**Activity Work Plan for [Insert Activity name]**

**Period: 1 July 20xx to 30 June 20xx – Activity Work Plan due 15 August 20xx**

Complete the Activity Work Plan (AWP) by filling in cells that are not shaded. The department expects providers to use the guidance document available on [the Department’s website](https://www.dss.gov.au/families-and-children-programs-services-parenting-families-and-children-activity/families-and-children-activity-work-plan-reports) to complete this AWP.

1. **Activity details**

| **Organisation name** | *From grant agreement. This should always reflect the current legal name of your organisation.*  |
| --- | --- |
| **Grant Activity name** | *From grant agreement.* |
| **Grant Activity ID** | *From grant agreement.* |
| **Funding Allocation (20xx-20xx)** | *From grant agreement.* |
| **Service description** | *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.*  |

1. **Activity deliverables**

You may duplicate the table/rows below if needed (e.g. for multiple activities, locations, client groups, etc.).

| **Service name(s)** | *Please provide the name(s) of your service.* |
| --- | --- |
| **Data Exchange service type(s)** | *As described in the Program Specific Guidance for Commonwealth Agencies on the Data Exchange website.* |
| **Service location(s)** | *Provide state, statistical area, and Local Government area information for the location(s) of this service(s).* |
| **Outlet location(s)** | *Provide location information (suburb and physical address) for the outlet(s) for this service(s).* |
| **Needs statement** | *Briefly describe the need(s), target cohorts and reasons why your service could assist. You should also consider and outline the local circumstances and data that demonstrate the need in the service location(s).* |
| **Output(s)** | *Describe what you will deliver to achieve outcomes. Include as applicable, client numbers, session frequency, duration etc.* |
| **Outcome(s)** | *Describe the intended result(s) of the output. What is the change you are trying to achieve for the client? E.G. improved parenting skills.* |
| **Timeframes** | *When do you anticipate your outcomes would be identifiable/achieved? E.G. parenting skills to improve after 6 sessions.*  |
| **Measure(s) of success** | *Identify and quantify indicators for whether outcomes have been achieved. How will you measure whether outcomes have been achieved? Will you use a validated tool?* |
| **Progress report** | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |

Data Exchange (DEX) Standard Client/Community Outcomes Reporting (SCORE) deliverables

This section allows service providers to provide context around their DEX reporting, including the specific DEX assessment deliverable criteria that will inform the department’s review point. The department is interested in what actions providers will take to meet the DEX assessment criteria by the review point.

|  |  |  |
| --- | --- | --- |
| **Data Exchange assessment criteria** | **Description** | **Progress Report** |
| Minimum requirements for Data Exchange Partnership Approach. At least:- 50 per cent of clients assessed for Circumstances.- 50 per cent of clients assessed for Goals.- 10 per cent of clients assessed for Satisfaction. | *Describe what actions you will take to meet these criteria.*  | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
| SCORE assessments Client Circumstances - At least 80 per cent of clients with a complete SCORE assessment achieve a positive or neutral change in Client Circumstances.Client Goals - At least 80 per cent of clients with a complete SCORE assessment achieve a positive or neutral change in Client Goals.Client Satisfaction - At least 90 per cent of clients with a complete SCORE assessment report positive Client Satisfaction. | *Describe what actions you will take to meet these criteria.* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
| Data QualityAt least 90 per cent of Statistical Linkage Keys (SLKs) are valid.At least 80 per cent of clients have complete demographic data. | *Describe what actions you will take to meet these criteria.* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |

1. **Service delivery targets and barriers to participation**

Service delivery targets - Please note: you can create new rows in the table below if needed.

| **Target** | **Description** | **Progress Report** |
| --- | --- | --- |
| *What targets (total client number) for individual clients as reported in DEX will your service have in place during this AWP period?* | *Describe how you know that these targets are appropriate for your service and community.*  | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
| *What targets (total client number) for Aboriginal and Torres Strait Islander clients will your service have in place during this AWP period?*  | *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?* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
| *What targets (total client number) for clients living with disability will your service have in place during this AWP period?*  | *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?* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
| *What targets (total client number) for clients from culturally and linguistically diverse (CALD) backgrounds will your service have in place during this AWP period?*  | *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?* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
| *(Optional) What other targets (total client number) relevant to your service or community will your service have in place during this AWP period?* | *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?* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |

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](https://www.dss.gov.au/our-responsibilities/families-and-children/programs-services/family-support-program/families-and-children-access-strategy-guidelines)’ requirements.

| **Participation barrier** | *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?*  |
| --- | --- |
| **Clients / client group**  | *Identify a potential group of clients that are/could be facing this barrier to fully participating in your service.*  |
| **Deliverable** | *What are you going to do to address this participation barrier? How could it be overcome or reduced?*  |
| **Outcome** | *What outcomes do you expect to achieve as a result of the actions you will take?*  |
| **Measure of success** | *What would success look like? How will you measure if your actions have had an impact? How will you quantify success?* |
| **Progress report** | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |

1. **Evidence base** - Please note: you can create new rows in the table below if needed.

| **Evidence source** | **Use of evidence in service delivery** | **Progress Report** |
| --- | --- | --- |
| *Summarise the evidence that informs your service(s). Evidence in this context means:** *Effective interventions, strategies and practices (e.g., parent coaching) that are known to contribute to the desired service outcomes*
* *Established benefits of the service type you offer (e.g., counselling, parenting programs)*
* *Effective ways of working with the target group(s)*
* *Practice or theoretical models that guide how you work with clients (e.g., public health approach)*

*Sources of evidence include published research articles, evaluation findings, practice guidelines and grey literature.* *Please include references to the inclusion of culturally safe and sensitive practice and trauma informed practice.**Include appropriate references in your summary.**If there is no published research, acknowledge that and explain why you think the target group will benefit from attending the service. You can also explain how you will work towards incorporating evidence/research during this reporting period?* | *Explain the links between the evidence summary and the key elements of your service such as:** *The outcomes you are trying to achieve through the service*
* *Core activities and practices delivered as part of the service*
* *Strategies used in the service to engage and support the target group/s*

*For example, if the evidence says it is good practice to role model positive behaviours in parenting programs, explain how the program does this.* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
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1. **Risk management** - Please note: you can create new rows in the table below if needed.

Please note: 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.

| **Risk** | **How the risk will be managed** | **Progress Report** |
| --- | --- | --- |
| *Please list the identified or foreseeable risks to service delivery that your organisation may experience.* | *What actions will your organisation take to address these risks?* | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |
|  |  |  |

Safety Planning (SFVS Only)

| Do you have a safety plan for staff and clients? | Yes [ ]  No [ ]  |
| --- | --- |
| All critical incidents, as defined in the Critical Incident Reporting Guideline should be reported to the department within a maximum of 48 hours | [ ]  Noted |

| **Requirements and Obligations** | **List the Standards used** | **Report** |
| --- | --- | --- |
| *List state/territory requirements and obligations you* *must comply with in delivering the service/s?* | *List the standards or tools you use to assess safety and risk, and how they will be used for staff and clients.*  | *Please provide an update on this work in the last 12 months.* |
|  |  |  |

1. **Budget** - Please note: you can create new rows in the table below if needed.

Budget should be broken down per state and/or territory for services delivering across multiple states and/or territories, or broken down by service delivery locations if appropriate to your service.

| **Items** | **Budgeted Amount** | **Expended Amount** |
| --- | --- | --- |
| *To which items do you allocated your budget?* | *What amount is allocated to each item?* | *How much was expended?* |
|  |  |  |
|  |  |  |
| ***Totals*** | *Total budgeted amount**(Should equal funding allocation)* | *Total expended amount**(Should equal funding allocation)* |

1. **Stakeholder engagement and referral pathways**

Service promotion

| In line with the ‘service promotion’ section in your funding agreement (Item B), has your organisation listed your services on an online directory?  | Yes [ ]  No [ ]  |
| --- | --- |
| Please list the online directories your services are listed on (including name and website). | *online directory - (www.website.com)* |

Stakeholders

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

| **Stakeholder** | **Benefit of stakeholder relationship** | **Progress Report** |
| --- | --- | --- |
| *Please provide details of any relevant stakeholders that you work with. This should include referral pathways with other organisations.* *Please include partnerships and stakeholder arrangements with Aboriginal and Torres Strait Islander organisations/peak bodies.* | *What benefits does this partnership or engagement have on your service, or on other services in your community?*  | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months* |
|  |  |  |

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

| Service Provider/Organisation: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agency: | Community Grants Hub on behalf of the Department of Social Services |
| --- | --- | --- | --- |
| Service Provider Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Funding Arrangement Manager (FAM) Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name and position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | FAM Name and position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ | Date: | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ |