



Australian Government
Department of Social Services

Families and Children Activity

Children and Parenting Support Operational Guidelines

Effective 1 July 2023



Version Control

This table confirms timing of revisions and endorsement of these Operational Guidelines.

Version	Changes	Date
1.0	Approved Operational Guidelines	3 May 2021
1.1	<ul style="list-style-type: none"> Section 2.2 – additional information for CaPS AOD services. Section 3.2 – further guidance on adjustment of service areas. Section 3.4 – further guidance on fees. Section 4.1 – further guidance on obtaining parental consent. Section 7.3 – further guidance on the Data Exchange Partnership Approach requirements. Section 7.4 – specific information for CaPS AOD services. Section 7.6 – update to program logic information. Appendix – Review Point Assessment Criteria. Minor amendments to descriptions and measures columns. Appendix – Outcomes Framework for the Families and Children Activity. Final version inserted. 	TBD
1.2	<p>The Budget Based Funded (BBF) program has been transitioned into the CaPS program from 1 July 2023. This iteration of the Operational Guidelines includes elements from the now ceased BBF program.</p> <p>In addition to this:</p> <ul style="list-style-type: none"> Updated hyperlinks throughout. Section 2.1 - added all current Commonwealth Strategies with hyperlinks. Section 7.1 – extra clarity on what grant funding cannot be used for. Section 8.6 – updated program logics information. Section 8.9 – addition of the Review Point for all CaPS services, including the addition of Appendix D. 	04 July 2023
1.3	<p>Update to links throughout complete document.</p> <p>11.3 Appendix C - Additional of Review Point 2 assessment criteria.</p>	1 August 2025

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1. Preface

These Operational Guidelines (Guidelines) relate to Children and Parenting Support (CaPS) services (inclusive of CaPS Alcohol and Other Drugs (AOD) services), funded by the Department of Social Services (the Department).¹ The primary purpose of the Guidelines is to assist CaPS providers to work in a nationally consistent, coordinated and cooperative way. This document outlines the key elements of service delivery and seeks to clarify policy and process questions that may arise during the delivery of the CaPS sub-activity.

The Guidelines are a living document. As additional issues arise, and policy clarifications are developed, the Guidelines will be updated. The updates will be emailed to the program contact listed in the Department's Grant Payment System (GPS). Please ensure contact details are kept up-to-date with your Funding Arrangement Manager (FAM). The current Guidelines can be found on the [CaPS program webpage](#) on the Department's website.

CaPS providers have a responsibility to ensure they are familiar with all contractual obligations including where these may change as the Guidelines are amended.

CaPS providers should engage with their FAM as the first point of contact with the Department. Your FAM will provide guidance and assist you with reporting, accountability and contractual obligations.

The Guidelines should be read in conjunction with the:

- Commonwealth Standard Grant Agreement/s
- Commonwealth Standard Grant Conditions (Schedule 1)
- Commonwealth Standard Grant Agreement Supplementary Provisions
- [Families and Children Administrative Approval Requirements](#).

2. Families and Children Activity – Children and Parenting Support

2.1. Overview

CaPS is a component of the Children and Parenting sub-activity under the Families and Children (FaC) Activity of the Families and Communities Program.

The FaC Activity aims to support families, strengthen relationships, improve the wellbeing of children and young people and increase participation of people in community life to enhance family and community functioning.

The objectives of the Families and Communities Program and the FaC Activity align with objectives in the:

- [National Agreement on Closing the Gap](#)

¹ Only elements of these Operational Guidelines apply to the five national CaPS providers and these providers should liaise directly with their FAM on specific questions related to the guidelines.

- [Australia's Disability Strategy 2021 – 2031](#)
- [Safe and Supported: The National Framework for Protecting Australia's Children 2021 - 2031](#)
- [National Plan to End Violence against Women and Children 2022 – 2032](#)

The Department strongly encourages service providers to be familiar with these initiatives and their supporting plans, and consider how the design and delivery of their services can contribute to achieving the intended outcomes.

2.2. Aims and Objectives of CaPS

The CaPS sub-activity contributes to achievement of the objectives of the FaC Activity.

The CaPS sub-activity focuses on providing:

- early intervention and prevention services aimed at improving children's development and wellbeing
- adjunct care and early learning services
- support to those in a parenting/carer role.

Services focus on children aged 0-12 years (but may include children up to 18 as necessary) and their families. Services seek to identify issues such as risk of neglect or abuse within families, and provide interventions or appropriate referral(s) before these issues escalate.

Services provided should be effective and responsive to the needs of all families, including those families who do not work the traditional nine-to-five, five-day working week. This ensures that all children in Australia are fully prepared for learning and life.

Services include, but are not limited to, community playgroups, supported playgroups, crèches, school readiness programs, parenting courses, home visiting, counselling, adjunct care, outside school hours care, support services, mobile services and peer support groups (see [3.3 Using grant funding](#)).

CaPS may also fund organisations that develop resources that provide information about children's development and parenting skills.

Principles

CaPS services should:

- take an outcomes-focussed approach – being clear about the outcomes being sought, designing services to achieve outcomes, and measuring outcomes
- support families in developing a sense of belonging and connection creating opportunities to connect with other families and their community in culturally meaningful ways, like playgroups, toy libraries or other supports that build connection to community and local networks
- develop services that meet the needs of those who need it most, including improving accessibility for families experiencing multiple types of vulnerability and with complex needs
- engage, collaborate and coordinate with other services which support families and children to identify community needs, develop strong referral pathways and coordinate holistic supports to drive improved outcomes for families and children

- monitor service delivery and strive for continuous improvement by delivering evidence informed programs which demonstrate measurable outcomes for families and children with multiple and complex needs
- highlight innovative practice which enhances service delivery, organisational capability and improves client outcomes measurement and reporting
- provide families with flexible, affordable and accessible playgroups, adjunct care and after school care, crèches and early learning services
- be inclusive, strength-based and adaptable to ensure services are accessible for children with disability or developmental concerns and their families and carers
- ensure services are aligned with the strengths, needs and priorities of First Nations people
- ensure services are inclusive and responsive to community diversity such as culturally and linguistically diverse and LGBTQIA+ groups.

National Agreement on Closing the Gap

All Australian governments are working with First Nations people, their communities, organisations and businesses to implement the National Agreement on Closing the Gap (National Agreement).

The National Agreement is underpinned by the belief that when First Nations people have a genuine say in the design and delivery of policies, programs and services that affect them, better life outcomes are achieved.

This is an unprecedented shift in the way governments have previously worked to close the gap and is built around four [Priority Reforms](#) that are directly informed by First Nations people.

- Formal partnerships and shared decision-making
- Building the community controlled sector
- Transforming government organisations
- Shared access to data and information at a regional level.

These reforms are central to the National Agreement and the Department encourages providers to work towards embedding the Priority Reforms into the way services are designed and delivered to demonstrate an active role in contributing to the [Closing the Gap targets](#). This includes considering how to engage in genuine partnerships with Aboriginal Community Controlled Organisations and local First Nations communities. Service providers are required to ensure their services are culturally safe and responsive to the needs of First Nations people.

Alcohol and Other Drugs services

The CaPS Alcohol and Other Drugs (AOD) sub-activity focuses on providing specific CaPS services for families and children experiencing the impacts of alcohol and other drug misuse. These services use a prevention and early intervention family support approach to dealing with the impacts of substance misuse issues by providing integrated, long term and intensive support to disadvantaged families and children experiencing multiple vulnerabilities.

CaPS AOD services aim to minimise harm to children and families through individual and family counselling, home visiting and case management, parenting education and support, and activities to help children to normalise their lives through school attendance, organised sport and extracurricular activities. These services should also provide telephone support to

other FaC Activity providers to assist them to identify and support children where alcohol and other drug misuse is present in the family environment.

3. Service Delivery

3.1. Service Areas

The Department funds grant recipients to deliver CaPS services in identified areas of need across Australia. These areas are based on a combination of factors including population of children, Socio-Economic Indexes for Areas (SEIFA) score, high proportions of children who are developmentally vulnerable and known service gaps. The Department also funds grant recipients with a national footprint and grant recipients delivering specialised services to families and children experiencing the impacts of alcohol and other drug misuse.

Grant recipients must deliver CaPS services in the service areas specified in their grant agreements.

Grant recipients may be able to vary their service areas to meet changing demands in consultation and agreement with the Department (see [3.2 Flexibility](#)).

Each service area has a geographical boundary based on the Australian Statistical Geographical Standard. If the organisation seeks to change the boundary of a service area, the Department expects the grant recipient to be able to meet the cost of delivering CaPS services in the revised area within the funding provided.

In accordance with grant agreement requirements, CaPS providers must advise the Department of their outlet locations in service areas within three months of the execution of their grant agreements. Providers must advise the Department of any changes to outlet locations annually through the AWP Report.

Grant recipients are required to deliver services to clients from outside service areas when they present to services. Grant recipients should consider the most appropriate type of service delivery to these clients (for example, referral or standard service delivery) by considering questions such as:

- What is in the best interest of the client in the longer term?
- Is there another provider, or appropriate community service, that could support the client?
- What is the grant recipient's capacity to service the client and what impact, if any, could this have on servicing participants from within the service area?
- What are the barriers to supporting the client? (for example, will service delivery staff have to travel long distances to service the client; will the client receive the quality of service expected; would the client be better supported by another provider?).

3.2. Flexibility

The Department expects service providers to monitor changes in their communities and adjust the services they deliver, in mutual agreement with the Department, to meet the changing needs of families and children. The Department may ask service providers to vary their existing service type/s to meet changing demands.

If there is identified community need in other areas, service providers can request to adjust their service delivery footprint in order to meet identified need in communities where a CaPS (or equivalent) service is unavailable or not accessible to the client/s. In these cases, requests must demonstrate that:

- the organisation has sufficient funds to deliver in both new and existing service areas
- an expansion of the service area will not result in a reduction in service to the existing client base
- there are no alternative Commonwealth or state and territory governments funded services, or existing services cannot meet the identified need.

Providers that wish to vary a service area should discuss this with their FAM, who can provide advice on how to seek approval for the change.

3.3. Using grant funding

Funding is provided to assist with the costs of operating CaPS services in the funded locations. In some cases, funding is not intended to cover the full cost of providing services. Funding can be used for a range of services, including:

- intake and assessment
- information / advice / referral
- education and skills training
- child/youth focused groups
- counselling
- advocacy / support
- community capacity building
- family capacity building/parenting courses
- mentoring / peer support
- community and supported playgroups/crèches
- early learning/school readiness
- outside school hours care
- mobile services

Further detail on what is an appropriate use of grant funding can be found at [Section 7.1 \(Eligible and ineligible expenses\)](#).

3.4. Fees

The Department expects that CaPS services are free of charge for clients.

A service provider must contact their FAM to seek a written exemption to this rule. The Department will only grant exemptions in rare circumstances. If the Department grants an exemption, the relevant service provider cannot refuse services to a client or refer a client to other organisations on the basis of incapacity to pay fees.

Where fees are charged, service providers must:

- publicly display their fee policy
- inform clients of their fee policy.

3.5. Subcontracting

Service providers cannot subcontract any part of their grant activities without the Department's prior written consent.

Service providers are responsible for the performance of their obligations under their grant agreements, including in relation to any tasks undertaken by subcontractors.

Requests for Departmental consent should first be discussed with the service provider's FAM.

3.6. Collaboration with other agencies and services

Grant recipients must work collaboratively with each other, and with relevant government and non-government agencies, to provide an integrated suite of local services that address the needs of the target group. To ensure effective integration with appropriate services, grant recipients must build and maintain effective relationships with a broad network of relevant services, which may include:

- other providers under the Families and Communities Program, particularly those funded under the FaC Activity
- services funded by state and territory governments that service the target group/s
- Services Australia
- family support services
- medical services such as general practitioners
- mental health services
- alcohol and other drug services
- family violence services
- legal assistance services
- family law courts
- domestic and family violence services
- homelessness services
- education services
- housing services
- any other relevant services, such as financial counselling and health services.

Grant recipients must also abide by the following set of principles that encourages providers to work with local community initiatives (for example [Stronger Places, Stronger People](#) or other existing collective impact initiatives). Grant recipients are to work in ways that:

- recognise, support and work with community-led change initiatives (in places where they are being or have been established)
- recognise and support local and cultural leaders and governance arrangements
- support and participate in the design and implementation of community-led change strategy
- consider within the parameters of the Guidelines and grant requirements, opportunities to align service provision and communication to the community's strategy, including community needs, goals and solutions

- share data, evidence and learnings to improve outcomes for children, families and communities
- are fair, open and transparent in engaging with First Nations and non-Aboriginal stakeholders and organisations
- participate in work that examines the system (beyond programs) to create better outcomes
- build relationships, collaboration and leverage investments and impacts.

3.7. Communication and Promotion

The Department encourages providers to promote their services to ensure community awareness of their services including:

- local service directories where possible, such as online service directories maintained by local and regional councils
- in multiple locations that families visit and through a variety of mediums that families use. For example, shopping centres, childcare, preschool, medical practices, social media, radio, newspapers etc.

Providers should list their services on free online community service directories where applicable. The department maintains a [list of service directories](#) that providers should consider. If you think this list should include other directories, please contact your FAM.

The department encourages providers to list their services on local service directories where possible. For example, some local and regional councils maintain online service directories.

The department also encourages service providers to promote their services in multiple locations that families visit and through a variety of mediums that families use. For example, shopping centres, childcare, preschool, medical practices, social media, radio, newspapers etc.

4. Working with clients

CaPS services should identify and target those in the community who are most in need of support, including hard-to-reach families. The targeting of services should be underpinned by effective needs assessment and culturally competent and safe practice.

4.1. Client eligibility and accessibility

This program has a primary focus on children aged 0-12 years (and young people up to 18 years) and should provide prevention, early intervention and support for families, couples, children and individuals.

As a general guide, CaPS providers should not be working with children and young people without either the involvement of their families, carers or guardians, or their written consent.

However, in circumstances where a young person is unable or unsafe to live at home and lives separately from a consenting family member, carer or guardian, the service provider is able to offer / continue offering services to these vulnerable young people to ensure they

can access the necessary and valuable services they need. The circumstances around the offer or continuation of service delivery to these vulnerable young people will require documentation.

It is expected that CaPS providers will have their own systems in place to ensure they obtain written consent from parents or guardians to work individually with the child or young person, and can provide evidence of this if requested by the Department.

CaPS services must be accessible to all families and children in accordance with the following requirements, policies and guidelines (unless otherwise exempted by legislation):

- [Access and Equity Strategy](#)
- [Families and Children Activity Administrative Approval Requirements](#)
- [Families and Children Access Strategy Guidelines](#)

Service providers should develop strategies to ensure all families and children, including those experiencing vulnerability or disadvantage, can access their services. The Department expects services to be responsive to the needs of families and children, including those who don't work traditional nine-to-five or five-day working weeks, and deliver equitable outcomes.

Service providers must ensure that cultural and linguistic diversity is not a barrier for participants by providing access to language services where appropriate.

As stated in [3.1 Service Areas](#), service providers are required to deliver services to clients from outside service areas when they present to services.

4.2. Priority target groups

Priority should be given to:

- people aged 0-12, and young people up to 18 years (who may also be young parents) and their families
- specific groups of vulnerable and disadvantaged children and families who are at risk of poor outcomes. This may include people:
 - from a cultural and linguistically diverse background
 - identifying as First Nations
 - identifying as having a condition, impairment or disability
 - supporting children with additional needs (including children with disability or chronic medical condition)
 - residing in rural or remote areas
 - unable to access services catering for a traditional nine-to-five, five-day working week
 - who are unemployed, ill, studying and/or experiencing financial distress
 - who lack social supports; or experiencing mental illness, alcohol and other drug or domestic violence issues
 - LGBTQIA+

4.3. Referral practices

Providers funded under the FaC Activity must work collaboratively with each other and relevant government and non-government agencies that provide services to families and children.

If a CaPS provider lacks capacity or capability to support a client, or thinks a client would benefit from additional types of support, the Department expects the provider to offer the client a timely referral to one or more appropriate services. The Department expects CaPS providers to have accurate knowledge of the services to which they are referring clients, and recommends that providers develop clear referral protocols with one another.

Effective referral practices are critical to minimising service system fragmentation and preventing families and children 'falling through the gaps'. The table at [Appendix A](#) outlines different types of referral practices.

The Department expects that staff who make referrals have, or receive, the knowledge and skills they need to support families and children to access other services, including negotiating ways to overcome barriers to access, and ensuring cultural competency in their work with First Nations clients.

The checklist at [Appendix B](#) may assist staff to make effective referrals.

Service providers must employ and adequately train, support and supervise staff in accordance with their grant agreements and the [Families and Children Administrative Approval Requirements](#).

4.4. Required qualifications

There is no minimum requirement for qualifications of staff required to deliver CaPS services. However, service providers are encouraged to employ staff with a range of backgrounds, qualifications, skills and knowledge relevant to the service.

All CaPS providers must comply with the relevant state, territory or Commonwealth law relating to the employment or engagement of people who work or volunteer with children in relation to the Activity, including mandatory reporting and complying with the [National Standards for Working with Children Checks](#).

Service providers must adhere to requirements specified in grant agreements in relation to working with vulnerable persons. More information on the Department's policy regarding vulnerable persons, police checks and criminal offences is available on the [Department's website](#).

4.5. Clients Exiting the Service

Participation in the CaPS activity is voluntary and clients may exit the service at a time they choose or as agreed with the service provider. There is an expectation that client information is updated accordingly in the data collection system. In addition, there is an expectation that service providers, when delivering direct services to individuals, will ensure that these clients have adequate alternative supports in place should they require them. This may include additional support they are referred to, family supports and strategies developed to support their needs.

4.6. Refusal of service

Service providers can refuse to provide services, where there are safety concerns, or there is evidence to suggest that participants are not eligible for the CaPS service.

4.7. Safety

The safety of all children, young people, their families and carers who visit or work for CaPS services is paramount.

Service providers must ensure the safety of their staff and must:

- give their staff clear safety policies and procedures in writing and provide staff with adequate support, training and resources to comply with those policies and procedures; and
- report critical incidents to the Department (refer to [Section 9.7](#)).

5. Commonwealth Child Safe Framework

The Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the need for organisations to adopt child safe practices including appropriate screening of staff, mandatory reporting and adoption of the National Principles for Child Safe Organisations (the National Principles).

In response, the Australian Government introduced the [Commonwealth Child Safe Framework](#) (the Framework), a whole-of-government policy that sets minimum standards for creating and embedding a child safe culture and practice in Commonwealth entities and Commonwealth funded third parties.

In line with clause CB9 of the Supplementary Provisions in your grant agreement, all services funded under CaPS must ensure activities conducted comply with the National Principles and other action for the safety of children, and relevant checks and authority. Under this clause, you are required to implement a range of [child safe measures](#) for your CaPS activity, such as:

- submitting an annual Statement of Compliance stating you have implemented the National Principles
- completing an updated risk assessment to identify the level of responsibility for children and level of risk of harm to children
- having an updated risk management strategy
- providing training and a compliance regime.

It is the organisation's responsibility to understand their requirements and evidence their compliance with the National Principles.

Further information on the National Principles and providers' obligations is available on the [National Office for Child Safety website](#) and the Australian Human Rights Commission's [Child Safe Organisations website](#).

For more information and Child Safe FAQs, please visit the [DSS website](#).

6. Governance and Support

The Department expects providers to have an effective governance framework that includes:

- explicit information on roles, responsibilities, rights, and remuneration
- procedures for quality assurance, risk management and issues management
- procedures for supervision, performance management and information management
- financial systems that support effective management and accountability
- clear effective arrangements for internal control and transparent decision making.

6.1. Support available to providers

This table outlines sources of support for different aspects of the CaPS grant activity:

Topic	Support
Grant agreement	<ul style="list-style-type: none">• Funding Arrangement Manager (FAM)
Activity Work Plan (AWP)	<ul style="list-style-type: none">• AWP templates and guidance• FAM
Data Exchange	<ul style="list-style-type: none">• Data Exchange Training Resources• Data Exchange Helpdesk• The Australian Institute of Family Studies (AIFS) can provide advice on choosing outcomes to measure and selecting measurement tools. To join a regular online drop-in session with AIFS, email fac-evidence-evaluation@aifs.gov.au.• FAM
Review point	<ul style="list-style-type: none">• FAM
Program logic and theory of change	<ul style="list-style-type: none">• FAM• Families and Children AIFS Evidence and Evaluation Support
Planning, implementing and evaluating grant activities	<ul style="list-style-type: none">• Families and Children AIFS Evidence and Evaluation Support
Grant Recipient Portal	<ul style="list-style-type: none">• Community Grants Hub
General feedback on grant management	<ul style="list-style-type: none">• FAM
Complaints	<ul style="list-style-type: none">• DSS Feedback and Complaints• FAM

6.2. Compliance with Activity requirements

All CaPS service providers must comply with the [Families and Children Administrative Approval Requirements](#). The Families and Children Administrative Approval Requirements is a Departmental policy that sets out mandatory service standards for key aspects of service design and delivery including, but not limited to, governance, financial management, staffing, accessibility and safety.

7. Funding

7.1. Eligible and ineligible expenses

Grant funding may be used for:

- staff salaries and on-costs that can be directly attributed to the provision of CaPS services in the identified service area/s as per the grant agreement
- training for paid and unpaid staff including Committee and Board members, that is relevant, appropriate and in line with the Families and Children Activity and CaPS
- operating and administration expenses directly related to the delivery of CaPS services, such as:
 - telephones
 - rent and outgoings
 - computer / IT / website / software
 - insurance
 - utilities
 - postage
 - stationery and printing
 - accounting and auditing
 - travel/accommodation costs
 - materials and equipment, including assets as defined in the Standard Supplementary Provisions, that can be reasonably attributed to meeting deliverables in the grant agreement
 - evaluation costs
 - marketing CaPS services.
- Grant funding cannot be used for:
 - the purchase of land
 - paying retrospective costs
 - costs incurred in the preparation of a grant application or related documentation
 - major construction or capital works (any built works or plant asset purchases should be tested with the Department to ensure it is compliant with the Funding Agreement)
 - systemic advocacy or peak body representation on national issues (e.g. on broader policy or laws)
 - overseas travel
 - activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.

The Commonwealth Standard Grant Conditions for CaPS set out clauses on spending, reporting and repaying grant funding.

7.2. Funding innovation

The Department encourages service providers to pursue innovative ideas to enhance service delivery outcomes. Service providers may utilise up to 10 per cent of their grant

funding for undertaking an innovative program/activity or development of innovative concepts in consultation and agreement with the Department.

7.3. Long-term sustainability

The Department encourages service providers to actively plan and develop strategies to ensure long-term sustainability. Providers are encouraged to explore opportunities to reduce reliance on Government support through increased inter-organisational collaboration, and by identifying supplementary sources of funding through partnerships with business and philanthropy.

8. Reporting

8.1. Data reporting

All CaPS service providers must have systems in place to allow them to meet the data collection and reporting obligations outlined in their grant agreement.

FAMs monitor and evaluate program performance to ensure activities and service providers have a focus on outcomes for their clients.

8.2. Data Exchange (DEX)

Service providers are required to report client data and service delivery information for all clients of CaPS services in accordance with the [Data Exchange Protocols](#), and the [Program Specific Guidance](#) for Commonwealth Agencies under the 'Children and Parenting Support' heading.

The Data Exchange Protocols provide operational guidance to users of the Data Exchange. The Program Specific Guidance for Commonwealth Agencies assists managers and front-line staff to understand the data they must report in the Data Exchange for CaPS.

The Department publishes fact sheets, task cards, webinars and e-learning modules on the [Data Exchange website](#) to help service providers set up and perform different functions in the Data Exchange.

For additional support, service providers can contact the [Data Exchange Helpdesk](#).

8.3. Data Exchange Partnership Approach

Service providers are required to participate in the Data Exchange Partnership Approach. By participating, service providers report client and community outcomes for clients of CaPS services and receive access to additional self-service reports. The Department requires service providers to report outcomes using its Standard Client/Community Outcomes Reporting (SCORE) framework, which is a methodology for standardised reporting of outcomes data.

Please note the Department does **not** require CaPS providers to report extended demographics data (e.g. household composition, education, employment status, income, etc.) under the DEX partnership approach, but providers may choose to do so for their own purposes.

For further information on the Partnership Approach and SCORE, please refer to the [Data Exchange Protocols](#).

For additional support, service providers can contact the [Data Exchange Helpdesk](#).

8.4. Guidance on measuring client and community outcomes

The Department encourages all service providers to use validated outcomes measurement tools to measure client and community outcomes.

A 'validated tool' is an instrument that has been formally evaluated and psychometrically tested for:

- reliability (the ability of the instrument to produce consistent results)
- validity (the ability of the instrument to produce true results)
- sensitivity (the probability of correctly identifying a client with the condition).

The Australian Institute of Family Studies has published an article [outlining how to choose an outcomes measurement tool](#). The article includes links to established tools for measuring child and family outcomes.

The Department has developed a [Translation Matrix](#) to help organisations convert results from commonly used outcomes measurement tools into SCORE data. The Translation Matrix also contains a generic template that service providers can use to translate proprietary outcomes measurement tools or tools that they have developed internally into SCORE data.

For additional support, service providers can contact the [Data Exchange Helpdesk](#).

8.5. Activity Work Plans (AWP) and AWP reports

The AWP is a mandatory document that all providers must complete in consultation and agreement with the Department. Using the 'standardised AWP template' on the [Department's website](#), providers must set out deliverables, timeframes, measures of achievement, grant expenditure and other key requirements of their grant agreements that they plan to complete within a period of time specified in the AWP template. A [guidance document](#) is also available to assist providers with this requirement.

Activities relating to CaPS AOD service delivery are required to be outlined in a separate AWP clearly labelled as CaPS AOD.

The Department expects AWP to align with the Outcomes Framework for the FaC Activity at [Appendix E](#).

Once mutually agreed, the AWP forms part of the grant agreement. Providers must report progress against their AWP annually as specified in their grant agreements. Your FAM is usually authorised to approve the AWP and AWP report on behalf of the Department.

The AWP is a living document that providers can update at any time in consultation and agreement with the Department.

The Department uses AWP reports to monitor performance, understand the activities and progress of individual providers, inform future policy thinking, and allow providers to include

qualitative information that they think the Department needs to know, such as issues impacting their DEX data.

8.6. Program logics and theories of change

Providers are required to develop a program logic for each funded activity.

A program logic model sets out the resources and activities that comprise the program and the changes that are expected to result from them. It visually represents the relationships between the program inputs, goals and activities, its operational and organisational resources, the techniques and practices, and the expected outputs and effects.

Further information including a template and the assessment checklist is available on the [DSS website](#).

8.7. Financial acquittal reports

Service providers are required to submit a financial declaration (or audited financial statement where agreed with the Department) for each financial year in their grant agreement. A financial declaration is a certification from the service provider stating that funds were spent for the purpose provided as outlined in the grant agreement and in-which the service provider must declare any unexpended funds. The financial declaration must be certified by your Board, the Chief Executive Officer or other officer with appropriate authority to verify that grant funding has been spent in accordance with the grant agreement.

Please refer to your grant agreement to ensure you meet the stipulated timeframes.

Further information on financial declarations can be found on the [DSS website](#).

8.8. Unexpended funds

The Department expects grant funding to be fully expended in the financial year in which it is allocated.

If service providers do not expend all grant funding received in a financial year, the Department will either approve a rollover of the funds for use in the next financial year, or recover the funds.

FAMs will liaise with providers on the treatment of unexpended funds after the Department has reviewed financial acquittal reports.

8.9. Review point

A review point is an opportunity for the Department and service providers to check if grant activities are on track, identify areas for improvement, and work together to achieve improved outcomes for families and children in Australia.

Timing of review and performance period assessed

Different timing is applied to different groups of CaPS providers, to align with their funding periods. The five national CaPS services that received 5 year extensions from 1 July 2021 were reviewed in 2023-24. The remaining CaPS services (including former BBF services) that received extensions from 1 July 2023 were reviewed in 2024-25.

Providers	Date of review point	Period assessed
National CaPS extended from 1 July 2021	The Department commenced review on 1 September 2023. Providers were notified of their outcomes by 29 February 2024.	Data from 1 July 2021 to 31 August 2023
CaPS extended from 1 July 2023	The Department commenced review on 1 September 2024. Providers were notified of their outcomes by 28 February 2025.	Data from 1 July 2023 to 31 August 2024

Assessment approach

The way the Review Point was assessed changed from when it was originally scoped in 2021. This was due to changes in the landscape for providers, such as the impacts of COVID and natural disasters, and the department's focus on whether providers are achieving outcomes for families and children in Australia.

The assessment approach for the Review Point was:

- a program-level review of the criteria that focuses on reporting
- an individualised review of the outcomes criteria.

Service providers should contact their FAMs if they have questions about the review point.

9. Grant Administration

9.1. Grant recipients' responsibilities and accountabilities under the Activity

In entering into a grant agreement with the Department, the grant recipient must comply with all requirements outlined in the suite of documents that comprise the agreement including:

- the Supplementary terms and conditions outlined in the grant agreement
- the Commonwealth standard terms and conditions at Schedule 1 of the grant agreement
- these Operational Guidelines

Grant recipients are responsible for ensuring:

- the terms and conditions of the grant agreement are met
- service provision is effective, efficient, and appropriately targeted
- highest standards of duty of care are applied
- services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations
- First Nations people have equal and equitable access to services
- they work collaboratively to deliver the program

- they contribute to the overall development and improvement of the program such as sharing best practice.

9.2. Other key requirements, policies, information & factsheets

All service providers must comply with the:

- [Families and Children Administrative Approval Requirements](#), which are a set of quality service standards, covering the key risk areas of governance, financial management, viability, people, performance management and issues management.

The following policies on the DSS and Community Grants Hub websites also apply to CaPS:

- [Access and Equity Policy](#)
- [DSS Funding Acknowledgment](#)
- [Complaints Process for Grant Recipients](#)
- [Grant Recipient Complaints and Whistleblower Provisions](#)
- [National Redress Scheme Grant Connected Policy](#)
- [Online Safety](#)
- [Vulnerable Persons, Police Checks and Criminal Offences](#)

The Department strongly encourages service providers to visit the AIFS [Child Family Community Australia \(CFCA\) webpage](#) for free research and information for service providers that work in the child, family and community welfare sector.

9.3. Privacy

In accordance with the grant agreement general conditions, all CaPS services must comply with their obligations under the [Privacy Act 1988](#).

9.4. Grant Recipient Portal

The Department encourages all grant recipients to use the [Grant Recipient Portal](#). The Portal is a platform where grant recipients interact with the Department's systems and services to self-manage their grant information. The Portal was designed to make grant management simple and easy. The Portal allows grant recipients to:

- access their grants information in one place
- view their activities and milestones
- download copies of their payment advices
- update their organisational details and add additional organisational users
- update their organisation's bank account details
- submit financial acquittals
- submit Activity Work Plans.

For further information on accessing and using the Portal, please visit the [Community Grants Hub website](#) or contact the [Community Grants Hub](#).

9.5. Complaints

CaPS service providers must manage complaints in accordance with the minimum standards of the [Families and Children Activity Administrative Approval Requirements](#). Providers should also maintain appropriate whistle blower provisions.

The Department expects service providers to make their complaints policies and processes readily available to staff, participants and the public. A complaints policy should include options for escalation both within an organisation and to the Department if necessary (e.g. a participant is unhappy with a provider's handling of their complaint). The Department expects providers to inform participants of their right to lodge complaints directly to the Department via the [DSS Feedback and Complaints](#) webpage.

A complaint made by a participant should not adversely affect the relationship between a service provider and the participant.

Please refer to the following webpages for further information:

- [DSS Feedback and Complaints](#) processes
- [Grant Recipient Complaints and Whistle-blower Provisions](#)
- [Contacting DSS](#).

9.6. Hot Issues and Media

Demand for, and increased public, media or political interest/scrutiny will periodically spike due to a variety of issues, including:

- something that is of interest to the target group
- launches of new initiatives
- parliamentary proceedings, including senate estimate hearings and question time.

Identifying these issues and sharing the information with the Department will enable more proactive service delivery responses.

Service providers must also alert the Department of any less urgent issues, particularly where they affect services to clients.

The Department must be informed if service providers are planning to engage with the media. It is important that the Department is made aware in advance of what issues will be raised as this will allow the Department time to prepare for any follow-up enquiries and/or to brief relevant stakeholders as necessary.

9.7. Critical Incidents

CaPS service providers must notify the Department of critical incidents *as soon as possible* within 48 hours of incidents occurring or within 48 hours of becoming aware of incidents.

Reports to the Department should only be prepared after immediate duty of care and reporting requirements have been addressed. For example, if someone is in immediate danger please call 000. If an incident is a matter for police or child protection, liaison and resolution with these authorities is always the priority.

To notify the Department, a service provider must complete the [critical incident reporting template](#) (page 4-6), which is available on the Department's website, and email it to their

FAM. The service provider should telephone their FAM to advise the email is coming, and should confirm the Department has received the email via telephone or an email read receipt.

[The critical incident reporting guideline](#) and template includes guidance, a checklist, examples of critical incidents, and factors to consider when reporting a critical incident. The Department expects all service providers to be familiar with the critical incident reporting template.

10. Glossary

Activity Work Plan (AWP) – is the document that specifies the Activity Details, deliverables, timeframes for delivery and measures of achievement.

Client – a client is an individual who receives or has received support or assistance from a service funded by a Children and Parenting Support provider.

Data Exchange (DEX) – The Departments approach to program performance reporting.

The Department – The Commonwealth Department of Social Services.

Families and Children (FaC) Activity - is delivered under the Families and Communities Program and aims to support families, strengthen relationships, improve the wellbeing of children and young people and increase participation of people in community life to enhance family and community functioning.

Families and Communities Program – provides a range of services, focused on strengthening relationships, support families, improve wellbeing of children and young people, reduce the cost of family breakdown, strengthen family and community functioning and facilitate the settlement of migrants and humanitarian entrants into the community

Funding Arrangement Manager (FAM) – Departmental officer responsible for the ongoing management of the grant recipient and their compliance with the grant agreement.

Statistical Linkage Key (SLK) – Designed to enable the integration of data from various sources by providing a unique identifier for individuals.

Appendices

10.1. Appendix A – Referral practice table

A provider's choice of referral practice will depend on a client's needs, what arrangements have been agreed with the service/s to which the client is to be referred, and the capacity of both the provider and the service/s to which the client is to be referred. The Department encourages service providers to use facilitated, warm and/or active referral processes whenever possible.

Possible term	Characteristics	Possible advantages and disadvantages
Passive referral	The client is given contact information for one or more other services and is left to make their own contact at a time that best suits the client.	This process gives responsibility to the client to take action on their own behalf. There is a greater likelihood that the client will not follow through with the referral if, for example, they lack confidence. The client may feel let down by the service and less inclined to reach out for help again.
Cold referral	The client is transferred to another service without any immediate communication between the referring organisation and the service. For example, the client is transferred to a call centre queue.	The other service may be unaware of the nature of the call or any information or services that the client has already received. The client may be frustrated that they have to re-tell their story and may not communicate their needs in a way that helps the other service understand why the client has been referred.
Facilitated referral	The referring organisation helps the client access another service. For example, the referring organisation makes an appointment with another service on the client's behalf or asks the other service to contact the client.	The other service is made aware of the client and the client is helped to access that service. The client may need to wait for a response from the other service. There is a risk that the other service forgets to contact the client.
Active referral	The referring organisation helps the client access another service. With the client's consent, the referring organisation shares information it has collected about the client and/or its professional assessment of	The client does not need to repeat all of their story and the service to which the client is referred has relevant information about the client. There is a risk that the referring organisation communicates the client's information

Possible term	Characteristics	Possible advantages and disadvantages
	the client's needs with another service.	in such a way that it is misinterpreted by the service receiving the referral.
Warm referral	The referring organisation and the client contact another service together (e.g. in person, by telephone or virtual meeting, etc.). The referring organisation introduces the client, explains what has already been done to assist the client and why the client is being referred.	<p>This provides an open and transparent process in which information can be exchanged between the referring organisation, the client and the other service. All parties can clarify issues immediately and the client does not need to repeat all of their story. The client may feel more comfortable and be more willing to engage with the other service.</p> <p>This process relies on someone at the other service being available to talk with the referring organisation and the client when they contact the other service.</p>

10.2. Appendix B – Referrals checklist

The following checklist may assist staff to make effective referrals:

- I understand the client's situation and perceived needs.
- The client and I have discussed how to prioritise their needs and what options exist to help address their needs.
- The client is willing and ready to be referred.
- I have discussed what issues might make it difficult for the client to follow through with the referral.
- I am comfortable the service to which I am referring the individual is an appropriate service.
- To assist the client in attending a referral appointment, I have discussed issues such as:
 - Name, phone number, and address of the referral service.
 - Directions and transportation to and from the service appointment.
 - What the client can expect upon arrival at the service, along with the nature, purpose and value of the referral.
 - Written material about the service (if available).

Some additional points for staff to consider are:

- I have considered whether a facilitated, warm or active referral would be desirable, based on the client's:
 - ability to negotiate complex social situations
 - ability to provide and receive information
 - ability to tolerate waiting
 - level of ambivalence about seeking help
 - interpersonal style (e.g. passive or argumentative)
- If the referral is a passive or cold referral, I have provided sufficient information and 'coaching' to help make the referral successful.
- (Where appropriate) I have made a plan to follow up with the client to see how things went and to determine next steps.

10.3. Appendix C – Review Point Assessment Criteria

The criteria listed in this Appendix will be used to assess the following CaPS providers:

- Parenting Research Centre
- Playgroup Australia
- Playgroup Queensland
- Raising Children's Network
- Reachout Australia

The following table sets out the Review Point Assessment Criteria.

Reporting criteria: Program-level review

Requirement	Description	Measure (how to meet)
Submit a program logic and theory of change	Develop a program logic and theory of change. The department will provide feedback on working drafts and approve final documents.	Submit a final version within 20 days of the milestone due date.
Submit Activity Work Plans (AWPs) and AWP Reports	All providers are required to use the appropriate template.	Submit an AWP within 20 days of the milestone due date. Submit AWP Report within 20 days of the milestone due date.
Submit financial acquittal reports	All financial acquittal reports must be submitted in accordance with the requirements of the grant agreement and departmental guidelines.	Submit valid financial acquittal reports within 20 days of the milestone due date.

Requirement	Description	Measure (how to meet)
Target number of identified clients assisted	<p>Each service provider sets an annual target for the number of identified clients it will assist. The target is agreed with the department and forms part of the AWP.</p> <p>Meet the annual target in the second financial year of the grant agreement.</p>	Achieve 75% or more of the client target number as specified in the AWP in the second financial year.

Outcome criteria: Individual review

Requirement	Description	Measure (how to meet)
Participate in the Data Exchange (DEX) Partnership Approach	<p>Report against appropriate outcome domains as specified in the DEX Program Specific Guidance.</p> <p>Meet the minimum requirements in the third and fourth reporting periods of the grant agreement.</p>	<p>Meet the minimum requirements for the Data Exchange Partnership Approach² in the second financial year:</p> <ul style="list-style-type: none"> • 50% of clients assessed for Circumstances. • 50% of clients assessed for Goals. • 10% of clients assessed for Satisfaction.

² This means 50 per cent of clients in a reporting period must have follow-up SCOREs for at least one outcome domain. Please note these clients do not have to have initial SCOREs in the same reporting period as their follow-up SCOREs.

Requirement	Description	Measure (how to meet)
SCORE Client Circumstances	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance .	<p>Achieve 65% or more of identified clients with a complete SCORE assessment for one or more Circumstances domains achieve a positive or neutral change in Circumstances.</p> <p>Meet the requirement in the second financial year of the grant agreement.</p>
SCORE Client Goals	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance .	<p>Achieve 65% or more of identified clients with a complete SCORE assessment for one or more Circumstances domains achieve a positive or neutral change in Goals.</p> <p>Meet the requirement in the second financial year of the grant agreement.</p>
SCORE Client Satisfaction	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance .	<p>Achieve 75% or more of identified clients who have been assessed for Satisfaction report positive Satisfaction.</p> <p>Meet the requirement in the second financial year of the grant agreement.</p>

Requirement	Description	Measure (how to meet)
Target number of identified clients assisted	<p>Each service provider sets an annual target for the number of identified clients it will assist. The target is agreed with the department and forms part of the AWP.</p> <p>Meet the annual target in the second financial year of the grant agreement .</p>	<p>Achieve 75% or more of the annual targets for assisting demographic groups of identified clients as agreed in the AWP:</p> <ul style="list-style-type: none"> • First Nations • Clients with a disability • Culturally and Linguistically Diverse (CALD) <p>Meet the requirement in the second financial year of the grant agreement.</p>

10.4. Appendix D – Review Point Assessment Criteria for all other CaPS

The following table sets out the Review Point Assessment Criteria for CaPS providers (including former Budget Based Funded providers).

Reporting criteria: Program-level review

Requirement	Description	Measure (how to meet)
Submit a program logic and theory of change	Develop a program logic and theory of change. The department will provide feedback on working drafts and approve final documents.	Submit a final version within 20 days of the milestone due date.
Submit Activity Work Plans (AWPs) and AWP Reports	All providers are required to use the appropriate template.	Submit an AWP within 20 days of the milestone due date. Submit AWP Report within 20 days of the milestone due date.
Submit financial acquittal reports	All financial acquittal reports must be submitted in accordance with the requirements of the grant agreement and departmental guidelines.	Submit valid financial acquittal reports within 20 days of the milestone due date.

Requirement	Description	Measure (how to meet)
Client demographic targets	<p>Service providers record the following demographic characteristics for an approved percentage of identified clients in the reporting periods:</p> <ul style="list-style-type: none"> • Indigenous status • Country of birth • Main language spoken at home • Disability, impairment or condition. <p>Each service provider sets annual targets for demographic groups its service will assist. These targets apply to identified clients only and are agreed with the Department. The targets form part of the AWP.</p> <p>Meet the annual targets in the period.</p>	Achieve 80% or more of identified clients have demographic data in the financial year.
Data quality	<p>Accurate reporting of clients' first names, surnames, genders and dates of birth.</p> <p>Meet the minimum requirement in the financial year.</p>	Achieve 90% or more of identified clients have a valid Statistical Linkage Key (SLK) in the financial year.
Target number of identified clients assisted	<p>Each service provider sets an annual target for the number of identified clients it will assist. The target is agreed with the department and forms part of the AWP.</p> <p>Meet the annual target in the grant agreement.</p>	Achieve 75% or more of the client target number as specified in the AWP in the financial year.

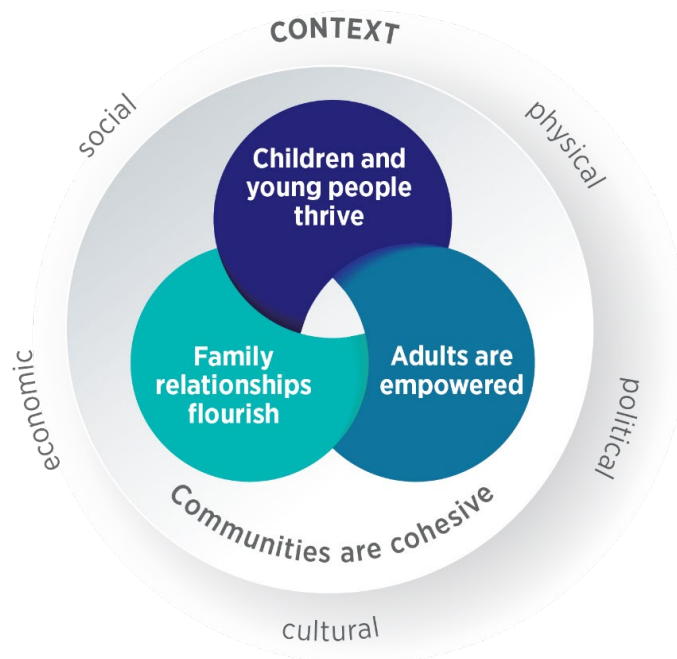
Outcome criteria: Individual review

Requirement	Description	Measure (how to meet)
Participate in the Data Exchange (DEX) Partnership Approach	<p>Report against appropriate outcome domains as specified in the DEX Program Specific Guidance.</p> <p>Meet the minimum requirements in reporting periods of the grant agreement.</p>	<p>Meet the minimum requirements for the Data Exchange Partnership Approach³.</p> <ul style="list-style-type: none"> • 50% of clients assessed for Circumstances. • 50% of clients assessed for Goals. • 10% of clients assessed for Satisfaction.
SCORE Client Circumstances	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance .	Achieve 65% or more of identified clients with a complete SCORE assessment for one or more Circumstances domains achieve a positive or neutral change in Circumstances.
SCORE Client Goals	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance .	Achieve 65% or more of identified clients with a complete SCORE assessment for one or more Circumstances domains achieve a positive or neutral change in Goals.
SCORE Client Satisfaction	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance .	Achieve 75% or more of identified clients who have been assessed for Satisfaction report positive or neutral Satisfaction.

³ This means 50 per cent of clients in a reporting period must have follow-up SCOREs for at least one outcome domain. Please note these clients do not have to have initial SCOREs in the same reporting period as their follow-up SCOREs.

Requirement	Description	Measure (how to meet)
Target number of identified clients assisted	<p>Each service provider sets an annual target for the number of identified clients it will assist. The target is agreed with the department and forms part of the AWP.</p> <p>Meet the annual target in the second financial year of the grant agreement.</p>	<p>Achieve 75% or more of the annual targets for assisting demographic groups of identified clients as agreed in the AWP:</p> <ul style="list-style-type: none"> • First Nations • Clients with a disability • Culturally and Linguistically Diverse (CALD)

10.5. Appendix E – Outcomes Framework for the Families and Children Activity



AIM: CHILDREN AND YOUNG PEOPLE THRIVE

OUTCOMES:

- Positive mental health and wellbeing
- Increased resilience
- Positive relationships
- Safe at home and in the community
- Strong connections to social supports and community
- Strong connection to culture
- Greater participation in decision making
- Positive development
- Positive engagement in education and training

AIM: FAMILY RELATIONSHIPS FLOURISH

OUTCOMES:

- Positive parenting/caregiver practice
- Positive caregiver–child relationship
- Respectful relationships
- Family cohesion
- Effective conflict management

AIM: ADULTS ARE EMPOWERED

OUTCOMES:

- Positive mental health and wellbeing
- Increased resilience
- Positive relationships
- Safe at home and in the community
- Strong connections to social supports and community
- Strong connection to culture
- Greater participation in decision making
- Sense of self-efficacy and confidence

AIM: COMMUNITIES ARE COHESIVE

OUTCOMES:

- Communities are safe
- Communities are inclusive
- Communities understand issues facing children, young people and families
- All community members are able to participate in decision making
- Services are accessible and appropriate
- Services are safe and inclusive
- Services work together to support families

WHAT DO WE MEAN WHEN WE SAY FAMILY?

A family can be made up of anyone a person considers to be their family. Families can include children, but they may not. Family members contribute significantly to the wellbeing of each other and play essential roles in supporting each other through life's transitions, stresses and celebrations.

WHAT DO WE MEAN WHEN WE SAY CONTEXT?

The context is the physical, social, cultural, economic and political environment that clients are located within. It can influence the extent to which clients' basic needs, such as stable housing and food security, are met and, in turn, can affect their ability to engage consistently and effectively with services.