

Additional Respite for Carers

Program guidelines

To receive this document in another format, email the Carers team at: VictorianCarerStrategy@dffh.vic.gov.au.

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

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# Acknowledgement of Country

We proudly acknowledge that we live and work on the lands of the Aboriginal people. We acknowledge that they are the Traditional Owners of these lands and pay respect to their stories and traditions. We respect, recognise, and celebrate the historical and continued connection that Aboriginal and Torres Strait Islander people have to their lands, waters, culture, family, and communities.

We pay our respects to ancestors, Elders, knowledge holders and leaders – past and present.

We acknowledge the ongoing leadership role of the Aboriginal community in creating and delivering the right services at the right time to ensure that Aboriginal carers and families:

* are recognised, acknowledged and respected
* have their unique strengths and needs supported
* can participate fully in all areas of their life, with the best possible physical, social and mental health wellbeing.

We acknowledge that Aboriginal self-determination is a human right and recognise the hard work of many generations of First Peoples.

# Terms used in this document

| **Terms** | **Definitions** |
| --- | --- |
| Additional barriers | The additional barriers carers from marginalised backgrounds can experience when accessing services and seeking assistance, including challenges in finding and receiving culturally appropriate and safe support, and geographic challenges for carers in regional and remote areas. |
| Carer / Person with a care role | People who provide unpaid care and support to a person or people with care needs, whether on an ongoing or episodic basis.The terms ‘carer’ and ‘person with a care role’ are used interchangeably in this document.This recognises that some people with a care role may not identify formally as being a ‘carer’ but are still eligible for Additional Respite support. |
| Care relationship | A relationship between a person with care needs receiving support and a person with a care role providing support. This term acknowledges every care situation is different. |
| Care role | The role of providing unpaid care and support to a person with care needs. This term acknowledges people become carers in different ways and that care responsibilities are unique and varied in each situation and circumstance. |
| First Nations / First Peoples  | Includes communities and people of Aboriginal and Torres Strait Islander descent. In this document, these terms are used to describe carers, people with a care role, and people with care needs who identify as being Aboriginal and Torres Strait Islander, and/or from Aboriginal and Torres Strait Islander descent.  |
| Person with care needs | A person being supported by a carer. This term is used instead of ‘care recipient’ to acknowledge a person-first approach. This term is also inclusive of people who may need episodic rather than full time unpaid care. |
| Provider | An organisation or agency funded to deliver services through the Additional Respite program.  |
| Program | For the purposes of this document, ‘program’ refers to the Additional Respite for Carers program. |
| Respite | Respite refers to services and support provided under the Additional Respite for Carers program, enabling carers to take a break from their caring responsibilities to rest or participate in activities to support their health and wellbeing. |
| Service agreement | Service agreements set out the key obligations, objectives, rights and responsibilities of the organisation in delivering services, and the department in providing funding to the organisation.  |
| The department | For the purposes of this document, ‘the department’ refers to the Department of Families, Fairness and Housing. |

# Purpose of program guidelines

These guidelines set out the program requirements for organisations funded to deliver the Victorian Government’s Additional Respite for Carers program (providers).

They set out what the Department of Families, Fairness and Housing (the department) expects of service providers.

Service providers should read these guidelines alongside their service agreement.

# Program overview

## Background

The Victorian Government recognises how important people with a care role are. Not only to the people they care for – the people whose lives they improve every day – but to the whole community.

Government recognises that carers may need and want support both to:

* fulfil their care role
* pursue their own goals and aspirations beyond their care role.

The refreshed Victorian Carer Strategy Recognising and supporting Victoria’s carers: Victorian carer strategy (the carer strategy) aims to:

* ensure that people with a care role have the best possible physical, social and mental health and wellbeing
* recognise, acknowledge and respect the important role of carers and the diversity of care relationships
* make it easier for people with a care role to get what they need to participate fully in all areas of their life
* provide quality assistance and services for people with a care role in the right place and at the right time
* recognise and support the unique needs of care relationships in First Nations communities.

 A current version of the [carer strategy](https://www.dffh.vic.gov.au/publications/recognising-and-supporting-victorias-carers-victorian-carer-strategy-2018-22)[[1]](#footnote-2) can be found on the department’s website.

## Program objectives

The Additional Respite for Carers program increases the reach, flexibility and access of respite services to people with a care role across Victoria. It seeks to remove barriers to respite for unpaid Victorian carers and the people they care for.

Respite enables carers to:

* take a break from their care responsibilities
* rest or take part in activities that support their health and wellbeing
* attend appointments or access services
* take part in work, study, social or community activities.

The program encourages innovative and flexible service delivery activities which meet the emerging and local needs of carers.

The department engages a broad range of carer support providers from across Victoria to offer respite for carers with a diversity of experiences and needs. We encourage providers to partner together to increase the range of respite services they can provide to carers from all:

* backgrounds
* ages
* circumstances.

By supporting people with a care role with respite activities, the program also supports people with care needs to access high-quality respite services and opportunities to take part in activities that support their health and wellbeing.

We specifically recognise the valuable role of First Peoples carers. Self-determined approaches to delivery of respite support for First Peoples carers and their families are highly encouraged.[[2]](#footnote-3)

More information and resources to help providers meet these responsibilities are on the department’s website.[[3]](#footnote-4)

## Funding and targets

The Additional Respite for Carers funding allocation and annual targets are based on costings of:

* around $100 for every hour of respite support
* up to $2,000 for each carer per financial year.

For example, a provider funded $100,000 per annum will have targets of 1,000 hours of respite service delivery ($100 per hour) to support 50 carers ($2,000 per carer) per year.

Providers need to report against their targets, including:

* number of service delivery hours of carer respite provided each financial year through the Additional Respite for Carers program
* number of carers supported each financial year through the Additional Respite for Carers funding
* Providers also need to report additional information about the carers they support, and the type of respite provided. For more information, see the *data collection and reporting* section.

Types of services and level of support will differ, and this depends on each person with a care role’s individual needs. Funding can be used flexibly to meet annual targets, and funded providers should use their discretion in how they meet carer needs across the program. We encourage providers to tailor the level of support and funding provided to each carer, considering their level of need. For example, some people with a care role may receive more or less than $2,000 of respite within the overall funding allocation.

## Who is an unpaid carer or person with a care role?

An ‘unpaid’ carer or person with a care role is anyone who gives essential and **unpaid** care, support and help to someone. They may provide this care anywhere from:

* a couple of hours a day
* to around-the-clock help.

Every unpaid carer is different. A person with a care role could be a:

* partner
* family member
* friend
* neighbour.

They may provide care for a child or adult with:

* disability
* mental illness
* drug or alcohol dependency
* life-limiting illness
* chronic illness
* aged care needs.

A person with a care role may still receive

* a carer payment, allowance or pension
* other Commonwealth and state supports. For example:
	+ Home and Community Care Program for Younger People (HACC-PYP)
	+ National Disability Insurance Scheme (NDIS)
	+ My Aged Care
	+ Home Support Programme or Home Care Packages
	+ Carer Gateway
	+ other disability or mental health support programs.

These people are still considered to be ‘unpaid carers’.

### Additional barriers

People with a care role can be of all ages, genders, and backgrounds. Many can experience marginalisation and additional barriers to accessing services and support. These may include people with a care role who:

* live regionally or rurally
* are from culturally and linguistically diverse backgrounds
* are from refugee / asylum seeker backgrounds
* are a person with a disability
* are victim survivors of family violence
* who don’t self-identity as a carer
* identify as First Peoples or care for someone who identifies as First Peoples
* are LGBTQIA+ carers
* are older people (over the age of 65)
* are ‘sandwich’ carers (caring for children and parents)
* are young people (under the age of 25)

### Not in scope for respite support

The following are **not** the focus of this specific funding:

* People undertaking regular care of children, where the children do not have additional support needs due to:
	+ disability
	+ medical conditions
	+ mental ill health.
* People who are:
	+ foster carers
	+ statutory-registered kinship carers
	+ permanent carers.

In some cases, kinship and foster carers may also be undertaking extra unpaid care responsibilities. They may be eligible for respite support in their unpaid caring capacity.

## Legislative frameworks

### Carers Recognition Act

Victorian organisations funded to support people with a care role have responsibilities under the [*Carers Recognition Act 2012 (Vic)*](https://www.legislation.vic.gov.au/in-force/acts/carers-recognition-act-2012/003)[[4]](#footnote-5).

Responsibilities include to:

* Engage with people in care relationships when assessing, planning, providing, managing and reviewing services affecting them and the care relationship.
* Reflect the principles of the Carers Recognition Act in developing, providing and evaluating support and help for people in care relationships.
* Report carer support activities and the organisation’s compliance with section 11 of the Carers Recognition Act in their annual report.

### Privacy and health information acts

Providers are required to comply with relevant legislation relating to privacy and health information. Below is a list of a relevant legislation, with links to information about how to fulfil your obligations.

* [Privacy and Data Protection Act 2014](https://www.ovic.vic.gov.au/)[[5]](#footnote-6)
* [Victorian Health Records Act 2001](https://www.health.vic.gov.au/legislation/health-records-act)[[6]](#footnote-7)
* [Privacy Act 1988](https://www.oaic.gov.au)[[7]](#footnote-8)
* [Freedom of Information Act 1982](https://www.ovic.vic.gov.au)5
* Department of Families, Fairness and Housing [privacy policy](https://www.dffh.vic.gov.au/publications/privacy-policy)[[8]](#footnote-9)

More information and resources to help organisations meet these responsibilities are on the department’s website.

# Program delivery

## Eligible respite support activities

Respite can be provided in a range of innovative and flexible ways tailored to meet the diversity of respite needs for people with a care role.

Respite can be provided in a range of locations, including in:

* the home
* the community
* purpose-built facilities.

Respite support services should provide a short-term break for the person with a care role in the care relationship. They can be for:

* people with a care role
* a person with care needs
* all parties in a care relationship.

A short-term break in the care relationship might be to:

* relax and rest
* take a holiday
* spend time with others
* complete household tasks
* study or train
* engage in paid employment or volunteering
* engage in cultural or community activities
* get healthcare (including mental health care) or self-care
* provide emergency respite when a carer is ill, injured or experiences a sudden change in circumstances.

For examples of eligible respite approaches, please see the following table.

Table 3: Example respite approaches

| Respite type | Description |
| --- | --- |
| Facility respite | This provides a person receiving care time in a residential care facility:* during the day
* overnight
* for several nights.
 |
| Individual (one-to-one) respite in a person’s home or community | Individual respite supports a carer to take a break or participate in activities that interest them. It may involve activities for:* a person with a care role
* a person receiving care
* or both.

For example, a worker may support a person receiving care:* with an activity in the home
* to attend an outing or a local event.

The person’s carer may then:* attend a separate activity
* engage in a hobby
* take time out for themselves.

This could be for:* a few hours
* a whole day.

Innovative service delivery activities are encouraged.Accessible virtual (online) options are considered. However, face-to-face activities are prioritised. |
| Overnight respite | This happens in a person’s home where a worker stays overnight. |
| Emergency respite | This may take place:* at home
* in a residential facility.

It may be for:* a few hours
* a whole day
* overnight
* over several days.
 |
| Respite in a group setting | This includes activities of choice where a worker is supporting people receiving care, such as:* at a centre
* an outing
* an online group activity.

There may be separate activities for carers and people receiving care. |
| Camps, holidays, resorts or weekends away | This may be to support:* the person with a care role
* the person receiving care
* or both.
 |
| Regular short sessions of respite with activities for carers at the same time | This includes an exercise class for a carer and, at the same time, a separate group activity for the person receiving care.This enables both people to take part in routine health and wellbeing activities. |
| Participation in cultural activities | This could support connection with communities, for:* person with a care role
* the person receiving care
* or both.

It could be a regular activity or an occasional event. |
| Brokered services | Successful organisations can broker another agency to deliver carer respite services on their behalf. |

**Note**: Approaches are not limited to the examples listed in Table 3.

### Administrative costs

Where appropriate, providers may allocate a percentage of funding sought to program management and administration (including contributing to any additional staff costs) to directly support delivery of the program.

Providers funded for $125,000 (excluding GST) per annum or less may use up to 7.5% of funding sought for program administration costs.

Providers funded between $125,001 and $1,000,000 (excluding GST) per annum may use up to 5% of funding sought for program administration costs.

These costs must be reflected in providers’ annual financial acquittal.

Program administration does not include funding used to pay staff for delivering activities, for example facilitators or support workers. These costs can be included as part of direct program delivery.

## Ineligible activities and costs

The following will not be funded as part of the program:

* Program management or administration costs exceeding the caps outlined in these guidelines (see *administrative costs* for more information)
* Organisational costs, including:
	+ building
	+ rental
	+ overheads
	+ other core operational expenses
* Duplicating activities already funded by the Victorian Government, including:
	+ respite service delivery through the Victorian Support for Carers Program
	+ other government-funded grant programs
* Activities already funded through other programs, including:
	+ local
	+ state
	+ Commonwealth government
* Retrospective costs for activities that were delivered or started before funding approval
* Activities outside Victoria (Victorian cross-border communities can access the program)
* Costs that are inappropriate or inconsistent with the objectives of the program. This includes (but not limited to) the purchase of alcohol and gambling.

## Consortia (formal partnership)

A consortium is where two or more organisations work in a formal partnership to deliver respite. Where a consortium has been approved as a provider, the lead organisation will enter into a service agreement with the department. The lead organisation will be responsible for:

* coordinating the distribution of funding to other organisations within their consortium
* ensuring delivery of the respite activities
* reporting to the department under the program requirements.

**All organisations which form part of the consortium must comply with the requirements of the service agreement.**

# General conditions of funding

## Obligations of providers

Providers **must** meet the following obligations:

* Enter or vary a current service agreement with the department for the funded services.
	+ For consortium arrangements, the lead organisation will enter into or vary a service agreement with the department for the funded services. The lead organisation is responsible for the delivery of all funded activities, including those delivered by other consortium members. Each organisation in the consortium will be a signatory to the service agreement and must comply with the requirements.
* Deliver activities and services as per the project plan and budget submitted during the application process. Any changes to proposed activities or timelines need to be in writing to the department and are subject to approval.
* Ensure that funding is used and acquitted in line with the activities described in their application and the funding agreement. Any proposed variation to the approved activity should be discussed with and agreed to by the department before implementation.
* Respond promptly to any requests for information deemed appropriate by the department.
* Provide an Australian Business Number (ABN) so tax is not withheld from payments to registered organisations.
* Be aware that payments made to recipients not registered for GST are exclusive of GST.
* Have a bank account in the name of the applicant.
* Comply with data collection and reporting requirements (see the *data collection and reporting* section of this document).

Funded providers should also be aware that the department may recoup funds from organisations that do not meet targets or have underspent funds. Further information about targets is available in the *funding and targets* section of these guidelines.

Funded organisations (and other organisations in their consortium, if applicable) may be named and required to take part in media opportunities and events.

## Service agreement

Funds are allocated to service providers through a service agreement between the provider and the department.

Service agreements provide information on the general requirements for funded organisations. Service agreements set out key obligations, objectives, rights and responsibilities for service providers delivering services and the department providing funding, including:

* terms and conditions
* departmental policies that service providers need to comply with under the service agreement
* funding and payment information
* the outputs relating to the funding (targets), that is the number of people receiving a service and the number of hours of service (number of distinct carers and number of hours)
* other information for service providers delivering services.

The Department of Families, Fairness and Housing [Service Agreement Requirements](https://fac.dffh.vic.gov.au/service-agreement-requirements-dffh-and-dh) provide further information about provider responsibilities[[9]](#footnote-10).

## Payment of funds

Providers are paid through the department’s Service Agreement Management System (SAMS).

Before payment is made, a service agreement **must** be signed by an authorised representative of the provider and department.

Lump-sum payments are provided annually, and the department reserves the right to recall funds if reporting or other obligations are not met, or in other circumstances deemed appropriate by the department.

If providers engage another organisation to deliver goods and services needed for the funded activity, they must pay that organisation directly without involving third parties.

## Performance management

Consistent with these guidelines, providers **must**:

* Deliver carer respite activities
* Meet performance targets
* Submit monthly and annual reports.

If funded providers do not meet performance targets, the department will work with the provider to identify the causes and implement remedial action.

Providers must acquit funding at the end of each financial year through Annual Provider Reports. If the program was not delivered for all or part of the year, unexpended funding will be recouped and returned to the department.

The service agreement between the department and the provider sets out these rules in more detail.

## Insurance requirements

Providers **must**:

* hold appropriate insurance coverage for respite service delivery
* have public liability insurance and any other insurance that is relevant to the respite activities delivered.

Non-government organisations that are funded to deliver services for children must be:

* incorporated separate legal entities that can be sued in child abuse proceedings
* appropriately insured against child abuse.

For more information, see the [Department of Justice and Community Safety website](https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/organisations-providing-services-to-children-new)[[10]](#footnote-11).

All providers in a consortium must meet these insurance requirements.

The Institute of Community Directors Australia (ICDA) can provide more information about public and product liability insurance for community and non-profit organisations:

* [ICDA’s Insurance and risk management web page](https://communitydirectors.com.au/tools-resources/insurance-and-risk-management)[[11]](#footnote-12)
* Telephone: 03 9230 6880.

## Registration with the Social Services Regulator

Providers registered with the Human Services Regulator prior to 1 July 2024 had their registration automatically transitioned. However, there were some services that only came into scope from 1 July 2024.

The Social Services Regulator has determined that providers are only in scope ‘Where respite care is provided in a residential facility specifically for persons with a disability and where the person with a disability stays overnight in a facility that is not their personal home.’

If this applies to you, further information on how to register is available on the Social Services Regulator webpage of the [Victorian Government website](https://www.vic.gov.au/social-services-regulator-registration)[[12]](#footnote-13).

A provider delivering any in scope service is required to register with the Social Services Regulator and must have submitted their registration application. It is an offence under the Social Services Regulation Act 2021 to not register and could impact the provider’s funding. You will also need to advise the program that your funded activities are in scope of the Social Services Regulator.

In scope funded providers must also ensure all incidents are reported in line with the department’s Client Incident Management System (CIMS). Client incident reporting is required under the CIMS framework and is managed by the service provider. See [Client incident management system](https://providers.dffh.vic.gov.au/cims)[[13]](#footnote-14) for further information.

## Printed and verbal acknowledgement

Providers must acknowledge the Victorian Government’s funding support and any key messages about the department for services funded under the service agreement:

* in speeches and presentations about the project or funded activity
* in media releases
* in relevant job advertisements
* on documents, publications, reports, brochures, posters, flyers and similar materials. You must give the government the opportunity to contribute a sponsor’s message for any relevant publication
* on websites or other digital communications media, developed with the government’s funding support. These should also include a link to the department website. Contact the department for the relevant department website address at Victoriancarerstrategy@dffh.vic.gov.au.
* in social media text and/or images. Where possible, social media should include a written acknowledgement of Victorian Government funding and/or the Victorian State Government logo and a link to the relevant departmental website (depending on the social media channel.)

In limited circumstances, a provider may be exempt from using the Victorian State Government logo in some publicity and publications related to services funded. If you have any questions or need to clarify whether an exemption may apply, please contact the departmental officer named in your service agreement.

# Data collection and reporting requirements

Providers are required to collect and report key demographic data on both people with a care role, and the people with care needs they have supported within each financial year.

For further information and guidance on data and reporting, including counting rules to guide what data needs to be collected and reported, please contact the department’s Carers Team: Victoriancarerstrategy@dffh.vic.gov.au.

## Reporting requirements

Providers are required to submit carer program data to the department through two (2) provider reporting mechanisms:

* monthly **Service Delivery Tracking** for two key performance measures
* annual **Provider Report** in the format required by the department, including financial acquittal, and key demographic and other qualitative information.

The reporting requirements aim to measure the reach and impact of the services provided.

### Monthly Service Delivery Tracking

There are two key performance measures providers are required to report against through the department’s Service Delivery Tracking platform.

Monthly, providers will be required to report a quantitative count of:

* number of carers (unique carers for the reporting month)
* number of service hours (for the reporting month).

Performance against targets will be assessed annually. Continuation of funding depends on timely reporting against targets through the department’s reporting system.

Providers access the online Service Delivery Tracking tool through My Agency (the secure section of the Funded Agency Channel).

For further information on how to use Service Delivery Tracking to report, refer to Funded Agency Channel [Service Delivery Tracking tools and resources](https://fac.dffh.vic.gov.au/service-delivery-tracking)[[14]](#footnote-15).

For further information on the Service Delivery Tracking platform, access, and system requirements, refer to the department’s [Service Delivery Tracking online process FAQs](https://fac.dffh.vic.gov.au/service-delivery-tracking-sdt-online-process-frequently-asked-questions-faqs)[[15]](#footnote-16).

### Annual Provider Report

The Annual Provider Report complements the monthly quantitative Service Delivery Tracking data.

Annual Provider Reports need to be completed by providers each year using the Microsoft Forms platform and an Excel template attachment provided by the department.
The Annual Provider Report requires providers to report key demographic and qualitative program data, including (but not limited to):

* A total quantitative count of people with a care role supported by the provider:
	+ number of people with a care role who identify as First Peoples
	+ number of people with a care role supporting someone who identifies as First Peoples
	+ number of people with a care role by age at time of reporting completion
	+ number of people with a care role by local government area of residence
	+ number of people with a care role by service system engaged (as part of care relationship).
* A quantitative breakdown of:
	+ activities delivered under the program by carers and hours
	+ funding expended by service and activity type, and any unexpended funds.
* Qualitative/narrative information about:
	+ additional barriers of people with a care role
	+ experiences of people with care needs
	+ carer insights
	+ provider insights.

## Continuous improvement

In addition to departmental reporting requirements, providers should regularly collect the information they need to improve program delivery. This may include:

* actively identifying and addressing services gaps
* responding to the emerging needs of people with a care role
* using evidence, such as feedback collected from carers, to enhance program delivery
* examining opportunities to reach hidden carers or people with a care role who face additional barriers.

Providers should work collaboratively with each other and the broader service system to share learnings, coordinate support and strengthen referral pathways.

### Carer feedback mechanisms

Providers have a responsibility to seek input and feedback from people with a care role as part of their service delivery.

The mechanism for capturing feedback from people with a care role is at the discretion of the provider.

Providers should maintain clear documentation outlining their carer feedback mechanisms.

Collecting carer feedback is a practical way for providers to:

* demonstrate their compliance with the Carers Recognition Act
* gather information on carer insights and how people with a care role have engaged with the program, to be included in Annual Provider Reports to the department
* help identify how people with a care role are benefiting from services and current service gaps, enabling continuous service improvement.

### Complaints management

Users of government funded services are entitled to have complaints investigated objectively and without fear of retribution. Where appropriate, complaints should be dealt with in the first instance by the organisation providing the service.

Providers need policies, procedures, and processes to deal with and monitor complaints. Provider internal complaint mechanisms should include a written policy describing how a complaint will be handled and should be made available and explained to all service users. Where complaints are upheld, the service provider should review their access and service delivery practices, to make improvements in services.

### Program level improvement

The department reviews program data and reporting outputs from providers across funded carer programs, and in line with other national and state data and reporting.

This ensures funded programs are continuously improving and meeting the diverse and emerging needs of people with a care role.

The department will continue to review and refine the program over time, to ensure it continues to meet its objectives and responds to the emerging needs of people with a care role. The department will share key insights and learnings with providers to support continuous program improvement.

1. https://www.dffh.vic.gov.au/publications/recognising-and-supporting-victorias-carers-victorian-carer-strategy-2018-22 [↑](#footnote-ref-2)
2. The Department acknowledges the impacts of colonisation which continue to influence the department’s systems and structures. We are deeply committed to addressing these impacts by embedding cultural safety and self-determination principles in all we do. Further information on the department’s approach to embedding these principles is [available in the department’s strategic plan](https://www.dffh.vic.gov.au/publications/advocating-self-determination): https://www.dffh.vic.gov.au/publications/advocating-self-determination [↑](#footnote-ref-3)
3. 3 https://www.dffh.vic.gov.au/publications/advocating-self-determination [↑](#footnote-ref-4)
4. https://www.legislation.vic.gov.au/in-force/acts/carers-recognition-act-2012/003 [↑](#footnote-ref-5)
5. https://www.ovic.vic.gov.au [↑](#footnote-ref-6)
6. https://www.health.vic.gov.au/legislation/health-records-act [↑](#footnote-ref-7)
7. https://www.oaic.gov.au/ [↑](#footnote-ref-8)
8. https://www.dffh.vic.gov.au/publications/privacy-policy [↑](#footnote-ref-9)
9. https://fac.dffh.vic.gov.au/service-agreement-requirements-dffh-and-dh [↑](#footnote-ref-10)
10. https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/organisations-providing-services-to-children-new [↑](#footnote-ref-11)
11. https://communitydirectors.com.au/tools-resources/insurance-and-risk-management. [↑](#footnote-ref-12)
12. https://www.vic.gov.au/social-services-regulator-registration [↑](#footnote-ref-13)
13. https://providers.dffh.vic.gov.au/cims [↑](#footnote-ref-14)
14. https://fac.dffh.vic.gov.au/service-delivery-tracking [↑](#footnote-ref-15)
15. https://fac.dffh.vic.gov.au/service-delivery-tracking-sdt-online-process-frequently-asked-questions-faqs [↑](#footnote-ref-16)