthen home learning environments that nurture literacy and numeracy skills (including home languages)	We will focus on increasing our families awareness of the value of engaging in one-on-one interactions with their child (e.g. nightly reading) and how providing a literacy and numeracy rich environment in their home will enhance their child's development	Achieving this goal will see child observations reflecting increased skill levels in children's language and numeracy. Families and educators will be able to recognise the link between learning opportunities in the home environment and kindergarten program.		
Wellbeing	Educators will build their knowledge on effective self-regulation and positive behaviour support techniques	Child observations from our educators indicate that many children are becoming distressed during times of transition and experience separation anxiety from their families at dropoff. This unsettling time can be difficult to manage for Educators and can be traumatic for parents also. Our focus is for Educators to gain additional skills in supporting children and parents with strategies to implement during transition times.	Educational leader observes educators using a variety of new strategies and skills to identify anxious behaviour, triggers to anxiety, body signs and implement strategies to overcome anxiety.		







Access, Inclusion and Participation The service will actively build relationships with diverse families across the community to support meaningful engagement and a sense of belonging to the service, which improves regular attendance

Children from culturally and linguistically diverse and/or Aboriginal and Torres Strait Islander backgrounds in our service are the key cohort we aim to support. Our data shows that their attendance is less overall and happens less consecutively than other children in our service.

We will work to develop trusting relationships with families where they feel comfortable to share information about their cultures, contributing to a richer and more culturally inclusive program for their child and others to participate in.

Participation and attendance data, along with educator observations will show the children of the target cohort attending more regularly and appearing more settled and comfortable. They will show less anxiety with drop-off and enjoy playing and learning in a culturally sensitive environment.

Educators will develop deeper relationships with parents/carers as they engage in more dialog, building more trust. Parents will become more engaged with the service and spend more time in and around the service.

PHASE 2 – PLANNING OUTLINE

The planning outline occurs in steps 4-6 of the School Readiness Funding plan, and it builds on the processes of data collection, analysis and goal setting undertaken in phase 1. In this phase you will use your selected goals to plan for allied health and appropriate menu items selection; selecting outcomes that you wish to achieve and finalise your School Readiness Funding 2-year plan.

PLANNING FOUNDATIONS

PLANNING OUTLINES

STEP 1

Data

Collection

STEP 2 Question Analyse STEP 3 Identify Priorities 8 Set Goals STEP 4
Select
Menu Items

STEP 5 Plan Allied Healt

Flexible Funding Item Finalise

STEP 4 - Selecting Menu Items

Planning for menu items, selecting items, and developing outcomes

As you will be setting a minimum of one goal for each of your selected School Readiness Funding Priority Area/s, you will need to develop an outcome and measure of success for each menu item, allied health item or flexible funding item in KIMS.

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

Outcomes show whether you are making progress towards or have achieved your goal. You will need to identify an outcome measure for each menu item. Try asking:

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

Be consistent. Use the information that you populated the last column of the goal selection table above to assist you with this section.

Once you have considered your outcome, you will need to work out where you will get the data from to measure the success of the menu item. 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

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

For example, if you are not seeing the outcomes you expected, checking your measures of success can help you to see whether this is due to poor implementation or something else. You will need measures of success for each menu item. To identify a measure of success, 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 measure of success. Typical data sources for measure of success 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 of Education (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 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?

Using your funding over 2 years

Once you have selected your menu item/s, it is time to plan for how they will be implemented over the two years. 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? For example, if you have selected a range of training programs, consider the timelines and the capacity of educators to attend over a 2-year cycle.

It is important to consider how you will effectively spread the full allocation of School Readiness Funding across the 2-year cycle. Consider the cohort of children at your kindergarten service in both years of the cycle and how your funding can be allocated to improve learning outcomes for the children attending across both years.

The considerations on how you will allocate the funding across both years are contextual, based on your service's needs, the menu items that you have selected and your service's total funding allocation. While it is not necessary to evenly split the funding equally across the 2 years, services need to consider how to spread out the funding appropriately. You may like to talk directly with your Kindergarten Improvement Advisor on ways to most effectively plan the full allocation of school readiness funding for your specific service.

^{**}backfill refers to when an educator is relieved during normal contact hours to attend or embed training – requiring someone to be brought in to facilitate the funded kindergarten program.

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

Menu Items Planning	Menu Items Planning Table								
Priority Area	Menu Item (note: menu items are fictional and do not appear on the menu of evidence)	Cost (\$)	Timeline (year and term 1-4)	Estimated backfill hours /Additional Hours (leave blank if N/A)	Estimated backfill cost Additional Hours (\$) (leave blank if N/A)	Outcome and measure of success	Details/comments		
Wellbeing	Coaching	\$7, 200	Year 1, Term 3 and 4 Year 2, Term 1	12 hours	\$1,200	Educators will be more equipped with the skills to identify anxious behaviour, triggers to anxiety, body signs and be able to implement strategies to overcome anxiety. Conversation with families, feedback/observation from coach.	Coach name: xx Coach qualification: Coach delivery approach: Face to face training. Observe practice: x sessions Staff meetings: x sessions Model practice: x sessions Reflection discussions: x sessions 12 hours with 2 educators at 12 hours each at \$50 per hour		
Communication	Learning Together Program (helps parents and carers understand the importance of strong home learning environments)	\$660	Year 1, Term 1	10	\$500	Increased observations of children's language and numeracy skills. Families and educators will recognise the link between learning opportunities in the home environment and kindergarten program. Family feedback show an increase in language development and in enjoyment of books.	2-hour training, 5 educators After hours at \$50 per hour.		
Communication	Libraries at home	\$12,500	Year 1, Term 2, 3, 4 Year 2, Term 1, 2, 3	4 hours	\$200	Families have a literacy rich environment and discuss how there is an increase in reading together. Observations show increased participation in children's interest in books Family survey results.	36 children each year of the 2 year cycle. 4-year- old group. 9 months for each year. 4 hours backfill for setting up and reflection		

Menu Items Plannin	Menu Items Planning Table								
Priority Area	Menu Item (note: menu items are fictional and do not appear on the menu of evidence)	Cost (\$)	Timeline (year and term 1-4)	Estimated backfill hours /Additional Hours (leave blank if N/A)	Estimated backfill cost Additional Hours (\$) (leave blank if N/A)	Outcome and measure of success	Details/comments		
Access, inclusion and participation	Cross cultural and social inclusion training menu item	\$2,200	Year 1, Term 1, 2, 3, 4, Year 2, Term 1, 2, 3, 4	28 hours	\$1,400	Deeper relationships with families who are more engaged in the culturally inclusive program and environment, leading to a sense of belonging. Conversations with families, observations of families spending more time at the service. Increase in child attendance.	Two years at 10 hours per year, online professional development with 4 sessions. Backfill, 2 educators at 10 hours each, at \$50 per hour, to attend professional development and 4 hours extra (per educator) to discuss implementation of new strategies and reflect on learnings. The service has previously accessed this menu provider for a different PD and found it useful.		
Access, Inclusion and participation	Additional Educator	\$10,000	Year 1, Term 1 Year 2, Term 2			The additional educator will support children and families to transition into the program during term 1. This will be achieved through conversations with families and engaging in small group interactions with children. Observations of children show children confidently engaging in the program and families sharing information about their children.	Additional educator is diploma qualified, has many years' experience in the kindergarten environment and is a known member of the local community. The additional educator is fluent in English and two other languages used by the children and families attending the program. 10 hours per week at \$50 per hour, during term 1 in both years/		

Maximise School Readiness Funding through collaboration

Also known as 'Pooling' Services may choose to *pool funding* with other services and schools to access programs and supports with a shared priority. Common reasons why services pool funding together include; sharing costs to access a fixed price menu item, or where there is a minimum number of participants required, and the service has insufficient numbers.

EXAMPLES OF POOLING	
A private Speech Therapist provided the Hanan Teacher Talk Training series at a capped price with up to 20 participants.	Pooling approach: Six services shared the capped price cost between them. This involved services from three different approved providers. The Speech Therapist provided separate invoices for each approved provider, itemising the cost per service.
Provider required a minimum number of attendants to have the menu provider travel to their location.	Pooling approach: The menu provider kept a list of the attendants in each geographical area and when she had enough to run a localised session, she set a date. This session was publicised to the early childhood sector in the area (outside of funded Kindergartens) so anyone else who was interested could also attend.
Minimum participation numbers exist with a menu provider delivering PD around Mental Health.	Pooling approach: The kindergarten will pool their SRF with the School's Mental Health Funding to meet minimum participation numbers in a trauma informed practice program menu item. This allows for consistency in approaches across the service and school communities for greater impact and outcomes.

PLANNING FOUNDATIONS

PLANNING OUTLINES

STEP 1

Data

Collection

Question & Analyse STEP 3
Identify
Priorities &
Set Goals

STEP 4
Select

STEP 5 Plan Allied Health

Flexible unding Item

Finalise Plan

This step should only be completed by services that have been allocated a specified amount of allied health sessions 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.

Speech pathology, occupational therapy and psychology professionals will share specialist skills and knowledge with 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 also 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.

Priority Area	Allied health discipline	Estimated sessions	Timeline (year and term 1-4)	Estimated backfill hours/Additional Hours (leave blank if N/A)	Estimated backfill cost Additional Hours (\$) (leave blank if N/A)	Outcome and measure of success	Details/comments
Communication	Speech Pathology	4	Year 1, Term 1 Year 2, Term 1	8	\$400	Allied health professional's observations indicate that educators are effectively using intentional teaching strategies to support the development of expressive language and vocabulary expansion. The curriculum includes learning experiences an intentional teaching strategy to support verbal language development.	Initial planning session with allied health practitioner. Time to discuss the program, observations and strategies with allied health practitioner off the floor. Backfill, 4 hours for 2 educators at \$50 per hour.
Wellbeing	Psychology	4	Year 1, Term 2 Year 2, Term 2	8	\$400	Educators further develop strategies to support children to feel confident within the kindergarten environment. Observations show a decrease in children experiencing anxiety. Educators extend on their understanding of children's social and emotional development and survey (pre and post) indicates an increase in educator's skills and capacity to implement strategies.	Backfill 4 hours for 2 educators to discuss the program, implementation of strategies and attend online training facilitated by the psychologist.

Priority Area	Allied health discipline	Estimated sessions	Timeline (year and term 1-4)	Estimated backfill hours/Additional Hours (leave blank if N/A)	Estimated backfill cost Additional Hours (\$) (leave blank if N/A)	Outcome and measure of success	Details/comments
Wellbeing	Occupational Therapy	4	Year 1, Term 3	36 hours	\$18,000	Increase educators understanding of how the physical environment may influence children's development and how to best use the space and resources available to enhance their learning and engagement in the program. This will be measured through program documentation, educators' reflections and the occupational therapists reports.	Backfill for one educator (36 hours x \$50) to meet with OT, implement learnings and reflect on changes.

Allied Health Support Line:

An allied health support line is available for kindergarten services who are not able to assess 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 \$10,000).

The Allied Health Support Line provider is DPV Health.

Further information is available on the School Readiness Funding Website: School Readiness Funding . DPV can be contacted on 0409 295 039 or email: srf.phoneline@dpvhealth.org.au

PLANNING FOUNDATIONS

PLANNING OUTLINES

STEP 1

Data

Collection

Question & Analyse STEP 3 Identify Priorities & Set Goals

Select Menu Item

Plan Allied Health Flexible
Funding Items

STEP 6

Finalise Plan

STEP 6 – Flexible Funding Items

If your service receives greater than \$10,000 of School Readiness Funding, you can spend up to 25% of your total allocation flexibly on a local priority, provided that you consult with and gain approval from your local Early Childhood Improvement Branch.

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 listed on the Menu. This is optional and services may also choose to spend their entire allocation of School Readiness Funding on Menu items.

The use of this flexible funding must meet the objective 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. Flexible funding must not be spent on items such as infrastructure or information technology. As a first step, services that wish to utilise flexible funding must discuss this with their local Early Childhood Improvement Branch, for approval, early in the planning process.

Administration/Planning allowance:

All services receiving more than \$10,000 of School Readiness Funding in the 2-year cycle, can allocate up to five per cent of the funding (capped at \$20,000 per service) to support the administration and planning of School Readiness Funding. This allowance should be included in biennial 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 Outcome and Measure of Success field. Services must include detailed comments to explain how they will use the administration/planning allowance in their plan. Appropriate record keeping is required by services and will assist services with acquitting funds during their end of cycle reporting.

NOTE: This item must not exceed five percent of the total service level SRF allocation and must not be more than \$20,000.

Estimated Costs and GST

Service providers registered for Goods and Services Tax (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 Australian Taxation Office (ATO) when they lodge their Business Activity Statement (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.

PLANNING FOUNDATIONS

PLANNING OUTLINES

STEP 1

Data

Collection

STEP 2
Question

STEP 3
Identify
Priorities &
Set Goals

STEP 4 Select Menu Item

Plan Ilied Healt Flexible Funding Item STEP 7
Finalise
Plan

STEP 7 – Finalising your Plan

The last step is to finalise your SRF 2-year plan and enter it into the Kindergarten Information Management System (KIMS). Ensure that you have all of your relevant information at hand and have had discussions with your colleagues and ECIB (if necessary) to review your data analysis and select appropriate goals and supports through allied health and the menu, to help your service achieve its goals.

KIMS is the platform used to develop and house your School Readiness Funding Plan for the 2-year cycle. User Guides, training and support are provided separately to assist you in completing and submitting your plan through the KIMS platform. Please contact your local Early Childhood Improvement Branch (ECIB) to enquire about supports available.

Step 1: Collect information

 Have you collected data from multiple sources and levels (if your SRF allocation is greater than \$10,000) to provide a complete picture of the current learning and developmental needs of children and families that typically attend your service?

Step 2: Question and Analyse

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

Step 3: Identify Priority area(s) and select/develop goals

- have you selected one or more priority areas?
- Do the selected priority area(s) align with the areas of need identified by your data analysis?
- Have you selected at least one goal for each chosen priority area and answered the 2 follow-up questions?
- Have you completed all of the steps in both phases of planning?

Step 4: Select Menu Items

- Have you chosen menu items that can help you to achieve your goals and detailed the associated outcomes and measures of success?
- Have you considered and calculated backfill requirements, additional staff and hours?

Step 5: Allied Health (only for services with an allocation of \$10,000 or greater)

Step 5: Allied Health (only for services with an allocation of \$10,000 or greater)

 Have you assigned all of the allied health sessions allocated to your service? If you are unsure of the 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 (only for services with an allocation of \$10,000 or greater)

- If you have incorporated flexible funding, have you discussed the relevant items with your KIA in your local ECIB and sought approval to ensure they align with the guidelines?
- If eligible, have you entered planning and administration costs in the flexible funding section?

Step 7 Finalise your Plan

- Is all of your School Readiness Funding allocated with a \$0 balance remaining?
- Do your estimated costs include or exclude GST as appropriate for your service (see page 27)
- Have you completed all of the steps in both phases of planning?

There is a 2-step process to submit the SRF plan to the Department.

Step 1. Submit to the service provider approver.

Step 2. the service provider approver then submits the plan to the department for approval.

For further information on this process, refer to the guides in KIMS.

School Readiness Funding – 2 year planning timeline

Please note: timeline is indicative

