



**Australian Government**

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**Department of Social Services**

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**Operational Guidelines**  
**Individual Placement and Support Program**  
**Adult Mental Health Pilot**  
**October 2022**

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## **Preface**

The Australian Government Department of Social Services (the department) has a suite of Program Guidelines, which provide information about each Program that provides grants funding, and the Activities that contribute to that Program. They provide the key starting point for parties considering whether to participate in a Program and form the basis for the business relationship between the department and the grant recipient.

These Operational Guidelines are to assist organisations delivering Individual Placement and Support (IPS) services through Adult Mental Health (AMH) centres and contributes to Outcome 3 – Disability and Carers under Program 3.1 – Disability and Carers of the department's Portfolio Budget Statement.

This document and the Grant Agreement form the basis of the business relationship between the department and service providers. The Operational Guidelines include:

- an overview of the IPS program
- the purpose of the AMH pilot
- the role and expectations of organisations delivering IPS services through the AMH pilot (AMH providers); and
- information pertinent to the successful delivery of IPS services through the AMH pilot.

The Operational Guidelines are a living document. As additional issues arise and policy clarifications are developed, updates will be made to these Operational Guidelines.

The department reserves the right to amend the Operational Guidelines, by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments where possible.

The Operational Guidelines should be read in conjunction with the:

- Grant Agreement (including Schedule 1)
- Grant Opportunity Guidelines; and
- Data Exchange Protocols (for Commonwealth Agencies with program guidance).

It is the responsibility of each AMH provider to ensure they are familiar with the content and requirements of these Operational Guidelines.

### **Further Information about the AMH pilot**

The Funding Arrangement Managers are the first point of call for contact with the department. They will provide assistance with queries relating to the administration of grant agreements, delivery of services, data and reporting, or any new issues that arise under these Operational Guidelines.

If you do not know the contact details for your Funding Agreement Manager—please contact the Community Grants Hub:

- via telephone on 1800 020 283 (option 1)
- via email to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au).

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# 1. Individual Placement and Support (IPS) program - Adult Mental Health (AMH) pilot

## 1.1 Overview of the IPS program delivered in headspace centres to young people

The IPS program is funded by the Department of Social Services (the department) and helps young people aged 12 to 25 years with mental ill health to enter or remain in education or employment.

It is a voluntary program delivered by organisations operating headspace centres in 50 locations nationally.

The IPS program uses an evidence based model, integrating employment and vocational support with clinical mental health services and other non-vocational support.

## 1.2 The AMH pilot

As part of the 2021-22 Budget, funding was provided to undertake the AMH pilot. The pilot will assess the feasibility of expanding the delivery of the IPS program to adults with mental ill health via AMH centres.

The pilot will be delivered in two Head to Health centres, one in Perth and one in Darwin, where two Vocational Specialists will be engaged and fully integrated into each centre. The Vocational Specialists will work in tandem with Head to Health clinical teams, families and employers and education providers to achieve positive outcomes.

The intended outcome of the pilot is to assist adults with mental ill health to achieve and maintain sustainable participation in vocational education and/or competitive employment by:

- achieving 4, 12 and 26 week employment placements, recognising a 26 week placement as a sustainable employment outcome
- improving the health and wellbeing of participants
- establishing networks and partnerships with key local stakeholders
- maintaining a best practice caseload of up to 20 people at any time per Vocational Specialist; and
- improving financial wellbeing of participants, with a reduced reliance on government welfare benefits.

All organisations delivering IPS services must subscribe to the core IPS Practice Principles that underpin delivery of support to participants. IPS is a highly defined form of supported employment and has eight core Practice Principles. A summary of the Practice Principles are:

1. **Focus on Competitive Employment:** IPS services are committed to competitive employment as an attainable goal for participants with mental ill health seeking employment.
2. **Eligibility Based on Participants Choice:** Participants are not excluded from the IPS service on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalisations, level of disability, or legal system involvement.
3. **Integration of Rehabilitation and Mental Health Services:** The IPS model is based on a close integration of mental health treatment teams, including clinical care.

4. **Attention to Participant Preferences:** Services are based on participants' preferences and choices, rather than IPS provider judgements.
5. **Personalised Benefits Counselling:** Vocational Specialists help participants obtain personalised, understandable, and accurate information about their government entitlements. (Fear of losing benefits is a major barrier to employment).
6. **Rapid Job Search:** The IPS model is based on a rapid job search approach to help participants obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counselling.
7. **Systematic Job Development:** Vocational Specialists build an employer network based on participants' interests, developing relationships and partnerships with local employers.
8. **Time-Unlimited and Individualised Support:** Follow-along supports are individualised and are continued for as long as the participant wants and needs the support.
9. For more information on the core Practice Principles used by the IPS fidelity reviewer go to: IPS Core Practice Principles / IPS WAAMH.

### 1.3 Access to the AMH pilot

To be eligible to participate in the AMH pilot, a person must:

- be an adult with mental ill health
- be an eligible client of Head to Health in a participating centre
- be referred to the pilot by Head to Health clinical staff
- have employment, education or training goals and be facing barriers to achieving these goals; and
- be willing to participate in the service and able to make an informed decision to participate.

**\*Note:** A formal diagnosis of mental illness is not required to participate in the AMH pilot. The Head to Health clinical staff can determine that a person has a mental illness.

### 1.4 IPS Fidelity Review provider (fidelity reviewer)

Fidelity reviews are used to measure the quality of IPS services provided. Research demonstrates that organisations with higher fidelity scores produce better competitive employment outcomes.

The department has engaged the Western Australian Association for Mental Health (WAAMH) as the fidelity reviewer to work collaboratively with the AMH provider. IPS Works is a dedicated unit within WAAMH that undertakes the fidelity reviews.

The fidelity reviewer is responsible for ensuring quality of service and provider compliance to the IPS Practice Principles by monitoring and regularly assessing all AMH pilot sites against the Fidelity Scale. The fidelity reviewer will also provide ongoing training and support to the providers on matters related to fidelity and how to improve services.

An approved fidelity instrument is used to monitor IPS providers. Adherence to the IPS model is measured using the 25-item *ANZ Supported Employment Fidelity Scale*, adapted by Waghorn & Lintott (2011).

The 25-item Fidelity Scale is divided into three sections: Staffing, Organisation, and Services. The fidelity review includes assessments of caseloads, number of and structure of the Vocational Specialists within the organisation, number and quality of employer interactions, time spent providing ongoing support, and the extent of service integration.

The fidelity reviewer will first review an AMH provider within six months of operation. The fidelity reviewer will return every six months until the AMH provider has achieved good fidelity (a score of 100 or better).

The fidelity reviewer will develop a schedule of site visits and fidelity reviews with AMH providers. AMH providers will work co-operatively with the fidelity reviewer and ensure the following activities are undertaken:

- practitioner training and supervisor mentoring sessions and online modules – within one month of a Vocational Specialist, supervisor and Head to Health centre manager commencing in their role
- site visits – twice yearly until good fidelity is reached, the first visit will be within three months of the service commencing
- fidelity self-assessment - three months after the service commences, and quarterly thereafter; and
- six-monthly fidelity reviews - the first review will be no later than six months after the commencement of IPS services. Reviews will continue every six months until good fidelity is achieved; and
- annual fidelity reviews – once IPS providers achieve good fidelity they will undertake annual reviews. There may be some circumstances where IPS providers will revert to six-monthly reviews. For example, a subsequent fidelity review or self-assessment score is below 100, or if there are significant staffing or performance changes within the IPS service.

The fidelity reviewer will supply the Health to Health centre with a completed fidelity review.

## **2. Service Delivery**

### **2.1 Services to be delivered**

The role of AMH providers is to contribute to the objective of the pilot by providing specialist vocational assistance that adheres to the IPS principles, to people with mental ill health in participating Head to Health centres.

AMH providers will develop a service delivery model that operates according to the following:

#### [IPS Practice Principles](#)

- Principles outlined in National Standards for Mental Health Services 2010 (available at [www.health.gov.au](http://www.health.gov.au))
- Principles outlined in National Practice Standards for the Mental Health Workforce 2013 (available at [www.health.gov.au](http://www.health.gov.au))
- Principles outlined in the Child Safety Framework (available at [www.childsafety.pmc.gov.au](http://www.childsafety.pmc.gov.au)) and the department's Child Safe Compliance process (<https://www.dss.gov.au/child-safety-for-dss-funded-organisations>)



- accessibility and responsiveness: services are accessible to individuals according to their needs, provided in ways that reduce the stigma of mental illness, and are responsive to individual circumstances; and
- leveraging existing relationships with the local community and other organisations to deliver the pilot, including clinical and non-clinical mental health services, community services, other employment services and employers. This approach will build on existing arrangements and ensure services are coordinated to provide holistic and flexible support. This may include:
  - developing referral processes and managing referrals to other services, including housing support, employment and education, drug and alcohol rehabilitation, financial services, independent living skills courses, clinical services and other mental health and allied health services
  - participating in inter-agency meetings and other forums to ensure local service delivery and case coordination is well coordinated.

## **2.2 Cultural Competency and Diversity**

AMH providers have the ability to interact effectively with people across different cultures and diverse groups including but not limited to people from Culturally and Linguistically Diverse backgrounds (CALD), Aboriginal and Torres Strait Islander peoples, members of the LGBTIQ+ community and those in regional, rural and remote areas. AMH providers must ensure that:

- cultural competency and diversity is embedded in the philosophy, mission statement, policies and the key objectives of AMH centres the pilot is delivered from
- they have a strong understanding of the cultural profile of their area and where possible, culturally and linguistically appropriate team members are employed
- cultural competency and diversity resources are readily available to employees in the workplace
- employees are encouraged to be flexible in their approach and seek information on specific cultural behaviours or understandings; and
- employees receive appropriate training for cultural competence and diversity.

Cultural competence is the ability to interact effectively with people across different cultures. It has four main components:

- being aware of one's own cultural worldview (one's own assumptions and biases that could affect decision making and actions)
- having a positive, respectful and accepting attitude towards cultural differences
- having knowledge of different cultural practices and world views; and
- having good cross-cultural communication skills.

In delivering culturally competent services, AMH providers should:

- seek to identify and understand the needs of specific special needs groups within the site
- investigate, understand and take into account a participant's beliefs, practices or other culture-related factors in designing services

- be respectful of a participant's cultural beliefs and values at all times
- ensure that the work environment and practices are culturally inviting and helpful
- ensure that services are flexible and adapted to take account of the needs of specific special needs groups and individual participants
- provide access to culturally specific training and supports to improve team understanding of the local community groups and effective communication methods
- regularly monitor and evaluate cultural competence of the service and staff (including obtaining input from participants and the community); and
- use information and data about specific special needs groups to inform planning, policy development, service delivery, operations, and implementation of services.

### 2.3 Vocational Specialists

Two full-time equivalent suitably qualified Vocational Specialists will be engaged to deliver the AMH pilot in each Head to Health centre. The Vocational Specialist will provide services in tandem with the delivery of clinical mental health services and non-vocational assistance delivered by staff employed by Head to Health at the participating centre.

Vocational Specialists will have experience in managing caseloads of people with mental ill health, particularly in liaising with clinical treatment teams, families and employers to achieve positive outcomes for participants. This includes:

- providing participants with assistance to obtain employment or training/education outcomes including:
  - job coaching, application assistance, interview techniques
  - assistance to navigate mental health and community support services; and
  - assistance to use services and Centrelink systems, including accompanying participants and advocating for them at appointments and assessments.
- working closely with each participant's existing clinical support team to:
  - coordinate services to ensure roles are complementary and not duplicated
  - ensure the clinical team is aware of the participant's goals and plans
  - gather clinical input for the participant's employment or education/training plan; and
  - make appropriate referrals.
- liaising with employers and education/training providers to:
  - create real opportunities that align with the participant's goals
  - provide on the job support to assist the participant to maintain their placement; and
  - provide support to employers and educators/trainers and participants if circumstances change, such as if the person has an episode of their mental ill health.

## **2.4 Links and working with other agencies and services**

AMH providers are expected to form partnerships and establish formal links with a range of local networks, services and other stakeholders. Where participants are already receiving assistance from employment service providers, including Disability Employment Services (DES) or Workforce Australia, the provider is expected to negotiate formal parallel servicing arrangements.

Partnerships could take the form of Memoranda of Understanding or an exchange of letters. As a minimum, the following should be included:

- roles and responsibilities of each party
- how the arrangements will operate, including the process for managing referrals; and
- how respective participant employment plans will be negotiated and jointly managed.

It is not acceptable for a provider to have only internal parallel servicing arrangements in place (for example, where IPS provider is also delivering an employment service such as Workforce Australia or DES). Participants must be allowed to have a choice in service delivery, particularly where they are being referred to an employment provider.

## **2.5 Compliance with Relevant Legislation**

AMH providers are required to deliver services in accordance with relevant legislation and industry standards, including relevant legislation regarding police checks for staff working with vulnerable persons.

Providers should be aware of any case-based law that may apply or has an effect on their service delivery. They must ensure that the services meet health and safety requirements and all licence, certification and/or registration requirements in the area in which they are providing services.

## **2.6 Confidentiality and Privacy**

The department expects providers to meet their obligations under the *Privacy Act 1988*, the [Australian Privacy Principles](#) and any other relevant state or territory legislation.

AMH providers will have access to personal and sensitive information. Personal information should only be shared with other support services with the written consent of participants, and should be kept safe and secure from access by others. It is critical that providers understand and adhere to privacy and confidentiality obligations.

The AMH provider will recognise and respect each participant's right to privacy, dignity and confidentiality in all aspects of life. The participant can expect that their Head to Health site:

- complies with the *Privacy Act 1988* in order to protect and respect the rights of individual service recipients
- only collects necessary information and uses it for the purpose for which it was collected. Information is only released with the written consent of the participant
- promotes tolerance and respect for each participant's personal needs and circumstances
- ensures the protection of information and data from unauthorised access or revision, so that the information or data is not compromised through corruption or falsification; and

- stores information and records in a secure place and disposes of them in an appropriate manner.

If AMH providers suspect a privacy incident has occurred, the incident must be reported to the department no more than one business day after the date of the privacy incident occurring. The Privacy Incident Management Fact Sheet is at **Attachment A** and the Provider Privacy Incident Report is at **Attachment B**.

## **2.7 Consent**

AMH providers are required to gain written consent from each participant for the collection of personal and/or sensitive information, and for the disclosure of this information, including (as a minimum):

- de-identified participant data/information disclosed to their organisation
- the release of de-identified participant data/information to the department, and other organisations appointed by the department, for the purposes of monitoring, reporting, research, and evaluation of the AMH pilot; and
- the release of participant data/information to other organisations (if relevant).

## **2.8 Caseloads, duration and intensity of support**

The approach to caseloads, service duration and intensity of support must be consistent with the eight core [IPS Practice Principles](#) and Fidelity. While there is a high level of flexibility, the IPS model is premised on the provision of individualised assistance tailored to each participant's preferences, choices and goals.

To meet the intent of the AMH pilot, Vocational Specialist should have relatively small caseloads. A caseload of 20 clients per Vocational Specialist at any one time is considered the benchmark in the Fidelity instrument.

Another key IPS Practice Principle is the provision of time-unlimited support. The department expects that a flexible and sophisticated approach will be taken that accounts for the differing levels of support people will require. Some participants will need:

- an assurance of ongoing support for the foreseeable future
- a safety net in times of crisis; and
- to move on from the AMH pilot and require no ongoing support.

## **2.9 Evaluation**

The department may engage other organisations to provide support for the AMH pilot evaluation.

AMH providers are required to actively participate in the evaluation of the pilot, which may include providing data and information on its effectiveness, efficiency and outcomes.

Providers should review their obligations under the *Privacy Act 1988* and any other relevant state or territory privacy legislation before providing data.

## **2.10 Service development and improvement**

AMH providers must regularly review and revise their service delivery practices to meet the needs of participants and ensure that:

- participants are aware of the procedure for complaints handling
- participants are encouraged to raise, and have resolved without fear of retribution, any issues, dissatisfaction, complaints or disputes they may have about the Head to Health site or the service they receive; and
- complaints and feedback are taken seriously by the provider, and are investigated, addressed and used to improve ongoing services. Further information about complaints can be found in Section 3.

All AMH providers must:

- have quality management and financial systems in place to ensure standards of service and optimal outcomes for participants are met
- foster a flexible and learning culture to ensure improved outcomes for participants
- understand the community and environment they service
- identify and address any issues and risks that might impact service delivery
- have mechanisms in place to plan future service delivery and set objectives or goals to improve service delivery; and
- have strong and effective leadership to provide strategic direction, uphold and exemplify the IPS values and standards.

## **2.11 What participants can expect**

Participants of the pilot can expect to receive individually tailored employment and educational support from a Vocational Specialist trained in the delivery of the IPS model. This support will be delivered in tandem with clinical mental health services and personal (non-vocational) support provided by staff at the participating Head to Health centre.

To achieve this, the Vocational Specialist will:

- adhere to the principles of IPS model when providing vocational support to participants
- assist the participant to identify their educational and employment goals
- develop a career profile and individual employment plan for each participant, with input from the participant and the participant's clinical team
- have formal procedures in place to work with the participant's clinical team
- conduct regular job development and job search activities with the participant
- assist the participant to apply for jobs and contact employers
- liaise with the participant's DES or Workforce Australia provider, where applicable. This includes assisting participants to meet mutual obligation requirements; and
- develop a broad range of employer contacts to ensure there are job vacancies for AMH pilot participants, and provide employers with appropriate education and support.

Participants can expect respect, trust and understanding. Each participant will be supported to feel welcome, valued and treated with respect, dignity and understanding as a unique person. To achieve this, AMH providers will:

- have knowledge and understanding of mental illness and the impact it has on people's behaviours and lives
- engage professional Vocational Specialist who are able to build meaningful relationships with participants based on openness and trust; and
- take all practical and appropriate steps to prevent abuse and neglect of participants and to uphold participant legal and human rights.

## **Fees**

Vocational and employment related assistance provided under the AMH pilot will be provided free of any charge for participants and employers.

## **Participant's rights and responsibilities**

Services are delivered in accordance with the National Standards for Mental Health Services 2010, applying to all mental health services, including government, non-government and private sectors across Australia.

**Rights:** Standard 6 of the National Standards for Mental Health Services 2010 lists rights applying to consumers of mental health services. They include that participants must:

- be treated with respect
- have their privacy protected; and
- receive services appropriate to their needs in a safe and healthy environment.

**Responsibilities:** Participants have a responsibility to provide accurate information about their needs and circumstances so they can receive quality services, and are required to comply with the rules and regulations for engaging with services and behave in a manner that does not compromise the health and safety or privacy of others.

## **Exiting a service**

Participation is voluntary and participants may exit the service when they choose or as agreed with the AMH provider. Participants who are exiting the service may be asked to provide information on the reasons for exiting.

## **2.12 Incident notification**

Providers must comply with relevant Commonwealth and state and territory laws if there is an incident in relation to delivering the AMH pilot.

Incident reporting can also contribute to service improvement through analysis of incidents to inform the implementation of preventative measures and responses to adverse events.

### **Reportable incident notification**

A reportable incident includes:

- the death of a client (regardless of cause)
- serious injury of a client
- abuse or neglect of a client
- unlawful sexual or physical contact with, or assault of, a client
- sexual misconduct committed against, or in the presence of, a client, including grooming of the person for sexual activity; and

- the use of a restrictive practice in relation to a client, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person.

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Providers must notify their Funding Arrangement Manager of any reportable incident within 24 hours of personnel becoming aware of a reportable incident or allegation, using the Incident Notification Form at [Attachment C](#).  
Updates should be provided within five days.  
Information supplied to the department should be de-identified.

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### **Serious incident notification**

A serious incident is an event that disrupts service provision or threatens the safety of people or property. Examples of serious incidents include:

- incidents involving fraud (including allegations) or misuse of AMH pilot funding
- 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
- death, injury or abuse of staff/volunteers undertaking delivery of the AMH pilot
- significant damage to, or destruction of property impacting service delivery
- adverse community reaction to the AMH pilot activities; and
- negative media coverage that may adversely impact the delivery of services to participants or the reputation of the department.

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Providers must notify their Funding Arrangement Manager of any serious incident, particularly where they affect services to clients or a client's wellbeing, within 72 hours of personnel becoming aware of a serious incident, using the Incident Notification Form at [Attachment C](#).  
Updates should be provided within five days.  
Information supplied to the department should be de-identified.

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## **3. Handling Complaints**

### **3.1 Complaints about the Adult Mental Health provider**

Complaints, queries and feedback are considered a valuable opportunity for AMH providers and the department to review and improve processes and the quality of services provided. A complaint is defined as: "Any expression of dissatisfaction with a product or service offered or provided".

Complaints are to be treated professionally and in a positive, timely and fair way. In the first instance, complaints (from participants or others) should be directed to the AMH provider. The provider should attempt to resolve the complaint amicably in accordance with their internal complaints resolution process and policies.

AMH providers must have an Internal Complaints Procedure (ICP) in place, and participants must be made aware of the avenues available to them to make a complaint, such as, in person, in writing, over the phone, and via email.

The ICP should respect the participant's confidentiality in order for issues to be raised in a constructive and safe way without any fear of their issues affecting the support or assistance they receive.

A formal register of complaints should be maintained and must be provided to the department if requested. The register will include the following information as a minimum:

- the complaint received, including the nature of the complaint and actions taken to resolve the participant's issues and concerns; and
- how the complaint was resolved, including whether it was referred to another authority.

AMH providers should handle most complaints in the first instance, however particular complaints will require an external referral. These may be complaints of a serious or sensitive nature that cannot be handled by the AMH provider, or where a satisfactory resolution is not reached through the organisation's internal complaints system. For example, allegations of assault or abuse and neglect should be referred to police.

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

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### **3.2 Complaints about the Department**

Where there is a complaint about the department made to an AMH provider, the person should be directed to contact the department's Feedback Coordination Team.

Any member of the public who is dissatisfied with the department or the service of a department funded provider can make a complaint. The Feedback Coordination Team handles complaints about:

- unreasonable delay
- inadequate service, explanation or reasons
- legal error
- factual error in decision making process
- human error
- procedural deficiency
- unprofessional behaviour by an officer
- breach of duty/misconduct by an officer
- discriminatory action or decision
- flawed administrative process; and



- inadequate knowledge/training of staff.

As the purpose of the system is to assist in improving the department's processes, the system does not handle complaints about government policy, legislation, reviews over eligibility for a benefit or entitlement, ministerial correspondence, Freedom of Information requests, or complaints made to service providers (as these will be covered by their own complaints mechanisms required under the Grant Agreement).

Complaints can be lodged with the department through the following mechanisms:

Phone: 1800 634 035  
 Email: [complaints@dss.gov.au](mailto:complaints@dss.gov.au)  
 Post: DSS Feedback, PO Box 9820, Canberra, ACT, 2601

If participants or providers are dissatisfied at any time with the department's handling of their complaint, they can also contact the Commonwealth Ombudsman at [www.ombudsman.gov.au](http://www.ombudsman.gov.au)

## 4. Funding for the Activity

### 4.1 Eligible grant activities

Funding for this activity must only be used for the purposes for which it was provided. The Grant Agreement Terms and Conditions provides further definitions of eligible items at Section 21: Definitions. Funding provided to AMH providers may be used for:

- establishment costs of the pilot
- staff salaries and on-costs, which can be directly, attributed to delivery of the AMH pilot in the identified AMH centres
- employee training for paid and unpaid staff, and Committee and Board members that are relevant, appropriate, and in line with the delivery of the pilot
- engaging people, organisations and/or state and territory stakeholders with relevant expertise to ensure organisational capacity to deliver services including the Fidelity Review provider
- incidental expenses that will support participants to meet employment outcomes
- a pilot evaluation; and
- operating and administration expenses directly related to the delivery of the pilot such as:
  - materials and equipment directly relating to service delivery
  - marketing of services, including electronic promotion of services
  - telephones
  - rent and outgoings
  - computer/IT/website/software
  - insurance
  - utilities
  - postage
  - stationery and printing

- accounting and auditing
- travel/accommodation costs
- aids, assistance or technology for people engaging with service
- assets that can be reasonably attributed to delivery of the IPS AMH pilot.

The Grant Agreement Terms and Conditions will outline how funds must be spent, acquitted and repaid (if necessary).

#### **4.2 Ineligible grant activities**

The grant funding cannot be used for the following:

- activities conducted outside of Australia
- other Commonwealth funded activities
- purchase of land
- major capital expenditure
- the covering of retrospective costs
- costs incurred in the preparation of a grant application or related documentation
- major construction/capital works
- overseas travel; and
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.

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Providers should contact their Funding Arrangement Manager if they are unsure whether an expense is eligible or ineligible.

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#### **4.3 Service agreements for brokering / subcontracting services**

The department considers any parts of the activity 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. Examples of agreements between the grant recipient and the third party which the department considers to be subcontracts include:

- operating as a consortium
- brokerage arrangements
- fee for service arrangements; and
- Memoranda of Understanding.

The provider using the services of a subcontractor must ensure that all services delivered by the subcontractor are in line with the Grant Agreement, these Guidelines and prescribed on the provider's approved fee schedule.

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.

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Providers must seek prior written consent from the department before entering into any subcontracting arrangement by contacting their Funding Arrangement Manager. AMH providers should provide the details of the subcontractor, as well as what services the subcontractor will be providing. Details include:

- legal name of the organisation or individual, and any trading names
- Australian Business Number (ABN)
- full name of the head of the organisation
- address
- contact details
- schedule of fees

Providers must also notify their Funding Arrangement Manager if subcontracting arrangements change.

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#### **4.4 Financial Reporting**

AMH providers must ensure the efficient and effective use of public monies, that is consistent with the Grant Agreement, aims to maintain viable services and act to prevent fraud upon the Commonwealth.

##### **Financial acquittal reports**

AMH providers must submit a financial acquittal report certified by the CEO, Board or authorised officer. A financial acquittal report will verify that the grant was spent in accordance with the Grant Agreement and will declare unspent funds.

AMH providers will also be responsible for:

- meeting the terms and conditions of the Grant Agreement and managing the grant activity efficiently and effectively; and
- complying with record keeping, reporting and acquittal requirements as set out in the Grant Agreement.

## **5. Communication and Promotion**

AMH providers are free to name or brand the IPS program in a way that is relevant and welcoming for people in their local area. The department expects AMH providers to collaborate and jointly agree a consistent approach to branding the AMH pilot. Any branding will need to be approved by the department.

A description of the AMH pilot should be included on the provider's website and the following wording used to acknowledge the financial support of the department in all AMH

pilot material published by providers:

*Funded by the Australian Government Department of Social Services.*

## **6. Performance and Reporting**

AMH providers must meet their data collection and reporting obligations as outlined in their Grant Agreement and must have information technology systems in place to allow them to meet their data collection and reporting obligations. Reporting obligations include the submission of:

- financial reports
- Activity Work Plan reports
- progress reports; and
- final report.

The amount of detail the AMH provider reports should be relative to the size and complexity of the grant and the grant amount. AMH providers must inform their Funding Arrangement Manager of any reporting delays as soon as they become aware of them.

The department will monitor progress by assessing reports submitted by AMH providers and may request records to confirm details of the reports if necessary. Occasionally the department may need to re-examine claims, ask for more information or request an independent audit of claims and payments.

### **Activity Work Plan**

AMH providers will be required to work with the department to complete an Activity Work Plan on the template provided by the department. An Activity Work Plan will be used to outline the specific grant requirements. The Activity Work Plan will document planned deliverables, milestones and outputs for the funded project as well as risk management and community engagement relevant to the funded project.

Progress of outcomes will be monitored against the Activity Work Plan throughout the grant activity through regular reports.

### **Progress reports**

Progress reports must:

- include evidence of progress toward completion of agreed activities and outcomes
- show the total eligible expenditure incurred to date; and
- be submitted by the report due date (reports can be submitted ahead of time if relevant activities have been completed).

The department will only make grant payments when satisfactory progress reports have been received. AMH providers must inform the department of any reporting delays as soon as they are apparent.

Providers must inform their Funding Arrangement Manager of any reporting delays as soon as they are apparent.

## **Final report**

When the activity is complete, a final report must be submitted.

The final report must:

- identify if and how outcomes have been achieved
- include the agreed evidence as specified in the Grant Agreement
- identify the total eligible expenditure incurred; and
- be submitted by the due date and in the format provided in the Grant Agreement.

### **6.1 Data Exchange reporting**

AMH providers are expected to use the Data Exchange (DEX) to collect participant data in line with the reporting requirements in the Grant Agreement, Activity Work Plan, DEX Protocols and AMH pilot Program Specific Guidance.

By entering the required data into DEX, AMH providers will be meeting their reporting obligations under the agreement. DEX Protocols are available at **[dex.dss.gov.au](https://dex.dss.gov.au)**.

#### **Partnership Approach**

Participation in the 'partnership approach' under DEX is a requirement of funding. By participating, AMH providers agree to provide some additional information in exchange for the receipt of regular and relevant reports.

Providers must collect the Standard Client/Community Outcome Reporting (SCORE) information for as many participants as practical (minimum above 50%), noting that providers must take into consideration the vulnerability of participants when gathering the information used for SCORE, including whether gathering the information will cause harm to the participant.

The priority for gathering the data is to get an accurate reflection of where the participant is at, which may include a negative or no progress outcome. Due to the nature of mental illness and the journey of individuals, the department recognises that this does not necessarily mean failure of the services.

DEX has two standardised six monthly performance reporting periods each year, which run from 1 July to 31 December and from 1 January to 30 June, with a 30-day close off period after each of these. No further changes can be made to the data once the close-off period is completed.

Further information on training and resources available about DEX is included at **Attachment D**.

#### **Extended Data collection**

For this activity, it is expected AMH providers will collect and record extended data which may include the following:

- employment status
- highest level of education / qualification
- main source of income
- referral out (type and purpose)

- service setting; and
- referral in (source and reason for seeking assistance).

## 6.2 Data Quality Checks

AMH providers are expected to undertake checks to ensure the accuracy of the data collected, and to troubleshoot any discrepancies or inconsistencies with the data, such as:

- looking at missing information, for example looking at nil, zero or unknown entries where there should be data
- looking at the minimum and maximum values of the data to find out if values are within the correct range
- checking to see that fields add up to the totals indicated; and
- reviewing comparative data, for example, previous months, to ascertain if the amount exceeds or falls short of expectations.

## 6.3 Access to the Data Exchange

AMH providers should ensure appropriate personnel have a DEX user account. This is required to access DEX. Before requesting a DEX user account, your organisation must be registered with Relationship Authorisation Manager (RAM), and individuals (the appropriate personnel) must have a myGovID account.

- instructions for registering organisations with RAM can be found at the Relationship Authorisation Manager website (see details below) and include:
  - getting your digital identity
  - setting up your business, and
  - authorising others to act online for your business.
- instructions for setting up a myGovID account can be found on the myGovID website.
  - once individuals have a myGovID account, they can fill in the Data Exchange System User Access Request Form at the DEX website, submit the form to their manager for approval, then submit it to DEX for processing (remember, organisations must be registered with RAM before requesting access to the DEX).

If you have questions about the Data Exchange, myGovID or RAM, you may find the following useful:

- Data Exchange Helpdesk
  - **Email:** [dssdataexchange.helpdesk@dss.gov.au](mailto:dssdataexchange.helpdesk@dss.gov.au)
  - **Phone:** 1800 020 283 (between 08.30am–5.30pm Monday to Friday)
  - **Website:** [dex.dss.gov.au](http://dex.dss.gov.au)
- myGovID
  - **Website:** [www.mygovid.gov.au](http://www.mygovid.gov.au)
- RAM
  - **Website:** [info.authorisationmanager.gov.au](http://info.authorisationmanager.gov.au)

## 7. Document versions

Version	Date	Description	Author
V1.0	October 2022	Approved operational guidelines	Disability Employment and Carers Branch

## 8. Glossary

Term	Definition or use
<b>Access</b>	<p>Australian Government policy is aimed at ensuring that government services:</p> <ul style="list-style-type: none"> <li>are available to everyone who is entitled to them</li> <li>are free of discrimination including discrimination of a person's country of birth, language, gender, disability, culture, race or religion</li> <li>take into account the needs and differences of clients</li> </ul>
<b>Adult Mental Health Centre (Head to Health)</b>	<p>Head to Health Adult Mental Health centres provide a safe and welcoming space for people, their family and friends, who may be in distress or crisis, or need help finding the right mental health services for their individual needs.</p> <p>Head to Health is an Australian Government initiative delivered in 2021 to establish a community mental health services network to provide multiple entry pathways (website, phone and face-to-face through physical centres and satellites) into mental health services.</p>
<b>Brokerage</b>	<p>When a service provider pays for the services or goods of another organisation or individual to assist a client with particular needs.</p> <p>Brokerage is considered a form of subcontracting.</p>
<b>Caseload</b>	<p>The number of participants that each Vocational Specialist may be providing intensive support to at any given time.</p>
<b>Cultural Competence</b>	<p>The ability to interact effectively with people of different cultures, particularly in the context of non-profit organisations and government agencies whose employees work with persons from different cultural/ethnic backgrounds.</p>
<b>Data</b>	<p>Information collected for a specific purpose.</p>
<b>Data Exchange (DEX)</b>	<p>The Data Exchange is the program performance reporting solution developed by the Department of Social Services in consultation with organisations and clients, in response to the Australian Government's commitment to empower civil society organisations.</p> <p>For more information visit the Data Exchange website at <a href="https://dex.dss.gov.au">dex.dss.gov.au</a></p>
<b>Funding</b>	<p>Public money given to a service provider delivering the service outlined in the Grant Agreement and includes interest earned on the money.</p>
<b>Funding Arrangement Manager (FAM)</b>	<p>The departmental officer responsible for the ongoing management of the grantee (the IPS provider) and their compliance with the Grant Agreement.</p>
<b>Grant</b>	<p>An arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth:</p>

Term	Definition or use
	<ul style="list-style-type: none"> <li>Under which relevant money or other Commonwealth Resource Fund money is to be paid to a grantee other than the Commonwealth</li> <li>Which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee achieve its objectives.</li> </ul>
<b>Grant agreement</b>	The legal contract between the Department and the auspice body/service provider that outlines service delivery, accountability and reporting requirements.
<b>Individual Placement and Support (IPS)</b>	An evidence-based, supported employment model to assist people with mental ill health to seek and obtain employment.
<b>IPS program provider</b>	The organisation funded by the Australian Government to provide the IPS program service in accordance with an executed grant agreement.
<b>IPS Vocational Specialist</b>	A specialist IPS worker employed to assist people with mental ill health who are willing to engage with employment services or educational training and take part in the IPS program.
<b>Mental health</b>	A state of wellbeing in which an individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their own community.
<b>Mental ill health</b>	A diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. Under this program, participants do not require a formal diagnosis.
<b>Organisation</b>	Legal entity in the non-government sector.
<b>Participant</b>	A person receiving IPS services through the AMH pilot.
<b>Partnership approach</b>	The partnership approach is an extended data set that providers share with the Department, intended as a genuine collaboration between government and the sector to exchange knowledge and share resources to inform service delivery.
<b>Performance</b>	The extent to which objectives or targets are achieved, the efficiency with which resources are allocated and the probity, equity and fairness with which outcomes are achieved.
<b>Risk</b>	The chance of something happening that will have an impact on objectives, measured in terms of consequences and likelihood.
<b>Stakeholders</b>	Individuals, organisations or networks that have, or potentially have, a relationship or interest in the work undertaken by providers.
<b>Supported Employment Fidelity Scale</b>	<p>A 25-point scale used to ensure fidelity to the IPS model. The Australia and New Zealand Version 2.0, 28 October 2011, is a slight adaptation of The Dartmouth Supported Employment Fidelity Scale.</p> <p>See <a href="http://www.waamh.org.au/assets/documents/ips/supported-employment-fidelity-scale.pdf">www.waamh.org.au/assets/documents/ips/supported-employment-fidelity-scale.pdf</a></p> <p>Also known as the IPS Model Fidelity Scale.</p>
<b>Sustainable Employment</b>	Sustainable employed is considered to be employment for a minimum of 26 weeks. This is captured in the Data Exchange reporting.



Term	Definition or use
<b>The Department (or DSS)</b>	The Australian Government Department of Social Services.
<b>Terms and Conditions</b>	The terms and conditions of the standard Grant Agreement between the department and grantees.

## Attachment A - Privacy Incident Management

This fact sheet contains guidance for AMH providers on how to respond to a privacy data breach or incident involving the personal information of AMH pilot participants.

Providers must comply with the *Privacy Act 1988* and the [Australian Privacy Principles \(APPs\)](#).

There is no single method for responding to a data breach. Data breaches should be handled on a case-by-case basis, by undertaking an investigation of facts and circumstances, assessing risk, and using that risk assessment to decide the appropriate course of action.

Refer to the Office of the Australian Information Commissioner (OAIC) [Guide to Data Breach Preparation and Response](#).

### **AMH provider experiences suspected data breach**

The first step should always be to **contain a suspected or known breach** where possible, by taking immediate steps to limit any further access or distribution of the affected personal information. Inform your manager of the suspected breach as soon as possible, including the following details:

- a. Time and date the suspected breach was discovered.
- b. Type of personal information involved.
- c. Suspected cause and extent of the breach.
- d. Context of the affected information and the breach.
- e. Involvement of an external stakeholder, if any.

The provider **must notify** the department of an actual or suspected breach by completing **Part 1 of the *Provider Privacy Incident Report* (PIR)** within one Business Day after the date of the privacy incident. The PIR template is available at **Attachment B**.

### **Responding to a suspected Privacy Incident**

#### **What actions must you take?**

There are **four key steps to consider** when responding to a breach or suspected breach. Ideally, steps 1, 2 and 3 should be undertaken either simultaneously or in quick succession, taking remedial action wherever possible.

#### **Step 1: Contain the breach**

Immediately take action to limit the breach. At this point, you may suspect an '[eligible data breach](#)' under the [Notifiable Data Breach \(NDB\) Scheme](#) has occurred, which would trigger assessment obligations.

#### **Step 2: Assess the data breach and risk of serious harm to individuals**

Quickly gather relevant information about the suspected breach including, for example, what personal information is affected, who may have had access to the information and the likely impacts. By gathering as much information as possible, you will better understand the risk of harm to affected individuals, and be able to identify and take all appropriate steps to limit the

impact of the data breach. This assessment **must be completed** and sent to the department within 15 business days.

**Step 3: Notify the OAIC and/or affected individuals (if required)**

Make a decision, based on the investigation about whether the identified breach is an eligible data breach (see [Identifying Eligible Data Breaches](#)).

**Step 4: Review the incident and take action to prevent future breaches**

Once steps 1 to 3 have been completed, you should review and learn from the data breach incident to improve your personal information handling practices.

**Notifiable Data Breach: Reporting**

You must complete **Part 2 of the PIR** and submit to the department within 15 business days after the privacy incident. If through your investigation, you determine that there has been an eligible data breach', as defined under the NDB Scheme, you must notify affected individuals, and the OAIC about the breach and inform the department.

If the department holds a different view about whether or not the privacy incident is reportable under the NDB Scheme, the department will seek advice from our Privacy Officer and your Funding Arrangement Manager will contact you in these circumstances.

## Attachment B - Provider Privacy Incident Report

Use this form to report to the Department of Social Services (the Department) data incidents that involve personal information and records held by an AMH Provider.

Privacy incidents may involve any unauthorised access, disclosure or loss of personal information, including damaged, destroyed or stolen records.

This form is in two parts, (1) initial incident reporting and (2) detailed reporting, and is designed to be progressively updated and submitted, as details of the incident become known over the investigation, assessment and notification processes.

- **Part 1** must be completed and submitted to the Department *no later than one Business Day* after the date of a privacy incident or (if different) when the incident is first discovered.
- **Part 2** must be completed and submitted to the Department within 15 business days (21 calendar days) of the privacy incident (and earlier wherever possible).

The form may also be used by Providers to undertake mandatory reporting of '[eligible data breaches](#)' to the Office of the Australian Information Commissioner (OAIC), in accordance the Notifiable Data Breaches (NDB) Scheme. It is recommended that you read the resources provided by the OAIC about the [NDB Scheme](#) and guidance on [reporting a data breach](#).

<b>Part 1A – Provider Information</b>	
Provider Name	
Provider Org Code	
Site Name and Site Code	
Name of person completing report	
Position	
Phone / Email	
Date of submission to the Department	
<b>Part 1B – Details of the Incident</b>	
Date of privacy incident (if different, the date when incident was first detected)	
Provide a description of the incident. Include what operational systems were or may be affected and how the unauthorised access, loss or theft occurred. If relevant, why were the Records vulnerable?	
How was the incident discovered?	
What type of information was involved in the incident? (e.g. financial details, TFN, identity information, contact information, health or other sensitive information).	
Has anyone (or is anyone likely to have) obtained access to the information?	
Was the incident considered deliberate or inadvertent?	
Was anyone else notified or a witness to the incident? If yes, provide details.	

### Part 1A – Provider Information

Has the incident been assessed in accordance with the NDB Scheme and is it considered an 'eligible data breach'?

Please explain why/why not and provide reasons.

*Note: if the answer is unknown at the time of submitting this report, state this. Part 1 is due no later than one Business Day after the date of the privacy incident.*

## Part 2 – Detailed Reporting

**Note:** Depending on the nature of the privacy breach or incident, not all questions/sections may be relevant. Please note 'N/A' accordingly. If details previously provided in Part 1 remain accurate and fulsome, feel free to refer to those relevant sections in completing Part 2.

Part 2A – Investigation	
Describe the investigation undertaken and the evidence and findings. (Evidence of the breach and remedial action must be preserved)	
Part 2B – Rectification/Remediation Action	
Describe the actions taken to address the privacy incident and prevent harm to affected parties. (E.g. retrieval of records etc.)	
Have steps been taken to prevent the breach from occurring again?	
Is there any other further action proposed?	
Part 2C – Eligible Data Breach	
Has the incident been assessed in accordance with the NDB Scheme and is it considered an 'eligible data breach'?	
Have affected individuals and the Office of the Australian Information Commissioner been notified of the breach and when? (Please describe how affected individuals will be or were informed about the breach of their personal information).	

If you do not intend to notify individuals because of an exception, please provide your reasons, including details about a relevant exception under the <i>Privacy Act 1988</i> .	
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**Additional Information?** (Please include any relevant information that you believe is important)

**\*\*If applicable, please provide a statutory declaration for Part 2, stating the Records are damaged beyond salvage or were lost or stolen.**

• I confirm the details and attachments provided in this final version of the report (Parts 1 and 2) are accurate and correct and the CEO (or equivalent) <insert CEO's name here> has been informed of this data breach.

•

•

• Name: \_\_\_\_\_ Title:

• Date:        /        /



## Attachment C - Incident Notification form

### Who should use this form

This template is provided for the use of providers of the Individual Placement and Support (IPS) program through the Adult Mental Health pilot. Providers are funded by the Department of Social Services (the department).

### When to use this form

Providers should use this form when notifying the department of a serious or reportable incident, as outlined in the Operational Guidelines. Providers should submit a completed form to their Funding Arrangement Manager within the timeframes outlined in the Operational Guidelines, while updates on incidents should be provided within five days. Providers should report incidents to their DSS Funding Arrangement Manager within 24 hours of occurrence/discovery. Reportable incidents include:

- Death, injury or abuse of a participant while in the program, or of staff/volunteers undertaking delivery of IPS
- Inappropriate conduct between a participant, especially a child or young person, and employee
- Significant damage to or destruction of property impacting service delivery
- Adverse community reaction to the IPS activities
- Misuse of the IPS funding.

### Organisation details

Organisation: [Click or tap here to enter text.](#)

Site details: [Click or tap here to enter text.](#)

Name of site manager: [Click or tap here to enter text.](#)

Signature of site manager:

Date: [Click or tap here to enter text.](#)

### Details of incident

Type of incident (serious or reportable): [Click or tap here to enter text.](#)

Date of incident: [Click or tap here to enter text.](#)

Time of incident: [Click or tap here to enter text.](#)

No. of individuals involved: [Click or tap here to enter text.](#)

Gender of individuals: [Click or tap here to enter text.](#)

Age/s of individuals involved: [Click or tap here to enter text.](#)

Status of individuals: [Click or tap here to enter text.](#)

Location of incident (Address and location) : [Click or tap here to enter text.](#)

Incident details (Describe what occurred, including what led up to the incident, if applicable. Where there is more than one individual involved, you may refer to the individuals involved as Staff1, Client1, if needed):

[Click or tap here to enter text.](#)

Response to the incident (What actions were taken as a result of the incident occurring):

[Click or tap here to enter text.](#)

Preventative action (What has been implemented, or will be, in order to prevent the incident from happening again):

[Click or tap here to enter text.](#)

Media coverage (Outline whether media coverage is likely): [Click or tap here to enter text.](#)

## Attachment D - Data Exchange information

There is a range of information about the Data Exchange, including training resources and policy guidance, available on the Data Exchange web-portal at **[dex.dss.gov.au](https://dex.dss.gov.au)**

You can search 'training resources' to find fact sheets and step-by-step task cards, or search the following to find other useful resources:

- Getting Started:
  - Quick Start Guide
  - Log in to the Data Exchange web-based portal
- Organisation Administration:
  - Overview of the My Organisation section
  - Setting up the structure of your organisation
  - Create and manage outlets
  - Add and edit a user
  - Update participation in the partnership approach
- Data Exchange Reports:
  - Report Structure
  - Quick guide to using reports