



Australian Government  
Department of Social Services

# Communities for Children Facilitating Partner Operational Guidelines

**Families and Children Activity**

DSS February 2026



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# Version Control

Version	Changes	Date
1.0	Approved Operational Guidelines	30 May 2014
1.1	Section 4.1.2 – further guidance on Community Partner eligibility Section 6.2 – further guidance on CfC Committee membership	5 September 2014
2.0	Update to multiple sections to reflect new grant agreements	3 May 2021
2.1	Section 2.5.2 – further guidance on adjustment of service areas. Section 2.5.4 – further guidance on subcontracting of Community Partners. Section 2.5.8 – further guidance on fees. Section 2.6 – further guidance on obtaining parental consent. Section 4.1 - new guidance on CfC Committees. Section 5.2 – update to information on innovation. Section 6.3 – further guidance on the Data Exchange Partnership Approach requirements. Appendix – Review Point Assessment Criteria. Minor amendments to descriptions and measurements columns. Appendix – Outcomes Framework for the Families and Children Activity. Final version inserted.	TBD
2.2	Review Point and Appendix D. Update broken links.	July 2024
3	Update to various hyperlinks. Update to include reference to adhering to the Early Years Strategy 2024-2034.	November 2025

# 1. Preface

These Operational Guidelines relate to Communities for Children Facilitating Partners (CfC FP) funded by the Department of Social Services (the department). The primary purpose of the Operational Guidelines is to assist CfC FP service 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 sub-activity.

The Operational Guidelines are a living document. As additional issues arise, and policy clarifications are developed, these will be included in an updated version of these Operational Guidelines. Updates to the Operational Guidelines will be emailed to the program schedule level contact listed in the department's Grant Payment System (GPS). Please ensure this contact detail is kept up to date with your Funding Arrangement Manager (FAM). Copies of the most current Operational Guidelines can be found on the [DSS website](#).

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

CfC FPs should engage with their FAM as the first point of contact with the department. The FAM will provide guidance and assist you with reporting, accountability and contractual obligations.

The Operational Guidelines should be read in conjunction with the:

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

## 2. Families and Children Activity – Communities for Children Facilitating Partner

### 2.1. Overview

Communities for Children Facilitating Partner (CfC FP) is a Sub-Activity under the Families and Children Activity of the Families and Communities Program that aims to deliver positive and sustainable outcomes for children and families in 52 disadvantaged communities throughout Australia.

The Families and Children Activity aim 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](#)
- [Safe & Supported: the National Framework for Protecting Australia's Children 2021–2031](#)

- [National Plan to End Violence against Women and Children 2022 – 2032](#)
- [Early Years Strategy 2024-2034](#)
- [Australia’s Disability Strategy 2021 – 2031](#)
- [The National Children’s Mental Health and Wellbeing Strategy](#).

The department strongly encourages service providers to understand these initiatives, and their successor plans and consider how the design and delivery of their services can contribute to achieving the intended outcomes.

## 2.2. Objectives of CfC FP

The objectives of the CfC FPs are:

- To improve the health and well-being of families and the development of young children, from before birth through to age 12 years (but may include children up to age 18 years), paying special attention to:
  - **Healthy young families** - supporting parents to care for their children before and after birth and throughout the early years.
  - **Supporting families and parents** - supporting parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure.
  - **Early learning** - providing access to high quality early learning opportunities in the years before school; providing early identification and support for children at risk of developmental and behavioural problems; assisting parents with ways to stimulate and promote child development and learning from birth; and
  - **School transition and engagement** - supporting children and families to make a smooth transition to school and working with local schools to assist children and families with their ongoing engagement with school.
- To create strong child-friendly communities that understand the importance of children and apply this capacity to maximise the health, well-being, and early development of young children at the local level.

## 2.3 Principles

### 2.3.1. The Facilitating Partner

The CfC FP is the non-government organisation with whom the Australian Government enters into a grant agreement to manage and facilitate the Communities for Children initiative for the Service Area.

The CfC FP is responsible for overall facilitation and management of the Communities for Children initiative within the Service Area. This includes being responsible for ensuring the Community Partner and any other sub-contracting arrangements are consistent with the obligations of the grant agreement, and that the subcontractors comply with all legal obligations in the grant agreement as well as all policy requirements described in the Operational Guidelines.

The CfC FP facilitate relationships with and between stakeholders, facilitate processes and establish management and administrative frameworks for ensuring the success of the initiative. At all times,

CfC FPs are responsible for ensuring that any work provided meets the requirements of the grant agreement.

The CfC FP will regularly review the performance and need for activities provided by Community Partners, especially when preparing Activity Work Plans, to ensure services continue to meet the needs of the community.

### **2.3.2. Local-level management**

The CfC FP initiative allows for tailored approaches at the local level, providing communities with the opportunity to provide input into the development of approaches that best reflect their circumstances.

This local-level approach occurs within a strong evidence-based framework, including a focus on capacity building for the local community to understand which approaches have been proven to be effective in supporting children and family's wellbeing.

### **2.3.3. 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 Families and Children Activity
- services funded by state and territory governments that service the target group/s
- Services Australia
- 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 operational 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 Aboriginal 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.

CfC FPs should encourage Community Partners to collaborate through joint planning, sharing of information, advice and expertise and through referring clients to each other's services as appropriate.

## 2.4. Communication and Promotion

Service providers are responsible for maintaining up-to-date information about their services (where relevant) on the [Family Relationships Online website](#).

- For requests to update the Family Dispute Resolution Practitioner Register email [practitionerregistration@ag.gov.au](mailto:practitionerregistration@ag.gov.au).
- For website changes or queries email [familylawservices@ag.gov.au](mailto:familylawservices@ag.gov.au).

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.

## 2.5. Service delivery

### 2.5.1. Service areas

The department funds grant recipients to be Facilitating Partners that manage and facilitate the Communities for Children initiative in service areas specified in their grant agreements. Grant recipients subcontract Community Partners to deliver services to children and families in these service areas, and children and families from outside the service areas when they present to services.

Grant recipients must facilitate the Communities for Children initiative in the service areas specified in their grant agreements. Grant recipients cannot change their service areas without prior written agreement from the department.

Grant recipients may be able to vary their service areas to meet changing demands in consultation and agreement with the department. Grant recipients are encouraged to monitor demographic

changes in their broader region and discuss varying their service areas with the department if this helps address an emerging need that is not met in an area. The department may ask grant recipients to vary their existing service areas to meet changing demands.

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 the Communities for Children initiative in the revised area within the funding provided.

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

In summary:

- changes to service areas cannot occur without prior written agreement from the department
- changes to outlet locations within service areas can be adjusted as required by the organisation and updates reported annually through the AWP Report.

## **2.5.2 Flexibility**

The department expects service providers, in mutual agreement with the department, to monitor changes in their communities and adjust the services they deliver 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 CfC FP (or equivalent) service is unavailable or not accessible to the client/s. In these cases, requests must demonstrate:

- the organisation has sufficient funds to deliver across both new and existing service areas
- that an expansion of the service area will not result in a reduction in service to the existing client base
- that there are no alternative Commonwealth or state/territory government 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.

## **2.5.3. Community Strategic Plan**

CfC FPs should develop a Community Strategic Plan (the Plan), in conjunction with their Communities for Children Committee, that outlines the goals and priorities for the community over the life of the grant agreement.

The Plan should be developed at the beginning of a new grant agreement and is intended to be a working document that informs the activities of the CfC FP and decisions made by the Communities for Children Committee and is reflected in each Activity Work Plan. At a minimum, the Plan should be

reviewed annually to monitor progress and to make any necessary adjustments. The Community Strategic Plan template ([Appendix A](#)) will be updated from time to time. The department will notify providers within 28 days of publishing updates. The Plan should identify strategies to engage with the local community over the life of the grant agreement. CfC FPs are committed to regular and ongoing engagement with their local communities to ensure that activities continue to reflect local needs.

The Plan should identify existing service delivery and demonstrate that the approaches the CfC FP intends to take build on and link with existing services and do not duplicate.

## **2.5.4. Service Delivery Activities**

CfC FPs subcontract all service delivery activities to local service providers (Community Partners). Section 2.3 'Applicant eligibility' of the Families and Communities Program Guidelines lists eligible entity types that can be invited to apply for a grant under the FaC Activity. This applies to all relevant sub-activities including CfC FPs and the CPs they sub-contract. The one exemption to these requirements is that local governments can be funded by CfC FPs.

It is a very strong preference that state and territory government entities are not funded by CfC FPs, particularly to fund services that are clearly a state and territory government responsibility. However, in exceptional circumstances a CfC FP may need to provide funding directly to a state or territory government entity. These situations will be considered on a case-by-case basis. If the CfC FP would like to fund a state and territory government entity, they should discuss this with their FAM.

Service delivery activities should not duplicate services that are funded by state and territory governments or local governments.

Funding of for-profit organisations should also be discussed with FAMs prior to any possible subcontracting CfC FPs are expected to demonstrate that there is no suitable alternative.

CfC FPs may only deliver services themselves if suitable Community Partners are either not available or are no longer able, or willing to, deliver their services. In this case, the CfC FP must mentor organisations in the community to build their capacity and take over service delivery over time. This arrangement must be agreed with the department.

The service delivery activities funded in the service area should be clearly aligned with the priorities identified in the Plan. Service delivery activities should also be consistent with the identified service types as outlined at [section 2.5.7](#).

In determining appropriate service delivery activities and which Community Partners to subcontract, CfC FPs and their Committee should consider:

- Does the Community Partner:
  - use early intervention and prevention approaches?
  - use evidence-based approaches that will lead to improved outcomes for children and families?
  - actively develop strategies to encourage access and engagement by vulnerable and at-risk children and families.
  - have the necessary skills to identify vulnerable and at-risk children and families and provide or refer them to appropriate services?

- have appropriately qualified staff and is committed to staff supervision, development and training?
- demonstrate cultural competency?
- have the capacity to meet contractual requirements?

The CfC FPs and their Committee are expected to determine the eligibility and assessment criteria for their procurement/expression of interest processes then assess applications against these.

The service delivery activities should be outlined in the Activity Work Plan, which is agreed by the CfC Committee.

### 2.5.5. Subcontracting

The Communities for Children Committee (refer [section 4.1](#)) assists the CfC FP to make decisions about the disbursement of funds relevant to the needs of their CfC FP site(s) and sub-contracting arrangements.

Care must be taken to manage any perceived or actual conflict of interests. Community Partners on the Committee should abstain from decision-making regarding disbursement of funds when there is a perceived or actual conflict of interest.

All selection processes must be transparent and well documented.

When contracting Community Partners, CfC FPs should apply the following, where relevant and possible:

- be conscious of reducing regulatory burden and red tape
- offer a period of contract that enables Community Partners to engage in longer-term planning for resources, staffing and capacity building
- demonstrate that active consideration has been given to engaging an Aboriginal Community Controlled Organisation (ACCO) before entering sub-contracting arrangements with a Community Partner.

Subcontracting arrangements must enable the CfC FP to comply with all the relevant terms contained in its grant agreement with the Australian Government. Where a subcontracting arrangement exists, the CfC FP is responsible for ensuring that the subcontracting arrangements are consistent with the relevant obligations in the CfC FP grant agreement, and that subcontractors comply with all legal obligations in the grant agreement as well as all policy requirements described in the Operational Guidelines.

FPs should ensure provision for the following requirements are included in sub-contract arrangements:

- compliance with relevant provisions in the CfC FP grant agreement
- compliance with the Operational Guidelines
- compliance with child safe practice
- reporting of outcomes data into the Data Exchange (in accordance with [section 6](#))
- agreement to the partnership approach 'handshake' (in accordance with [section 6](#)).

## 2.5.6. Capacity Building

CfC FPs are generally experienced non-government organisations that can use this experience to build the capacity of their Community Partners.

Capacity building could focus on issues such as governance practices, stakeholder management, engaging with business, staff development, measuring outcomes, undertaking evaluations, and sourcing and using evidence-based practices and programs.

The CfC FP can draw on AIFS Evidence and Evaluation Support for assistance with capacity building for their Community Partners (refer [section 4](#) for more details).

## 2.5.7 Using grant funding

Funding is provided to assist with the costs of operating CfC FP services in the funded locations. Funding can be used for a range of direct service delivery types including:

- intake and assessment
- information / advice / referral
- education and skills training
- child/youth focussed groups
- community capacity building
- family capacity building

It is important that children and families have access to effective programs that lead to sustained improvements in outcomes.

To manage the CfC FP activity, Facilitating Partners can use funding for activity types including:

- governance
- community engagement
- service system capability and capacity building.

Further detail on what is an appropriate use of grant funding can be found at [section 5](#) of these Operational Guidelines.

## 2.5.8. Fees

The department expects that CfC FP 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.

## 2.5.9. CfC FP evidence-based requirements

CfC FPs must use 50 per cent of the funding they allocate to direct service delivery to fund evidence-based programs. The remaining proportion of service delivery funding can be used flexibly to fund activities that have a clear focus on improving outcomes for children and families. These can include emerging and/or innovative activities.

To ensure that programs are effective an assessment of the available evidence is required. Evidence-based programs have been empirically proven to improve outcomes for children and families and represent the best value for money for government.

The Families and Children AIFS Evidence and Evaluation Support (formerly the Expert Panel project) was established to help service providers to plan, implement and evaluate programs for families and children using evidence-based approaches. The AIFS Evidence and Evaluation Support is managed by the Australian Institute of Family Studies (AIFS) on behalf of the department. Information relating to the AIFS Evidence and Evaluation Support is shared via the Child Family Community Australia (CFCA) Information Exchange (also managed by AIFS).

AIFS, through its CFCA Information Exchange, provides guidance to CfC FPs about which programs meet the evidence-based program requirements. Further details, including how to submit a program for assessment, are available on the [CFCA website](#).

There are two ways Facilitating Partners can meet the 50 per cent evidence-based program requirement:

- choose an existing program from a list of approved evidence-based programs from the [Guidebook](#) or
- [submit your own program to AIFS](#) for approval as evidence based. When approved, these programs are known as Promising Programs.

Programs that have been submitted to AIFS seeking to be approved as evidence-based are known as Emerging Programs until such time as they are approved as a Promising Program.

Emerging Programs seeking to be Promising Programs are no longer eligible for inclusion in the 50 per cent calculation, except in exceptional circumstances, where an extension or exemption has been granted to continue this work, with the approval of the department, and endorsement by AIFS.

The deadline for existing Emerging Programs to be approved as Promising Programs was 30 June 2018. Emerging Programs (unless exempt) should be listed as non-evidence-based service delivery until they are successfully assessed as Promising.

Over time, a CfC FP may choose to replace the programs they are currently counting towards the 50 per cent requirement. If they will not be replaced by an Evidence-Based Program from the Guidebook, and the CfC FP is considering submitting their own program to AIFS for assessment as a Promising Program, **CfC FPs should contact AIFS as soon as possible to discuss the program.** AIFS will guide you through the process, and an early conversation about the programs ability to meet the criteria can help to save time and potentially unnecessary effort or can help to modify the approach. You should also discuss your plans with your FAM.

The [CFCA website](#) contains a list of Promising Programs that have already been assessed as meeting minimum standards for good quality programs. While these programs can only be delivered by the organisation who had the program assessed, the list provides examples of programs that may be of interest to other CfC FPs. The relevant organisation is clearly indicated beside the name of the Promising Program on the CFCA website.

In response to the coronavirus pandemic the department recognises that some CfC FP providers may face difficulties meeting the 50 per cent evidence-based requirements. Providers that anticipate being unable to meet this requirement should discuss this with their FAM.

## 2.6. Client eligibility, accessibility, and diversity

The primary focus of CfC FPs is on children aged 0-12 years and their families but may include children up to age 18 years.

As a general guide, CfC FP 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.

It is expected that CfC FP 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.

Services funded by a CfC FP may be universal but should proactively develop strategies to ensure that all groups, particularly the priority groups mentioned below, can access their services.

CfC FP services should provide flexible, culturally sensitive and accessible service delivery models and practices that ensure accessibility to people who face a real or perceived barrier to receiving assistance and have in place strategies to achieve this unless otherwise exempted by legislation. CfC FPs must be able to provide evidence of these strategies on request. CfC FPs must provide services with equity, and without bias or prejudgement about clients. Services must be accessible to all target groups, including Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities. Service providers must ensure that cultural and linguistic diversity is not a barrier for participants by providing access to language services where appropriate.

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

- [Families and Children Activity Administrative Approval Requirements](#)
- [Access and Equity Policy | Community Grants Hub](#)
- [Families and Children Access Strategy Guidelines](#)

Service providers are required to deliver services to clients from outside service areas when they present to services.

## 2.7 Priority target groups

CfC FPs fund services that are designed to assist vulnerable children and families in disadvantaged communities, with a particular focus on children at risk of poor outcomes or at risk of abuse and neglect. This includes those who are hard to reach.

The targeting of services should be underpinned by effective needs assessment and culturally competent practice.

Priority should be given to:

- families with children at risk of abuse or neglect
- families experiencing disadvantage or vulnerability (including those with culturally and linguistically diverse backgrounds)
- Aboriginal and Torres Strait Islander clients

CfC FP services also consider the needs of men and fathers and actively involve them when providing support to children and their families, where appropriate.

Services funded by CfC FPs are required to provide support to children and families in a specified service area, and to children and families from outside the service area when they present to their service.

## 2.8 Engaging marginalised and disadvantaged clients

CfC FP services should target those in the community who need them most. This can include:

- families with low incomes
- young-parent families
- jobless families
- sole-parent families
- Aboriginal and Torres Strait Islander families
- families from culturally and linguistically diverse communities
- families with a parent (or child) who has a disability, and
- families experiencing problems with housing, domestic violence, substance abuse, mental health or child protection.

CfC FPs should fund Community Partners who are committed to developing services that are accessible and relevant for marginalised and disadvantaged families.

CfC FP consideration of Indigenous Organisations when subcontracting Community Partners may help to develop valuable linkages into communities to better engage and connect families with relevant supports.

CfC FPs should emphasise the use of place-based community led solutions to strengthen engagement of Aboriginal and Torres Strait Islander people.

Services need to be aware of and plan around the barriers that may impact on a family's ability or willingness to engage with support, including service level (or structural) barriers, family level barriers and relational or interpersonal barriers.

Services should consider the role of outreach in connecting marginalised families to support.

Please refer to the following resources for further information:

- [“Engaging Marginalised and Vulnerable Families” Centre for Community Child Health Policy Brief no 18.](#)
- [“Are disadvantaged families ‘hard-to-reach’? Engaging disadvantaged families in in child and family services”](#) by Myfanwy McDonald, Australian Institute of Family Studies CFCA Practice Sheet, and other CFCA resources.

## 3. Working with Clients

### 3.1 Referral practices

Providers funded under the department’s Families and Children Activity must work collaboratively with each other, and relevant government and non-government agencies that provide services to families and children.

If a CfC FP 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 CfC FP 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 B](#) 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 Aboriginal and Torres Strait Islander clients.

The checklist at [Appendix C](#) 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](#).

### 3.2 Required qualifications

There are no minimum requirements for qualifications of staff required to deliver services under the Communities for Children initiative. However, service providers are encouraged to employ staff with a range of backgrounds, qualifications, skills and knowledge relevant to the service they provide.

The department requires that all CfC FPs and Community Partners 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 [DSS website](#).

### 3.3. Clients Exiting the Service

Participation in CfC FP services 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.

### 3.4. Refusal of service

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

### 3.5. Safety

The safety of all children, young people, their families and carers who visit or work for CfC FP services and the services they fund is paramount.

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

- 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
- report critical incidents to the department (refer to [section 7.7](#)).

### 3.6. 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 the CfC FP activity 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:

- submit an annual Statement of Compliance stating you have implemented the National Principles
- complete an updated risk assessment to identify the level of responsibility for children and level of risk of harm to children
- have an updated risk management strategy
- provide 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](#).

Answers to Frequently Asked Questions relating to DSS funded organisations are available on the [DSS website](#). Any additional questions regarding the Statement of Compliance Process should be directed to your FAM.

## 4. Governance and Support

### 4.1. Communities for Children Committee

CfC FPs must establish and maintain CfC Committees, which assist the CfC FP to plan, guide and support the initiative.

#### 4.1.1. Committee membership

CfC Committees should reflect the characteristics and demographics of their local communities. Core membership of the Committee should, where possible include a mix of:

- clients
- parents and caregivers
- local service providers, including Community Partners and other non-government organisations that deliver children's services, family support services and adult services, as well as schools, preschools and health providers
- local businesses.

The CfC FP and the CfC Committee should give particular attention to engaging representation from Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities, or others who may not otherwise readily participate.

The CfC FP may also wish to consider how the Committee can engage children and young people in planning processes.

DSS representatives can be included on the CfC Committee in an ex-officio capacity.

Employees of other government departments, whether Commonwealth, state, territory, or local governments, may also be involved in a CfC Committee in an advisory capacity. Representatives from these departments can contribute to discussions, bring relevant information and put forward a case for a particular intervention but they should not be a part of the formal decision-making regarding sub-contracting. There may be cases where it is appropriate to include a government employee as part of the formal decision-making process and approval should be sought from the FAM for this to occur, highlighting strategies for managing perceived or actual conflicts of interest.

Representatives from government entities, as opposed to departments, such as publicly funded schools or maternal and child health services, can be involved in formal decision making if the CfC FP

believes it would be appropriate and add value to deliberations. As with any other member, perceived and actual conflicts of interest should be managed appropriately.

It is important for the CfC FP to ensure that the Committee does not become, and is not perceived to be, made up largely of representatives from government departments.

### **4.1.2. Committee size**

The size of the CfC Committee will be determined by the Facilitating Partner but should be manageable while reflecting a balance of stakeholders and securing broad community representation and engagement.

For example, where a CfC FP has a large network of Community Partners, it may not be effective to engage all partners as committee members.

Alternative mechanisms of engagement may be considered such as working groups, sub-committees or community forums.

### **4.1.3. Committee role**

The CfC FP will ensure the Committee establishes clear governance policies and procedures determining the Committee's Terms of Reference and mode of operation (e.g. decision-making processes, etc.). Regular meetings of the Committee are expected, and decision-making processes should be transparent, including in relation to selection of Community Partners.

The Committee will assist the CfC FP to:

- consult with the wider community on community strengths, issues and needs
- analyse and assess information from consultations and a range of other data sources to identify areas of need
- determine evidence-based solutions to priority needs
- develop linkages within the local service system
- monitor progress and review performance
- develop the Community Strategic Plan and Activity Work Plans and Activity Work Plan Reports
- determine appropriate disbursement of funds and sub-contracting arrangements.

CfC FPs should seek regular feedback from the Committee about its operation and management and ensure the remit of the Committee is adjusted, when necessary, to ensure continued momentum and engagement by members.

## **4.2 AIFS Evidence and Evaluation Support**

CfC FP services are encouraged to work with AIFS Evidence and Evaluation Support to assist in the establishment and development of high-quality programs and practices.

The role of AIFS Evidence and Evaluation Support includes:

- providing implementation support and training for organisations in the use of evidence-based practices

- supporting the development of outcome measures that organisations can use to evaluate the extent to which they have helped their clients
- providing training in the use of those outcomes' measures
- supporting organisations to trial and evaluate new approaches, particularly in early intervention and prevention.

In addition, AIFS Evidence and Evaluation Support will provide CfC FPs with a guide to which programs are defined as high quality, evidence-based programs.

### 4.3 Communities for Children Forums

The department may from time to time facilitate Communities for Children Forums for CfC FPs and Community Partners to come together to meet, share and learn about best practice and evidence-based approaches.

## 4.4 Support available to providers

The following table outlines sources of support for different aspects of the CfC FP grant activity:

Topic	Support
<b>Grant agreement</b>	FAM
<b>Activity Work Plan (AWP)</b>	<ul style="list-style-type: none"><li>• <a href="#">AWP template</a></li><li>• <a href="#">AWP Report template</a></li><li>• <a href="#">AWP Guidance document</a></li></ul> FAM
<b>Data Exchange</b>	<ul style="list-style-type: none"><li>• <a href="#">Data Exchange Training Resources</a></li><li>• <a href="#">Data Exchange Helpdesk</a></li><li>• 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 <a href="mailto:fac-evidence-evaluation@aifs.gov.au">fac-evidence-evaluation@aifs.gov.au</a>.</li></ul> FAM
<b>Planning, implementing, and evaluating grant activities</b>	<a href="#">AIFS Evidence and Evaluation Support</a>
<b>Grant Recipient Portal</b>	<a href="#">Grant Recipient Portal   Community Grants Hub</a>
<b>General feedback on policy</b>	FAM
<b>Complaints</b>	<ul style="list-style-type: none"><li>• <a href="#">DSS Feedback and Complaints</a></li></ul> FAM
<b>Grant agreement</b>	FAM

## 5. Funding

### 5.1 Eligible and ineligible expenses

Grant funding may be used for:

- staff salaries and on-costs that can be directly attributed to the provision of CfC FP 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 CfC FP.

- operating and administration expenses directly related to the delivery of CfC FP 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 CfC FP services.

Grant funding **cannot** be used for:

- purchase of land
- paying retrospective costs
- costs incurred in the preparation of a grant application or related documentation
- major construction/capital works
- overseas travel
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.

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

## 5.2. Funding innovation

The department encourages service providers to pursue innovative ideas to enhance service delivery outcomes. Organisations should consider how to improve existing service offerings or create new offerings to meet client needs. 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.

## 5.3. 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.

## 6. Reporting

### 6.1 Data Reporting

Service providers must have systems in place to meet their data collection and reporting obligations and work in accordance with the requirements described in their grant agreement.

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

### 6.2. Data Exchange

Service providers are required to report client data and service delivery information for all clients of CfC FP in accordance with the [Data Exchange Protocols](#) and CfC FP specific guidance in the [Program Specific Guidance for Commonwealth Agencies in the Data Exchange](#).

CfC FPs are required to ensure that sub-contracted Community Partners also meet their data reporting requirements.

The Data Exchange Protocols provides 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 CfC FP.

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](#).

### 6.3. 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 CfC FP 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 CfC FP 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](#).

### 6.4. Handshake arrangement

The 'handshake' function was added to the Data Exchange in late 2017 as a way for delivery organisations (i.e. Community Partners) to agree to show their aggregated data to their lead organisation (i.e. Facilitating Partner) in Data Exchange standard reports.

The handshake is applied to all existing Partnership Approach reports (e.g. Client Outcomes, Community Outcomes, Service Footprint, Resource Planning, etc.). Community Profiles report will be excluded from this, as it does not contain Data Exchange data.

A task card to support organisations create, accept or revoke the handshake is available on the [Data Exchange website](#).

When developing subcontracting arrangements, Facilitating Partners should require Community Partners to agree to the handshake.

## 6.5. 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](#).

## 6.6 Activity Work Plans (AWP) and AWP reports

Providers can download the AWP template for CfC FP here: [Communities for Children Facilitating Partners \(CfC FPs\) AWP template \(effective from 1 July 2022\) | Department of Social Services](#).

The AWP is a mandatory document that all providers must complete in consultation and agreement with the department. Using the CfC FP AWP template on the department's website, CfC FPs should outline what proportion of their funding is disbursed to Community Partners for direct service delivery (evidence based and non-evidence based) and what proportion is used by the FP for administration and facilitation purposes. It should also include timeframes and any other key requirements of their grant agreements that they plan to complete within a period of time specified in the AWP template. 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. CfC FPs will submit three Activity Work Plans over the course of the grant agreement and must report progress against their AWP annually as specified in their grant agreements.

- The **first Activity Work Plan** covers the first 'transitional' 12-month period from 1 July 2021 to 30 June 2022 (unless otherwise agreed). It should outline which activities you have chosen to fund using at least **50 per cent** of service delivery funding, as well as outline activities that will be funded with the remaining proportion of funding.
- The **second Activity Work Plan** covers the period 1 July 2022 to 30 June 2024. It should continue to outline which activities you have chosen to fund using at least **50 per cent** of service delivery funding, as well as outline activities that will be funded with the remaining proportion of funding. It should also identify **annual targets for client numbers assisted and for assisting particular demographic groups**, as required by the 'Review Point Assessment Criteria'.
- The **third Activity Work Plan** covers the period from 1 July 2024 to 30 June 2026. It should continue to outline which activities you have chosen to fund using at least **50 per cent** of service delivery funding, as well as outline activities that will be funded with the remaining proportion of funding. It should also continue to identify **annual targets for client numbers assisted and for assisting particular demographic groups**.

The AWP is a living document that providers can update at any time, if necessary, as circumstances change, in consultation and agreement with the department.

The period specified in the AWP template does not restrict the period that Facilitating Partners can fund their Community Partners. Facilitating Partners can fund Community Partners for any period they deem appropriate.

The department uses information in AWP to better understand the activities and progress of individual providers as well as broader trends within and across programs. FAMs use AWP to understand the progress of grant activities and facilitate conversations with providers about service delivery. Policy teams read AWP to identify common themes and issues to inform future policy development.

The Activity Work Plan provides CfC FPs and their Committees with the opportunity to review and refine service delivery to ensure it continues to meet the needs of the local community and reflects the Community Strategic Plan. In general, FPs and their Committees should develop processes to regularly monitor the continued relevance and effectiveness of the services they are funding.

## 6.7. Financial acquittal reports

Service providers are required to submit a financial acquittal report for each financial year as indicated in their grant agreements. The report must include an income and expenditure statement and declare any unexpended funds. The report must be certified by a Board, 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 [Financial declaration | Department of Social Services](#)

## 6.8. 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 roll-over 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.

## 6.9. Review Point

A Review Point was added to grant agreements from 1 July 2021 for service providers who received 5-year extensions. The Review Point provides 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.

From 1 September 2023, the department reviewed the performance of in-scope service providers. This review assessed various milestones during the period of 1 July 2021 to 30 August 2023 as per the assessment criteria detailed at [Appendix D](#). The department acknowledges this was a point-in-time assessment, which may not reflect how your organisation is performing now or in the future.

### **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 updated approach included:

- Stage One: A program-level review and feedback to service providers of the criteria that focuses on reporting requirements; and

- Stage Two: An individual review and tailored feedback to service providers of the criteria that focuses on service delivery outcomes.

Stage One feedback was sent to service providers on Wednesday 29 May 2024 via a program-level snapshot. This snapshot demonstrated how the program performed overall against the reporting criteria of the Review Point, including submitting Activity Work Plans, Financial Acquittals and Program Logics within 20 business days of the milestone due date.

Stage Two outcome letters were sent to providers between 26 – 28 June 2024. Letters outlined performance against the outcomes criteria.

Service providers should contact their FAM if they have questions about the Review Point.

## 7. Grant Administration

FAMs are the first point of contact with the department. They will provide assistance with any queries including planning, data and reporting, or any new issues that arise, including the Community Strategic Plan and the Activity Work Plan.

### 7.1 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:

- Supplementary terms and conditions outlined in the grant agreement
- the Commonwealth standard terms and conditions at Schedule 1 of the grant agreement
- the Families and Children Program Guidelines
- 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
- Aboriginal and Torres Strait Islander people have equal and equitable access to services
- they work collaboratively to deliver the program, and
- they contribute to the overall development and improvement of the program such as sharing best practice.

### 7.2. Other key requirements, policies, information & factsheets

All service providers must comply with the:

- [Families and Children Guidelines](#), which provides overarching guidance for all programs under the Families and Children Activity, including CfC FP.

- [Families and Children Activity 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:

- [Access and Equity Policy](#)
- [DSS Funding Acknowledgement | Department of Social Services](#)
- [National Redress Scheme Grant Connected Policy | Department of Social Services](#)
- [Online Safety](#)
- [Vulnerable Persons, Policy Checks and Criminal Offences](#)

The Community Grants Hub website also has some helpful factsheets for service providers:

- [Factsheet on financial reporting requirements](#)
- [Factsheet on strategic planning](#)

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

### 7.3. Privacy

In accordance with the grant agreement general conditions, all CfC FP services must comply with their obligations under the Privacy Act 1988 (Privacy Act).

### 7.4. Grant Recipient Portal

The [Grant Recipient Portal](#) is a platform where grant recipients interact with the department's systems and services to self-manage their grant information. The Portal has been 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 advice
- update their organisational details and adding additional organisational users
- update their organisation's bank account details
- submit financial acquittals
- submit Activity Work Plans.

The department encourages all grant recipients to use the Grant Recipient Portal. For further information on accessing and using the Portal, please visit the [Community Grants Hub website](#) or contact the [Community Grants Hub](#).

### 7.5. Complaints

CfC FP 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](#)
- [Making a complaint | Department of Social Services](#)
- [Contacting DSS](#).

## 7.6. 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.

## 7.7. Critical Incidents

CfC FP 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.

To notify the department, a service provider must complete the critical incident reporting template on page 4-6, which is available on the [department's website](#), and email it to their FAM. The subject line of the email must indicate it is confidential. 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 form | Department of Social Services](#) 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.

Reports to DSS 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.

## 8. Glossary

**Activity Work Plan (AWP)** – is the document that details the activities that will be implemented in the CfC FP site. The activities in the Activity Work Plan must support the long-term goals identified in the Community Strategic Plan.

**Activity Work Plan Report** – is the document that reviews activities that have been undertaken in the CfC FP site.

**Clients** – a client is an individual who receives or has received support or assistance from a service funded by a CfC FP.

**Communities for Children (CfC) Committee** – refer to [section 4.1](#) for details.

**Communities for Children Facilitating Partner (CfC FP)** – is a Sub-Activity under the Families and Children Activity that aims to deliver positive and sustainable outcomes for children and families in disadvantaged communities throughout Australia. CfC FPs are place based and develop and facilitate a whole of community approach to support and enhance early childhood development and wellbeing for children from birth to 12 years (but may include children up to age 18 years).

**Community Partner (CP)** - an organisation sub-contracted by the Facilitating Partner to deliver direct service delivery activities that meet the outcomes identified in the Community Strategic Plan. A Facilitating Partner cannot be a Community Partner, except in special circumstances.

**Community Strategic Plan (CSP)** – is the strategic document that sets out the long-term goals for the community over the life of the grant agreement.

**Direct Service Delivery** – involves a service activity delivered directly to a client, such as playgroups, parenting classes, home visiting and school readiness programs.

**The department** – The Australian Government Department of Social Services.

**Families and Children (FaC) AIFS Evidence and Evaluation Support** – provides support, tools and resources aimed at building the capacity of FaC service providers to use evidence in practice.

**Facilitating Partner (FP)** – is the non-government organisation with whom the Australian Government enters into a grant agreement to manage and facilitate the Communities for Children initiative for the site. The Facilitating Partner is responsible for overall facilitation and management of the Communities for Children initiative within the site.

**Family Relationships Online (FRO)** – is a resource for all families (whether together or separated) with access to information online about family relationship issues, ranging from building better relationships to dispute resolution.

**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, and building parenting and financial management skills, providing support for better community connections, as well as services to help newly arrived migrants in their transition to life in Australia.

**Funding Arrangement Manager (FAM)** (formerly called grant agreement manager) – departmental officer responsible for the ongoing management of the grant recipient and their compliance with the grant agreement.

**Service Area** – the location the CfC FP focuses its service delivery activities, as defined in the grant agreement.

## 9. Appendices

### 9.1 Appendix A – Community Strategic Plan Template

Copies of the most current Community Strategic Plan template can be found here: [CfC FP Community Strategic Plan template \(effective from 1 July 2022\) | Department of Social Services](#)

## 9.2. Appendix B – 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
<b>Passive referral</b>	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.
<b>Cold referral</b>	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.
<b>Facilitated referral</b>	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.
<b>Active referral</b>	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's needs with another service.	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 in such a way that it is misinterpreted by the service receiving the referral.
<b>Warm referral</b>	The referring organisation and the client contact another service together (e.g. in person, by telephone or virtual meeting, etc.).	This provides an open and transparent process in which information can be exchanged

	<p>The referring organisation introduces the client, explains what has already been done to assist the client and why the client is being referred.</p>	<p>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>
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### 9.3. Appendix C – 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 clients:
  - 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.

## 9.4. Appendix D – Review Point Assessment Criteria

From 1 September 2023, the department reviewed the performance of each service provider using the assessment criteria in the table below.

This review was undertaken in two stages:

- Stage one – program-level review of reporting criteria.
- Stage two – individual review of outcome criteria.

The following table sets out the Review Point assessment criteria:

### Reporting criteria - Program-level review:

Requirement	Description	Measure (how to meet)
<b>Community Strategic Plan (CSP)</b>	A CfC FP must develop a CSP using a CSP template provided by the department.	Submit a completed CSP within 20 business days of the milestone due date (1 April 2022).
<b>Submit Activity Work Plans (AWPs) and AWP Reports</b>	All providers are required to use the correct template.	Submit an AWP within 20 days of the milestone due date (30 June 2022)  Submit AWP Report within 20 days of the milestone due date (15 August 2023)
<b>Submit financial acquittal reports</b>	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 (31 October 2022)
<b>Target number of identified clients assisted</b>	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.  Meet the annual target in the second financial year of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	Achieve 75% or more of the client target number as specified in the AWP in the second financial year (1 July 2022 – 30 June 2023)

Outcome criteria - Individual review:

Requirement	Description	Measure (how to meet)
<b>Participate in the Data Exchange (DEX) Partnership Approach</b>	<p>Report against appropriate outcome domains as specified in the <a href="#">DEX Program Specific Guidance</a>.</p> <p>Meet the minimum requirements in the third and fourth reporting periods of the grant agreement (i.e. 1 July 2022 to 31 December 2022 and 1 January 2023 to 30 June 2023).</p>	<p>Meet the minimum requirements for the Data Exchange Partnership Approach<sup>1</sup> in the second financial year (1 July 2022 to 30 June 2023):</p> <ul style="list-style-type: none"> <li>• 50% of clients assessed for Circumstances.</li> <li>• 50% of clients assessed for Goals.</li> </ul> <p>10% of clients assessed for Satisfaction.</p>
<b>SCORE Client Circumstances</b>	<p>Report against appropriate outcome domains as specified in the <a href="#">DEX Program Specific Guidance</a>.</p>	<p>65% or more of identified clients with a complete SCORE assessment for one or more Circumstances domains achieve a <b>positive or neutral change</b> in Circumstances.</p> <p>Meet the requirement in the second financial year of the grant agreement (1 July 2022 to 30 June 2023).</p>
<b>SCORE Client Goals</b>	<p>Report against appropriate outcome domains as specified in the <a href="#">DEX Program Specific Guidance</a>.</p>	<p>65% or more of identified clients with a complete SCORE assessment for one or more Circumstances domains achieve a <b>positive or neutral change</b> in Goals.</p> <p>Meet the requirement in the second financial year of the grant agreement (1 July 2022 to 30 June 2023).</p>
<b>SCORE Client Satisfaction</b>	<p>Report against appropriate outcome domains as specified in the <a href="#">DEX Program Specific Guidance</a>.</p>	<p>75% or more of identified clients who have been assessed for Satisfaction report <b>positive</b> Satisfaction.</p> <p>Meet the requirement in the second financial year of the</p>

<sup>1</sup> 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.

grant agreement  
(1 July 2022 to 30 June 2023).

**Target number of identified clients assisted**

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.

Meet the annual target in the second financial year of the grant agreement (i.e. 1 July 2022 to 30 June 2023).

75% or more of the annual targets for assisting demographic groups of identified clients as agreed in the AWP:

- First Nations
- Clients with a disability
- Culturally and Linguistically Diverse (CALD)

Meet the requirement in the second financial year of the grant agreement (1 July 2022 to 30 June 2023).

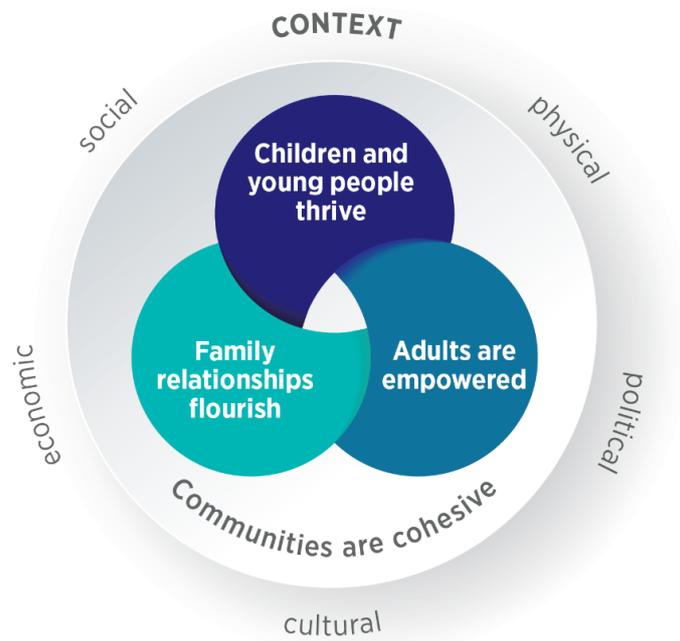
**Fifty per cent evidence-based program requirement (50% EBPR) for direct service delivery.**

A CfC FP must report whether it is meeting the 50% EBPR in its annual AWP reports.

Meet the 50% EBPR in the second financial year of the grant agreement (i.e. 1 July 2022 to 30 June 2023).



## 9.5. 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: 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: FAMILY RELATIONSHIPS FLOURISH**

OUTCOMES:

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

**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.