Strong and Resilient Communities (SARC) – indicative Program Logic

Program Goal To put vulnerable and disadvantaged people on pathways to self-reliance and empowerment through local community driven solutions that support them to participate socially and economically. Marginalised and disengaged vulnerable and disadvantaged people need to be reconnected to local community activities, networks and services, assisted to access and maximise the benefits of **Program Need** education, training, and employment opportunities, in order to achieve positive life outcomes **Program Impacts Short-term Outcomes Mid-term Outcomes** (Long-term Activities Outputs (12-24 months) Inputs (Immediate: 0-12 months) Outcomes: 2-5 years) 1. Annual Grant round (x5) 1a. <u>Cohort 1: children and young people 12-18</u> 1. Increased new undertaken who are at risk of being disengaged, 1. People who have skills & knowledge participated in SARC marginalised and having limited engagement that improves 2. Grant recipients design with education / training are supported to projects experience 1. @ 40 projects worth development, & establish their projects identify and remove/reduce barriers Increased engagement up to \$12.5m are funded readiness for in areas of highest need with education and/or in up to 40 locations per

\$63M 2022-23 from to 2026-27: \$12.365 million 2022-23 \$12.553 million 2023-24 \$12.553 million 2024-25 \$12.553 million 2025-26 \$12.553 million 2026-27

SARC projects to be capped at \$180,000 pa with a 2 year funding limit

\$200,000 pa retained for ongoing evaluation of the revised SARC program model and outcomes of SARC projects

target cohort in order to help them to participate economically and socially: Cohort 1: children and young under 18 Cohort 2: unemployed people Cohort 3: vulnerable and disadvantaged

3. Grant recipients

design projects and

activities to provide

support for particular

women Cohort 4: people with disability or mental health issues

4. Grant recipients develop & implement culturally safe and inclusive approaches

5. Grant recipients develop networks & relationships with relevant support & social services

6. Grant recipients provide project participants with information about local community supports & services

7. Grant recipients set up evaluation strategies to report on project outcomes

annum.

a. Cohort 1: 25% of projects b. Cohort 2: 25% of projects c. Cohort 3: 25 % of projects

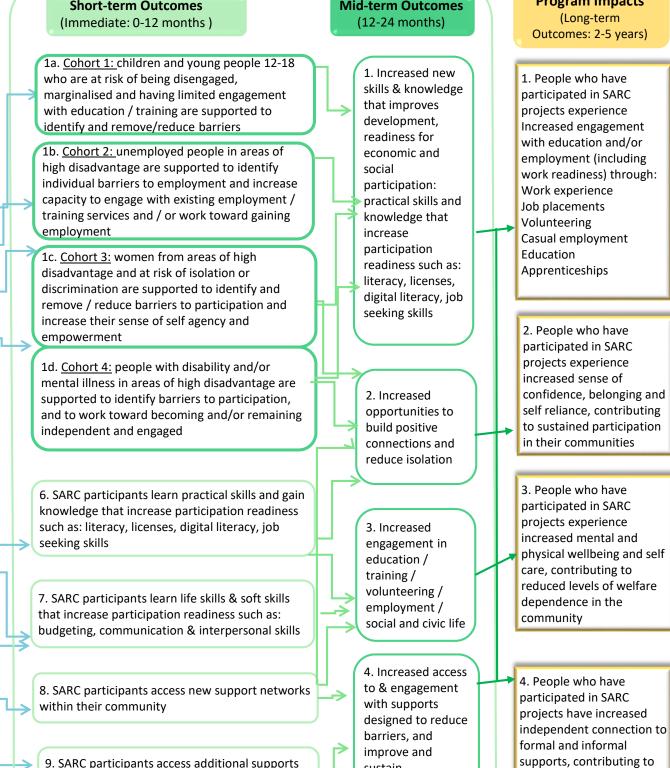
d. Cohort 4: 25% of projects

2. SARC projects accessed by people from target vulnerable cohorts

3. Referral of participants to additional community health & social services to reduce barriers and increase supports that facilitate greater participation

4. SARC participants have greater knowledge of community support services & networks

5. Grant recipients report on project outcomes



designed to reduce individual barriers with an

aim to improve and sustain participation

sustain

participation

greater community

cohesion

Target need: Vulnerable and disadvantaged people of workforce age (15-64 years), with priority on: Children and young people aged 12-18, unemployed people, vulnerable and disadvantaged women, people with disability or mental illness. **Program partners:** Local communities, community organisations, service providers, local councils, state/territory governments, education/training providers, job providers

External factors and stakeholders:

- Other organisations that provide similar programs such as
- DSS: Reconnect, DES, VMA, FAC Activity, TTL
- DESE: Job Active
- Office for Women
- Health: sport and recreation
- Home Affairs: Community hubs, Fostering integration grants
- Youth hubs trials
- State/Territory Government programs/interventions.
- Indigenous, CALD and disability groups

Other external factors:

- The demand capability of organisations/grant recipients to set up time limited projects with clear outcomes measurement frameworks.
- Accessibility, demand and uptake of the project activities.
- Significant events that impact on project delivery and on the mental health and wellbeing of Australians, such as the COVID-19 pandemic.

Assumptions:

That increased community engagement is a mechanism for building individual self-reliance, confidence and mental health. This can be described as a pathway to self reliance.

By improving people's connection to education, employment and social participation opportunities they will also experience:

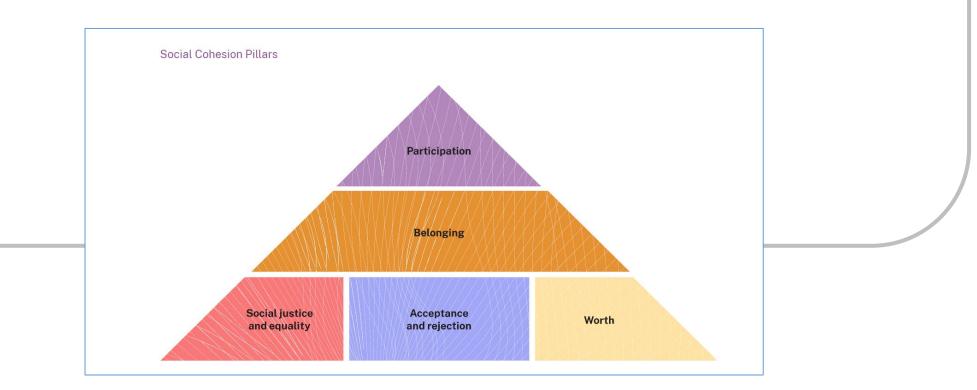
- Increased social connection and support
- Improved mental and physical health
- Increased life/soft skills and practical skills

That needs can be addressed by SARC projects within 2 year project timeframes.

That the projects are able to demonstrate clear short term outcomes within 2 year timeframes.

Program hypothesis:

Individuals who are at risk of poor life outcomes (because of disengagement with communities and institutions which reduces their opportunities for social and economic participation) can benefit from locally driven supports that are responsive to the needs and circumstances of particular geographic locations and/or communities of interest. Such supports should enable disadvantaged individuals to become more competent, confident and self-reliant, and/or increase their social and economic participation. The benefits individuals gain from this will also have a positive effect on the community more broadly through greater community cohesion. Communities which are more cohesive are better able to withstand shocks because of their capacity to care for and support their members.



Scanlon-Monash Index of Social Cohesion