

Creating Inclusion and Equity Policy and Procedures

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National Quality Standard	Quality Areas 1, 2, 3, 4, 5, 6, 7
EYLF	Principles 1, 2 and 4

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Policy Statement

In a fair and just society the intrinsic worth of all children and their families, their strengths and their right to equitable access and participation in the community is clearly visible. (National Quality Standard, 2009). Heritage recognises that programs for the care and education of children have a unique opportunity to include children from all family circumstances, cultural backgrounds and levels of ability. Heritage educators understand that planning an inclusive curriculum involves taking into account all children's social, cultural and linguistic diversity, including their learning styles, abilities, disabilities, gender, family circumstances and geographic location, and this forms the foundation of our service Philosophy.

According to Kids Matter (2016), it is during early childhood at around 3 years old, that children begin to notice differences between people and form opinions about which differences are viewed positively or negatively. By age 12, many children become set in their belief. **The way the adults around them behave and talk about these differences has a powerful influence on how children grow to view the world. When adults put the values of care, compassion, respect, understanding and inclusion into practice, children in turn learn these important values.**

In addition, research shows other positive outcomes for children who experience inclusive environments:

- Inclusive services provide a rich and positive experience for young children. When opportunities are created for all children, families and staff to feel that they have something to contribute, everyone is able to benefit from experiencing and learning about backgrounds that differ from their own.
- When children feel included, they feel safer, more secure and have a sense of belonging - a protective factor for children's mental health and wellbeing.
- Altering or adding to the physical environment to enable children with disabilities to manage daily routines and experiences as independently as possible often benefits all children by giving them alternative ways to learn.
- Feeling included improves overall learning outcomes for young children.

Conversely, children who experience exclusion and prejudice are at increased risk of a variety of negative outcomes such as poor mental health and lower self-esteem and may not reach their full potential. Prejudice and bias may also negatively influence the interactions between children, families and educators and compromises the ability of educators to work as a team.

At Heritage, we do not tolerate behaviours, language or practices that label, stereotype or demean others. We aim to create an environment which treats all members of the Heritage community equally. Inclusion and equity principles form the foundation of our philosophy and practice, and we respect, welcome and celebrate the diversity of all our children, families and staff. All our educators receive ongoing professional development to ensure they have the knowledge and skills to work in partnership with children, families, communities, other services and outside agencies in order to include and support all enrolled children. We seek detailed information directly from each family on enrolment to ensure their individual and additional needs are understood.

In particular, Heritage recognises that a high number of families within our community come from different cultures and/or speak English as their second language. We understand these families may have difficulty with communication or may have expectations about child rearing that may be in conflict with current early childhood best practice recommendations. Our philosophy is to approach this cultural diversity with awareness, respect and advocacy while always keeping children's safety as our first priority.

Heritage values Australia's Aboriginal and Torres Strait Islander cultures as a core part of the nation's history, present and future. We understand this is relevant for Heritage even when no children with ATSI heritage are currently enrolled. We believe that one of Australia's greatest strengths lies in its' unique history and diverse heritage and that the many different cultures,



contexts and values of families contribute to the richness of contemporary Australian society (National Quality Standard, 2009). Our aim is to create meaningful cultural learning experiences for the children and understand that placing token value on cultural differences is not a sign of inclusion and equity.

Heritage recognises that choosing an early childhood service can be overwhelming for parents who have a child with additional needs, particularly additional health needs. They may feel stressed about how their child will fit in or worry about how well their child's individual needs will be met. Heritage is committed to providing each enrolled child with additional needs equal opportunities that will support and enhance their individual learning, skills, experiences and development.

Rationale

Heritage recognises it has a duty of care to take all reasonable, practicable steps to provide the Heritage community with a safe and healthy work environment (*Work Health and Safety Act, 2011*). In addition, this policy has been developed to comply with:

- *Education and Care Services National Law (ACT) Act, 2010*
- *Education and Care Services National Regulations, 2011*
- National Quality Standard for Early Childhood Education & Care & School Age Care, 2011
- Belonging, Being and Becoming – The Early Years Learning Framework for Australia, 2009
- United Nation's Convention on the Rights of the Child
- Early Childhood Australia (ECA)'s Code of Ethics, 2016

Commonwealth Laws

- *Age Discrimination Act 2004 (Cth)*
- *Disability Discrimination Act 1992 (Cth)*
- *Human Rights and Equal Opportunity Commission Act 1986 (Cth)*
- *Privacy Act 1988 (Cth)*
- *Racial Discrimination Act 1975 (Cth)*
- *Sex Discrimination Act 1984 (Cth)*

Legislative Background

Commonwealth Laws

Commonwealth laws (see above) prohibit discrimination based on personal characteristics including race, age, gender, religious belief, disability, illness and parental status.

Early Childhood Australia Code of Ethics

- The Code of Ethics (2016) published by Early Childhood Australia forms the basis of the Heritage Code of Conduct/Ethics and underpins the service practice and philosophy. The Code is based on the principles of the *United Nations Convention on the Rights of the Child* (1991) and is designed specifically for early childhood education and care environments.
- The statements in the Code represent the fundamental values of the profession and act to guide decision making in relation to ethical responsibilities. Heritage upholds the core statement in the Code: "Democratic, fair and inclusive practices promote equity and a strong sense of belonging."
- Heritage also upholds the values and principles of the Early Childhood Australia (ECA) Statement on the Inclusion of Children in Early Education and Care the Early Childhood Australia and Reimagine Australia (formerly known as Early Childhood Intervention Australia) Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care.¹

Education and Care Services National Law Act

- The principles of equity, inclusion and diversity underpin the National Law and are designed to maximise the learning, development and wellbeing in children's early years.

¹ Refer to: References

National Quality Standard

- ‘Equity, Inclusion and Diversity’ is one of the six guiding principles that applies across all seven quality areas that early childhood education services are assessed against under the NQS. All Quality Areas contain elements which relate to this principle.

The Early Years Learning Framework (EYLF)

- The EYLF sets out a vision for children’s learning outcomes based on the principles of inclusion and equity: “All children regardless of their abilities, the family constellation to which they belong, or the community in which that family resides, have a right to simply belong, be and become”.

The Education and Care National Law and Regulations	
National Law Section 167	<ul style="list-style-type: none"> • The approved provider and nominated supervisor must ensure that every reasonable precaution is taken to protect children being educated at the service from harm and from any hazard likely to cause injury.
Regulation 73(2)	<ul style="list-style-type: none"> • Educational program. The service must ensure it creates an educational program that contributes to the following outcomes for each child— <ul style="list-style-type: none"> (a) The child will have a strong sense of identity. (b) The child will be connected with and contribute to his or her world. (c) The child will have a strong sense of wellbeing.
Regulation 168(2)	<ul style="list-style-type: none"> • Education and care service must have policies and procedures in relation to the following- (i) Staffing, including- <ul style="list-style-type: none"> (i) A code of conduct for staff members; and (j) interactions with children, including matters set out in regulations 155 and 156.
Regulation 155	<ul style="list-style-type: none"> • An approved provider must take reasonable steps to ensure that the service provides education and care to children in a way that: <ul style="list-style-type: none"> (a) encourages the children to express themselves and their opinions; and (b) allows the children to undertake experiences that develop self-reliance and self-esteem; and (c) maintains at all times the dignity and rights of each child; and (d) gives each child positive guidance and encouragement toward acceptable behaviour; and (e) has regard to the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for by the service.
Regulation 156	<ul style="list-style-type: none"> • (1) The approved provider must take reasonable steps to ensure that the service provides children being educated and cared for by the service with opportunities to interact and develop respectful and positive relationships with each other and with staff members of, and volunteers at, the service. • (2) The approved provider must have regard to the size and the composition of the groups in which children are being educated and cared for by the service.
Regulation 157	<ul style="list-style-type: none"> • Access for parents. The service must ensure that a parent of a child being educated and cared for by the service may enter the education and care service premises at any time that the child is being educated and cared for by the service.
National Quality Standard	
QA 1 Educational Program and Practice	<p>Standard 1.1: The educational program enhances each child’s learning and development.</p> <ul style="list-style-type: none"> • Element 1.1.1: Approved learning framework: Curriculum decision making contributes to each child’s learning and development outcomes in relation to their identity, connection to community, wellbeing, confidence as

	<p>learners and effectiveness as communicators.</p> <ul style="list-style-type: none"> Element 1.1.2: Child-centred: Each child’s current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
QA 2 Children’s Health and Safety	<p>Standard 2.2: Safety: Each child is protected.</p> <ul style="list-style-type: none"> Element 2.2.3: Child Protection: Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
QA 3 Physical Environment	<p>Standard 3.1: The design of the facilities is appropriate for the operation of a service.</p> <ul style="list-style-type: none"> Element 3.1.1: Fit for Purpose: Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child. <p>Standard 3.2: Use: The service environment is inclusive, promotes competence and supports exploration and play-based learning.</p> <ul style="list-style-type: none"> Element 3.2.1. Inclusive Environment: Outdoor and indoor spaces are organised and adapted to support every child’s participation and to engage every child in quality experiences in both built and natural environments.
QA 4 Staffing Arrangements	<p>Standard 4.2: Professionalism: Management, educators and staff are collaborative, respectful and ethical.</p> <ul style="list-style-type: none"> Element 4.2.2; Professional standards guide practice, interactions and relationships.
QA 5 Relationships with Children	<p>Standard 5.1: Relationships between educators and children: Respectful and equitable relationships are maintained with each child.</p> <ul style="list-style-type: none"> Element 5.1.1: Positive educator-to-child interactions: Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included. Element 5.1.2: The dignity and rights of every child are maintained.
QA 6 Collaborative Partnerships with Families and Communities	<p>Standard 6.1: Supportive relationships with families: Respectful partnerships with families and communities.</p> <ul style="list-style-type: none"> Element 6.1.2: Parents views are respected. The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child’s learning and wellbeing. <p>Standard 6.2: Collaborative Partnerships: Collaborative partnerships enhance children’s inclusion, learning and wellbeing.</p> <ul style="list-style-type: none"> Element 6.2.1: Transitions: Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities. Element 6.2.2: Access and participation: Effective partnerships support children's access, inclusion and participation in the program.
QA 7 Governance & Leadership	<p>Standard 7.1: Governance supports the operation of a quality service.</p> <ul style="list-style-type: none"> Element 7.1.1: A statement of philosophy guides all aspects of the service’s operations.
Early Years Learning Framework	
Principle 4	<ul style="list-style-type: none"> Respect for diversity
Learning Outcome 1	<p>Children feel safe, secure, and supported.</p> <ul style="list-style-type: none"> Children develop their emerging autonomy, inter-dependence, resilience and sense of agency. Children develop knowledgeable and confident self-identities. Children learn to interact in relation to others with care, empathy and respect.



Policy Aims

The purpose of the Creating Inclusion and Equity Policy is to value all members of the Heritage community equally regardless of their ethnic, religious, cultural or linguistic background; levels of ability, disability or additional needs, gender; age; sexual preference; social and educational status; family structure or lifestyle, or personality traits. Specifically, this policy aims to:

- Create an environment that supports and promotes equitable and inclusive behaviours and practices so that all persons in the Heritage community are treated equally and with mutual respect.
- Create a sense of belonging for all children, families, educators and other staff, where diverse identities, backgrounds, experiences, skills, abilities and interests are respected, valued and encouraged to be expressed and developed.
- Develop guidelines that counteract bias or prejudice.
- Avoid comparisons between children, families and educators regarding their backgrounds, abilities or additional needs.
- Encourage the Heritage community to communicate respectfully and fairly.²
- Recognise all families are unique and children learn in different ways and at different rates.³
- Ensure that programs are reflective of, and responsive to, the values and cultural beliefs of families accessing the service, the local community and broader society.
- Ensure that no employee, prospective employee, parent/guardian, child, volunteer or student at the service is discriminated against.⁴ This includes on the basis of having or being suspected of having an infectious disease or blood-borne virus.⁵
- Ensure the knowledge, skills, practices and attitudes of educators are consistently updated to ensure inclusion and equity practices are promoted.

Scope

It is understood that there is a shared responsibility and accountability between all educators, other staff, students on placement, volunteers, parents/guardians and all others attending the programs at Heritage to implement this policy as a matter of high priority due to the potential for individuals to suffer negative outcomes when treated with prejudice and the negative effect on team morale.

Definitions

The terms defined in this section relate specifically to this policy.

Additional Needs: A general term that describes children or families who may need or require special considerations or adaptations to participate fully in early childhood services (recognising not all children with additional needs will require support). Specifically, additional needs may result from:

- Learning and physical abilities requiring specialist support including:
 - A physical disability such as cerebral palsy, cystic fibrosis, muscular dystrophy or amputation.
 - An intellectual or cognitive disability or developmental delay.
 - Communication disorders or developmental delay.
 - A diagnosed condition such as Autism Spectrum Disorder (ASD), Down Syndrome or Attention Deficit Hyperactivity Disorder (ADHD).
 - Challenging behaviours.
 - Being gifted or having special talents.
- Specific medical conditions, such as asthma, diabetes, epilepsy, anaphylaxis, cystic fibrosis (CF), cerebral palsy (CP), depression.⁶

² Refer to: Interactions with Children Policy; Communication and Family Involvement Policy

³ Refer to: Curriculum and Program Planning Policy

⁴ Refer to: Heritage Code of Conduct/Ethics

⁵ Refer to: Hygiene and Infection Control Policy

⁶ Refer to: Allergy and Anaphylaxis Policy; Epilepsy Policy; Diabetes (Type 1) Policy; Section on Inclusion of Children with CF and CP.



- Families having child rearing practices that differ to the service's practices. These include belief systems regarding gender roles in play, independence, self-help skills, behaviour guidance and nutritional needs.
- Diverse family lifestyles and structures. For example, extended, single-parent, same-sex, foster, relative or kinship care families.
- Emotional needs such as arising out of family circumstances or stress including the death of a family member or friend; domestic violence or divorce, being at risk from abuse or neglect etc.
- Diverse cultural or linguistic backgrounds.
- Identifying as Aboriginal, Torres Strait Islander or Australian South Sea Islander.
- Being a refugee or experiencing trauma.

Blood-borne Virus (BBV): A virus that is spread when blood from an infected person enters another person's bloodstream, including human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risk of contracting a BBV is negligible.⁷

Culture: The values and traditions of groups of people that are passed from one generation to another.

Culturally and Linguistically Diverse (CALD): Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds.

Developmental Delay: A delay in the development of a child under the age of 6 years that:

- Is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and
- Is manifested before the child attains the age of 6 years, and
- Results in substantial functional limitations in one or more of the following areas of major life activity:
 - Self-care
 - Receptive and expressive language
 - Cognitive development
 - Motor development, and
- Reflects the child's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and co-ordinated.

Disability: The *Disability Discrimination Act 1992 (Cwth)* defines disability as:

- Total or partial loss of the person's bodily or mental functions
- Total or partial loss of a part of the body
- The presence in the body of organisms causing disease or illness
- The malfunction, malformation or disfigurement of a part of the person's body
- A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- A disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour. It includes a disability that presently exists, previously existed but no longer exists, or may exist in the future.

Diversity: Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.

EACH: EACH is a National Disability Insurance Scheme partner in the community delivering Early Childhood Early Intervention (ECEI) Services in the ACT (and Queensland, South-West Sydney, Southern New South Wales).

Equity: In the context of human rights, equity is the behaviour of acting in a fair and just manner towards others.

Inclusion: The incorporation of children and families into the service to ensure that all individuals have an equal opportunity to achieve their maximum potential.

Inclusive Practice: The provision of a flexible, innovative and responsive program that supports the learning needs and meaningful participation of all children at the service.

⁷ Refer to: Hygiene and Infection Control Policy

Inclusion Support Programme (ISP): The ISP commenced on 1 July 2016, replacing the previous Inclusion Support Agencies and National Inclusion Support Subsidy Provider (NISSP). The ISP assists early childhood education services to include children with additional needs alongside their peers, through provision of tailored inclusion advice and support from Inclusion Agencies and access to funded support and specialist equipment where required.⁸ The ISP consists of three key elements:

- **Inclusion Agency (IA).** Each state and territory has an IA contracted to assist eligible services to build their capacity and capability to provide and embed inclusive practice in their delivery of early learning programmes.⁹
- **Inclusion Development Fund (IDF):** The IDF provides funding to assist eligible services to address a barrier to inclusion that cannot be addressed by the support of an IA. There are four streams of funding, and each stream has different eligibility criteria
 - Subsidy for an Additional Educator
 - Immediate/Time Limited Support
 - Family Day Care Top Up
 - Innovative Solutions.
- **The Inclusion Development Fund Manager (IDFM):** The IDFM is KU Children’s Services, in partnership with Include Me, and is contracted to provide nationally consistent and equitable management of the IDF.¹⁰

Inclusion Support Portal: An online portal where early childhood services interact with the ISP. In the portal, it is possible to complete a Strategic Inclusion Plan and access support under the IDF.¹¹

National Disability Insurance Scheme (NDIS): An Australian Government scheme that funds costs associated with disability. The scheme went into full operation in 2020. The scheme is administered by the National Disability Insurance Agency (NDIA) and overseen by the NDIS Quality and Safeguards Commission (NDIS Commission).

Strategic Inclusion Plan (SIP): Completing an SIP is the first step in accessing the ISP. It recognises the current inclusive capacity of a service and outlines the strategies/actions educators will implement to increase the capacity to include all children.

Summary of Key Responsibilities

Role	Responsible for:
Management Committee	<ul style="list-style-type: none"> • Upholding this policy and the service’s Code of Conduct/Ethics and expectations regarding inclusive, respectful and appropriate behaviour when interacting with the Director, educators, families and children and all other persons involved in the Heritage service. • Adhering to the Privacy and Confidentiality Policy, at all times. • Ensuring that the Creating Inclusion and Equity Policy and Procedures is easily accessible to the Heritage community, meets all legislative requirements and is regularly reviewed and updated to reflect current legislation and best practice recommendations. • Ensuring the service Director adheres to the strategies and procedures set out in this policy and the service meets or exceeds all legal obligations. • Working with the Director to respond to complaints and notifying CECA in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.
Director	<ul style="list-style-type: none"> • Upholding this policy and the service’s Code of Conduct/Ethics and expectations regarding inclusive, respectful and appropriate behaviour when interacting with the Management Committee, educators, families and children, outside agencies and all persons involved in the Heritage service.

⁸ Refer to: <https://www.dese.gov.au/child-care-package/child-care-safety-net/inclusion-support-program>

⁹ Refer to: www.inclusionagency.nswact.org.au

¹⁰ Refer to: www.idfm.org.au Email: inclusionagency@includeme.com.au Phone: 1800 703 382

¹¹ <https://www.dese.gov.au/child-care-package/child-care-safety-net/inclusion-support-program/inclusion-support-portal>



	<ul style="list-style-type: none"> • Ensuring that no employee, prospective employee, parent/guardian, child, volunteer or student at the service is discriminated against on the basis of having or being suspected of having an infectious disease or blood-borne virus.¹² • Ensuring the enrolment and orientation process into the Heritage service is fair and equitable and meets the individual needs of children and families.¹³ • Ensuring that service programs are inclusive of children with medical conditions, including anaphylaxis, asthma, diabetes, epilepsy, cystic fibrosis (CF) and cerebral palsy (CP).¹⁴ • Identifying children who may be disadvantaged, have additional needs, or be at risk of discrimination/exclusion on enrolment, and being aware of the support/resources required to ensure that these children are included in service programs. • Working with individual families to determine the needs of their child and facilitating the inclusion of both the child and the family into the service. • Providing families with information about the role of inclusive practice in achieving positive outcomes for all children and the support options available for children attending Heritage. • Consulting with families and liaising with the Management Committee to access support/resources for individual children, where required. • Encouraging collaborative partnerships between families, educators and, where necessary, outside agencies and health professionals, to ensure the sharing of information about each child’s strengths, interests and needs as well as ongoing experiences and achievements, and the individual strategies that work best to facilitate their inclusion. • Developing an educational program with the Educational Leader that is reflective of the EYLF and the Heritage philosophy, and embraces the principles of fairness, equity, diversity and inclusion, taking into account the individual differences of each child and their family and providing opportunities for all children to participate and interact with one another. • Ensuring that educators have access to appropriate and accredited professional development that promote a positive understanding of diversity, inclusion and equity, and provide skills to assist in implementing the Creating Inclusion and Equity Policy and enabling all children to be included in the service. • Working with the Management Committee and educators to ensure appropriate program planning and resourcing to meet children’s individual and additional needs. • Considering options to provide appropriate physical infrastructure, staffing and resources to facilitate the inclusion of all children at the service. • Accessing Inclusion Support Programme services for children with disabilities, complex medical needs and/or developmental concerns, where required. • Working collaboratively with specialised services and professionals (eg, EACH and Inclusion Agencies¹⁵ to provide support and services for families and children experiencing severe disabilities, complex medical needs and/or developmental concerns. • Where practicable, accessing resources, support and professional development to facilitate inclusion of children with additional needs who are
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¹² Refer to: Employment and Recruitment Policy; Hygiene and Infection Control Policy

¹³ Refer to: Waiting List Policy; Enrolment, Orientation and Graduating Rooms Policy

¹⁴ Refer to: Medical Conditions Policy; Allergy and Anaphylaxis (incl. Nut Free) Policy and Procedures; Asthma Policy; Epilepsy Policy; Diabetes (Type 1) Policy; Section on CP and CF

¹⁵ Refer to: Definitions

	<p>ineligible for specific support packages.</p> <ul style="list-style-type: none"> • Where deemed necessary and appropriate, providing service information in various languages and using language services to assist with communication where a need is identified.¹⁶ • Providing information to families about the support available to assist children, including ISP and language support. • Ensuring that parents/guardians are consulted, kept informed and provide written consent, where individualised programs, action, support or intervention is planned/provided for their child. • Responding to the individual needs and concerns of parents/guardians, and providing support and guidance, where appropriate • Ensuring that inclusion and behaviour programs¹⁷ incorporate opportunities for regular review and evaluation, in consultation with all people involved in the child’s education and care. • Providing support and guidance to educators and other staff, where required. • Providing opportunities for families to contribute to the play and learning program.¹⁸ • Ensuring that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner and the Management Committee is notified.¹⁹ • Advising the Management Committee if they become aware of discrimination against anyone at the service on the basis of having or being suspected of having an infectious disease, blood-borne virus, illness or medical condition. • Adhering to all Heritage policies, including this policy and the Privacy and Confidentiality Policy, at all times. • Contributing to the regular review of the Creating Inclusion and Equity Policy and ensuring it is regularly updated to reflect current legislation and best practice recommendations. • Adhering to the Privacy and Confidentiality Policy, at all times.
Educators	<ul style="list-style-type: none"> • Being aware of the service’s philosophy, policies and expectations regarding positive, respectful and appropriate behaviour when working with children and families. • Putting into practice an educational program that is reflective of the service’s philosophy and policies that embraces the principles of fairness, equity, diversity and inclusion. • Working collaboratively with families, other educators and staff, outside agencies and professionals etc. to ensure the sharing of information about each child’s strengths, interests and needs as well as ongoing experiences and achievements, and the strategies that work best to facilitate their inclusion. • Using families’ understanding of their children to support shared decision-making about each child’s learning and development. • Creating a welcoming and culturally inclusive environment, where all families are encouraged to participate in and contribute to children’s learning and development. • Undertaking appropriate, accredited professional development to enable the inclusion of all children at the service. • Actively engaging families and children in planning children’s learning and development and providing feedback to families on their child’s progress. • Understanding and respecting different cultural child-rearing practices, and where safe to do so, accommodating these practices in each child’s routine.

¹⁶ Refer to: References - FKA Children’s Services Casual Bilingual Program

¹⁷ Refer to: Behaviour Guidance Policy

¹⁸ Refer to: Communication and Family Involvement Policy

¹⁹ Refer to: Complaints and Grievance Management Policy (staff and non-staff)



	<ul style="list-style-type: none"> • Meeting any individual medical or nutritional needs of enrolled children on a day-to-day basis. • Working with the Director to ensure appropriate program planning and resourcing for children with additional needs. • Utilising the Inclusion Support Programme and language services to assist with communication, where required. • Providing information to families about the support available to assist children with individual and additional needs, including ISP and language support. • Discussing any concerns regarding individual children with child’s family, Director appropriately and respectfully. • Responding appropriately to the needs and concerns of parents/guardians, and providing support and guidance, where appropriate • Reviewing and evaluating inclusion support programs in consultation with all people involved in the child’s education and care. • Critically reflecting on practice to ensure that interactions and programs embrace an approach in which children and families feel valued and respected, and that their contributions are welcomed. • Notifying the Director and, if necessary, the Management Committee of any behaviour or circumstances that may constitute discrimination or prejudice. This includes discrimination against anyone at the service on the basis of having or being suspected of having an infectious disease, blood-borne virus, illness or medical condition • Adhering to the Privacy and Confidentiality Policy, at all times.
<p>Families/ Parents and Guardians</p>	<p>All enrolled families are responsible for:</p> <ul style="list-style-type: none"> • Reading the Family Handbook and becoming familiar with and adhering to this policy and all Heritage policies and procedures including the Code of Conduct/Ethics and the Privacy and Confidentiality Policy, at all times. • Respecting the different backgrounds of other families enrolled in the service and encouraging their children to include and appreciate others. • Working collaboratively with the service and communicating regularly and respectfully with their child’s educators to ensure awareness of their child’s individual needs, strengths and interests so they may be incorporated into the daily program. • Raising any issues or concerns regarding their child’s participation in the program. • Responding to requests from educators for written permission to arrange for an assessment or collect reports on their child. • Being involved in, keeping fully informed about, and providing written consent for any individualised intervention or support proposed/provided for their child. <p>Families of children with additional needs are responsible for:</p> <ul style="list-style-type: none"> • Being open and honest regarding any additional needs their child may have and understanding the information provided kept confidential and will only be shared with the staff and professionals who need it to support their child’s health, safety and wellbeing, and maximise their learning. • Completing an Additional Needs Management Plan as required and informing the service of: <ul style="list-style-type: none"> ○ Their child’s main needs are and how these affect their daily lives and experiences ○ Their child’s strengths and interests ○ The strategies used support their child at home and elsewhere, eg, ways to calm or distract their child when they are upset. ○ The situations or routines that can cause physical or emotional challenges for their child.

	<ul style="list-style-type: none"> ○ The signs to look out for that reveal their child is having difficulty coping ○ Details about the support or other therapists your child is receiving and encourage contact between these services. ● Completing a Medical Condition Management Plan where additional health needs are identified and an asthma or allergy action plan as required. ● Collaborating with the service to ensure the best outcomes for their child and providing the contact details of any health professionals working with their child, such as a paediatrician, physiotherapist or occupational therapist, who may be able to tailor information specifically for the service’s setting. ● Where English is a second language, considering the option of taking a friend or family member to help communicate their child’s needs to the service, or accessing an interpreter service. Ph: 131 450 for the telephone interpreter service.
Relief Educators, Students and Regular Volunteers	<ul style="list-style-type: none"> ● Being aware of the service’s philosophy, policies, Code of Conduct/Ethics and expectations regarding positive, respectful and appropriate behaviour when working with children and families. ● Reading the Relief Educator Handbook and becoming familiar with all service policies and procedures, including the Privacy and Confidentiality Policy. ● Bringing relevant issues and concerns to the attention of both educators and the Director.

Strategies and Practices

Anti-Bias Strategies

Heritage has developed the following anti-bias strategies and procedures to meet the inclusion and equity aims of this policy and to reflect National Quality Standard, the service Philosophy and Code of Conduct/Ethics.

Children have the right to:

- Feel accepted and equal
- Have their individual needs recognised and met
- Recognise discrimination and prejudice
- Understand the value of diversity
- Be treated fairly, with dignity and respect

Parents/Guardians have the right to:

- Be respectfully consulted in regard to their own social and cultural backgrounds
- Have equal opportunities to participate in the Heritage program
- Feel a valued member of the Heritage community
- Know their child is valued and included equally

Educators have the right:

- To open communication with parents/guardians
- To expect all families to value diversity and support the Creating Inclusion and Equity Policy
- To access professional training and resources to support inclusion and equity at Heritage

Management has a right to expect:

- All members of the Heritage community to support the Inclusion and Equity Policy.
- To receive relevant up to date information on community values and needs.



Equal Access Practices

Heritage management ensures that:

- Every child, family and staff member has equal right to access Heritage's services and have their cultural identity supported.
- The Heritage program is implemented and evaluated through on-going discussion with families and the community to reflect the diversity of that community.
- Information about Heritage is provided in a variety of ways, eg, oral, visual and written.
- Information about Heritage is accessible and facilitated by multilingual translations where needed, utilising the skills of bilingual staff.²⁰

Enrolment Procedures

- The Heritage Enrolment Form asks for information regarding language spoken at home, cultural background and family constellation, as well as requesting medical and other information to identify individual and additional needs.²¹
- During the orientation process, Heritage management and educators engage in open, honest conversations to further identify additional needs.²²
- Families and children who are using early childhood education and care services for the first time are given extra attention, time and support as the settling in process can be stressful for many families, particularly those who have different culture or language backgrounds. This extra support is also given to children who are already settled in but who may experience periods of being unsettled for various reasons.²³

Inclusive Practices

Heritage understands that:

- Children learn in the context of their families, and families are the primary influence on children's learning and development.
- Inclusive practice occurs when educators make thoughtful and informed curriculum decisions and work in partnership with families and other professionals.

Heritage management helps staff, families and children to feel included by:

- Providing information in appropriate languages and via a range of means, verbally where possible, in written form through newsletters and emails, or visually, through photographs and pictures.
- Being aware of and accommodating individual needs wherever possible.
- Celebrating a range of cultural events, eg. National Aboriginal and Islander Children's Day.

Families are asked to:

- Get to know other families and take an interest in the different backgrounds of others as well as what they have in common.
- Look out for new families joining the service and help them to feel welcome.
- Talk about and encourage their children to include and appreciate others.
- Share information about their culture with the service.

The Role of Partnerships in Inclusive Practice

The EYLF recognises that *'Partnerships ... involve educators, families and support professionals working together to explore the learning potential in everyday events, routines and play so that children with additional needs are provided with daily opportunities to learn from active participation and engagement in these experiences ...'* (DEEWR, 2009, p. 12).

Heritage management and educators understand that:

- Effective partnerships involve educators, families and other professionals sharing information about the child's strengths, interests and needs as well as ongoing experiences

²⁰ Refer to section on: Bilingual Educators

²¹ Refer to: Enrolment Form; Medical Conditions Policy

²² Refer to: Additional Needs Management Plan - Attachment

²³ Refer to: Enrolment, Orientation and Graduating Rooms Policy



and achievements, and the strategies that work best to facilitate their inclusion.

- Genuinely collaborative partnerships between educators, children, families and other professionals help to ensure that every child has opportunities to belong, be and become in all of their life contexts.
- By respecting the pivotal role of families in children’s learning and development educators can:
 - Use families’ understanding of their children to support shared decision-making about each child’s learning and development.
 - Create a welcoming and culturally-inclusive environment, where all families are encouraged to participate in and contribute to children’s learning and development.
 - Actively engage families and children in planning children’s learning and development.
 - Provide feedback to families on their child’s learning, and provide information about how families can further advance children’s learning and development.

Cultural and Linguistically Diversity (CALD) Practices

Heritage supports the wellbeing of both children and adults in the Heritage community by developing pride in family, community, ethnic and linguistic heritage. Heritage educators:

- Treat all children, families and staff equally and respectfully.
- Encourage children to treat others as equals and with respect and empathy.
- Check their language and daily practices to ensure they are inclusive, such as, using inclusive language that is gender and bias free, eg, police officer rather than policeman.
- Regularly assess all materials and the physical environment for inclusiveness. For example:
 - Ensuring images in books provide an everyday, rather than a stereotypical view of other cultures.
 - Ensuring dolls and dress-ups represent both males and females and a balance of cultural backgrounds.
 - Ensuring that paints, crayons and other art materials can be used to represent a variety of skin tones.
 - Ensuring children are able to hear music and songs from a range of cultures.
- Avoid cultural stereotyping and cultural dominance.
- Avoid making comparisons between children, families and staff.
- Identify situations that may create acts of prejudice or bias.
- Intervene where bias occurs to teach children to stand up for themselves and for equity.
- Provide inclusive models when discussing family structure.
- Raise awareness of non-traditional work and gender roles through play and literature.
- Utilise parent expertise with regard to their culture, religion, background, work and education.
- Encourage children to explore other languages, food and religious beliefs.
- Be aware that there are many ways of understanding childhood and child development.
- Develop a program that promotes an understanding of Aboriginal cultural heritage. As descendants of Australia’s original inhabitants, special recognition is to be given to Australia’s indigenous cultures.
- Respect and, where appropriate and safe to do so, compromise with families if home practices or family beliefs are in conflict with the practices or values of the Heritage community.

Employment of Bilingual Educators

The presence of multilingual and bilingual educators is viewed as an asset at Heritage and therefore Heritage management:

- Employs staff from cultural and linguistic diverse (CALD) backgrounds wherever possible, particularly where the culture of the staff reflects the Heritage community.
- Embraces diversity in the local community by marketing itself as a culturally diverse centre which translates documents into other languages if required. (eg, FKA Children’s Services - Casual Bilingual Program).²⁴

²⁴ Refer to: References; www.fka.com.au



English Language Acquisition Strategies

In recognition of the central role of language in learning and that English is the primary language spoken at Heritage, all educators must ensure that:

- All children have opportunities to listen to, use and learn English in a supportive environment.
- A diversity of language, literacy and communication styles is recognised and valued.
- In consultation with parents/guardians, children who speak languages other than English are supported with resources and assistance where needed. **Note:** Telephone Interpreter Service: Ph: 131 450.

Strategies for Supporting Children and Families with Additional Needs

- Heritage identifies and supports the additional needs of children and families.
- The term 'additional needs' defines a diverse range of conditions/circumstances which may result in children requiring specialist support and can include health conditions, welfare issues, challenging life circumstances or learning and physical development abilities.²⁵

Heritage management recognises the benefits of including children with additional needs in the Heritage community as:

- Children with additional needs can be provided with support while in the education and care environment and given opportunities to extend their skills and experiences.
- Families can meet their work or study commitments or gain some respite from the education and care of their child.
- The Heritage community can learn to appreciate and value the similarities and differences between individuals and to appreciate individuals as a whole rather than defining them by their additional needs.
- Educators can increase their knowledge base, eg, strategies used with children with challenging behaviour can be adapted for everyday use.

Accessing the Inclusion Support Programme (ISP)

- The ISP commenced on 1 July 2016, replacing the previous Inclusion Support Agencies and National Inclusion Support Subsidy Provider (NISSP).
- The ISP assists early childhood and childcare services to include children identified with additional needs alongside their typical peers, through the provision of tailored inclusion advice and support from Inclusion Agencies (IA) and access to funded support and specialist equipment where required.
- The ISP includes funding through the Inclusion Development Fund (IDF) and in the ACT is run by the NSW/ACT Inclusion Agency.
- The Inclusion Development Fund (IDF) provides funding to assist eligible services to address a barrier to inclusion that cannot be addressed by the support of an Inclusion Agency such as providing a subsidy for an additional educator, immediate/time limited support or innovative solutions.
- The development of a Strategic Inclusion Plan (SIP) is the first step in accessing support from the ISP.

The Inclusion Support Portal

- Early childhood services interact with the ISP via the online portal where it is possible to complete the SIP and access support under the Inclusion Development Fund.²⁶

Creating a Strategic Inclusion Plan

- The SIP is a self-guided inclusion assessment and planning tool that includes short and long-term strategies for improving and embedding inclusive practice, in line with the NQS, for children with additional needs alongside their typically developing peers.
- The SIP recognises the service's current capacity and capability and outlines the strategies and actions educators will implement to increase their capacity to include all children.

²⁵ Refer to: Definitions

²⁶ Refer to: <https://www.dese.gov.au/child-care-package/child-care-safety-net/inclusion-support-program/inclusion-support-portal>



- The SIP is developed, implemented and evaluated within a 12-month period and can be updated during this period to reflect any changes and record the progress made in implementing the strategies and actions outlined.
- The NSW/ACT Inclusion Agency (IA) is responsible for creating an SIP record in the IS Portal and working collaboratively with Heritage to complete the SIP.
- The SIP includes the following components:
 - A Service Profile for centre-based services
 - A care environment where the service is seeking inclusion assistance through ISP
 - An Inclusion Profile for each care environment
 - Barriers and strategies
 - Information on children requiring support
 - Contacts for the ECCC service
 - Reviews ²⁷

Procedures for Inclusion of Children identified with Additional Needs

The Director must:

- At all times comply with legislation and ensure any strategies employed for meeting the needs of children with additional needs do not affect the quality of education and care provided to the other enrolled children.
- Explore current educator understanding of inclusive practices in relation to the National Quality Framework and EYLF. Do educator practices and policies match?
- Prior to enrolment, consult with the child's family, those educators who will be educating and caring for the child and, with parental permission, contact other professionals involved in the care of the child, such as therapists, to explore what inclusion will look like for the child and service.
- Work collaboratively with educators, families, children and professionals (eg, therapists/ specialists, Inclusion Support) to develop strategies to meet the needs of children identified with additional needs.
- Ensure that families complete an Additional Needs Management Plan in which the family must:
 - Clearly explain expectations about the child's ability to participate and desired outcomes.
 - Describe the child's main needs and how these affect their daily lives and experiences.
 - Describe the child's interests and strengths.
 - Inform educators of the strategies used at home to support the child, such as behaviour guidance strategies to calm or distract the child when they get upset.
 - Describe situations or routines that may present the child with physical or emotional challenges.
 - Inform educators how to recognise when the child is becoming distressed or having difficulty coping.
 - Provide information about support or therapies that the child is receiving from other agencies and professionals and help to promote contact between these agencies and Heritage, such as giving them permission to share information and to set up a meeting together if appropriate.
- Ensure families complete a Medical Condition Management Plan, if required.²⁸
- Develop an orientation process that meets the needs of the child and family.
- Ensure staff are informed about the individual health needs of each child at the service and undertake specific training such as asthma management, managing anaphylaxis or emergency response training for conditions such as epilepsy, diabetes, cystic fibrosis (CF) or cerebral palsy (CP).²⁹
- Where required, organise appropriate specialist support professionals to help train educators in any additional techniques prior to commencement date.

²⁷ Refer to: References and Further Reading

²⁸ Refer to: Medical Conditions Policy

²⁹ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy; Asthma Policy; Epilepsy Policy; Diabetes (Type 1) Policy; Section on CF and CP.



- Develop a communication system for sharing information that best suits the family (communication book, email group etc).
- Allow children with additional needs time to settle into the service before deciding if additional funding for equipment or an additional educator is required to support educators. (See: Inclusion Support Program).
- Ensure a review meeting takes place following the settling period to discuss progress, any educators' concerns, training options, additional funding options to support educators etc.
- Ensure that regular progress meetings take place, preferably every 3 months, following enrolment.
- Talk with families about the Inclusion Support Program and the supports and resources available as required.
- Encourage families to seek referrals and work with therapists where appropriate.
- Ask therapists specific questions to increase educator knowledge, understanding and skills and adapt relevant strategies/goals into the daily program.
- Apply to the Inclusion Support Programme where a need for additional funding for equipment or an additional educator is identified. Access support from an Inclusion Professional and set educator goals through developing a Strategic Inclusion Plan (SIP).
- Where applicable, seeking information and strategies in relation to:
 - Accessing and using adaptive equipment.
 - Learning specialist skills, for example, Makaton® (a system of signs and symbols to help people communicate).
 - Developing and using visual communication systems.
 - Recognising and responding to children's cues that they need assistance or support.
 - Implementing individualised behaviour guidance strategies.
 - Adapting specific routines and experiences to maximise the child's opportunities for independent participation.
 - Accessing professional development to support educator responsiveness to children with a disability.

Educators must:

- Be aware of and adhere to each child's Additional Needs Management Plan, Medical Condition Management Plan and the Service Inclusion Plan, where there is one.
- Respect and accept each child as a whole person, not just in terms of their needs.
- Adopt a genuinely collaborative approach with the families of children with additional needs and work openly with them and other support professionals where appropriate to support their child's social, emotional and physical development.
- Act sensitively and with respect for the child's and family's rights to confidentiality.
- Gather as much information as possible about the child with additional needs such as their strengths and interests, as well as their areas of need.
- Incorporate goals into the weekly educational program for children with additional needs which reflect their needs, strengths and interests.³⁰
- Modify the environment and adapt planned activities if required to support the participation and inclusion of children with additional needs.
- Make appropriate, professional referrals when deemed necessary, in consultation with the Director and with parental permission.
- Be aware of the behaviours and underlying characteristics of Autism Spectrum Disorder (ASD) and track children with challenging behaviour and make appropriate referrals if ASD is suspected.³¹
- Undertake further training if required in relation to supporting a child with additional needs, eg, medical training, lifting techniques etc.
- Encourage the Heritage community as a whole to be sensitive to and understand the needs of children with additional needs.
- Provide families with ongoing information about their child's progress in the early education environment and any issues, as they arise such as through daily written or verbal communication or scheduled meetings.

³⁰ Refer to: Curriculum and Program Planning Policy

³¹ Refer to: Behaviour Guidance Policy



- Record information daily for children with additional needs such as details regarding toileting, eating, interactions with others etc.
- If accessing the Inclusion Support Program, be familiar with how the Inclusion Professional can support and include all children at the service.
- Reflect on and discuss family priorities regularly to see if they have changed.

Families must:

- Complete an Additional Needs Management Plan on enrolment.
- Complete a Medical Condition Management Plan on enrolment if required.
- Contribute to the Strategic Inclusion Plan where there is one.
- Regularly review and update information on these plans.
- Provide honest, open and detailed communication to Heritage management and educators through a variety of communication methods including daily conversations, checklists detailing the child's eating and sleeping, daily diary or email group.
- If relevant, involve other professionals involved in their child's care.
- Share their priorities to help inform educator planning.
- Participate in an agreed orientation period and progress meetings.
- Work collaboratively with the service management and educators in the best interests of their child.
- Understand that some negotiation and compromise may be required to ensure that the strategies that support and protect their child are practical for the early learning setting.

Practices for Developing an Inclusive Curriculum

The Early Years Learning Framework (EYLF), 2009, describes inclusive learning environments as '... vibrant and flexible spaces that are responsive to the interests and abilities of each child. They cater for different learning capacities and learning styles and invite children and families to contribute ideas, interests and questions.'

Heritage educators will:

- Provide highly engaging learning environments which reflect the EYLF and meet the interests and needs of all children.
- Base their program decisions on what they know about each child's culture, strengths, needs, interests and abilities and apply this knowledge in selecting appropriate intentional teaching strategies and appropriate physical learning environments during all planned and spontaneous learning experiences, routines and interactions.³²
- Utilise teaching and learning strategies that reflect inclusive and multiple ways of expressing knowledge.
- Recognise the value of play as a major avenue of learning for all children, while also recognising that some children may need additional support and assistance in developing and utilising play skills.
- Arrange a balance of small and larger group experiences, both vigorous and quiet, so that all children, at their own levels, can be active and interactive participants.
- Structure learning environments to ensure all children are supported to participate together in a variety of activities, across a range of learning and development areas.
- Create learning environments that includes a range of materials and activities where all children can be challenged according to their current capacities, strengths and interests.
- Collaborate with families, colleagues and where appropriate, outside agencies, regarding developing the program and children's ongoing learning and development.
- Provide opportunities for all children, staff and families to use a variety of forms of communication including languages other than English.
- Reflects the diversity of cultures represented by the broader community.
- Extend children's knowledge of their own culture as well as other cultures.³³

³² Refer to: National Quality Standard 1.1

³³ Refer to: Curriculum and Program Planning Policy



Areas of focus for learning experiences may include:

- Cultural diversity.
- Language and bilingualism, including non-verbal and written language, and sign language.
- Gender role differences and similarities.
- Family lifestyles.
- Festivities and celebrations.
- Identification and discussion of prejudice and bias experiences.
- The development of critical and analytical thinking.

Cultural Celebrations

- Heritage recognises that organising one-off ‘cultural celebration days’ where children are exposed to cultural signs and symbols that they are not exposed to on any other day, limits children’s experiences. Singling out a particular culture can actually reinforce stereotypes. It is more important to integrate cultural diversity into every aspect of the child’s experience so that differences are accepted as “no big deal” and celebrated every day.

Practices for Developing an Inclusive Curriculum for Children with a Disability

Heritage educators understand that:

- Children who have additional needs because of a disability may have specific requirements arising from a diagnosed physical, sensory, intellectual or autism spectrum disorder, behavioural or psychological disorder or communication, learning or developmental delay.
- Curriculum decision making for inclusion of children with a disability is about creating opportunities for all children to engage in daily experiences, rather than planning alternative or separate experiences for any child.
- One of the challenges they will face in implementing genuine inclusion of children with a disability is sustaining it every day in all dimensions of the curriculum.

Planning Learning Experiences for Children with a Disability

To ensure that children who have a disability have every opportunity to participate in a full range of learning experiences, Heritage educators will:

- Intentionally extend each child’s learning by building on their strengths, interests and abilities.
- Respond to each child’s individual circumstances and requirements. For example, a child with a sensory processing disorder may be more comfortable participating in a quiet, planned group movement experience such as yoga or Tai Chi than in a boisterous circle or parachute game.
- Actively engage all children in conversations that encourage them to question, hypothesise and extend their thinking. When there are children in the group with limited social skills because of a disability, educators have to think about the best ways to encourage participation in these conversations. For example, these children may find it easier to participate in play and learning experiences with a smaller number of children, or in experiences that involve very clear boundaries and expectations. A child with a language delay, or who is non-verbal, may need educators to support interactions through using visual or signed communication strategies.
- Support children’s agency. As with all children, children with a disability want to make decisions about experiences they participate in and the directions those experiences take.
- Create physical learning environments that allow children with a disability to:
 - Access and explore indoor and outdoor areas as independently as possible. For example, a child who experiences high levels of anxiety or behavioural issues may need a safe, quiet area to go to when they feel overwhelmed or want time away from the group.
 - Make choices about the resources they access and the experiences they participate in.
 - Interact meaningfully with other children and adults.
 - Care for themselves as independently as possible. For example, a child with a communication or learning difficulty may benefit from using visual resources such as pictorial flow charts to help them understand and participate in the day’s routines.
 - Experience challenge and take managed risks.



- Engage with images, books and resources that reflect people with disabilities as active participants in and contributors to communities in a variety of ways.

Guidelines for Including a Child with Cerebral Palsy (CP)

Symptoms

- Cerebral Palsy (CP) is a permanent but non-progressive disability caused by damage to the brain which distorts message from the brain to the muscles resulting in impaired movement and body posture.
- Symptoms can include difficulty with talking or making themselves understood, walking and balance, lack of motor skills or muscle coordination, muscle spasms, digestive problems, visual, hearing, communication and cognitive impairments, poor bladder and bowel control as well as epilepsy.³⁴
- The severity of symptoms can vary. Some people may only experience minor difficulties with motor skills while others may be totally physically dependent.

Some of the symptoms which indicate toddlers/children may have CP include:

- Not walking by 12-18 months
- Not speaking simple sentences by 24 months

Confidentiality and Privacy

Educators require information about a child's routine and emergency care because it affects their learning and safety. Information exchange between the family, health professionals and the service is essential to support the child's mental and physical health.

- Employees and volunteers must adhere to the Privacy and Confidentiality Procedure when accessing and sharing a child's medical information.
- Young children may enjoy sharing the news and their experiences of living with CP with their classmates. The Director and educators will discuss with families the amount and type of information which may be shared with other children. This will also enable parents to support their child in this process.

Medical Management Plan

- Any child enrolled with CP requires a Medical Management Plan developed by the child's doctor to inform routine and emergency support and care for the child.
- Depending on the child's symptoms, the Plan may include the following areas:

Diet

- Children with CP may have difficulties eating and drinking, and some foods may be easier to eat than others.
- The child's G.P. may prescribe a specific diet or information about suitable food choices.
- Children with significant eating, drinking and swallowing difficulties may receive food supplements through a feeding tube which goes into their stomach through a special opening (gastrostomy).
- The Plan must cover any routine care issues associated with the gastrostomy, and what to do if the area becomes red or inflamed.

Mobility

- Cerebral Palsy often affects a child's ability to move around the service, and in this instance the child's doctor must outline the mobility aids required eg ankle foot orthoses (splints), a walking frame, walking sticks and orthotics to help maintain balance when walking or if the child uses a wheelchair for mobility.
- Some children with CP may require physiotherapy or occupational therapy to encourage daily movement.

Medication

- The child's doctor must outline any prescribed medication eg muscle relaxants, epilepsy or gastro- oesophageal reflux medication.

³⁴ Refer to: Epilepsy Policy



Therapy and care

- The Plan must include any therapy or personal care requirements educators will need to assist child with. For example, children with CP may be reluctant to practice certain movements that are necessary for learning and physical development.
- Treatment can include physiotherapy and occupational therapy. Children who have difficulty talking may also receive speech pathology.
- The Plan must also cover potential emergency situations for a child with CP and the appropriate first aid response.

Medical Conditions Risk Minimisation Plan

- A Medical Conditions Risk Minimisation Plan will be developed by the Director in conjunction with the child's family based on the child's health care needs identified in their Medical Management Plan.
- To ensure the child's wellbeing and safety at the service the Plan will include measures to address events which may worsen a child's CP symptoms or result in the need for first aid. For example, the Plan may cover:
 - Who will provide any therapy and support services for child when they attend the service.
 - Any staff training required to assist children with physical therapy, gastrostomy or medication.
 - Action taken to prevent inflammation of gastrostomy opening.
 - That parents will be notified as soon as possible if gastrostomy opening becomes inflamed.
 - That educators will provide additional time to support children managing their dietary requirements.
 - Actions taken to remove obstacles which may hinder child's access to children's areas.
 - Any adjustments which need to be made to an activity to ensure the child can participate eg child wears protective gear, there's increased supervision of activity.
 - Measures taken to ensure child is not given any food which could cause choking or which is difficult to eat.
 - That child cannot attend with their medication or mobility aids.

Medical Conditions Communication Plan

The Director will implement a medical conditions communication plan for the child to ensure that educators and regular volunteers:

- Are aware there's a child with specific health care needs/medical conditions at the service.
- Are familiar with the child's medical management plan and risk minimisation plan.
- Know where each child's medication is stored.
- Can discuss the child's health needs with families.
- Have current information about the child's needs and conditions.

The Director will also:

- Ensure the Communication Plan describes how parents may advise changes to their child's medical management and risk minimisation plans.
- Ensure the Plan is signed by parents, the Director and any relevant educators.
- Ensure any new information is attached to the child's Enrolment Form and medical plans and shared with relevant employees and volunteers.
- Ensure displays about a child's health care needs or medical conditions are updated.
- Regularly remind families to update their child health and medical information.

The Educational Program

- Educators will support children with CP to achieve learning outcomes by consistently implementing their medical management plan and using this information and that shared by families to plan and implement learning activities.
- Educators understand that it may take children with CP longer to achieve the learning outcomes and will adjust their expectations of children's abilities during times of illness and stress.



Educators may for example:

- Assist children with communication or language difficulties by using simple language broken down into small steps, repeating instructions, using cues, gestures, pictures, written words, using communication boards, books or electronic devices.
- Assist children with difficult motor tasks eg opening lunch boxes/bags. Educators will ask older children if they need help first.
- Assist children with toileting following a set procedure established with the child's doctor and/or family.
- Promote collaborative learning opportunities with peers to encourage new skills and sense of belonging.
- Focus on what children with CP can do rather than what they can't do to promote confident and positive self-identities.
- Modify activities and equipment to ensure a child with CP is included where possible in all activities, including sport, outdoor play and transitions. Educators will involve older children in deciding how to modify the activity/equipment.
- Ensure children with CP are positioned to encourage participation, independence and social interaction eg seated at same height as other children and on same table where possible ensure there are clear, unobstructed pathways for children with mobility aids
- Allow children with CP more time to complete activities.
- Intersperse tiring activities or those that require concentration with more restful activities.
- Assist children with short attention spans by ensuring they aren't trying to balance on their seat, seating children at the front of room and away from doorways or passages, and limiting distractions eg uncluttered table in quiet location.
- Help children who have trouble planning the steps in an activity by breaking complex activities into smaller steps, giving directions one at a time, demonstrating the activity, writing steps down in words or picture communication symbols, and practising and repeating the same sequences.
- Assist children with difficulties interpreting information from their senses (perceptual difficulties) by planning gross motor activities like climbing frames and obstacle courses, planning activities/games involving sequences, sorting and matching and spotting differences, allowing children to copy from paper next to them or to use a cut out window to track their place on a page, placing activities on plain coloured place mat to reduce background clutter, planning auditory activities which involve identifying sounds and rhythms, offering children a clipboard or angled surface to write on.

Educators may develop a tailored support plan with families and external professionals to help a child with CP reach their potential and achieve learning outcomes consistent with practices at homes and in other settings.

Guidelines for Including a Child with Cystic Fibrosis (CF)

- Heritage will ensure all educators are aware of the enrolment of a child with Cystic Fibrosis (CF) and have an understanding of the condition and the additional requirements of the individual child.
- The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.
- Heritage recognises that where there is more than one family in the service with CF, cross-infection is a serious health risk. For this reason, the service will only accept the enrolment of one child with CF at any given time. (This is based on guidelines developed under the Cystic Fibrosis in Education and Children's Services Planning and Support Guide for Education and Children's Services 2008).

Confidentiality, privacy, dignity and safety

- Young children often enjoy sharing the news and their experiences of living with CF with their classmates. The degree and nature of this sharing should be discussed with parents so that they can support their child in this process.
- Information exchange between the family and health professionals and the service is essential to support the child's learning and enhance peer support. The sharing of information needs to be assessed and negotiated for each child with CF, with due



consideration to their needs.

- Educators need information about routine and predictable emergency care as it affects the child's access to the curriculum, and their safety.

Health Support Plan

- For each individual child enrolled in the service with CF, a Health Support Plan will be developed by the Nominated Supervisor in conjunction with the child's family. It will be based on the child's health support needs as identified in their CF care plan and other care information (for example if the child also has asthma or diabetes).

A Health Support Plan for a child with cystic fibrosis should address the following components:

- Overall wellness
- Diet
- Therapy and care
- Internal body temperature control
- Curriculum participation issues and
- Potential emergency/first aid situations.

The information should focus on what educators need to know to provide routine and emergency care. It will be used by educators in planning support for the child.

- In addition, a health support plan will document individualised support which educators have agreed to provide in the areas of:
 - First aid
 - Supervision for safety
 - Personal care, including infection control
 - Behaviour support and
 - Additional curriculum support to enable continuity of education and care.

Overall Wellness

- The Service and educators need to know if recent/frequent hospitalisation and/or general unwellness mean additional care and consideration. They also need to know of any infection control issues in addition to standard precautions.
- It is important to the future health of a child with CF, as with all children, to minimise the risk of cross infection of bacteria and viruses from others. This must be balanced with efforts to encourage children with CF to lead as normal lives as possible.
- Educators will alert the family of a child with CF when a particularly virulent strain of virus is present in the service, as parents may wish to keep their child with CF at home.
- All children in the service should be encouraged maintain hygienic practices. If possible, a child with CF should, discretely, not be partnered or sit next to another child with an obvious cold or cough.

Diet

- Children with CF have difficulty maintaining their weight/growth patterns as they cannot absorb essential vitamins, minerals, fat and proteins. Thus, educators need to be aware of each individual child's dietary requirements as prescribed by a medical professional.
- Children who need additional food supplements may receive them through a gastrostomy button located in their stomach. There are no routine care issues associated with a gastrostomy button for educators however if the area becomes red or inflamed, parents should be informed as soon as possible
- Children with CF will often have non-prescription medication such as enzyme tablets, as well as prescription medication such as antibiotics, which the service and educators need to be aware of.

Therapy and Care

- Some children with CF may require complex/invasive health support, such as physiotherapy, while attending the service. This support should be provided by a visiting nurse or therapist.



- Some children with CF require nebulised medication prior to physiotherapy. While educators can supervise nebulised medication, this will generally be managed by a visiting health worker. Educators need training before supervising administration of medication via a nebuliser.

Body Temperature Control

- Children may need to be reminded to adjust their clothing to help maintain their internal body temperature control.
- A child with CF will have problems with internal temperature control and should be kept at a steady temperature in winter and summer. It is beneficial to place the child with CF in rooms that have heating and cooling where practical.
- Salt tablets may be required during warm weather. Educators should be informed about the required timing and amount of salt tablets and ensure the child has access to fluids at all times. Medical advice will be considered.

Participation in Education and Care Experiences

- An increase in fatigue or feeling tired is common for a child with CF. A lot of effort is required of a person with CF, on top of normal childhood activities, to maintain their health. Educators will be aware of this and provide adequate opportunities for rest.
- During the onset of infections, children with CF may experience difficulty breathing or catching breath. Educators should be aware that, as with other children, breathing difficulties also can be asthma related.
- Children with CF are continually battling infections or recovering from them, thus resulting in low energy levels and reduced concentration. Educators will be mindful of this when planning daily activities.
- A regular exercise program is very beneficial to children with CF as it helps loosen mucus, stimulates coughing and helps build up strength and endurance of the breathing muscles. Children with CF will be encouraged to take part in physical activity and exercise, following guidelines from the child's medical practitioner.
- Children with CF can become dehydrated much more quickly than other children. In relation to this, educators will:
 - encourage frequent drinks during and after exercise, and on warm days o ensure salt tablets are taken either before or after exercise on warm days with consideration of medical advice
 - avoid scheduling physical activity during temperature extremes o ensure children with CF remain, as far as is practical, in a fairly constant temperature, neither too hot nor too cold.

Potential Emergency Situations

Emergency situations associated with CF are rare. If children have an intravenous line for medication, there are specific standard first aid responses which may be anticipated:

- Child reports discomfort, nausea, rashes or general unwellness - Call family emergency contact. If they cannot be reached, call the nominated cystic fibrosis nurse for advice.
- Child reports redness, pain, inflammation or swelling at site - Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.
- There is a leakage of some sort from the site - Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.
- A needle or line falls out - Use standard first aid and apply pressure to stop any bleeding, call nominated cystic fibrosis nurse for advice, then advise family emergency contact.

Supervision for Safety

The child's Health Support Plan may include a range of routine accommodations so they can continue to access learning programs while effectively managing their health care.

Accommodations could include:

- Provision of additional time to support children managing their dietary requirements.
- Access to fluids and food, and the toilet, as needed.
- Rescheduling of physical activity to support body temperature control.



- Supportive and sensitive encouragement to participate in physical activity.
- Targeted social skills programs: frequent absences mean that some children with cystic fibrosis have difficulty making and retaining friends.
- Modification of the program and activities in response to the demands of therapy and treatment.

Behaviour Support

- As for all children, behaviour expectations for children with CF should be consistent and predictable, and also sufficiently flexible to accommodate periods of stress and other potential mental health issues.³⁵

Managing Challenging Behaviours with Children who have Additional Needs

Where a child has been identified as having additional needs, it is important for educators to remember that some of the behaviours displayed by such children simply cannot be helped by the child. In addition to an Inclusion Support Plan which will individualise the child's education and care,³⁶ there are several common strategies that educators can use including:

- Keep the daily routine and physical environment consistent.
- Use visual cues to communicate the daily routine and instructions to children,
- Keep instructions short or break them down into parts.

Attention Deficit Hyperactivity Disorder and Oppositional Defiance Disorder (ADHD/ODD)

The following strategies can assist educators with managing challenging behaviour displayed by a child with these disorders:

- Keep time spent doing one activity short. If the child is becoming distracted, remind them of the other activities available before the behaviour escalates.
- Set up a 'calm down' area for when the child becomes upset where educators can continue to fully supervise the child.
- Wait until the child has calmed down before trying to talk to them. A child may be unable to listen when they are upset or angry.
- Label children's feelings so they understand that their feelings are valid. Explain ways to deal with these feelings in an appropriate way in the future.
- Provide experiences to allow the child to release their energy in an acceptable way.

Autism Spectrum Disorders

Children with ASD can display many different behaviours. The following strategies can assist with managing these behaviours:

- Allow the child to look down or away while you are talking to them. Making the child look at your eyes is extremely distressing for the child and may make it difficult for them to hear what you are saying.
- Allow the child to sit at the front of the group during group activities to minimise distractions from other children.
- If a child is hypersensitive allow them to avoid activities which may distress them. For example, if a child is sensitive to sound, give them an alternative activity away from the rest of the group during music experiences.

Supporting Children through Difficult Situations

When a child, family, educator or the Heritage service as a whole, experiences a traumatic event, eg, car accident, fire, sudden illness or death or violent situation, Heritage educators will provide appropriate support to aid their recovery. Our educators understand that children react in different ways depending on their nature, stage of development and how the individuals around them react and may:

- Have physical symptoms such as stomach aches or headaches.
- Become anxious and have separation anxiety.
- Suffer sleep problems or have nightmares.

³⁵ Refer to: Behaviour Support Policy

³⁶ Refer to: Creating Inclusion and Equity Policy; Additional Needs Management Plan



- Re-live the experience through drawing or play.
- Lose interest in activities.
- Lose confidence and show regressive behaviours.

Educators may use the following strategies:

- Reassure the child they are safe, but only if they really are.
- Talk through the situation with the child honestly, without going into frightening detail;
- Ensure the child has not jumped to wrong conclusions, eg, they are responsible.
- Let the child have their say and talk about how their feelings are normal and how everyone reacts differently.

Families may use the following strategies:

- Give children a sense of control of their environment and allow them to make minor decisions such as what to wear/eat/play with.
- Allow children plenty of time to play and do physical exercise to burn off stress hormones and promote sleep.
- Encourage relaxation through story times and cuddles.
- Limit stimulants such as sugar.
- Talk through the situation, be understanding, provide emotional support and model coping strategies and seek help for themselves if necessary.

Excursions, Evacuations and Lockdowns

- Excursions must be planned to take into account those children and families from different backgrounds, experiences or age ranges as well as taking into account children with additional needs, eg, ensuring that excursion venues have ramp access if required.
- Supervision of children with additional needs will be increased on regular outings, excursions, evacuations and lockdowns and during service events.
- A portable first aid kit will be taken on all excursions, evacuations and to designated safe areas during lockdowns and will be used to store medications required by children with additional needs.
- Emergency contact and medical information, including each child's Allergy or Anaphylaxis Action Plan, will be taken on excursions, evacuations and to safe areas during Lockdowns.
- Educators will adhere to this policy and the Medical Conditions Policy and Medication Policy on excursions and ensure medication is administered in a safe and hygienic way.³⁷

Communication, Training and Professional Development

- Families, educators, relief educators, students and volunteers will be informed of the Creating Inclusion and Equity Policy, Heritage Philosophy and Heritage Code of Conduct/Ethics through the Family Handbook, Educator and Relief Educator Handbooks and will have access to the policy online in the Members section of the Heritage website.
- Heritage will ensure educators have access to relevant professional development as required that:
 - Emphasises the understanding of how children develop language.
 - Recognises and reflects differing beliefs about childhood held by different cultures.
 - Enables them to examine their own values and assumptions in relation to race, culture, class, gender and disability.
- Heritage may invite support agencies or guest speakers to educate staff and families about equity and inclusion issues. For example, the Inclusion Support Program (ISP) will be used by Heritage to develop a network of external support agencies.
- The Director will encourage the Heritage community as a whole to be sensitive to and understand the needs of children with additional needs such as providing information on noticeboards and in newsletters or on the website.

³⁷ Excursions and Incursions Policy; Emergency and Evacuation Policy

Policy Evaluation and Review

In order to assess whether the values and purposes of the policy have been achieved, the Management Committee will:

- Regularly seek feedback from everyone affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the service’s policy review cycle, or as required.
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

Non-compliance with Creating Inclusion and Equity Policy

Prejudicial or biased behaviours are not tolerated, eg, racist or sexist comments. In addition, bullying is not tolerated. Types of bullying include: sexual harassment, physical aggression, taunting, practical jokes, offensive language or visual materials, inappropriate body language or physical contact. These behaviours are managed according to the Non-Compliance Policy, the Complaints and Grievance Management Policy (Staff and non-Staff as relevant).

Related Forms

ACT Child Development Service. (2020): Offers assessment, referrals, information and linkages for children 0 to 6 years where there are concerns relating to their development. Children that require early intervention supports are referred to the NDIA Early Childhood Early Intervention service partner, EACH.

<https://www.communityservices.act.gov.au/childdevelopmentservice>

- **Child Development Service Client Referral Form:**
<https://form.act.gov.au/smartforms/servlet/SmartForm.html?formCode=1376>
- **Child Development Service Intake Line: Ph 6205 1246.** Anyone can contact the Intake Line to discuss services, such as free drop-in clinics for physiotherapy and speech pathology.
- **Early Childhood Early Intervention Service Partner, EACH:**
<https://www.each.com.au/service/early-childhood-early-intervention/>

Heritage Additional Needs Management Plan
Heritage Strategic Inclusion Plan (SIP)

Related Policies

Name	Location
Child Protection Policy	Policies and Procedures available in Members Section on Website.
Curriculum and Program Planning Policy	
Diabetes (Type 1) Policy	
Enrolment, Orientation and Graduating Rooms Policy	Heritage Handbook and Educator Handbooks
Employment and Recruitment Policy	
Epilepsy Policy	Policy and Procedures Manuals in Main Office, Programming Room and Entrance Foyer.
Excursions and Incursions Policy	
Complaints and Grievance Management Policy (Staff and non-Staff)	
Heritage Philosophy Statement and Code of Conduct/Ethics	
Interactions with Children Policy	
Medical Conditions Policy	



Medication Policy	
Non-Compliance Policy	
Privacy and Confidentiality Policy	
Students and Volunteers Policy	
Work Health and Safety Policy	

Sources and Further Reading

Legislative References

Australian Children’s Education and Care Quality Authority (ACECQA). (2018). *Guide to the National Quality Framework.*

https://www.acecqa.gov.au/sites/default/files/2018-03/Guide-to-the-NQF_0.pdf

Education and Care Services National Law Act 2011 (ACT).

<http://www.legislation.act.gov.au/a/2011-42/current/pdf/2011-42.pdf>

Education and Care Services National Regulations 2011 (ACT).

<https://www.legislation.nsw.gov.au/#/view/regulation/2011/653>

The Early Years Learning Framework for Australia (2009).

https://www.acecqa.gov.au/sites/default/files/2018-02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf

Work Health and Safety Act 2011. <https://www.legislation.gov.au/Details/C2018C00293>

UNICEF. (1996). *A summary of the rights under the Convention on the Rights of the Child.*

<https://www.unicef.org.au/upload/unicef/media/unicef-simplified-convention-child-rights.pdf>

Other References

Australian Children’s Education and Care Quality Authority (ACECQA). (2018).

National Quality Standard Inclusion in Practice Forum

<https://www.acecqa.gov.au/sites/default/files/2019-02/Inclusion-workbook-allstates.pdf>

Australian Government, Department of Education, Skills and Employment (DESE).

(2020). *Inclusion Support Programme.* <https://www.dese.gov.au/child-care-package/child-care-safety-net/inclusion-support-program>

Australian Human Rights Commission. (2016). *Building belonging: A toolkit for early childhood educators on cultural diversity and responding to prejudice*

<http://www.humanrights.gov.au/building-belonging-toolkit-early-childhood-educators-cultural-diversity-and-responding-prejudice>

Centre for Community Health. (2007). Working with Culturally and Linguistically Diverse (CALD) families. *Childcare and Children’s Health.* 10, (1).

http://ww2.rch.org.au/emplibrary/ecconnections/CCH_Vol10_No1Mar2007.pdf

Community Child Care Victoria. (2009). *Inclusion of Children with Additional Needs Self-Guided Learning Package*

<https://www.acecqa.gov.au/sites/default/files/2021-01/InclusionOfChildrenWithAdditionalNeeds.PDF>

Creative Kids Educare Centre. (2017). *Additional Needs Policy.*

<https://www.creative-kids.net.au/wp-content/uploads/2017/03/Additional-Needs-Policy-January-2017.pdf>

Early Childhood Australia. (2016). *Statement on the Inclusion of Every Child in Early Childhood Education and Care.* <http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/01/Statement-of-Inclusion-2016.pdf>

Early Childhood Australia and Early Intervention Australia. (2016). *Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care.*

http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2014/06/ECA_Position_statement_Disability_Inclusion_web.pdf

Early Childhood Australia. (2016). *Code of Ethics 2016.*

<http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2019/08/ECA-COE-Brochure-web-2019.pdf>

Kids Matter. (2016). *Feeling Included Factsheet*

Medowrie Community Preschool. (2013). *Additional Needs Policy.*

<http://www.medowriepreschool.com.au/policies.html>



- National Childcare Accreditation Council Inc. (no longer operating).** (2011). *Diversity and Equity Policy Template*
<https://webarchive.nla.gov.au/awa/20170216174937/http://ncac.acecqa.gov.au/educator-resources/policy-development.asp>
- National Childcare Accreditation Council Inc. (no longer operating).** (2011). *Supporting Children's Individual Needs Policy Template*.
<https://webarchive.nla.gov.au/awa/20170216174937/http://ncac.acecqa.gov.au/educator-resources/policy-development.asp>
- National Childcare Accreditation Council Inc. (no longer operating).** (2011). *Equity for Children and Families*.
https://web.archive.org/awa/20170216181642mp_/http://ncac.acecqa.gov.au/educator-resources/factsheets/oshcqa_factsheet_8.pdf
- Rivermount Seedlings Kindergarten. (2020).** *Additional Needs Policy*.
- Starting Blocks. (2020).** *Including Children with Additional Needs*.
<https://www.startingblocks.gov.au/at-child-care/choosing-a-service/children-with-additional-needs/>
- University of Melbourne Early Learning Centre.** (2015). *Inclusion and Equity Policy*.
- University Preschool and Childcare Centre.** (2018). *Cultural Diversity Policy*.
<https://www.upccc.com.au/wp-content/uploads/2018/05/Cultural-Diversity-Policy-7-05-18.pdf>
- University Preschool and Childcare Centre.** (2017). *Anti-Bias Policy*.
<https://www.upccc.com.au/wp-content/uploads/2017/09/policy-anti-bias-26-07-17.pdf>
- University Preschool and Childcare Centre.** (2014). *Inclusion of Children with Special Needs Policy*.

Useful Websites and Contacts

- **Telephone Interpreter Service:** Ph: 131 450
- **ACT Inclusion Agency:** <http://www.inclusionagencynswact.org.au/home>
- **Resources to Support Inclusion:** <https://www.inclusionagencynswact.org.au/resources-to-support-inclusion>
- **ACT Child Development Service:**
<https://www.communityservices.act.gov.au/childdevelopmentservice>
- **Australian Government Care Gateway:** <https://www.caregateway.gov.au/early-childhood-intervention-services>
- **Autism Spectrum Australia:** <https://www.autismspectrum.org.au/about-autism/factsheets>
- **Communities@work:** <https://www.commsatwork.org/>
- **Early Childhood Australia. (2021).** *Inclusion Resources*
<http://www.earlychildhoodaustralia.org.au/our-work/inclusion-resources/>
- **Ethnic Community Services Co-operative:** <http://ecsc.org.au/>
- **FKA Children's Services:** www.fka.com.au
- **KU Children's Services:** <https://www.ku.com.au/>
- **National Aboriginal and Torres Strait Islander Education Strategy:**
<https://www.education.gov.au/national-aboriginal-and-torres-strait-islander-education-strategy>
- **NDIS National Call Centre.** Ph: 1800 800 110
- **Sue Larkey Tip Sheets for Teaching Children with Autism Spectrum Disorder:**
<https://suelarkey.com.au/tip-sheet/>

Strategic Inclusion Plan (SIP) Resources

Inclusion Support Portal

<https://www.dese.gov.au/child-care-package/child-care-safety-net/inclusion-support-program/inclusion-support-portal>

Overview of the SIP

https://www.idfm.org.au/WWW_IDFM/media/Media/20171808-Overview-of-the-Strategic-Inclusion-Plan.pdf

NSW/ACT Inclusion Agency. About the Strategic Inclusion Plan

<https://www.inclusionagency.nswact.org.au/strategic-inclusion-plan>

Strategic Inclusion Plan (SIP) - Fact Sheet

https://www.idfm.org.au/WWW_IDFM/media/Media/SIP-Fact-Sheet-June-2017.pdf

Task card for completing a Strategic Inclusion Plan (SIP)

<https://www.dese.gov.au/uncategorised/resources/portal-task-card-completing-strategic-inclusion-plan-sip>

ISP User Guide – Section 2 SIP

https://docs.education.gov.au/system/files/doc/other/isp_user_guide_-_section_2_sip.pdf

SIP Yearly Review – Fact Sheet

https://www.idfm.org.au/WWW_IDFM/files/cc/cc0c1064-7e77-47d7-992c-3426b5dd688d.pdf

Further information relating to SIP requirements for IDF applications

<https://www.idfm.org.au/strategic-inclusion-plan>

Factsheet for Families

Inclusion Support Program Flow Chart for Families

<https://www.dese.gov.au/uncategorised/resources/isp-flow-chart-families>

Relevant Children’s Books

Our Granny (Wild and Vivas, 1993)

The Paper Bag Princess (Munsch, 1980)

What Made Tiddalik Laugh (Troughton, 1997)

Whoever You Are (Fox, 1997)

You and Me Murrawee (Hasmi and Marshall, 1998)

Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	October 2001	Management Committee	
2	April 2010	Management Committee	Author: Julia Charters. Created new Diversity and Equity policy to compliment Heritage Code of Ethics and Philosophy. Based on NCAC Inclusion and Equity policy template.
3	December 2017	Management Committee	Author: Julia Charters. Changed policy name from Diversity and Equity Policy to Creating Inclusion and Equity Policy. Updated References including addition of new ECA Code of Ethics 2016. Added more information on legislative requirements including National Regulations, NQS (updated Feb 2018) and the EYLF. Added more detail in Policy Statement on the positive effects of inclusive practice on learning/ wellbeing outcomes for children, families, staff. Added Summary of Responsibilities. Updated Enrolment Form to use more inclusive terms.
4	13 July 2021	Management Committee	Author: Julia Charters. Updated all references and resources. Integrated procedures from Individual and Additional Needs Policy into section on Supporting Children and Families with Additional Needs - no longer two separate policies. Updated Summary of Responsibilities and moved to



			<p>beginning of policy to improve readability. Added more detail and resources on Inclusion Support Programme. Added guidelines for including children with Cerebral Palsy, Cystic Fibrosis, ADHD/ODD/ASD. Added procedures for supporting children going through difficult times. Updated Additional Needs Management Plan. Added inclusion flow charts as attachments.</p>
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Steps to Inclusion

A visual tool to assist educators through their inclusion journey.

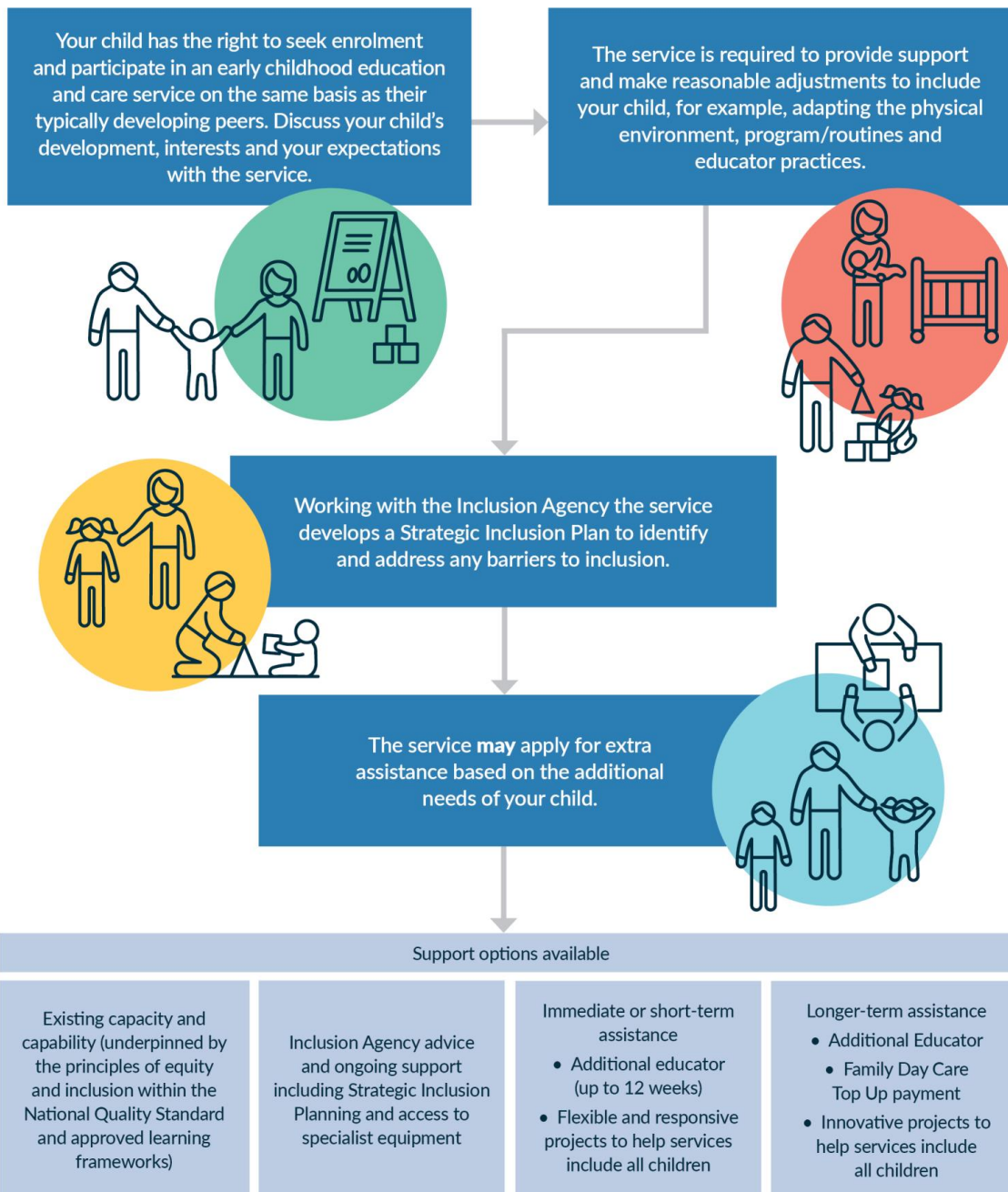


STEP 1: GETTING STARTED		STEP 2: MAKING IT HAPPEN		STEP 3: BEING PRACTICAL		STEP 4: MOVING FORWARD TOGETHER	
<p>Service (Management and Educators)</p> <ul style="list-style-type: none"> Review enrolment procedures and documents. Make sure you include an invitation for families to share meaningful information about their children. Develop an orientation process that is responsive to the needs of all children and families. This may include multiple opportunities to visit before enrolment begins. Begin to explore ideas and concepts about inclusion. What does inclusion look like in your service? <p>Child and Family</p> <ul style="list-style-type: none"> Get to know each child, allowing time for them to settle in. Gather information about family background and child's strengths, interests and needs. Spend time interacting with and observing each child during orientation visits. Help families to identify their child's skills if appropriate. <p>Therapists/Organisations</p> <ul style="list-style-type: none"> Find out who is supporting each child and family? Access and read any reports available. 		<p>Service (Management and Educators)</p> <ul style="list-style-type: none"> Be familiar with how your Inclusion Professional can support you to include all children. Access support from your Inclusion Professional to plan for change and set educator goals through developing a Strategic Inclusion Plan (SIP). <p>Child and Family</p> <ul style="list-style-type: none"> Talk with families about the Inclusion Support Program and the supports and resources available. Encourage families to share their priorities to help inform educator planning. Develop a communication system for sharing information that works best for families and educators (communication book/email group etc). <p>Therapists/Organisations</p> <ul style="list-style-type: none"> With parent permission, contact any practitioners working with each child and family. Set up a meeting together if appropriate and possible. Develop an agreement about working together if visits are going to be conducted at the service. 		<p>Service (Management and Educators)</p> <ul style="list-style-type: none"> Make program and practice changes through: <ul style="list-style-type: none"> Reflection and reflective conversations with your team. Strategic Inclusion Plan (SIP) implementation and progress note documentation; Participating in professional development opportunities, reading and activities. <p>Child and Family</p> <ul style="list-style-type: none"> Continue to share information about progress using agreed communication systems. Reflect on and discuss family priorities to see if they have changed. If needed, encourage families to work with therapists so that interventions have the most impact within the service program, at home, or in the community. <p>Therapists/Organisations</p> <ul style="list-style-type: none"> Ask therapists specific questions to increase educator knowledge, understanding and skills. Adapt relevant strategies/goals into the daily program. 		<p>Service (Management and Educators)</p> <ul style="list-style-type: none"> Explore educator understanding of inclusion and how this is represented in the service philosophy. Do educator practices and policies match? Explore educator understanding of inclusive practices in relation to the National Quality Framework - NQS/EYLF/MTOP. Promote the benefits of inclusion. Utilise new skills and strategies with all children in care. <p>Child and Family</p> <ul style="list-style-type: none"> Support every child and family's participation and value their contribution to the program. Continue to share information regularly. Adapt your expectations and planning in response to the changing strengths and needs of children and their families. <p>Therapists/Organisations</p> <ul style="list-style-type: none"> Maintain collaborative communication. Ensure ongoing planning and implementation occurs. 	
<p>RELATIONSHIPS and PARTNERSHIPS form the foundation for successful inclusion</p>							



Australian Government
**Department of Education,
 Skills and Employment**

How the Inclusion Support Program can assist your early childhood education and care service to include your child



ES/E2/0-04/35

For more information visit www.education.gov.au/inclusion-support-program-isp