



**Australian Government**  

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**Department of Social Services**

**Families and Communities Programme**

**Families and Children Activity**

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**Communities for Children Facilitating Partner  
Operational Guidelines**

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**September 2014**

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# 1. Preface

Communities for Children Facilitating Partners (CFC FPs) are being offered five year funding as part of the Australian Government's commitment to deliver strong outcomes for Australian families and focus on early intervention and prevention. Five year funding will allow providers to invest resources strategically over the life of the agreement and use the best evidence-based practices to get results over time.

The Communities for Children (CFC) initiative has been in operation for almost a decade, having commenced in 2005. The maturity of this initiative, combined with the certainty of five year funding agreements, provides an opportunity to further strengthen the model by requiring the use of evidence-based programmes that have proven to be effective and strong governance arrangements.

These Operational Guidelines for the CfC FP, funded by the Department of Social Services (DSS), have been developed for service providers to work in a nationally-consistent, coordinated and cooperative way. They outline the key elements of service delivery, and seek 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, they will be circulated via email to all DSS CfC FPs. Every twelve months, all clarifications will be included in an updated version of these Operational Guidelines that will then be circulated to all CfC FPs.

The Operational Guidelines should be read in conjunction with the:

- Families and Communities Programme, Families and Children Activity Guidelines; and
- Grant Agreement.

## 2. Glossary, acronyms and definitions

**Activity Work Plan** – 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.

**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 Committee** – is established in each site and chaired by the CFC FP. Committee membership includes a range of community representatives, including clients, parents and caregivers, local businesses and service providers. The Communities for Children Committee (the Committee) drives the direction of the CfC FP initiative in the site and is the key decision-making mechanism for the site.

**Communities for Children Facilitating Partners (CfC FP)** – are a Sub-Activity under the Families and Children Activity that aim 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.

**Community Partner** - 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** – 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 programmes.

**DSS** – The Commonwealth Department of Social Services.

**Families and Children Expert Panel** – a panel of research, evaluation and practice experts who will advise, mentor and train agencies in how to develop, deliver and evaluate high quality programmes and practices.

**Facilitating Partner** – is the non-government organisation with whom the Australian Government enters in to 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** – 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 Activity** - is delivered under the Families and Communities Programme 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 Programme** – 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.

**NGO** – Non-Government Organisation.

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

## **3. Overview**

### **3.1. Description**

CfC FPs are a Sub-Activity under the Families and Children Activity of the Families and Communities Programme that aim 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. CfC FPs build on local strengths to meet local community needs and create capability within local service systems, using strong evidence of what works in early intervention and prevention. They collaborate with other organisations to provide a holistic service system for children and families. As part of this role, CfC FPs fund other organisations (known as Community Partners) to provide services including parenting support, group peer support, case management, home visiting services and other supports to promote child wellbeing.

CfC FPs are committed to evidence-based practice and actively support the provision of services that will improve outcomes for children and families. CfC FPs will use a proportion of their funding, as specified in their grant agreement, to fund services that are known to be high-quality and evidence based. The remaining funds are used flexibly by the CfC FP to undertake facilitation, coordination and collaborative work in their community or to fund soft-entry, innovative programmes.

CfC FPs have strong governance arrangements in place. CfC FPs establish and maintain CfC Committees which assist the CfC FP to plan, guide and support the activity. Committees are representative of their local communities and include clients, parents and caregivers, and local businesses, as well as local service providers. Community Partners should also inform the identification of community needs and the planning of services.

CfC FPs play a facilitating and strategic role in the local area and contract all service delivery to Community Partners. If an appropriate Community Partner is not available in the community, the CfC FP can deliver services but should work with local community organisations to build their capacity to deliver the necessary services in the future.

The CfC FPs use fair and transparent subcontracting arrangements, including the use of efficient and risk-based processes and funding terms that enable Community Partners to engage in longer-term planning for staffing and capacity building where possible.

## **3.2. Objectives**

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, 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 — support for parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure;
  - Early learning — provide access to high quality early learning opportunities in the years before school; provide early identification and support for children at risk of developmental and behavioural problems; assist parents with ways they can stimulate and promote child development and learning from birth; and
  - School transition and engagement - support children and families to make a smooth transition to school and work 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.

## **3.3. Principles**

### **3.3.1. Local level management**

The CfC FP initiative allows for tailored approaches at the local level, providing communities with the opportunity to 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 families wellbeing.

### **3.3.2. Networking/Collaboration**

Service providers should network and collaborate in accordance with Section 2.7 of the Families and Children Activity Programme Guidelines.

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.

CfC FPs should seek to:

- build strong links and establish working relationships with state and territory government funded services, including schools, preschools, child protection services, and maternal and child health;
- link services with other Commonwealth funded services such as Family Relationship Centres, Family and Relationship Services, the Department of Human Services (Centrelink) and Job Services Australia;
- link universal services with specialist support services and adult secondary services to ensure vulnerable children who are identified as being at high risk receive appropriate referral; and
- build collaborative relationships with adult focused services, such as mental health, family violence, housing and alcohol and other drug services, to help these services to support their adult clients to meet the needs of their children.

CfC FPs should seek to complement and add value to any existing collaboration mechanisms in the local community.

### **3.3.3. Client Diversity**

CfC FP services should provide flexible, culturally sensitive and accessible service delivery models and practices that ensure accessibility to any people who face a real or perceived barrier to receiving assistance, and have in place strategies to achieve this unless otherwise exempted by legislation. You must be able to provide evidence of these strategies on request. CfC FP services must provide services equally, without bias or prejudice about clients. Services must be accessible to all target groups, including Indigenous people and culturally and linguistically diverse communities.

## **3.4. Promotion of Services**

Service providers must help raise awareness of their service availability.

Service providers must make the details of their service publically available on the [Family Relationships Online website](#).

For assistance to complete this requirement, contact the Family Relationships Online helpline on 1800 654 724 or by email: [frohelf@dss.gov.au](mailto:frohelf@dss.gov.au).

## **3.5. Safety**

The safety of all adults and children who visit or work for CfC FPs and the services they fund is paramount.

Service providers should adopt the following:

- services 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; and
- report critical incidents to the Commonwealth.

## **4. Service Delivery**

### **4.1. Service delivery**

#### **4.1.1. Planning**

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 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.

#### **4.1.2. Service Delivery Activities**

CfC FPs subcontract all service delivery activities to local service providers (Community Partners). Eligibility requirements for Community Partners are outlined in the Families and Communities Programme Guidelines under 'Applicant eligibility'. 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 responsibility. However, in exceptional circumstances a FP may need to provide funding direct to a State and 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 Grant Agreement Manager.

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

CfC FPs may only deliver services themselves if suitable Community Partners are not available. 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 should 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.

In determining appropriate service delivery activities and 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 service delivery activities should be outlined in the Activity Work Plan, which is agreed by the CfC Committee.

#### **4.1.3. Funding**

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

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

To help identify high-quality, evidence-based programmes, the Australian Government is establishing a panel of research, evaluation and practice experts. CfC FPs must use the guide provided by the panel to determine appropriate evidence standards and programmes that have been shown to improve outcomes.

New grant agreements for CfC FPs require:

- From 1 July 2015, at least **30 per cent** of the funding used for direct service delivery should be used to purchase high quality evidence-based programmes as identified by the expert panel.
- From 1 July 2017, at least **50 per cent** of the funding used for direct service delivery should be used to purchase high quality evidence-based programmes as identified by the expert panel.

The Government recognises that there are many programmes that have not been subject to rigorous evaluation or evidence does not currently exist so new and innovative approaches need to be piloted. As such, the remaining proportion of the service delivery can be used flexibly to fund promising and/or innovative activities. These activities should still have a clear focus on improving outcomes for children and families.

CfC FPs should outline in their Activity Work Plans what proportion of their funding is disbursed to Community Partners for direct service delivery and what proportion is kept by the FP for administration and facilitation purposes.

CfC FPs will submit two Activity Work Plans over the course of the grant agreement.

- The first Activity Work Plan will cover the period 1 July 2014 to 30 June 2017. It should outline which activities from the expert panel guidance you have chosen to fund using at least **30 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 will cover the period 1 July 2017 to 30 June 2019. It should outline which activities from the expert panel guidance 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 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. In general, FPs and their Committees should develop processes to regularly monitor the continued relevance and effectiveness of the services they are funding.

#### **4.1.4. Subcontracting**

The Communities for Children Committee will assist the CfC FP to make decisions about the disbursement of funds.

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.

In contracting Community Partners, CfC FPs should be conscious of reducing regulatory burden and red tape where appropriate. Where possible and appropriate, the period of the contract should enable Community Partners to engage in longer-term planning for resources, staffing and capacity building.

Contracting arrangements must enable the CfC FP to comply with all the relevant terms contained in its grant agreement with the Australian Government.

#### **4.1.5. 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 programmes.

The CfC FP can draw on the expert panel to assist with capacity building for their Community Partners.

## **5. Working with Clients**

### **5.1. Client Eligibility**

The primary focus of CfC FPs is on children aged 0-12 years and their families.

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 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.

Priority should be given to:

- families with children at risk of abuse or neglect
- families experiencing disadvantage or vulnerability
- 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.

### **5.2. Referrals**

CfC FP services will come into contact with children and families who have multiple needs that may benefit from referral to other service providers. Effective referral practices are critical to minimising the level of service system fragmentation that children and families experience.

Effective referral practices seek to ensure that children and families transition as smoothly as possible to other service providers.

CfC FPs and Community Partners are required to engage with a wide range of services and to build collaborative relationships. Such relationships underpin effective referral practices.

#### **5.2.1. Referral processes**

The choice of referral process depends on the client's needs, what arrangements if any have been agreed with the service to which the client is to be referred and the capacity of both the referring organisation and the service to which the client is being referred at any particular point in time.

Referral processes can take many forms. The table below outlines examples of referral processes and the advantage and disadvantages of each. Referral processes can occur in a telephone environment, in face to face settings or in the form of written communication (including e-mail) or a combination of these channels. A referral process selected may combine aspect of each of these processes. For example, referrals may be active and warm or facilitated and cold.

For the reasons outlined in the table, services funded by CfC FPs are encouraged to use facilitated, warm and/or active referral processes where feasible, especially for clients who are likely to have trouble using other services without assistance.

Possible term	Characteristics	Possible advantages and disadvantages
Passive referral	The client is given contact information for appropriate service(s) and is left to make her/his own contact at a time that best suits the client.	This process gives responsibility to the client to take action on their own behalf. However, there is a greater likelihood that the referral will not be taken up.
Facilitated referral	The client is helped to access the other service, for example, the referring organisation makes an appointment with the other service on the client's behalf, asks the other service to make contact with the client/s or a caller is transferred to the other service.	The other service is made aware of the client, and the client is helped to access that other service. The client may need to wait for a response to the other service.
Active referral	The referring organisation, with the client's consent, provides the organisation to which it is referring the client with information that it has collected about the client or with its professional assessment of the client's needs.	The client does not need to repeat all of their story and the agency to which the client is referred has relevant information about the client. However, there is a risk that the information is communicated out of context and therefore misinterpreted by the service which is receiving the referral, especially if not done as a 'warm' referral (see below).
Cold referral	The client is transferred to another service, without any immediate communication between the Centre or Advice Line and the other services, for example, by putting the client into a call centre queue.	The other service may be unaware of the nature of the call or of any information or services that have already been provided. The client may be frustrated that they have to re-tell their story or may not communicate their needs in a way that allows the other service to see why the client has been referred.
Warm referral	A 'live' three way conversation in the presence of the client (whether face to face or by telephone) in which the referring organisation introduces the client, explains what has already been done to assist the client and why the client is being referred.	This provides an open and transparent process in which information can be exchanged between the Community Partner, the client and the other service. Issues can be clarified immediately. The client does not need to repeat all of their story.  The process relies on someone being available at the other service at the time the client is to be referred.

### **5.2.2. Feedback and follow up**

When a referral is made, it is useful to obtain client feedback about the referral. A follow up call may be needed to ensure the referral was effective.

It may be possible to set up feedback processes that take the form of a three-way discussion between the Community Partner, the service to which the client is referred, and the client.

### **5.2.3. Staff skills**

Sound skills and practices are critical to effective referral. Staff who make referrals must possess the knowledge and skills needed to support people in accessing other services if required, including negotiating ways to overcome barriers to access to services.

The following checklist may assist staff to make effective referrals:

- I understand the client's situation and perceived needs.
- The client and I have talked about how to prioritise these needs and what options exist to help address them.
- The client is willing and ready to be referred.
- We have discussed what issues might make it difficult for the client to follow through with the referral.
- I am comfortable the agency to which I am referring the individual to is an appropriate service.

Some additional points for staff to consider are:

- I have considered whether a facilitated, warm or active referral would be desirable, based on the client's:
  - ability to negotiate complex social situations
  - ability to provide and receive information
  - ability to tolerate waiting
  - level of ambivalence about seeking help
  - interpersonal style (eg 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.

### 5.3. Engaging marginalised and disadvantaged clients

The families most often in need are often the ones least likely to access services.

- These 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 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.

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 child and family services”](#) by Myfanwy McDonald, Australian Institute of Family Studies CAFCA Practice Sheet.

## **6. Governance and Support**

### **6.1. The Facilitating Partner**

The CfC FP is the non-government organisation with whom the Australian Government enters in to 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.

They facilitate relationships with and between stakeholders, facilitate processes and establish management and administrative frameworks for ensuring the success of the initiative.

The CfC FP will subcontract Community Partners to deliver direct service delivery activities that meet the outcomes identified in the Community Strategic Plan.

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.

### **6.2. Communities for Children Committee**

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

CfC Committees should reflect the characteristics and demographics of their local communities.

Membership of the Committee should include:

- clients,
- parents and caregivers;
- local businesses; and
- 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.

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

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

Employees of government departments, whether Australian, State or Territory or Local Governments, may be involved in a CfC Committee in an advisory capacity only.

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. 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.

The CfC FP will ensure the Committee establishes clear governance policies and procedures determining the Committee's Terms of Reference and mode of operation (eg. decision making processes, etc).

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; and
- develop the Community Strategic Plan and the Activity Work Plans.

CfC FPs should seek regular feedback from the Committee about its operation and management and ensure the remit of the Committee is adjusted, beyond the initial consultation and disbursement of funds, to ensure continued momentum and engagement by members.

Community Partners should also engage in developing the Plan and provide services in line as agreed by the CfC Committee.

### **6.3. Families and Children Expert Panel**

The Government has established an expert panel to work with service providers to advise, mentor and train agencies in how to develop, deliver and evaluate high quality programmes and practices.

The role of the expert panel will include:

- 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; and
- supporting organisations to trial and evaluate new approaches, particularly in early intervention and prevention.

In addition, the expert panel will provide CfC FPs with a guide to which programmes are defined as high quality, evidence-based programmes.

#### **6.4. 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.

## **7. Reporting**

### **7.1. Data Reporting**

Service providers must meet their data collection and reporting obligations and work in accordance with the requirements described in their grant agreement and in Sections 2.9 and 2.10 of the Families and Communities Programme, Families and Children Activity Guidelines.

### **7.2. Hot Issues and Media**

Demand for, and increased public, media or political interest/scrutiny will periodically spike due to Hot Issues, including:

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

Identifying these Hot Issues and sharing the information with DSS will enable more proactive service delivery responses.

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

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

### **7.3. Critical Incidents and Service Delivery Issues**

Aside from the standard reporting, CfC FPs must report critical incidents to DSS. DSS is also interested in hearing about any issues relating to the CfC FPs and Community Partners and maintains an Issues Register to track, collate, consider and assist to resolve, where possible, service issues. This provides a system to understand where there are similar issues across the jurisdictions.

## **8. Complaints**

Service providers must have an 'internal complaints procedure' in place and it must be prominently displayed. The 'internal complaints procedure' can include the complaint being handled by the organisation running the service.

Section 6 of the Families and Communities Programme, Families and Children Guidelines further outlines the process for dealing with complaints and escalation, including to DSS.

The Commonwealth Ombudsman can also investigate complaints about the actions and decisions of Australian Government agencies to see if they are wrong, unjust, unlawful, discriminatory or just plain unfair.

## **9. Grant Administration**

Grant Agreement Managers are the first point of call for contact with the department. They will provide assistance with queries relating to planning, data and reporting, or any new issues that arise, including the Community Strategic Plan and the Activity Work Plan.

## 10. Version Control

<b>Version</b>	<b>Changes</b>	<b>Date</b>
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