



Australian Government
Department of Social Services

**Operational Guidelines for the
National Disability Advocacy Program**

(January 2021)

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1. Introduction

1.1 Program Description

The National Disability Advocacy Program (NDAP) provides people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights, enabling community participation.

1.2 Why is disability advocacy important?

The primary purpose of disability advocacy is to protect and uphold the human rights of people with disability. This involves:

- acting in a partisan manner (i.e. being on their side and no-one else's)
- being primarily concerned with their fundamental needs
- remaining loyal and accountable to them in a way which is empathetic and vigorous (whilst respecting the rights of others)
- ensuring duty of care at all times.

Effective disability advocacy promotes, protects and supports a persons, or groups, full and equal human rights. Advocates support or work on behalf of a person with disability to help them to speak out and defend their rights and interests. This is particularly important in situations where people with disability may not be able to speak up for themselves, or even identify when they have been exploited, abused or neglected.

1.3 Who is the primary client?

Primary clients for this program activity are people with a disability, and carers and family members on behalf of people with disability.

Providers who offer support under the citizen advocacy model of NDAP are to record the protégé as the client for outcomes reporting purposes in the Data Exchange (DEX).

1.5 Key legislation

NDAP disability advocacy providers receive funding under the *Disability Services Act 1986* (DSA), available at <https://www.legislation.gov.au>.

The Australian Government has legislated standards, the National Standards for Disability Services (the Standards), <https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>, that define the elements of quality support for people with disability.

All disability advocacy providers funded under NDAP must comply with the DSA and the applicable standards (currently the National Standards), as well as all relevant Commonwealth, State and Territory legislation.

2. Advocacy services

Providers are funded to provide disability advocacy support:

- delivered from specified locations
- to a specified number of people**
- covering a specified service area (these are currently either state-wide or a collection of Australian Bureau of Statistics Statistical Areas)

**The number of clients assisted is measured using benchmarking, comparing an organisation's achievement against similar service providers delivering comparable services, using characteristics defined in the Data Exchange protocols.

Providers may also be funded to specialise in providing advocacy support to particular groups such as:

- Aboriginal and Torres Strait Islander people with disability
- people with disability from diverse cultural and linguistic backgrounds
- people with a particular disability type e.g. acquired brain injury.

Funding under the NDAP is a grant of financial assistance approved by the Minister or delegate under the DSA. Funding is provided subject to providers:

- signing and complying with the streamlined grant agreement, grant schedule and activity work plan, including the supplementary terms and general conditions of the grant of financial assistance – documents available at www.dss.gov.au
- complying with the DSA, including undertaking all necessary work to meet and maintain certification against the legislated standards
- meeting all other relevant legislative requirements
- meeting all performance requirements
- providing advocacy support under the grant agreement free of charge
- complying with these Operational Guidelines.

NDAP funding is conditional upon advocacy providers achieving and maintaining certification against the applicable standards, currently (the National Standards) -
<https://www.dss.gov.au/our-responsibilities/disability-and-carers/standards-and-quality-assurance/national-standards-for-disability-services>

3. Eligible organisations and activities

3.1 Eligible organisations

An advocacy service, as defined in section 7 of the DSA, means:

- (a) a service that seeks to support persons with disabilities to exercise their rights and freedoms, being rights and freedoms recognised or declared by the *Disabilities Convention*, through: one-to-one support; or supporting them to advocate for themselves, whether individually, through a third party or on a group basis; or
- (b) a service that seeks to introduce and influence long-term changes to ensure that the rights and freedoms of persons with disabilities, being rights and freedoms recognised or declared by the *Disabilities Convention*, are attained and upheld so as to positively affect the quality of their lives; or
- (c) a service included in a class of services approved by the Minister under section 9B.

Note: The *Disabilities Convention* is defined in the *Disability Services Act 1986* (DSA) as the *United Nations Convention on the Rights of Persons with Disabilities*.

3.2 Target groups

It is a requirement under section 8 of the DSA that the target group for advocacy support provided by NDAP providers consists of people with disability that:

- is attributable to an intellectual, psychiatric, sensory or physical impairment, or a combination of such impairments
- is permanent or likely to be permanent
- results in:
 - a substantially reduced capacity of the person for communication, learning or mobility
 - the need for support services.

3.3 Eligible activities

Program funding is to be used in accordance with the DSA and the grant agreement. The funding may be used for:

- staff salaries and on-costs which can be directly attributed to the provision of NDAP services in the identified coverage area or areas as per the Grant Agreement
- employee training for paid and unpaid staff including Committee and Board members, that is relevant, appropriate and in line with the NDAP
- operating and administration expenses directly related to delivery of advocacy services, such as:
 - telephones
 - rent and outgoings
 - computer / IT / website / software
 - insurance
 - utilities
 - postage
 - stationery and printing
 - accounting and auditing
 - travel/accommodation costs

There is provision under the DSA whereby funding for capital works or improvements to premises may be granted. NDAP providers must obtain approval from the Department of Social Services (the department) prior to spending NDAP funding on capital works or improvements.

3.4 Ineligible activities

Program funding may not be used for:

- costs that are not directly related to the delivery of disability advocacy support in the identified service area or areas
- advocacy support for people outside the target group
- disability advocacy support for people outside the service areas identified in the grant agreement or activity work plan (unless in the circumstances outlined in section 4)
- overseas travel.

4. Access to disability advocacy support

All people with disability residing in the service area defined in the grant agreement or activity work plan should have equal access to disability advocacy support. In providing disability advocacy, providers are expected to meet the diverse needs of their community and ensure all groups can access culturally appropriate support.

Access to disability advocacy support under the NDAP should be based on vulnerability and fundamental need and cannot:

- be based on religious or spiritual considerations. Further, people accessing disability advocacy support cannot be required to undertake religious or spiritual education to access support under the NDAP
- require people to become members of any organisation.

Providers are required to ensure they are accessible during advertised operating hours. Strategies must be in place, within existing resources, to ensure continuity of service provision during times when staff are absent or on leave.

If operational circumstances require an agency to close for short periods of time (less than five business days), providers must provide advice, for example, by updating their telephone answering message and a notice on the door which provides alternative contact details.

Providers should not be closed for extended periods of time (more than five business days), except during Christmas and New Year. If an agency anticipates it will need to close for more than five business days outside this period, it must notify DSS immediately.

The above arrangements also apply where an agency is required to close for short periods of time or extended periods (as described above) due to a state/national emergency being declared eg, pandemic, bushfires or floods.

4.1 Promotion of services

Providers must make the details of their service publically available on their websites and in their offices, and should raise awareness of their service availability, for example, through networking, social media, and promotional materials.

When promoting services, consider:

- awareness: People need to be aware that the service exists
- education: People need to understand the service provided and see the value in accessing the service
- accessibility: Services should be accessible and welcoming for people with disability
- diversity and inclusivity: Be non-discriminatory, be relevant to the local community and reflect its ethnic and cultural values; ensure promotional materials are available in commonly spoken languages in your local community
- individuality: Tailor services based on the needs of individual participants
- continuity: Provide support and enable a relationship to develop.

It is best practice to consult with the department on developing any communication materials.

4.2 Specialised disability advocacy providers

Some providers specialise in providing advocacy support to certain cohorts, such as people from an Aboriginal or Torres Strait Islander background, from a culturally and linguistically diverse background, or with a specific type of disability.

This is intended to ensure priority of access to specified populations. Providers providing specialist support should provide advocacy support to people who are outside of their specialisation as resources allow.

Providers that offer specialist disability advocacy can act in an advisory capacity to assist the generalist providers to provide culturally or disability appropriate advocacy support.

4.3 Aboriginal and Torres Strait Islander access

All NDAP disability advocacy providers have a responsibility to provide disability advocacy support to Aboriginal and Torres Strait Islanders people with disability in their service area.

4.4 Culturally and Linguistically Diverse background access

All disability advocacy providers have a responsibility to provide disability advocacy support to people from Culturally and Linguistically Diverse (CALD) backgrounds. The department's funding for interpreting services through the Translation and Interpreter Service (TIS) supports this.

4.5 Providing advocacy support outside the service area

Disability advocacy providers are funded to provide disability advocacy support within a specified service area. Where a person moves outside an advocacy agency's service area, a referral to an appropriate agency should be arranged, where possible.

NDAP providers must not provide advocacy support to people with disability outside their service area, as defined in their grant agreement, without gaining prior approval from the department.

4.6 Rural and remote access

It is expected that most NDAP providers funded to provide advocacy support in rural and remote areas will have an outlet in the region where advocacy support is provided. However, if it is not feasible to have an outlet, the following alternatives can be considered:

- outreach - the common element of all forms of outreach work is to actively approach people who would otherwise be un-served in non-traditional settings with the intention of offering supports related to service provision and/or to establish engagement. Outreach is integral in providing access to services for hard-to-reach groups, and other people who would have difficulty accessing the services, such as people unable to leave their private residence. Any sensitive information, such as a person's home address or a protected location, such as a refuge, should not be recorded or included in reporting in an outlet's name or address. Providers can record the outlet as the nearest administrative premises where staff are based.
- mobile service - where the agency takes its facilities to people who, for reasons of distance, disability or other, would not otherwise have access.

The department must be informed of operational arrangements, including the locations of outlets, outreach, and the home base of the mobile services.

4.7 Subcontracting

The department considers any parts of the activity which are not directly delivered by the grant recipient, and are instead delivered by a third party pursuant to an agreement between the grant recipient and the third party, to be subcontracting.

The provider using the services of a subcontractor must ensure that all services delivered by the subcontractor are in line with the Grant Agreement, and these Guidelines.

In line with the Grant Agreement, the department must provide prior written consent before a provider enters into any subcontracting arrangement, and the department may impose any conditions it considers reasonable and appropriate when giving consent. The department may request a copy of the agreement between the provider and the subcontractor.

Reporting requirements for subcontracted services is the responsibility of the provider that the department has the Grant Agreement with, unless otherwise agreed by the department.

4.8 Closure of an agency

NDAP providers must notify the department immediately if they become insolvent or are no longer able to provide advocacy support as required under the grant agreement. In this instance, the agency is expected to work with the department to ensure that people currently receiving advocacy support are referred to another advocacy provider or appropriate agency.

4.9 Interpreting services

From 1 July 2018, the department will meet the cost of interpreting services used by NDAP providers during the delivery of funded advocacy supports to people from diverse cultural and linguistic backgrounds.

Interpreting services will be available through an arrangement between the department and the Department of Home Affairs' Translating and Interpreting Service (TIS National).

Payment of interpreting services for languages other than those provided by TIS National will be considered on a case-by-case basis, and will be dependent on the availability of funds within the budget allocation.

5. Reporting

5.1 Reporting requirements

Data Exchange Reporting

Providers are required to provide client level data and service delivery information from all recipients of the relevant funded activity in accordance with the Data Exchange ([DEX Protocols](#)).

Providers must have systems in place to allow them to meet their data collection and reporting obligations outlined in their grant agreement and Activity Work Plan (AWP) and in the DEX Protocols.

Providers must submit reports in line with the grant agreement. The department will provide sample templates for these reports as appendices in the Grant Agreement.

The amount of detail providers include in their reports should be relative to the size, complexity and grant amount.

For NDAP funded providers, participation in the ‘partnership approach’ is a requirement of funding. By participating, providers will provide some additional information in exchange for the receipt of regular and relevant reports.

Disability Services Data Collection

NDAP providers must provide information annually to the Disability Services Data Collection conducted by the department. Information about the Disability Services Census and a Data Guide for disability advocacy providers is available on the [DSS website](#).

Activity Work Plan (AWP)

The purpose of the AWP is to include output-level detail for the funded activity negotiated with the department. The information listed against each activity should include the activity details, deliverables, timeframes for delivery and measures of achievement. It may include a budget or other administrative controls intended to help manage activity risks. Once mutually agreed the AWP will form part of the Grant Agreement. An AWP can contain more than one activity.

All providers are required, as part of their funding agreement, to submit an AWP on a financial year basis.

Six monthly performance reporting

DEX has two standardised six monthly performance reporting periods each financial year:

- Reporting Period 1 runs from 1 July to 31 December
- Reporting Period 2 runs from 1 January to 30 June

Providers are required to report for any session delivered in the Reporting Period. They can enter data at any time within a reporting period, and are encouraged to do so regularly to make best use of the self-service reports and avoid unnecessary backlog.

The reporting period automatically closes at the end of the 30 days (i.e. 30 July and 30 January each year). Providers are required to finalise the submission of data within the Data Exchange for each reporting period within 30 days of the reporting period ceasing, known as ‘closing periods’.

Once a reporting period has closed, data relating to that period of time will no longer be able to be recorded. Data outside a reporting period may only be entered if a provider has sought and been granted an extension.

Partnership approach

The data items collected in DEX are divided into two parts:

- A set of **priority requirements** that all organisations must report, and
- An extended data set known as the **partnership** approach.

As a requirement of their funding agreement, NDAP organisations are to participate in the partnership approach. The extended data set (partnership approach) includes information about a client's presenting needs and circumstances, such as the reason for seeking assistance, referrals (in and out), household composition and income status. Other outcomes focused data is collected using Standard Client/Community Outcomes Reporting (SCORE). Collecting outcomes based data assists the department to make recommendations to government about the future of the program, including funding.

Further information about the 'partnership approach' can be found at the Data Exchange ([DEX Protocols](#))

Activity Work Plan Report

The AWP Report seeks details of progress on requirements in the AWP for the reporting period, including any compliance requirements. This report is intended to detail the achievements/outcomes for the previous 12 months undertaken by the provider and should align with the content of the AWP.

Importantly, the report should clearly articulate an 'output' as opposed to an 'outcome'. Simply, an 'output' is a specific activity undertaken by the provider and an 'outcome' is the result of this activity. The report should clearly describe how the advocacy support provided (the 'output') made a difference to people with a disability (the 'outcome').

When outlining successes and challenges, you should include case studies which can demonstrate where advocacy support made a difference to a person with disability. Each case study should highlight a client's experiences and outcomes. Ideally, each case study should include the type of advocacy provided (eg, individual, systemic etc), background/context, the problem/issues (eg, discrimination/rights, health/mental health, finances, NDIS – access/planning), aim of the advocacy support, action taken and the results. It would be beneficial to include what the gains were for client and any recommendation/learnings for the provider.

Financial Acquittal Report

A Financial Acquittal must be submitted for each financial year (FY) funded under the Grant Agreement - to align with the relevant FY 1 July to 30 June and submitted on 31 October following the end of the FY. This declaration is a certification from the Grantee stating that the funds were spent for the purpose as outlined in the Grant Agreement and in-which the Grantee is required to declare unspent funds.

If a provider has received SACS Supplementation for any of the activities, they must provide the department with a declaration for each activity (for more information go to page 12 of the NDAP Commonwealth Simple Grant Agreement).

The table below summarises the reporting requirements the Grantee agrees to as a requirement of funding (Source: Commonwealth Simple Grant Agreement – Version 5 – September 2019)

Reporting

Milestone	Information to be included	Due Date
Activity Work Plan	Output-level detail for the funded Activity negotiated with the Department and captured in an Activity Work Plan as per Item E.2	15 August 2020
Performance Report	Finalisation of Data Exchange period 1 data (1 July to 31 December), as set out in the Data Exchange Protocols, as per Item E.1	30 January 2021
Performance Report	Finalisation of Data Exchange period 2 data (1 January to 30 June), as set out in the Data Exchange Protocols, as per Item E.1	30 July 2021
Activity Work Plan Report	A report with progress against Activity Work Plan, compliance or other reporting as set out in Item E.5	15 August 2021
Financial Acquittal Report	Financial Acquittal from 1 July 2020 to 30 June 2021 as per Item E.4	31 October 2021
Performance Report	Finalisation of Data Exchange period 1 data (1 July to 31 December), as set out in the Data Exchange Protocols, as per Item E.1	30 January 2022
Performance Report	Finalisation of Data Exchange period 2 data (1 January to 30 June), as set out in the Data Exchange Protocols, as per Item E.1	30 July 2022
Activity Work Plan Report	A report with progress against Activity Work Plan, compliance or other reporting as set out in Item E.5	15 August 2022
Financial Acquittal Report	Financial Acquittal from 1 July 2021 to 30 June 2022 as per Item E.4	31 October 2022

5.2 Information technology

Funding recipients are expected to ensure they have suitable information technology systems in place to allow them to meet their data collection and reporting obligations.

5.3 Reporting targets

Although individual targets have been negotiated with each NDAP agency, the department is aware that varying models of support and providing support to people with complex needs or multiple disabilities may affect the providers' capacity in relation to the number of people who receive advocacy support.

Providers should discuss variances with their departmental Funding Arrangement Manager (FAM).

6. Dealing with conflicts of interest

Conflict of interest arises when a provider or staff has a competing interest with the interests of the person with disability, which a reasonable person would regard as making it difficult for the provider or staff to properly discharge their responsibilities to the person with disability.

In meeting the needs of a person with disability, advocacy providers must:

- operate independently
- avoid, where possible, any conflict or perceived conflict of interest in relation to the conduct of its advocacy work
- deal with any conflict or perceived conflict transparently.

In line with the Commonwealth Standard Grant Conditions, providers must notify their FAM of any conflict of interest, whether actual, perceived or potential.

Providers must also notify of any material change to a previously disclosed conflict of interest.

When declaring a conflict of interest, providers should include relevant information surrounding the circumstances of the conflict of interest, and how they will manage the conflict of interest.

7. Quality assurance, complaints and serious incidents

7.1 NDAP Quality Assurance (QA) System

In accordance with the Grant Agreement all NDAP providers are required to be independently audited and certified as complying with the DSA within eighteen months of the initial grant of funding. All NDAP providers funded under the DSA must comply with the National Standards for Disability Services (the National Standards) and all relevant Commonwealth, State and Territory legislation.

The objectives of the QA system are to:

- provide people with disability, the disability advocacy sector and government with assurances about the quality of disability advocacy support being delivered
- introduce mechanisms independent from government to assess the compliance of advocacy providers with the legislated standards
- support disability advocacy providers to continuously improve.

Key points about the NDAP QA system:

- the NDAP QA certification cycle is of three years duration
 - within 18 months after the date on which funding is approved, a decision on certification must be made
 - after 36 months of certification, providers participate in a full recertification audit
- applies to all NDAP funded disability advocacy providers
- involves on-site audits by independent certification bodies, accredited by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ), to certify that providers comply with the legislated standards
- has been designed to ensure that people with disability are involved with all aspects and stages of the process

- the role of the department is to develop policy and provide support, tools and resources to help providers gain certification and pursue continuous improvement
- if a disability advocacy agency has been audited to another set of standards by a JAS-ANZ accredited certification body, then common criteria can be considered during the NDAP QA process to avoid audit duplication.

Information on the QA system for NDAP providers is available on the [DSS website](#).

7.2 Complaints about disability advocacy providers

Complaints are to be treated professionally and in a positive, timely and fair way and providers should have processes in place for the management of complaints. In the first instance, complaints (from clients or others) should be raised directly with the provider. Clients must be made aware of the avenues available to them to make a complaint, eg in person, in writing, over the phone, and via email.

Providers must maintain a formal register of complaints received, including the nature of the complaint and actions taken to resolve the client's issues and concerns, and how it was resolved, including whether it was referred to another authority, providers must provide the register to the department, if requested.

Providers must immediately notify their FAM about significant complaints, that is, those related to serious harm or misconduct, or serious injury to a client, and keep their FAM informed of developments.

Providers should refer to the department's [Complaints Procedures](#) for further information.

How to handle a serious incident

Providers must comply with Commonwealth, state and territory laws if there is a serious incident in relation to providing the advocacy support services. A serious incident is an event that disrupts service provision or threatens the safety of people or property.

Serious incidents include:

- incidents involving fraud
- incidents of alleged physical or sexual assault of a client committed by an employee
- incidents of alleged physical or sexual assault of a client committed by another client while in the care of the provider
- culpable neglect
- serious unexplained injury
- death of a client (irrespective of cause)
- unauthorised use of restrictive practices (seclusion, chemical restraint, mechanical restraint, physical restraint, environmental restraint).

Disability advocacy providers should have processes in place for the management of complaints in a positive, timely and fair way. Initially, complaints (from consumers or others) should be raised directly with the disability advocacy agency.

Although most complaints should be handled by the disability advocacy agency in the first instance, particular complaints will require an external referral, such as complaints of a serious or sensitive nature that cannot be handled by the disability advocacy agency. These may include allegations of assault or abuse and neglect - which should be referred to police.

If you suspect a child or young person is in need of protection from abuse or harm you should report your concerns to the Child Protection agency in your relevant State or Territory.

If a satisfactory resolution is not reached through the agency's internal complaints system, or if the complainant prefers to raise the matter with an independent organisation, the complaint can be referred to the Complaints Resolution and Referral Service (CRRS). The CRRS is an independent service, funded by the Australian Government that manages complaints about service providers funded under the DSA, including disability advocacy providers.

CRRS can be contacted on 1800 880 052 and further information can be found on the CRRS website at www.jobaccess.gov.au/people-with-disability/making-complaint.

8. Acknowledgement of support

The following wording is to be used to acknowledge the financial support of the department in all NDAP material published by disability advocacy providers:

Funded by the Australian Government Department of Social Services

In circumstances where funding for advocacy is also received from other sources, the words 'part funded' must be used.

9. Contact information

Inquiries related to NDAP or the Commonwealth role in disability advocacy can be directed to disabilityadvocacy@DSS.gov.au

or via post to:

Department of Social Services
Disability, Employment and Carers Group
Disability Advocacy Section
PO Box 9820
Canberra ACT 2601

Attachment A

Definition and models of advocacy

Advocacy for people with disability can be defined as speaking, acting or writing on behalf of the interests of a disadvantaged person or group, with minimal conflict of interest, in order to promote, protect and defend the welfare of, and justice for, either the person or group.

This involves:

- acting in a partisan manner (i.e. being on their side and no-one else's)
- being primarily concerned with their fundamental needs
- remaining loyal and accountable to them in a way which is empathetic and vigorous (whilst respecting the rights of others)
- ensuring duty of care at all times.

Advocacy service

An advocacy service, as defined in section 7 of the DSA, means:

- (d) a service that seeks to support persons with disabilities to exercise their rights and freedoms, being rights and freedoms recognised or declared by the *Disabilities Convention*, through: one-to-one support; or supporting them to advocate for themselves, whether individually, through a third party or on a group basis.
- (e) a service that seeks to introduce and influence long-term changes to ensure that the rights and freedoms of persons with disabilities, being rights and freedoms recognised or declared by the *Disabilities Convention*, are attained and upheld so as to positively affect the quality of their lives.
- (f) a service included in a class of services approved by the Minister under section 9B.

Note: The *Disabilities Convention* is defined in the *Disability Services Act 1986* (DSA) as the *United Nations Convention on the Rights of Persons with Disabilities*.

Independent advocates

An independent advocate, in relation to a person with disability, means a person who:

- is independent of the organisations providing supports or services to a person with disability
- provides independent advocacy for the person with disability, to assist the person with disability to exercise choice and control and to have their voice heard in matters that affect them
- acts at the direction of the person with disability, reflecting the person with disability's expressed wishes, will, preferences and rights
- is free of relevant conflicts of interest.

Advocacy models

Providers funded through NDAP will receive funding to deliver:

- advocacy for individuals (which may involve individual advocacy, self advocacy, citizen advocacy, family advocacy and/or legal advocacy)
- systemic advocacy.

This approach is designed to ensure that providers can deliver the advocacy a person needs, rather than be constrained by requirements in the grant agreement. Further information on the commonly understood models of disability advocacy are provided at **Table 1** below.

Table 1 Models of Disability Advocacy

NDAP funding stream	Advocacy Model
	<p>Individual advocacy – seeks to uphold the rights and interests of people with all types of disabilities on a one-on-one basis by addressing instances of discrimination, abuse and neglect.</p> <p>Individual advocates work with people with disability on either a short-term or issue-specific basis. Individual advocates:</p> <ul style="list-style-type: none">○ develop a plan of action (sometimes called an individual advocacy plan) in partnership with the person with disability that maps out clearly defined goals;○ educate people with disability about their rights; and○ work through the individual advocacy plan in partnership with the person with disability.
Advocacy for individuals	<p>Citizen advocacy – seeks to support vulnerable or isolated people with disability (also called protégés) by matching them with volunteers. Some of the matches made may last for life.</p> <p>Citizen advocates are encouraged to represent the interests of a person with disability as if they were their own and be free from conflict of interest. Citizen advocates are recruited, trained and supported by a coordinator who manages the work of the citizen advocacy agency.</p>
	<p>Family advocacy – works with parents and family members to enable them to act as advocates with, and on behalf of, a family member with disability. Family advocates work with parents and family members on either a short-term or an issue-specific basis.</p> <p>Family advocates work within the fundamental principle that the rights and interests of the person with disability are upheld at all times</p>
	<p>Self advocacy – supports people with disability to advocate on their own behalf, to the extent possible, or on a one-on-one or group basis. Self advocacy advocates work with people with disability to develop their personal skills and self-confidence to enable them to advocate on their own behalf; and educate people with disability about their rights.</p>
	<p>Legal advocacy – seeks to uphold the rights and interests of people with all types of disabilities on a one-on-one basis by addressing legal aspects of instances of discrimination, abuse and neglect. Legal advocates may:</p> <ul style="list-style-type: none">○ provide legal representation for people with disability as they come into contact with the justice system;

NDAP funding stream	Advocacy Model
	<ul style="list-style-type: none"> ○ pursue positive changes to legislation for people with disability; and ○ assist people with disability to understand their legal rights.
Systemic advocacy	Systemic advocacy – seeks to influence or secure positive long-term changes that remove barriers and address discriminatory practices to ensure the collective rights and interests of people with disability are upheld.

Attachment B

The Data Exchange ‘partnership approach’

**Frequently Asked Questions
for disability advocacy providers**

Introduction

This document is designed to help Commonwealth funded National Disability Advocacy Program (NDAP) providers participate in the ‘partnership approach’ with the Department of Social Services (DSS) Data Exchange. It provides Frequently Asked Questions specific to disability advocacy providers.

For all NDAP providers, participation in the ‘partnership approach’ is a requirement of funding from Reporting Period 2, ie January 2021. By participating, you will provide some additional information in exchange for the receipt of regular and relevant reports. The main focus of the ‘partnership approach’ is collecting information about the outcomes achieved by clients as a result of service delivery. The ‘partnership approach’ also includes some extended data items that provide additional information about client demographics, needs and circumstances.

Frequently Asked Questions

Q1 What is the Data Exchange?

The Data Exchange is a program performance reporting tool used by client facing programs as part of the Community Grants Hub. It collects data on client demographics, access to services and the outcomes achieved for these clients. The Data Exchange:

- Offers a standard approach to outcomes reporting
- Reduces the complexity and number of reports required
- Shares de-identified reports back to organisations about their clients
- Protects client privacy and ensures all data is securely stored.

The Data Exchange has two six monthly reporting periods (1 January to 30 June and 1 July to 31 December) each year. Each reporting period allows an additional 30 days for organisations to submit their data to the Data Exchange. Data can be submitted in three ways, to accommodate organisations preferences:

- System- to-system
- Bulk upload
- Directly to the Data Exchange portal.

Q2 What is the Data Exchange ‘partnership approach’?

The partnership approach forms part of the Data Exchange Framework. Organisations participating in the partnership approach collect extra data items relating to a client's needs, circumstances and outcomes. In return, the department provides additional self-service reports about the organisations service coverage area and client outcomes.

The most important part of the partnership approach is outcomes data, which is collected as part of a standard outcomes framework known as **SCORE** (Standard Client/Community Outcomes Reporting). SCORE helps tell the story of what was achieved for a client/group/community as a result of service delivery.

SCORE is reported using a simple five-point rating scale. This provides a consistent and comparable way to translate outcomes into a quantified rating. It is intended that SCORE is recorded towards the beginning and end of a funded activity, to best assess change in outcomes over time.

Organisations collecting the partnership approach are able to access an extended reporting suite that shares the information they have collected back with them, and includes access to community profile reports. Further information about the reports and the partnership approach is available on the [Data Exchange website](#).

If you would like to discuss training in how to use the self-service reports, please email govGPS.Training@dss.gov.au.

Q3 Why is the department collecting outcomes information?

There is increasing interest in ensuring that programs are supported by evidence on what improves outcomes for families, children and their communities. Effective outcomes measurement is vital to ensure that families and children are safe and well, ready to learn and are resilient.

The growing data set collected through the Data Exchange is already being used for a wide range of purposes to support program management and policy development.

Q4 What happens when a client doesn't want to provide their details?

Providers should make it clear to clients that providing their details is completely voluntary and has no impact on their ability to receive a service. While it is mandatory for an organisation to ask, it's always voluntary for the client to answer.

It's also important to note also that the client details don't have to be collected at the start of the interaction with the client. For example, some organisations might choose not to ask for the client's details when they are making an inquiry over the phone, instead waiting until the person comes in for an appointment or longer conversation. In the example of an information session, client intake forms could be adapted to collect data rather than asking clients to provide their details a number of times for different purposes.

Q5 Will there be additional funding to implement the partnership approach in full?

A significant number of DSS providers already participate in the partnership approach without additional funding. The partnership approach is valued by the department to give an overall picture of the complexity of client need and offers organisations the ability to share information on the outcomes achieved through interaction with their service.

Support is available for providers implementing the partnership approach including training webinars, tailored program guidance and task cards. However, as with current organisations who already report via the partnership approach, there will be no additional funding allocated directly to organisations.

Q6 What tools or resources exist to help report the partnership approach?

There is a range of tools and resources available on the Data Exchange website to help providers collect and report outcomes data.

For program specific support, you can access Program Specific Guidance and the Data Exchange Protocols on the website. These documents contains policy guidance on consistent reporting, help on reporting SCORE outcomes and in the interpretation of the Protocols for the program activity you are delivering.

Further information about the Data Exchange is available on the [dedicated Data Exchange website](#), where you can access the reports, a reading reports guide, training material and key documents. Key documents include:

- [The Data Exchange Protocols](#), including service types and program specific guidance

- [Webinars](#) are available to providers
- [Using SCORE to report outcomes](#)

Please note that the [Business Resources Portal](#) (previously PDM) includes links to all major Data Exchange internal guidance documents and templates, including the [Funding Arrangement Manager Toolkit](#) and a performance assessment template. GPS access is required to access the Business Resources Portal. If you do not have access, please email GPS.Helpdesk@communitygrants.gov.au.

Q7 What components and domains are measured through SCORE?

There are four SCORE components. These are linked to standard domains to make it easy to compare client outcomes across DSS programs.

Type of outcome/component	Description
Client Circumstances	<ul style="list-style-type: none"> • physical health • mental health, wellbeing and self-care • personal and family safety • age-appropriate development • community participation and networks • family functioning • financial resilience • employment • education & skills training • material wellbeing and basic necessities • housing
Client Goal	<ul style="list-style-type: none"> • changed knowledge and access to information • changed skills • changed behaviours • empowerment, choice and control to make own decisions • engagement with relevant support services • changed impact of immediate crisis
Client Satisfaction	<ul style="list-style-type: none"> • the service listened to me and understood my issues • I am satisfied with the services I have received • I am better able to deal with issues that I sought help with
Community - where changes occur for a group or a community	<ul style="list-style-type: none"> • group/community knowledge, skills, attitudes and behaviours • organisational knowledge, skills and practices • community infrastructure and networks • social cohesion

Q8 Do we need to record SCORE assessments against every domain?

No, you do not need to record SCORE assessments against each domain, only those applicable to the client and the funded service you deliver.

Q9 Will organisations be required to collect SCORE data for every client?

No, organisations are not required to collect SCORE for every client. Organisations are asked to enter data for:

- 50% of clients in the Circumstances, Goals and/or Community area.
- 10% of clients in the Satisfaction area.

This level of outcome information will provide a good statistical sample of the organisation's activities and achievements.

Q10 When do we collect SCORE data?

A SCORE assessment should be recorded at least twice, towards the beginning of service delivery and again towards the end. Multiple SCORE assessments can be added if the client is accessing the activity long-term. These SCOREs should be recorded using the same domain to measure the changes experienced by clients over time.

The Client Satisfaction SCORE component only needs to be recorded once the service has been delivered.

Q11 Is it essential for the client to independently report their own outcomes?

No. Organisations are encouraged to collect SCORE in the way that best suits their own unique service delivery context. This may be through:

- a client self-assessment
- the judgement of the advocate
- a joint client/advocate assessment
- feedback from a support person.

Q12 What tools or methods can be used to capture SCORE data?

The SCORE approach allows organisations to measure outcomes using a range of self-selected service specific tools and methods, but to report the outcomes in a consistent and comparable manner. As such, organisations can develop surveys/tools that best suit them and their clients, then translate the feedback to SCORE. The [Translation Matrix](#) may help with this process. Organisations that do not have an existing outcomes measurement tool may choose to use [SCORE directly](#) to measure outcomes for their clients, or as a basis for developing their own tool/survey. A more client-friendly version of the SCORE scales and domains is available on the [Data Exchange website](#), for organisations to adapt into their own questionnaires or use as questions.

Q13 Our organisation uses a survey to capture information for audit purposes. Can we include questions about outcomes in the same survey?

Yes. The department strongly encourages organisations to streamline processes and capture data in a way that works best for them and their clients.

Q14 Will outcomes data be used as a measure of performance or a basis for funding decisions in the future?

The Data Exchange allows funded organisations to report their service delivery information and demonstrate the outcomes they are achieving for their clients, which can be measured in a standard and comparable way.

The outcomes data reported in the Data Exchange is one of the tools used by the department to assess performance and make recommendations to the Minister. Others include direct engagement with organisations (through site visits and correspondence), financial acquittals, feedback from clients received through DSS feedback and complaints, stakeholder engagement, and program evaluations (which can include qualitative and quantitative research).

Q15 How can I keep up to date?

- Subscribe to the electronic [mailing list](#).
- Use the Business Resources Portal for Data Exchange information, templates and guidance.
- For general and policy advice about DEX, including how to use it for your program, email GrantReporting@dss.gov.au (internal DSS use only).
- For information about training, email govGPS.Training@dss.gov.au.
- Go to the [Data Exchange](#) website for more information on SCORE and reporting outcomes.
- For technical assistance your organisation can email the [Data Exchange Helpdesk](#) or phone 1800 020 283 between 8.30am – 5.30pm Monday to Friday.