



Communities for Children Facilitating Partner - Activity Work Plan for Period 1 July 2022 to 30 June 2023/24 – AWP due 30 June 2022

<p>Information for Facilitating Partners</p> <p><i>This Activity Work Plan covers the period 1 July 2022 to 30 June 2023, with the flexibility to extend to the 2023-24 financial year if preferred.</i></p>	<p>The Activity Work Plan (AWP) is a living document and Facilitating Partners (FP) are encouraged to make changes to the plan as required. Providers should use the flexibility of their grant agreement to respond to changing needs in the community.</p> <p>The AWP provides details on the activities that will be delivered to support and achieve the vision and priorities identified in your Community Strategic Plan, and the activities that you will undertake as a FP for administrative purposes and to promote collaboration and coordination with existing services and programs in your community.</p> <p>The AWP must be:</p> <ul style="list-style-type: none"> • developed in conjunction with your Communities for Children Committee • signed by an authorising officer in your organisation before submission to your Funding Arrangement Manager (FAM) • provided to your FAM if you subsequently make changes. <p>As per your Grant Agreement, the 2022-24 AWP is due on 30 June 2022. Please contact your FAM if you cannot provide it by then (particularly for organisations in flood-impacted locations) or if you need assistance developing your AWP. Complete the AWP by filling in cells that are not shaded.</p>				
Activity ID			AWP Period	<i>You have the option to create this AWP for 1 or 2 years</i>	
FP Contact Name	FP Contact Title	FP Contact Number	Address		State/Territory & Postcode

1. Activity details (Evidence based direct service delivery) *[Please provide details of the activities you intend to implement across your Service Area that are counted toward your 50 per cent evidence-based program requirement. Please complete a new table for each activity.]*

Activity name		Category	Choose an item.
Priority Area			
Activity Description	<i>Please provide a short summary about what you propose to deliver under this Activity/Grant agreement. You may wish to include the change your service seeks to achieve, and the clients your service wishes to target.</i>		
Activity Outcomes			
Evaluation			
Service Collaboration			
Community Partner Details			
CP Legal Name	CP Trading Name	CP Contact Officer	CP Contact Details
	<i>Phone / e-mail</i>		
Service Delivery Addresses			
<i>Please attach separate list if more space is needed.</i>	<i>Address 1</i>	<i>Address 3</i>	<i>Address 5</i>
	<i>Address 2</i>	<i>Address 4</i>	<i>Address 6</i>
Annual Funding Attribution			
<i>\$ figures in this table can be shown as a \$ figure for each site, or one total \$ figure for all sites. Please note the \$ figure(s) must match the total \$ figures listed for this activity in Table 2 of section 3. Budget.</i>	\$ for address 1	\$ for address 3	\$ for address 5
	\$ for address 2	\$ for address 4	\$ for address 6

2. Activity deliverables – Other direct service delivery Please provide details of the **other direct service delivery activities** you intend to implement across your Service Area. Please complete a new table for each activity.

Activity name		Category	Choose an item.
Priority Area			
Activity Description	<i>Please provide a short summary about what you propose to deliver under this Activity/Grant agreement. You may wish to include the change your service seeks to achieve, and the clients your service wishes to target.</i>		
Activity Outcomes			
Evaluation			
Service Collaboration			
Community Partner Details			
CP Legal Name	CP Trading Name	CP Contact Officer	CP Contact Details
			<i>Phone / e-mail</i>
Service Delivery Addresses			
<i>Please attach separate list if more space is needed</i>	<i>Address 1</i>	<i>Address 3</i>	<i>Address 5</i>
	<i>Address 2</i>	<i>Address 4</i>	<i>Address 6</i>
Annual Funding Attribution			
<i>\$ figures in this table can be shown as a \$ figure for each site, or one total \$ figure for all sites. Please note the \$ figures for all activities listed in section 2 should sum to the total \$ figure for 'Other Direct Service Delivery Activities' in Table 1 of section 3. Budget.</i>	<i>\$ for address 1</i>	<i>\$ for address 3</i>	<i>\$ for address 5</i>
	<i>\$ for address 2</i>	<i>\$ for address 4</i>	<i>\$ for address 6</i>

3. Budget

Please outline the funding you are intending to allocate to this service area for 2022-23 (and 2023-24 if applicable) in the following two tables. Should the funding amounts/distribution **change** during the Activity period, please **update and resubmit to your FAM**.

Table 1 Funding Totals

Information for Facilitating Partners	Please summarise budget totals , and clearly indicate the distribution of funds between evidence-based activities that meet the 50 per cent requirement and other direct service delivery activities.	2022-23	%	2023-24	%
		\$		\$	
Administrative and Facilitation Activities					
Direct Service Delivery Activities*					
Activities counted towards the 50 per cent evidence-based program requirement [#]					
Other Direct Service Delivery Activities [^]					
Total funding			100		100

* This \$ total should equal the \$ totals of items listed in Section 1 and 2

This \$ total should match the \$ total in Table 2 below, and equal the \$ totals of items listed in Section 1 (green table).

^ This \$ total should equal the \$ totals of items listed in Section 2 (blue table)

Table 2 Activities counted towards the 50 per cent evidence-based program requirement

Information for Facilitating Partners	Please provide a summary of the individual evidence-based activities that have been included to meet the 50 per cent requirement, and indicates what category applies to that program – Evidence-Based Program or Promising Program.	2022-23	2023-24
		\$	\$
Activity Name	Category – (evidence-based or promising)		
	Choose an item.		
	Choose an item.		
Total[#]			

This \$ total should match the \$ total in Table 1 (Activities counted towards the 50 per cent evidence based program requirement)

4. Administrative and Facilitation Activities

Please note: you can create new rows in the table below if needed.

Information for Facilitating Partners	Have the administrative and facilitation activities changed since your 2020-21 Activity Work Plan? If 'yes' please provide details of the administrative and facilitation activities you undertake as a Facilitating Partner in your local community.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Activity	Description	

5. Governance

Please outline actions you will take over the Activity period to improve your partnerships and governance arrangements.

Information for Facilitating Partners	Where a CfC FP is located in a Stronger Places Stronger People (SPSP) or Empowered Communities (EC) site, FPs should encourage engagement with relevant leadership groups.	Is your CfC site located in an SPSP or EC site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Action/s	Objective	Description	
<i>i.e. consultation, inclusion on committee</i>	<i>What issue will the action address?</i>	<i>What will the action/s involve?</i>	

6. Mentoring

Information for Facilitating Partners	<p>Facilitating Partners play a strategic facilitation role and subcontract all direct service delivery to CPs. FPs also provide support and capacity building to CPs as they engage with community, navigate the service sector and seek to evaluate their activities against an evidence based framework.</p> <p>Initially, if an appropriate CP was not available, the FP could deliver services but would work with local community organisations to build their capacity to deliver services in the future. As such, the Department would expect that, at this point, the instances of FPs undertaking direct service delivery would be minimal.</p> <p>However, the Department acknowledges that in some areas, particularly remote locations, it may still be necessary for a FP to continue delivering services. If this is the case it should be discussed and agreed with your FAM. The relevant activity should be detailed under Section 1(green table) or 2(blue table).</p>	
Activity Name		
CP Search	Planned Mentoring	
<i>Please outline the steps you took to try and find a Community Partner</i>	<i>Please outline how you will mentor an organisation to take over service delivery over time</i>	
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CP Search	Planned Mentoring	
<i>Please outline the steps you took to try and find a Community Partner</i>	<i>Please outline how you will mentor an organisation to take over service delivery over time</i>	

7. Partnerships

Please note: you can create new rows in the table below if needed.

Have you undertaken a partnership analysis using a tool such as those listed on page 6 of the Community Strategic Plan? If so please identify below.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Tools	Description	
<i>i.e. <u>SNAICC partnership audit tool</u></i>	<i>Measures progress towards genuine partnerships where Aboriginal and Torres Strait Islander families are concerned</i>	

8. Service delivery targets

[You can create new rows in the table below if needed. Please consider whether your activity supports, or can support, any of the priority groups in the [Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031](#). Please note that client targets, and performance against these targets from 1 July 2022 to 30 June 2023, will be considered as part of the review point process that commences in September 2023.]

Target	Description	Progress Report
<i>What targets (total client number) for individual clients as reported in DEX will your service have in place during this AWP period?</i>	<i>Describe how you know that these targets are appropriate for your service and community.</i>	<i>Please provide an update at the end of the AWP reporting period on this work in the last 12 months.</i>
<i>What targets (total client number) for Aboriginal and Torres Strait Islander clients will your service have in place during this AWP period?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>	<i>Please provide an update at the end of the AWP reporting period on this work in the last 12 months.</i>
<i>What targets (total client number) for clients living with disability will your service have in place during this AWP period?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>	<i>Please provide an update at the end of the AWP reporting period on this work in the last 12 months.</i>
<i>What targets (total client number) for clients from culturally and linguistically diverse (CALD) backgrounds will your service have in place during this AWP period?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>	<i>Please provide an update at the end of the AWP reporting period on this work in the last 12 months.</i>
<i>(Optional) What other targets (total client number) relevant to your service or community will your service have in place during this AWP period?</i>	<i>Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?</i>	<i>Please provide an update at the end of the AWP reporting period on this work in the last 12 months.</i>

9. Barriers to service participation

The department is interested in how services are ensuring clients are accessing and participating in programs. Please provide **at least one example** below of how you are addressing client access barriers. In completing this section, you may wish to consider previous Families and Children [‘Access Strategy’](#) requirements.

Participation barrier	<i>Identify a barrier that is/could be impacting on clients participating in your service. How did you identify this barrier? Is this barrier stopping clients coming to the service completely, or impacting on their return to services?</i>
Clients / client group	<i>Identify a potential group of clients that are/could be facing this barrier to fully participating in your service.</i>
Deliverable	<i>What are you going to do to address this participation barrier? How could it be overcome or reduced?</i>
Outcome	<i>What outcomes do you expect to achieve as a result of the actions you will take?</i>
Measure of success	<i>What would success look like? How will you measure if your actions have had an impact? How will you quantify success?</i>
Progress report	<i>Please provide an update at the end of the AWP reporting period on work to address service barriers in the last 12 months.</i>

10. Community Strategic Plan – progress against priorities and service barriers

Please note: you can create new rows in the table below if needed.

<p>Have you undertaken an annual review of your CSP to ensure it remains relevant to the needs of the community?</p>		<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Priority Area	Progress Report	
	<p><i>Please provide an update at the end of the AWP reporting period on emerging needs - areas to monitor / future workforce pressures / capability building need.</i></p>	

11. Risk management

Please note: you can create new rows in the table below if needed.

Information for Facilitating Partners	<i>If additional risks are identified by your organisation throughout the reporting period, or an identified risk is realised, please immediately contact your Funding Arrangement Manager to discuss.</i>	
Risk	How the risk will be managed	Progress Report
<i>Please list the identified or foreseeable risks to service delivery that your organisation may experience.</i>	<i>What actions will your organisation take to address these risks?</i>	<i>Please provide an update at the end of the AWP reporting period on this work in the last 12 months.</i>

12. Feedback / Additional information (This section is optional)

In this section, you may include information on any aspect of service delivery not already captured in the previous AWP sections.

You may wish to highlight a particular 'good news story' or case study (de-identified) related to your service(s), outline observed client trends in your service delivery area, provide context to accompany your Data Exchange reporting, report on community consultations, etc.

You may also wish to provide the department with feedback on how this AWP template could be improved to better capture the activities your organisation undertakes, and the outcomes you are achieving.

You may attach documents to this AWP report, however, attachments cannot replace your written responses in this AWP or AWP report.

This Activity Work Plan is to be finalised by the Activity Work Plan due date as specified in the grant agreement.

Facilitating Partner
(Organisation):

Agency: Community Grants Hub on behalf of the
Department of Social Services

Service Area Name:

Date Activity Work Plan agreed
by Communities for Children
Committee:

Facilitating Partner Signature:

Funding Arrangement
Manager (FAM) Signature:

Facilitating Partner Representative
Name:

FAM Name:

Position:

Position:

Date signed:

___ / ___ / ___

Date approved:

___ / ___ / ___