**Activity Work Plan for Children and Family Intensive Support (CaFIS)**

**Period 1 xxxx 20xx to 30 June 20xx – Activity Work Plan due 15 xxxxx 20xx**

Complete the Activity Work Plan (AWP) by filling in cells that are not shaded.

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 (current financial year)** | *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. **Consortium partner (if applicable)**

| **Consortium organisation name** | *This should reflect the current legal name of the consortium partner organisation.* |
| --- | --- |
| **Funding Allocation (current financial year)** | *Funding allocated to consortium partnership.* |
| **Service description** | *Please provide a short summary about what you propose the consortium partner will deliver under this Activity/Grant agreement.* |
| **APO NT Partnership Principles** | *Please provide a short summary of how your partnership aligns with the* [*APO NT Partnership Principles*](http://www.amsant.org.au/apont/our-work/non-government-organisations/apo-nt-ngo-principles/)*.* |
| **Progress report** | *Please provide an update at the end of the AWP reporting period on this work in the last 12 months.* |

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 options include:*   * *Intake and Assessment - initial engagement, family planning* * *Information/advice/referral – referral to other services, service planning and case work.* * *Education and skills training – parenting and life skills training and education* * *Advocacy / support – advocacy on behalf of the client, support of the client* * *Community capacity building – activities that promote community relationships and awareness, group workshops/activities, provision of information/education sessions, interagency service meetings* * *Family capacity building – activities that promote strong family interactions, group workshops/activities* |
| **Service location(s)** | *Provide service location at local community level.* |
| **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).* |
| **Service planning / needs assessment** | *In defining the challenges you may wish to consider performing a ‘needs assessment’ to help define what issues your service is trying to address. A ‘needs assessment’ helps identify the needs or issues in a place or population group and determines which issues should be prioritised for action. You may wish to consider the planning and evaluation guide, and the needs assessment resources available on the AIFS website.* |
| **Output(s)** | *Describe what you will deliver to achieve outcomes. Include as applicable, client numbers, session frequency, duration etc.*  *For example:*   * *Number of families with a CaFIS family support plan* * *Number of families assessed by CaFIS services* * *Number of family meetings & other parent capability building services* * *Number of families provided with education about child development and safety* * *Number of families which have participated in culturally relevant activities* * *Number of families which have appropriate engagement with suitable health services* * *Number of families that have engaged with support services e.g. alcohol & drug services, mental health, family violence* |
| **Outcome(s)** | *Describe the intended result(s) of the output. What is the change you are trying to achieve for the client? Refer to the CaFIS Operational Guidelines for further information on the CaFIS outcome areas to guide your response.*  *CaFIS has 3 shared outcomes for all CaFIS providers:*   * *Children are safe and growing up strong* * *Parents/caregivers better understand and can respond to their child’s health and developmental needs* * *Parents and children have increased social/emotional wellbeing.*   *You can choose an additional 2-3 outcome areas to tailor your service delivery approach to your community:*   * *Children have increased attendance at early childhood education and care (ECEC) or school* * *Parents/caregivers are more confident in their parenting* * *Parents and children feel supported in their culture* * *Children and families have more social and emotional supports (kin/community).* |
| **Timeframes** | *When do you anticipate your outcomes would be identifiable/achieved? E.G. parenting skills to improve after xx 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?* |
| **Measurement tools / Evaluation** | *You may wish to learn more using an appropriate measurement tool to demonstrate the impact of the actions you have taken. Further information on measurement tools includes* [*"How to choose an outcomes measurement tool"*](https://aifs.gov.au/cfca/2016/04/14/how-choose-outcomes-measurement-tool) *on the AIFS website, and the* [*"Guide to measuring client outcomes"*](https://dex.dss.gov.au/guide-to-measuring-client-outcomes/) *on the department’s Data Exchange website.* |
| **Progress report** | *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.* |
| *(Optional) 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.* |

**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.* |
|  |  |  |

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

| **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. **Annual review of location and services**

An annual review ensures that the locations and services of the CaFIS service remain the most appropriate for your communities. You should consult with stakeholders at least annually on whether the communities you are working in and services you are delivering remain the best fit.

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

| **Stakeholder** | **Information on stakeholder relationship** | **Progress Report** |
| --- | --- | --- |
| *Please provide details of any relevant stakeholders that you plan to consult with on your CaFIS service. Stakeholders could include:*   * *Cultural authority groups* * *Community members or organisations* * *Families, children or young people that you support* * *Organisations in your referral pathway* * *Local coordination networks* * *Government (including child protection authority)* | *What information will you gather from this stakeholder? 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 and any adjustments you made to services as a result of this.* |
|  |  |  |

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 context to accompany your Data Exchange reporting etc. You may also wish to include information about actions you have taken to build the capacity of your organisation and service delivery. For example, any support you have received to deliver the program in an evidence-based and outcomes-focused way, workforce development and recruitment support and training.*  *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: | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ |