SSD Performance Report: 1 July - 31 December 2022

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 bi-annually.

This performance report will be used to gather information that may inform future policy and analyse demand for services as the department moves towards the new inhome aged care program. It is <u>not</u> intended to communicate changes to SSD policy.

This report should take about 30 minutes to complete. Note that it may take longer if your organisation has a high number of activities to report on.

Tips to reporting online:

- · You will need your organisation's Activity Work Plan to complete this report.
- · All questions marked as 'required' must be completed prior to progressing to the next page and/or saving.
- · The progress of your report can be saved once you have successfully completed a page with no errors in any fields.

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

- The 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:

5 Grant activity ID

- Please post your question in the relevant topic on the SSD Community of Practice [Departmental Communications/Reporting Sector Support and
 Development Community of Practice (ssdcop.com.au) https://www.ssdcop.com.au/c/departmental-communications/reporting/40] if it has not 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

For any other queries unrelated to this report, please contact your Funding Arrangement Manager.

rovider details
1 Full name
Full name (Required)
2 Email address
Email (Required)
3 Legal name of organisation
Organisation (Required)
4 ABN
Validation requirements: Enter 11-digit ABN only; do not enter any spaces or dashes (Required)

6	State/territory of your Funding Arrangement Manager
	(Required) lease select only one item
() NSW/ACT
(O NT
	QLD
) sa
	TAS
	O VIC
) wa
SSD	Community of Practice
7	Has your organisation registered for the SSD Community of Practice?
((Required)
PI	lease select only one item
) Yes
	∫ No
8	Please list the Community of Practice usernames for each registered
Ü	user from your organisation.
If	your organisation has multiple users, please separate these with a comma or semi-colon (Required)
9	Would a user in your organisation be willing to become a moderator if required?
PI	lease select only one item
	Yes
	No
1	0 Have you found the Community of Practice useful (noting it is still in its infancy)?
	(Required) lease select only one item
) Yes
) Yes) No
1	
(1 If the Community of Practice was not mandatory would you continue to use it? (Required)
(No1 If the Community of Practice was not mandatory would you continue to use it?

Practice (if des	e any additional comments on the Community of sired)
ivity Work Plan (A	WP): Reform focused activity #1
•	for <u>each reform focused activity</u> on your organisation's AWP.
ı have listed the activity a	as both reform and non-reform focused in your AWP, please include the activity in this section.
	s that are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspends the 'Risks/Issues' page towards the end of the report.
13 Activity numbe	er and title as listed in your AWP
(Required)	
14 Please copy/patextbox below.	aste the activity description from your AWP into the
(Required)	
15 Provide an est	timate of the number of CHSP providers this activity has
15 Provide an est been delivered	imate of the number of CHSP providers this activity has I to.

16 Please select the primary focus of this activity.
(Required)
Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation
Assisting CHSP providers in adhering to compliance under the Aged Care Quality Standards
Brokering, coordinating and delivering training and education materials on the 2022-23 priority areas (as outlined in 3.3.4 of the CHSP Manual)
Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations
with the Department of Health and Aged Care Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Other (piedae specify in the textbox below)
Please use no more than one sentence
17 What methods did you utilise when delivering activities/services?
17 What methods did you utilise when delivering activities/services? (Required)
(Required)
(Required) Please select all that apply
(Required) Please select all that apply Education and/or training
(Required) Please select all that apply Education and/or training Information sharing
(Required) Please select all that apply Education and/or training Information sharing Networking events
(Required) Please select all that apply Education and/or training Information sharing Networking events Seminars or conferences
(Required) Please select all that apply Education and/or training Information sharing Networking events Seminars or conferences SSD Community of Practice
(Required) Please select all that apply Education and/or training Information sharing Networking events Seminars or conferences SSD Community of Practice Direct correspondence with providers (phone call, email, face-to-face etc.)
(Required) Please select all that apply Education and/or training Information sharing Networking events Seminars or conferences SSD Community of Practice Direct correspondence with providers (phone call, email, face-to-face etc.) Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please specify below)?
(Required) Please select all that apply Education and/or training Information sharing Networking events Seminars or conferences SSD Community of Practice Direct correspondence with providers (phone call, email, face-to-face etc.) Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
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18 Please check any of the following options if they apply to the delivery of this activity.
(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)
Difficulty establishing consultancy/partnerships for delivery of activity
Other (please specify below)
None of the above
19 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Provide further information in the textbox below (if required)
20 Please select the best match against the deliverables for this activity.
(Required)
Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Additional comments for this activity (if required)

(Required)	
Please select only one item	
Yes	
○ No	
/P: Reform focused act	y #2
will need to add an entry for eac	eform focused activity on your organisation's AWP.
u have listed the activity as both	orm and non-reform focused in your AWP, please include the activity in this section.
	specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other as s/lssues' page towards the end of the report.
22 Activity number and	tle as listed in your AWP
(Required)	
23 Please copy/paste textbox below.	e activity description from your AWP into the
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(Neganea)	
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26 What methods did you utilise when delivering activities/services?
(Required)
Please select all that apply
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)?
Other (please specify below)
Further information
27 Please check any of the following ontions if they apply to the delivery
27 Please check any of the following options if they apply to the delivery of this activity.
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of this activity. (Required) Please select all that apply
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28	Please select from the following options regarding the budget allocated to this activity.
	equired)
Plea	se select only one item
	The budget for this activity is expected to be fully expended
\sim	An overspend is anticipated for this activity
\cup	An underspend is anticipated for this activity
Pro	vide further information in the textbox below (if required)
29	Please select the best match against the deliverables for this activity.
	equired)
Plea	se select only one item
\sim	Complete
\sim	In progress / on track
\sim	Not yet started
\cup	Ongoing / not applicable
Add	litional comments for this activity (if required)
30	Do you need to report against another reform focused activity?
(R	equired)
Plea	se select only one item
\circ) Yes
\bigcirc) No
NP:	Reform focused activity #3
u will	need to add an entry for each reform focused activity on your organisation's AWP.
ou ha	ave listed the activity as both reform and non-reform focused in your AWP, please include the activity in this section.
	ave any risks or issues that are specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects, please note them on the 'Risks/Issues' page towards the end of the report.
31	Activity number and title as listed in your AWP
	Activity number and title as listed in your AWP quired)

32 Please copy/paste the activity description from your AWP into the textbox below.	
(Required)	
33 Provide an estimate of the number of CHSP providers this activity has	
been delivered to.	
(Required)	
34 Please select the primary focus of this activity.	
(Required)	
Please select only one item	
Embedding wellness and reablement	
Embedding diversity practices and inclusivity	
Developing/disseminating information on the CHSP or broader aged care system	
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system	
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation	
Assisting CHSP providers in adhering to compliance under the Aged Care Quality Standards	
Brokering, coordinating and delivering training and education materials on the 2022-23 priority areas (as outlined in 3.3.4 of the CHSP Manual)	
Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations	
with the Department of Health and Aged Care	
Active participation in the SSD Community of Practice	
Other (please specify in the textbox below)	
Please use no more than one sentence	

35 What methods did you utilise when delivering activities/services?
(Required) Please select all that apply
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)?
Other (please specify below)
Further information
36 Please check any of the following options if they apply to the delivery
of this activity.
of this activity. (Required)
of this activity. (Required) Please select all that apply
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37 Please select from the following options regarding the budget allocated to this activity.
(Required)
Please select only one item The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Provide further information in the textbox below (if required)
38 Please select the best match against the deliverables for this activity.
(Required)
Please select only one item
Complete In progress / on track
Not yet started
Ongoing / not applicable
Additional comments for this activity (if required)
39 Do you need to report against another reform focused activity?
(Required)
Please select only one item
○ Yes
○ No
WP: Reform focused activity #4
u will need to add an entry for <u>each reform focused activity</u> on your organisation's AWP.
ou have listed the activity as both reform and non-reform focused in your AWP, please include the activity in this section.
ou have any risks or issues that are specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects
siness, please note them on the 'Risks/Issues' page towards the end of the report.
40. Activity number and title as listed in your AM/P
40 Activity number and title as listed in your AWP
(Required)

41 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
42 Provide an estimate of the number of CHSP providers this activity has been delivered to.
(Required)
43 Please select the primary focus of this activity.
(Required)
Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
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Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations with the Department of Health and Aged Care
Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Please use no more than one sentence

44 What methods did you utilise when delivering activities/services?			
(Required) Please select all that apply			
Education and/or training			
Information sharing			
Networking events			
Seminars or conferences			
SSD Community of Practice			
Direct correspondence with providers (phone call, email, face-to-face etc.)			
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies			
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please			
specify below)?			
Other (please specify below)			
Further information			
45 Please check any of the following options if they apply to the delivery			
45 Please check any of the following options if they apply to the delivery of this activity.			
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of this activity. (Required) Please select all that apply			
of this activity. (Required) Please select all that apply Difficulty meeting provider demand			
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46 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Provide further information in the textbox below (if required)
47 Please select the best match against the deliverables for this activity.
(Required)
Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Additional comments for this activity (if required)
48 Do you need to report against another reform focused activity? (Required) Please select only one Item Yes No
WP: Reform focused activity #5 u will need to add an entry for each reform focused activity on your organisation's AWP.
ou have listed the activity as both reform and non-reform focused in your AWP, please include the activity in this section.
ou have any risks or issues that are specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other asp siness, please note them on the 'Risks/Issues' page towards the end of the report.
49 Activity number and title as listed in your AWP (Required)

50 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
51 Provide an estimate of the number of CHSP providers this activity has
been delivered to.
(Required)
52 Please select the primary focus of this activity.
(Required)
Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation
Assisting CHSP providers in adhering to compliance under the Aged Care Quality Standards
Brokering, coordinating and delivering training and education materials on the 2022-23 priority areas (as outlined in 3.3.4 of the CHSP Manual)
Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations
with the Department of Health and Aged Care
Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Please use no more than one sentence

53 What methods did you utilise when delivering activities/services?				
(Required)				
Please select all that apply				
Education and/or training				
Information sharing				
Networking events				
Seminars or conferences				
SSD Community of Practice				
Direct correspondence with providers (phone call, email, face-to-face etc.)				
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies				
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please				
specify below)?				
Other (please specify below)				
Further information				
54 Please check any of the following options if they apply to the delivery				
54 Please check any of the following options if they apply to the delivery of this activity.				
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5	55 Please select from the following options regarding the budget allocated to this activity.
	(Required)
(lease select only one item The budget for this activity is expected to be fully expended
	An overspend is anticipated for this activity
(An underspend is anticipated for this activity
Р	Provide further information in the textbox below (if required)
_	
E	C Diagon releat the heat match against the deliverables for this activity
	66 Please select the best match against the deliverables for this activity.
	(Required) lease select only one item
(Complete
(In progress / on track
(Not yet started
(Ongoing / not applicable
Δ	dditional comments for this activity (if required)
۲	acatalistic commonic to this secting (in requires)
5	57 Do you need to report against another reform focused activity?
	(Required)
	lease select only one item
(Yes
(No No
	P: Reform focused activity #6
u w	rill need to add an entry for <u>each reform focused activity</u> on your organisation's AWP.
ou	have listed the activity as both reform and non-reform focused in your AWP, please include the activity in this section.
	have any risks or issues that are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects ess, please note them on the 'Risks/Issues' page towards the end of the report.
5	8 Activity number and title as listed in your AWP
(F	Required)

59 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
60 Provide an estimate of the number of CHSP providers this activity has
been delivered to.
(Required)
61 Please select the primary focus of this activity.
(Required)
Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation
Assisting CHSP providers in adhering to compliance under the Aged Care Quality Standards
Brokering, coordinating and delivering training and education materials on the 2022-23 priority areas (as outlined in 3.3.4 of the CHSP Manual)
Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations
with the Department of Health and Aged Care
Oxervising Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Please use no more than one sentence

62 What methods did you utilise when delivering activities/services?			
(Required)			
Please select all that apply			
Education and/or training			
Information sharing			
Networking events			
Seminars or conferences			
SSD Community of Practice			
Direct correspondence with providers (phone call, email, face-to-face etc.)			
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies			
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please			
specify below)?			
Other (please specify below)			
Further information			
63 Please check any of the following ontions if they apply to the delivery			
63 Please check any of the following options if they apply to the delivery of this activity.			
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of this activity. (Required)			
of this activity. (Required) Please select all that apply			
of this activity. (Required) Please select all that apply Difficulty meeting provider demand			
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of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other			
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erspend is anticipated for this activity
derspend is anticipated for this activity
ther information in the textbox below (if required) (Required)
the mornation in the textbox below (in required) (Nequired)
ase select the best match against the deliverables for this activity.
only one item
lete
gress / on track
et started
ng / not applicable
comments for this activity (if required)
you need to report against another reform focused activity?
only one item
rm focused activity #7
add an entry for <u>each reform focused activity</u> on your organisation's AWP.
ed the activity as both reform and non-reform focused in your AWP, please include the activity in this section.
risks or issues that are specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects of the note them on the 'Risks/Issues' page towards the end of the report.
vity number and title as listed in your AWP

68 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
69 Provide an estimate of the number of CHSP providers this activity has
been delivered to.
(Required)
70 Please select the primary focus of this activity.
(Required)
Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation
Assisting CHSP providers in adhering to compliance under the Aged Care Quality Standards
Brokering, coordinating and delivering training and education materials on the 2022-23 priority areas (as outlined in 3.3.4 of the CHSP Manual)
Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations
with the Department of Health and Aged Care
Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Please use no more than one sentence

71 What methods did you utilise when delivering activities/services?		
(Required) Please select all that apply		
Education and/or training		
Information sharing		
Networking events		
Seminars or conferences		
SSD Community of Practice		
Direct correspondence with providers (phone call, email, face-to-face etc.)		
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies		
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please		
specify below)?		
Other (please specify below)		
Further information		
72 Please shock any of the following entions if they apply to the delivery		
72 Please check any of the following options if they apply to the delivery of this activity.		
of this activity.		
of this activity. (Required)		
of this activity. (Required) Please select all that apply		
of this activity. (Required) Please select all that apply Difficulty meeting provider demand		
of this activity. (Required) Please select all that apply Difficulty meeting provider demand Difficulty generating interest in proposed activity		
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	ease select from the following options regarding the budget ocated to this activity.
(Require	
_	budget for this activity is expected to be fully expended
\simeq	overspend is anticipated for this activity
~	underspend is anticipated for this activity
Provide	urther information in the textbox below (if required)
74 Ple	ease select the best match against the deliverables for this activity.
(Require	
	ect only one item
Con	pplete
O In p	rogress / on track
$\tilde{}$	yet started
Ong	oing / not applicable
Additiona	al comments for this activity (if required)
75 Do	you need to report against another reform focused activity?
(Require	
Please sel	ct only one item
Yes	
○ No	
NP· Re	form focused activity #8
	to add an entry for each reform focused activity on your organisation's AWP.
	sted the activity as both reform and non-reform focused in your AWP, please include the activity in <u>this</u> section.
	ny risks or issues that are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects ase note them on the 'Risks/Issues' page towards the end of the report.
70. 1	e ve a la lago de la companyo
	tivity number and title as listed in your AWP
(Require	

77 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
78 Provide an estimate of the number of CHSP providers this activity has
been delivered to.
(Required)
70 Diagonal and the maintain of their activity.
79 Please select the primary focus of this activity.
(Required) Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation
Assisting CHSP providers in adhering to compliance under the Aged Care Quality Standards
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the CHSP Manual)
Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations
with the Department of Health and Aged Care Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Other (hierage specify in the textbox below)
Please use no more than one sentence

80 What methods did you utilise when delivering activities/services?
(Required) Please select all that apply
Education and/or training
☐ Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)?
Other (please specify below)
Further information
81 Please check any of the following options if they apply to the delivery
of this activity.
(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)
I Difficulty establishing consultancy/partnerships for delivery of activity
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
Other (please specify below)
Other (please specify below)

8	Please select from the following options regarding the budget allocated to this activity.
	(Required)
(The budget for this activity is expected to be fully expended
(An overspend is anticipated for this activity
(An underspend is anticipated for this activity
F	Provide further information in the textbox below (if required)
8	33 Please select the best match against the deliverables for this activity.
	(Required)
F	Please select only one item
(Complete
() In progress / on track
(Not yet started
(Ongoing / not applicable
Α	additional comments for this activity (if required)
Ĺ	J
	24. Do you need to report against another reform feating activity?
	34 Do you need to report against another reform focused activity?
	(Required) Please select only one item
(Yes
(○ No
ΝI	P: Reform focused activity #9
u w	rill need to add an entry for <u>each reform focused activity</u> on your organisation's AWP.
ou	have listed the activity as both reform and non-reform focused in your AWP, please include the activity in this section.
	have any risks or issues that are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects ess, please note them on the 'Risks/Issues' page towards the end of the report.
8	35 Activity number and title as listed in your AWP
(Required)

86 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
Provide an estimate of the number of CHSP providers this activity has
been delivered to.
(Required)
88 Please select the primary focus of this activity.
(Required)
Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation
Assisting CHSP providers in adhering to compliance under the Aged Care Quality Standards
Brokering, coordinating and delivering training and education materials on the 2022-23 priority areas (as outlined in 3.3.4 of the CHSP Manual)
Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations
with the Department of Health and Aged Care
Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Please use no more than one sentence

89 What methods did you utilise when delivering activities/services?
(Required)
Please select all that apply
Education and/or training
☐ Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (piease speeling below)
Further information
90 Please check any of the following options if they apply to the delivery
90 Please check any of the following options if they apply to the delivery of this activity.
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of this activity. (Required)
of this activity. (Required) Please select all that apply
of this activity. (Required) Please select all that apply Difficulty meeting provider demand
of this activity. (Required) Please select all that apply Difficulty meeting provider demand Difficulty generating interest in proposed activity
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of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity
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of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)

9	1 Please select from the following options regarding the budget allocated to this activity.
	(Required)
	lease select only one item The budget for this activity is expected to be fully expended
	An overspend is anticipated for this activity
	An underspend is anticipated for this activity
Di	rovide further information in the textbox below (if required)
	Tovide futule: illiottiation ill tile textbox below (il required)
9	2 Please select the best match against the deliverables for this activity.
	(Required)
Ple	lease select only one item
(Complete
() In progress / on track
	Not yet started
(Ongoing / not applicable
A	dditional comments for this activity (if required)
L	
9	3 Do you need to report against another reform focused activity?
	(Required)
Ple	lease select only one item
	Yes Yes
(∑ No
	P: Reform focused activity #10
u wi	ill need to add an entry for <u>each reform focused activity</u> on your organisation's AWP.
ou l	have listed the activity as both reform and non-reform focused in your AWP, please include the activity in this section.
	have any risks or issues that are specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects ess, please note them on the 'Risks/Issues' page towards the end of the report.
9	4 Activity number and title as listed in your AWP
/-	Required)
(1	

95 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
96 Provide an estimate of the number of CHSP providers this activity has
been delivered to.
(Required)
97 Please select the primary focus of this activity.
(Required)
Please select only one item
Embedding wellness and reablement
Embedding diversity practices and inclusivity
Developing/disseminating information on the CHSP or broader aged care system
Developing and promoting collaborative partnerships within the CHSP and across the broader aged care service system
Improving CHSP business practices in preparation for reform and strengthening through support for business transformation
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Encouraging CHSP service providers to engage with the in-home aged care reform process and participation in consultations
with the Department of Health and Aged Care
Active participation in the SSD Community of Practice
Other (please specify in the textbox below)
Please use no more than one sentence (Required)

(Required)
Please select all that apply
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)?
Other (please specify below)
Further information
99 Please check any of the following options if they apply to the delivery
99 Please check any of the following options if they apply to the delivery of this activity.
of this activity.
of this activity. (Required)
of this activity. (Required) Please select all that apply
of this activity. (Required) Please select all that apply Difficulty meeting provider demand
of this activity. (Required) Please select all that apply Difficulty meeting provider demand Difficulty generating interest in proposed activity
of this activity. (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)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
of this activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)

100 Please select from allocated to this act	the following options regarding the budget ivity.
(Required) Please select only one item	
	expected to be fully expended
An overspend is anticipated f	
An underspend is anticipated	
Provide further information in the t	
101 Please select the b	est match against the deliverables for this activity.
(Required) Please select only one item	
Complete	
In progress / on track	
Not yet started	
Ongoing / not applicable	
Additional comments for this activ	ity (if required)
102 Do you need to rep (Required) Please select only one item Yes	ort against a NON-REFORM focused activity?
○ No	
	Non-reform focused activity #1 non-reform focused activity on your organisation's AWP.
ou have listed the activity as both re	eform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.
	specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects of sks/lssues' page towards the end of the report.
103 Activity number and	d title as listed in your AWP

104 Please copy/paste the activity description from your AWP into the textbox below.
(Required)
105 Please select the primary focus of this activity
(Required) Please select only one item
Supporting and maintaining the volunteer workforce across the sector
Mainstream navigation services which support aged care clients to navigate the aged care system, particularly clients who are not eligible for care finders from 1 January 2023
Aboriginal and Torres Strait Islander specific support that is not reform-focused
CALD specific support that is not reform-focused
Other (please specify below)
Use no more than one sentence
106 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please specify below)?
Other (please specify below)

107 Please check any of the for activity.	ollowing if they apply to the	e delivery of this	

(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)

Difficulty establishing consultancy/partnerships for delivery of activity
Other (please specify below)
None of the above
Please expand on 'other' with no more than one sentence
108 Provide an estimate of the number of CHSP providers this activity has been delivered to.
(Required)
109 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
110 Please select the best match against the deliverables for this activity.
(Required) Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
Tatalo commono (i required)

111	Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
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 significant support in this area
	The CHSP provider(s) is reliant on SSD assistance to continue delivering services
	Other (specify below)
	nay wish to include information such as alternate services/programs available (or not) to support CHSP providers; why ders require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.
112	Do you need to report against another non-reform focused activity?
	ruired) select only one item
\bigcirc	/es
\sim	No.
∕ou will ne f you have f you have	Non-reform focused activity #2 seed to add an entry for each non-reform focused activity on your organisation's AWP. e listed the activity as both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'. e any risks or issues that are specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects of the control of the textboxes provided.
ousiness,	please note them on the 'Risks/Issues' page towards the end of the report.
113	Activity number and title as listed in your AWP
(Requ	iired)
114	Please copy/paste the activity description from your AWP into the textbox below.
(Requ	iired)

Please select the primary focus of this activity

(Required)
Please select only one item
Supporting and maintaining the volunteer workforce across the sector
Mainstream navigation services which support aged care clients to navigate the aged care system, particularly clients who
are not eligible for care finders from 1 January 2023
Aboriginal and Torres Strait Islander specific support that is not reform-focused

CALD specific support that is not reform-focused
Other (please specify below)
Use no more than one sentence
446. What mathada did you utilian when delivering this activity?
116 What methods did you utilise when delivering this activity?
(Required) Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Oirect correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)?
Other (please specify below)
117 Please check any of the following if they apply to the delivery of this activity.
(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)
Difficulty establishing consultancy/partnerships for delivery of activity
Other (please specify below)
None of the above
Please expand on 'other' with no more than one sentence
118 Provide an estimate of the number of CHSP providers this activity has been delivered to.
(Required)

119 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
120 Please select the best match against the deliverables for this activity.
(Required) Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
121 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
121 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below. Please select all that apply
provide further information in the textbox below.
provide further information in the textbox below. Please select all that apply
provide further information in the textbox below. Please select all that apply There are no alternative services available to CHSP providers in their Aged Care Planning Region
provide further information in the textbox below. 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 significant support in this area
provide further information in the textbox below. 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 significant support in this area The CHSP provider(s) is reliant on SSD assistance to continue delivering services Other (specify below) You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why
provide further information in the textbox below. 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 significant support in this area The CHSP provider(s) is reliant on SSD assistance to continue delivering services Other (specify below)
provide further information in the textbox below. 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 significant support in this area The CHSP provider(s) is reliant on SSD assistance to continue delivering services Other (specify below) You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why
provide further information in the textbox below. 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 significant support in this area The CHSP provider(s) is reliant on SSD assistance to continue delivering services Other (specify below) You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why
provide further information in the textbox below. 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 significant support in this area The CHSP provider(s) is reliant on SSD assistance to continue delivering services Other (specify below) You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why

122 Do you need to report against another non-reform focused activity?

○ No	
VP: Non-reform focus	sed activity #3 each non-reform focused activity on your organisation's AWP.
ou have listed the activity as b	both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.
	at are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects ne 'Risks/Issues' page towards the end of the report.
123 Activity number	and title as listed in your AWP
124 Please copy/pa textbox below. (Required)	aste the activity description from your AWP into the
1	
125 Please select th	ne primary focus of this activity
(Required)	ne primary focus of this activity
(Required) Please select only one item	
(Required) Please select only one item Supporting and maintain Mainstream navigation of are not eligible for care	ning the volunteer workforce across the sector services which support aged care clients to navigate the aged care system, particularly clients who finders from 1 January 2023
(Required) Please select only one item Supporting and maintain Mainstream navigation s are not eligible for care	ning the volunteer workforce across the sector services which support aged care clients to navigate the aged care system, particularly clients who finders from 1 January 2023 trait Islander specific support that is not reform-focused
(Required) Please select only one item Supporting and maintain Mainstream navigation s are not eligible for care	ning the volunteer workforce across the sector services which support aged care clients to navigate the aged care system, particularly clients who finders from 1 January 2023 trait Islander specific support that is not reform-focused that is not reform-focused
(Required) Please select only one item Supporting and maintair Mainstream navigation sare not eligible for care of Aboriginal and Torres St	ning the volunteer workforce across the sector services which support aged care clients to navigate the aged care system, particularly clients who finders from 1 January 2023 trait Islander specific support that is not reform-focused that is not reform-focused elow)

126 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (please specify below)
127 Please check any of the following if they apply to the delivery of this activity.
(Required)
Please select all that apply
Please select all that apply Difficulty meeting provider demand
Difficulty meeting provider demand
Difficulty meeting provider demand Difficulty generating interest in proposed activity
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues)
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence 128 Provide an estimate of the number of CHSP providers this activity has
Difficulty meeting provider demand Difficulty generating interest in proposed activity Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence 128 Provide an estimate of the number of CHSP providers this activity has been delivered to.

129 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
130 Please select the best match against the deliverables for this activity.
(Required) Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
131 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.

132 Do you need to report against another non-reform focused activity?

Yes	
○ No	
NP: Non-reform focused activit	
u will need to add an entry for <u>each non-re</u>	eform focused activity on your organisation's AWP.
ou have listed the activity as both reform a	and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.
rou have any risks or issues that are <u>specifi</u> siness, please note them on the 'Risks/Issu	ic to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspect ues' page towards the end of the report.
133 Activity number and title	as listed in your AWP
(Required)	
134 Please copy/paste the actextbox below.	ctivity description from your AWP into the
(Required)	
135 Please select the primary	v focus of this activity
(Required)	y loods of the douvey
Please select only one item	
Supporting and maintaining the volume	nteer workforce across the sector
Maintenance in the second	ch support aged care clients to navigate the aged care system, particularly clients who
9	
are not eligible for care finders from	1 January 2023 specific support that is not reform-focused
are not eligible for care finders from	specific support that is not reform-focused
are not eligible for care finders from Aboriginal and Torres Strait Islander	specific support that is not reform-focused
are not eligible for care finders from Aboriginal and Torres Strait Islander CALD specific support that is not reference.	specific support that is not reform-focused

136 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (please specify below)
137 Please check any of the following if they apply to the delivery of this activity.
(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)
Capacity/capability issue in delivering activity (this could include workforce issues) Difficulty establishing consultancy/partnerships for delivery of activity
Difficulty establishing consultancy/partnerships for delivery of activity
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence 138 Provide an estimate of the number of CHSP providers this activity has
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence 138 Provide an estimate of the number of CHSP providers this activity has been delivered to.

139 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
140 Please select the best match against the deliverables for this activity.
(Required) Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
141 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.

142 Do you need to report against another non-reform focused activity?	

WP: Non-reform focused activity #5 u will need to add an entry for sach.non-reform focused activity on your organisation's AWP. ou have listed the activity as both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'. ou have any risks or issues that are
--

146 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
☐ Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)?
Other (please specify below)
147 Please check any of the following if they apply to the delivery of this
activity.
(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)
Difficulty establishing consultancy/partnerships for delivery of activity
Other (please specify below)
None of the above
Please expand on 'other' with no more than one sentence
148 Provide an estimate of the number of CHSP providers this activity has
been delivered to.
(Required)

149 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
Additional continuents (in requires)
150 Please select the best match against the deliverables for this activity.
(Required)
Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
151 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.
providers require origining support in this area, or other information you mid relevant to support the solicotion(s) you have made.

152 Do you need to report against another non-reform focused activity?	

Ves No	
WP: Non-reform for	cused activity #6 for each non-reform focused activity on your organisation's AWP.
•	as both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.
ou have any risks or issue	es that are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects on the 'Risks/Issues' page towards the end of the report.
153 Activity num	ber and title as listed in your AWP
154 Please copy textbox belo	/paste the activity description from your AWP into the
(Required)	
155 Please selec	ct the primary focus of this activity
(Required) Please select only one item	
	ntaining the volunteer workforce across the sector
Mainstream navigat	ion services which support aged care clients to navigate the aged care system, particularly clients who are finders from 1 January 2023 as Strait Islander specific support that is not reform-focused
, wonginarana forte	ort that is not reform-focused
CALD specific supp	
Other (please speci	fy below)
0	

156 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (please specify below)
157 Please check any of the following if they apply to the delivery of this activity.
(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)
Difficulty establishing consultancy/partnerships for delivery of activity
Other (please specify below)
None of the above
14016 of the above
Please expand on 'other' with no more than one sentence
Please expand on 'other' with no more than one sentence 158 Provide an estimate of the number of CHSP providers this activity has
Please expand on 'other' with no more than one sentence 158 Provide an estimate of the number of CHSP providers this activity has been delivered to.

159 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
160 Please select the best match against the deliverables for this activity.
(Required) Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
161 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.

162 Do you need to report against another non-reform focused activity?	

Ves No	
WP: Non-reform for	cused activity #7 for each non-reform focused activity on your organisation's AWP.
•	as both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.
ou have any risks or issue	es that are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspect on the 'Risks/Issues' page towards the end of the report.
163 Activity num	per and title as listed in your AWP
	/paste the activity description from your AWP into the
textbox below (Required)	N.
165 Please selec	et the primary focus of this activity
(Required) Please select only one item	
	ntaining the volunteer workforce across the sector
Mainstream navigat	ion services which support aged care clients to navigate the aged care system, particularly clients who are finders from 1 January 2023 as Strait Islander specific support that is not reform-focused
CALD specific supp	ort triat is not reform-locused
$\tilde{}$	
CALD specific supp	fy below)

166 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (please specify below)
167 Please check any of the following if they apply to the delivery of this activity.
(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)
Difficulty establishing consultancy/partnerships for delivery of activity
Other (please specify below)
None of the above
Please expand on 'other' with no more than one sentence
168 Provide an estimate of the number of CHSP providers this activity has been delivered to.
been delivered to.

169 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
Additional continuents (in requires)
170 Please select the best match against the deliverables for this activity.
(Required)
Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
171 Select if any of the below apply in relation to this activity. If yes,
provide further information in the textbox below.
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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why
providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.

172 Do you need to report against another non-reform	focused activity?	

O Yes	
	form focused activity #8
ou will need to add	d an entry for <u>each non-reform focused activity</u> on your organisation's AWP.
you have listed the	e activity as both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.
	s or issues that are specific to this activity, please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects of them on the 'Risks/Issues' page towards the end of the report.
173 Activit	ty number and title as listed in your AWP
(Required)	
	e copy/paste the activity description from your AWP into the ox below.
175 Pleas	e select the primary focus of this activity
(Required) Please select only	one item
Supporting	g and maintaining the volunteer workforce across the sector
Mainstrea	m navigation services which support aged care clients to navigate the aged care system, particularly clients who
	gible for care finders from 1 January 2023 and Torres Strait Islander specific support that is not reform-focused
$\tilde{}$	cific support that is not reform-focused
Other (ple	ase specify below)
Hoo no mar- 41	nan one sentence
use no more tr	

176 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (please specify below)
177 Please check any of the following if they apply to the delivery of this activity
activity.
activity. (Required)
activity. (Required) Please select all that apply Difficulty meeting provider demand
activity. (Required) Please select all that apply Difficulty meeting provider demand Difficulty generating interest in proposed activity
activity. (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)
activity. (Required) Please select all that apply Difficulty meeting provider demand Difficulty generating interest in proposed activity
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence
activity. (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) Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence 178 Provide an estimate of the number of CHSP providers this activity has been delivered to.

179 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
radiana serimente (n. 1-4-11-1-)
180 Please select the best match against the deliverables for this activity.
(Required)
Please select only one item
Complete
○ In progress / on track
Ongoing (not applicable
Ongoing / not applicable
Further comments (if required)
404 Colort if any of the heless comby in relation to this activity. If you
181 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why
providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.

wwp: Non-reform focused activity #9 ou will need to add an entry for act non-reform focused activity on your organisation's AWP. You have listed the activity as both reform and non-reform focused in your AWP, please include the activity in the previous section Reform focused activities.' You have any risks or issues that are specific to this activity , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspectusiness, please note them on the Risks/Issues' page towards the end of the report. 183 Activity number and title as listed in your AWP (Required) 184 Please copy/paste the activity description from your AWP into the textbox below. (Required) 185 Please select the primary focus of this activity (Required) 186 Please select only one item Supporting and maintaining the volunteer workforce across the sector Mainstream navigation services which support aged care clients to navigate the aged care system, particularly clients who are not eligible for care finders from 1 January 2023 Aboriginal and Torres Strait Islander specific support that is not reform-focused CALD specific support that is not reform-focused CALD specific support that is not reform-focused) No	
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183 Activity number and title as listed in your AWP (Required) 184 Please copy/paste the activity description from your AWP into the textbox below. (Required) 185 Please select the primary focus of this activity (Required) 186 Please select the primary focus of this activity (Required) 187 Please select only one item Supporting and maintaining the volunteer workforce across the sector Mainstream navigation services which support aged care clients to navigate the aged care system, particularly clients who are not eligible for care finders from 1 January 2023 Aboriginal and Torres Strait Islander specific support that is not reform-focused	ave listed the activity as both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.	
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Mainstream navigation services which support aged care clients to navigate the aged care system, particularly clients who are not eligible for care finders from 1 January 2023 Aboriginal and Torres Strait Islander specific support that is not reform-focused		
are not eligible for care finders from 1 January 2023 Aboriginal and Torres Strait Islander specific support that is not reform-focused	Supporting and maintaining the volunteer workforce across the sector	
CALD specific support that is not reform-focused		
Other (please specify below)) Other (please specify below)	
Use no more than one sentence	e no more than one sentence	

186 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (please specify below)
187 Please check any of the following if they apply to the delivery of this activity.
·
(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)
Difficulty establishing consultancy/partnerships for delivery of activity
Other (please specify below)
None of the above
Please expand on 'other' with no more than one sentence
188 Provide an estimate of the number of CHSP providers this activity has
been delivered to.
been delivered to.

189 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required)
190 Please select the best match against the deliverables for this activity.
(Required) Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required)
191 Select if any of the below apply in relation to this activity. If yes, provide further information in the textbox below.
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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.

192 Do you need to report against another non-reform focused activity?

○ No	
WP: Non-reform fo	cused activity #10 y for each non-reform focused activity on your organisation's AWP.
•	as both reform and non-reform focused in your AWP, please include the activity in the previous section 'Reform focused activities'.
ou have any risks or issue	es that are <u>specific to this activity</u> , please note them in one of the textboxes provided. If they relate to multiple/all activities or other aspects on the 'Risks/Issues' page towards the end of the report.
193 Activity num	ber and title as listed in your AWP
194 Please copy textbox below (Required)	r/paste the activity description from your AWP into the w.
195 Please selec	ct the primary focus of this activity
(Required)	
Please select only one item	intaining the volunteer workforce across the sector
Please select only one item Supporting and mai Mainstream navigat are not eligible for co	intaining the volunteer workforce across the sector tion services which support aged care clients to navigate the aged care system, particularly clients who care finders from 1 January 2023
Please select only one item Supporting and mai Mainstream navigat are not eligible for co Aboriginal and Torre	tion services which support aged care clients to navigate the aged care system, particularly clients who care finders from 1 January 2023 es Strait Islander specific support that is not reform-focused
Please select only one item Supporting and mai Mainstream navigat are not eligible for co Aboriginal and Torre	tion services which support aged care clients to navigate the aged care system, particularly clients who care finders from 1 January 2023 es Strait Islander specific support that is not reform-focused port that is not reform-focused
Please select only one item Supporting and mail Mainstream navigat are not eligible for of Aboriginal and Torre CALD specific supp	tion services which support aged care clients to navigate the aged care system, particularly clients who care finders from 1 January 2023 es Strait Islander specific support that is not reform-focused port that is not reform-focused ify below)

196 What methods did you utilise when delivering this activity?
(Required)
Please select only one item
Education and/or training
Information sharing
Networking events
Seminars or conferences
SSD Community of Practice
Direct correspondence with providers (phone call, email, face-to-face etc.)
Partnerships and/or subcontracting arrangements with other SSD providers or peak bodies
Subcontracting arrangements with other organisations. If you select this option, what activity did you subcontract (please
specify below)? Other (please specify below)
Other (please specify below)
197 Please check any of the following if they apply to the delivery of this activity.
(Required)
Please select all that apply
Difficulty meeting provider demand
Difficulty generating interest in proposed activity
Canacity/canacity/canacity/canacity/canacity/canacity/ty/canacity/
Capacity/capability issue in delivering activity (this could include workforce issues)
Difficulty establishing consultancy/partnerships for delivery of activity
Difficulty establishing consultancy/partnerships for delivery of activity
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below)
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
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Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence 198 Provide an estimate of the number of CHSP providers this activity has
Difficulty establishing consultancy/partnerships for delivery of activity Other (please specify below) None of the above Please expand on 'other' with no more than one sentence 198 Provide an estimate of the number of CHSP providers this activity has been delivered to.

199 Please select from the following options regarding the budget allocated to this activity.
(Required) Please select only one item
The budget for this activity is expected to be fully expended
An overspend is anticipated for this activity
An underspend is anticipated for this activity
Additional comments (if required) (Required)
200 Please select the best match against the deliverables for this activity.
(Required) Please select only one item
Complete
In progress / on track
Not yet started
Ongoing / not applicable
Further comments (if required) (Required)
201 Select if any of the below apply in relation to this activity. If yes,
provide further information in the textbox below.
(Required) 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 significant support in this area
The CHSP provider(s) is reliant on SSD assistance to continue delivering services
Other (specify below)
You may wish to include information such as alternate services/programs available (or not) to support CHSP providers; why
providers require ongoing support in this area; or other information you find relevant to support the selection(s) you have made.

Communications

Preface: please read prior to answering Questions 202-204

Question 202: Do you consent and give permission to the department to share your organisation's contact details with CHSP providers who may be looking for assistance from an SSD provider? If yes, please provide these contact details in the textbox below (e.g. email, phone, webform/website link).

Question 203: Do you consent and give permission to the department to share your primary activity focus(es) with CHSP providers who may be looking for assistance from an SSD provider?

Question 204: Do you consent and give permission for the department to share your organisation name and the following information with the moderators of the Community of Practice?

Activity title and description

Primary focus of the activity

Delivery methods of the activity

The purposes of gathering this consent and information includes, but is not limited to:

linking CHSP providers to SSD providers who can offer assistance linking SSD providers with similar activities to enhance collaboration information sharing, such as lessons learned and best practice ensuring consistency of information shared with CHSP providers creating workspaces on specific topics in the CoP identifying projects for SSD providers

identifying gaps or areas of need for CHSP providers

202 Consent to provide contact details to CHSP providers
(Required) Please select only one item
Yes
○ No
Please do not provide an individual person's contact details, to ensure continuity if staffing arrangements change.
203 Consent to share primary activity focus(es) with CHSP Providers
(Required)
Please select only one item
Yes
○ No
204 Consent to share organisation name and activity details (as listed above) with moderators on the Community of Practice
(Required)
Please select only one item

examples of fisks/issues may include.	
Financial Management	
Governance	
Ability to meet contractual obligations	
/iability	
Ability to provide SSD services e.g., workforce issues	
Uncertainty about aged care reforms	
205 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 No If yes to either question, please list the risks/issues in the textbox below and include the mitigation strategy (actions) you will or have already taken.	
Final comments	
Here you may wish to note things such as:	
SSD activities/services CHSP providers are asking for that you cannot provide yourself Potential projects for an SSD provider to undertake to assist in preparation for reforms and/or the new in-home aged care program Anything the Department could do to assist you as an SSD provider (e.g. training, education)	
206 Please enter any final comments (if desired)	

Risks/Issues

This section is to be used for risks and issues $\underline{\text{not already noted}}$ in the previous activity-specific questions.