SSD Performance Report: 1 January - 30 June 2023

# Overview

Under the Commonwealth Home Support Programme (CHSP) grant agreement, Sector Support and Development (SSD) providers are required to submit a Performance Report to the Department of Health and Aged Care (Department) bi-annually.

This performance report will be used to gather information that may inform future policy and analyse demand for services as aged care reforms are implemented. It is not intended to communicate changes to SSD policy.

This report may take up to **60 minutes** to complete. Note that it could take longer if your organisation has a high number of activities to report on.

Tips to reporting online:

* You will need your organisation’s 2022-23 Activity Work Plan (AWP) to complete this report.
* All questions marked as 'required' must be completed prior to progressing to the next page and/or saving your progress.
* The progress of your report can be saved once you have successfully completed a page with no errors in any fields.
* If you choose to save your progress and come back later, a save and return link will be sent to your email address. If you do not receive the link, your organisation may have firewall settings in place. You should contact your IT area in the first instance.
* Once you have completed the report, you will be sent an email with a Submission ID. **Please retain this for your organisation’s records.**
* Free text is optional unless otherwise stated in the question.

Issues with completing report or clarification needed:

* [Please post your question in the relevant topic on the SSD Community of Practice if it has not](https://www.ssdcop.com.au/c/departmental-communications/reporting/40) already been answered.
* If you are uncomfortable posting your question on the SSD Community of Practice, please escalate the issue to your Funding Arrangement Manager or to [homesupportpolicy@health.gov.au](mailto:homesupportpolicy@health.gov.au)
* For any other queries unrelated to this report, please contact your Funding Arrangement Manager (FAM).

# Provider details

# Legal name of organisation as specified in your organisation’s CHSP Grant Agreement

Organisation *(Required)*

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# ABN as specified in your organisation’s CHSP Grant Agreement

Validation requirements: Enter 11-digit ABN only; do not enter any spaces or dashes *(Required)*

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# Full name of the person completing this report

Full name *(Required)*

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# Email address of the person completing this report

Email *(Required)*

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# SSD Grant Activity ID

Must be 9 characters long in the form of '4-XXXXXXX'; entry is not case sensitive; do not use spaces *(Required)*

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# State/territory of your Funding Arrangement Manager

*(Required)*

*Please select only one item*

NSW/ACT  NT

QLD  SA

TAS  VIC

WA

# SSD Community of Practice (CoP) Mandatory Activity

The SSD CoP was created for SSD funded providers *only*. If your organisation has already, or is in the process of relinquishing SSD funding, your organisation’s SSD CoP users will have their access removed, starting in late July 2023.

Please advise these users that if there are any networks or connections they would like to maintain, they should reach out through the CoP to establish an alternative communication channel prior to 21 July 2023.

# Has your organisation registered for the SSD Community of Practice?

*(Required)*

*Please select only one item*

Yes

No (skip to Question 17. You **must** provide justification in the textbox at the end of this section)

# Please list the Community of Practice usernames for each registered user in your organisation.

*(Required)*

If your organisation has multiple users, please separate these with a comma or semi-colon

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# Has any user in your organisation achieved the ‘Active Participant’ badge?

*Please select only one item*

Yes (skip to Question 14)

No (you must answer Questions 10-13)

# How many days have the users from your organisation visited the CoP?

*(Required)*

Please refer to the Performance Report FAQs for guidance on how to find this information.

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# How many **topics** on the CoP have been viewed by users from your organisation?

*(Required)*

Please refer to the Performance Report FAQs for guidance on how to find this information.

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# How many **posts** on the CoP have been read by users from your organisation?

*(Required)*

Please refer to the Performance Report FAQs for guidance on how to find this information.

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# How many posts on the CoP have been contributed by users from your organisation?

*(Required)*

Please refer to the Performance Report FAQs for guidance on how to find this information.

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# Has the CoP helped you meet your deliverables for other activities?

*(Required)*

*Please select only one item*

Yes

No

# Have you found it useful to have Performance Report and AWP FAQs on the CoP?

*(Required)*

*Please select only one item*

Yes

No

# Which categories of the CoP do you engage with the most?

*(Required)*

*Please select all that apply*

Departmental Communications  Projects and Workgroups

Resources  Questions for the SSD community

Networking  Aged care reforms

Events  Feedback and questions

My organisation has not joined the CoP

# Do you use another Departmental Community of Practice regularly?

*(Required)*

*Please select all that apply*

Wellness and Reablement (More Good Days)  Other (please specify in the textbox at the end of this section)

Home Care Packages Program Assurance  N/A

# Do you think the SSD CoP should be open to all CHSP providers (instead of only SSD providers)?

*(Required)*

*Please select only one item*

Yes

No

# Additional comments regarding the SSD Community of Practice

You **must provide further information** if prompted by your response to a question in this section.

Other things you could note here:

* What the Department could do to improve the CoP user experience
* Thoughts on the future of the CoP
* Suggestions, feedback, and sentiments

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# AWP Activity #1

You will need to add an entry for **each activity** on your organisation’s AWP.

If you have any risks or issues that are specific to this activity, please note them in the final textbox provided. If the risk or issue relates to multiple/all activities or other aspects of business, please note them on the 'Risks/Issues' page towards the end of the report.

# Is this activity reform focused (75 per cent funding) or non-reform focused (25 per cent funding)?

*(Required)*

*Please select only one item. If the activity falls under both, please select ‘Reform’.*

Reform

Non-reform

# Please copy/paste the activity description and deliverables from your AWP into the textbox below.

*(Required)*

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# Please select the primary focus of this activity.

*(Required)*

*Please select only one item*

Wellness and reablement

Embedding diversity and inclusion into CHSP provider service delivery and practices (general)

Embedding diversity and inclusion into CHSP provider service delivery and practices (focused) – *please check all relevant diverse groups below*

First Nations

Care Leavers

CALD

LGBTQIA+

Mental health

Disability and/or cognitive impairment (including dementia)

Rural/remote

Financially or socially disadvantaged

Veterans (including their spouse, widow or widower)

People at risk of or experiencing homelessness

Developing and disseminating information about the CHSP – *please indicate the subfocus area below*

Developing and dissemination information packages and resources

Information sharing only

Developing and promoting collaborative partnerships *– please indicate the subfocus area below*

Promoting and encouraging CHSP providers to establish partnerships

Establishing partnerships and workgroups across the SSD network of providers

Compliance and CHSP business practices – *please indicate the subfocus area below*

Compliance under the Aged Care Quality Standards

Assistance with reporting requirements, business transformation, operational procedures

Engagement on aged care reforms

Supporting the volunteer workforce – *please indicate the subfocus area below*

Supporting CHSP providers to build and maintain a volunteer workforce

Providing support and training to volunteers directly

Workforce enhancements (including attraction, retention and workforce planning)

Mainstream navigation services (general)

Mainstream navigation services (focused) – *please check all relevant diverse groups below*

First Nations

Care Leavers

CALD

LGBTQIA+

Mental health

Disability and/or cognitive impairment (including dementia)

Rural/remote

Financially or socially disadvantaged

Veterans (including their spouse, widow or widower)

People at risk of or experiencing homelessness

# Provide an estimate of the number times CHSP providers were supported through this activity.

*(Required)*

*Navigation activities should reflect the number of clients/consumers instead of CHSP providers.*

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# What methods did you utilise to deliver this activity?

*(Required)*

*Please select all that apply*

Education and/or training Seminars/conferences/web meetings SSD Community of Practice

Networking events  Bulk distribution (e.g. newsletters, fact sheets, opt-in contact lists)

Direct correspondence (phone call, email, face-to-face etc.)  Surveys

# Was this activity delivered under a partnership, subcontracting or other collaborative arrangement (formal or informal)?

*(Required)*

*Please select all that apply*

Subcontracting arrangement  Another SSD provider

Peak body  Another aged care organisation

An organisation outside of aged care

# Did your organisation have any difficulties delivering this activity? Please check all that apply.

*(Required)*

*Please select all that apply*

Difficulty meeting provider demand

Difficulty generating interest in proposed activity

Capacity/capability issue in delivering activity (this could include workforce issues)

CHSP provider(s) declined assistance as they were unsure if they were permitted to receive assistance from your organisation

CHSP provider(s) declined assistance as they did not have the capacity to engage with this activity

Difficulty establishing consultancy/partnerships for delivery of activity

None of the above

# Select if any of the below apply in relation to this activity and CHSP providers. If yes, provide further information in the textbox at the end of this section.

*Please select all that apply*

There are no alternative services available to CHSP providers in their Aged Care Planning Region

The CHSP provider(s) require ongoing support through this type of SSD activity

The CHSP provider(s) is reliant on SSD assistance to continue delivering services

Other (you must provide further information in the textbox at the end of this section)

N/A

# **For navigation activities only:** Please check any of the below if they apply to this activity.

*(Required)*

*Please select all that apply*

Clients/consumers supported through this activity require ongoing support (please provide an estimate of the number of clients in the textbox below)

Clients/consumers have been redirected to Care Finders for navigation assistance

Clients/consumers have been redirected to a Specialised Support Services (SSS) provider for further assistance

Clients/consumers have been redirected to My Aged Care for further assistance

Clients/consumers have been redirected to Carer Gateway for further assistance

Clients/consumers have been redirected to another type of navigation service for further assistance (please specify the service in the textbox below)

Clients/consumers have been supported through this activity because they are not eligible for Care Finders

Clients/consumers have been redirected to SSD navigation services by another navigation service

N/A – not a navigation activity **OR** navigation activity not delivered

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# Please enter the funding allocated for this activity, as stated in your AWP.

*(Required)*

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# Please select from the following options regarding the budget allocated to this activity.

*(Required)*

*Please select only one item*

The budget for this activity was fully expended

This activity had an overspend (you must provide further information in the textbox at the end of this section)

This activity had an underspend (you must provide further information in the textbox at the end of this section)

# Please select the best match against the deliverables and performance indicators for this activity.

*(Required)*

*Please select only one item*

Completed

Partially completed (you must provide further information in the textbox at the end of this section)

Activity was not started (you must provide further information in the textbox at the end of this section)

# Additional comments for this activity.

You **must provide further information** if prompted by your response to any questions in this section.

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# Do you need to report against another activity?

*(Required)*

*Please select only one item*

Yes

No

# Total Budget and Expenditure

# Did your organisation utilise flexibility provisions that affected your total SSD funding?

*(Required)*

*Please select only one item*

No

Yes, funding was moved from SSD to another CHSP service type (you must provide further information in the textbox at the end of this section)

Yes, funding was moved into SSD from another CHSP service type (you must provide further information in the textbox at the end of this section)

# Please enter your organisation’s total SSD funding, as stated in your AWP.

*(Required)*

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# Please select from the following options regarding the total SSD funding.

*(Required)*

*Please select only one item*

The funding was fully expended

The funding was underspent (you must provide further information in the textbox at the end of this section)

# Please enter your organisation’s 75 per cent funding allocation, as stated in your AWP.

*(Required)*

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# Please select from the following options regarding the 75 per cent funding allocation.

*(Required)*

*Please select only one item*

The funding was fully expended

The funding was underspent

# Please enter your organisation’s 25 per cent funding allocation, as stated in your AWP.

*(Required)*

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# Please select from the following options regarding the 25 per cent funding allocation.

*(Required)*

*Please select only one item*

The funding was fully expended

The funding was underspent

My organisation did not have any 25 per cent activities

# Additional comments for total budget and expenditure.

You **must provide further information** if prompted by your response to any questions in this section.

# If your organisation utilised flexibility provisions, please provide specific details here.

# If your organisation had an underspend, please provide further details, such as the estimated underspend amount and the reason/s for the underspend. **Note:** this does not replace financial acquittal requirements.

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# Risks and Issues

This section is to be used for risks and issues not already noted in the previous activity-specific questions. Examples of risks/issues may include:

* Financial Management
* Governance
* Ability to meet contractual obligations
* Viability
* Ability to provide SSD services e.g., workforce issues

# Have you identified any new risks/issues in providing the SSD activities you are funded to deliver? Have any previously identified risks/issues changed?

*(Required)*

*Please select only one item*

Yes (you must provide further information in the textbox at the end of this section)

No

If you answered yes, please list the risks/issues in the textbox below and include the mitigation strategy (actions) you have taken.

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# Final comments

Here you may wish to note things such as:

* Feedback on the Performance Report or AWP templates
* SSD activities/services CHSP providers have asked for but are not currently delivered
* Anything the Department could do to assist you as an SSD provider (e.g. training, education)

1. Please enter any final comments (if desired)

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