



**Australian Government**

**Department of Social Services**

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## **Operational Guidelines**

### **Individual Placement and Support Program**

**August 2025**

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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 services under the Australian Government Individual Placement and Support (IPS) program and contributes to Outcome 3 – Disability and Carers under Program 3.1 – Disability and Carers of the Departments 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:

- the purpose of the IPS program
- the role and expectations of IPS program providers (IPS providers); and
- information pertinent to the successful delivery of the IPS program.

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.

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 IPS provider to ensure they are familiar with the content and requirements of these Operational Guidelines.

## **Further Information about the IPS program**

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

### 1.1 Objectives of the IPS program

The objective of the IPS program is to improve the employment and vocational education outcomes of young people with mental ill health aged 12 to 25 years, who are at risk of disengaging from employment or education and who are at risk of long-term welfare dependency.

The IPS program aims to:

- Deliver the IPS model of vocational assistance to young people with mental ill health aged 12 to 25 years within the IPS program sites to assist young people to achieve and maintain sustainable participation in competitive employment or vocational education.
- Provide specialist vocational assistance that adheres to the 8 core [IPS Practice Principles](#).

All IPS program sites delivering the IPS program to young people with mental ill health are located in headspace centres. headspace provides mental health support services to young people aged 12 to 25 years, who are experiencing, or at risk of, mental ill health.

To be eligible to receive IPS program funding, the organisation must have a current fully executed Trade Mark Licence Deed (or similar document which authorises the organisation to operate a headspace service) with headspace National Youth Mental Health Foundation Ltd.

### 1.2 Overview of the IPS program

The IPS program uses an evidence-based model and integrates employment and vocational support with clinical mental health and non-vocational support. It focuses on individual needs of people with mental ill health who are seeking to remain in education and/or employment.

Under the IPS program, Vocational Specialists are fully integrated into 50 headspace centres across Australia. Career development advice and vocational assistance is provided in tandem with clinical support and non-vocational assistance to address barriers to education and/or employment. Low caseloads allow Vocational Specialists to undertake a rapid job search, based on the young person's preferences, with employers they have established relationships with.

The IPS program adheres to the IPS Fidelity Scale and is independently reviewed by a qualified fidelity reviewer.

All IPS services must subscribe to the core Practice Principles that underpin delivery of support to participants. IPS is a highly defined form of supported employment and has 8 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 illness 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 headspaces' 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.

IPS providers must support participants to achieve their vocational education goals in line with the 8 IPS Core Practice Principles.

For more information on the core Practice Principles used by the IPS Fidelity Review provider go to: [IPS Core Practice Principles | IPS WAAMH](#)

### 1.3 Access to the IPS program

A young person can access the IPS program when they are a client of headspace and referred by the headspace clinical staff to the IPS program.

To be eligible to participate in the IPS program, people must:

- be a young person with mental ill health aged up to 25
- be an eligible client of headspace in the participating headspace centre
- 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 IPS program. The clinical staff of the headspace centre can determine that a young person has a mental illness.

#### **1.4 Working co-operatively with the IPS program partners**

The IPS program partners are made up of organisations funded by the Department to support the IPS program and contribute to the IPS program objective. IPS providers must work co-operatively, including engaging in collaborative events with the IPS program partners.

The IPS program partners are:

- IPS Fidelity Review provider (fidelity reviewer)
- IPS Program Management provider (program manager), and
- IPS Workforce Development provider.

IPS providers must work collaboratively with program stakeholders and other organisations that support the IPS program including reviewers and/or evaluators who are engaged by the Department from time to time. The Department's IPS Policy team, Community Grants Hub and relevant Funding Arrangement Manager (FAM) are stakeholders and providers are expected to work collaboratively with them also.

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

The Department has engaged the Western Australian Association for Mental Health (WAAMHM) as the fidelity reviewer. IPS Works is a dedicated unit within WAAMH that undertakes fidelity reviews.

IPS providers must engage with the fidelity review process.

##### **IPS Program Management (program manager)**

The program manager is responsible for improving the performance of IPS providers, and therefore the outcomes for IPS participants, by delivering program management services. Their role includes ensuring a consistent and quality IPS program delivery across sites.

headspace National has been engaged by the Department as the program manager.

The program manager role includes:

- assisting IPS providers with issues/problem solving they may be experiencing whilst implementing the IPS program
- bringing the IPS program partners and IPS providers together to share ideas, best practice, and challenges through meetings and online networks
- assisting IPS providers with the data collection for reporting to the Department
- providing reports to the Department on the IPS providers' behalf and on the program nationally, and
- facilitating and implementing program service improvements across the network.

##### **Workforce Development provider**

The Workforce Development provider role is responsible for developing and implementing a Workforce Development (WfD) Strategy to increase workforce availability, capacity and

capability. This is with the aim of building the necessary workforce for IPS providers in a competitive market environment.

The WfD Strategy includes training as a core activity. Micro-credentials have been developed to provide competency-based learning of the skills and knowledge to support career development outside of a formal qualification framework. IPS providers are expected to encourage IPS Vocational Specialists and staff to undertake micro-credential learning available on the Orygen Learn sign up page. The Department has engaged Orygen as the Workforce Development provider.

## **2. Service Delivery**

### **2.1 IPS program services to be delivered**

The role of IPS providers is to contribute to the objective of the IPS program by providing specialist vocational assistance, that adheres to the IPS principles, to young people with mental ill health in headspace centres.

IPS providers will develop a service delivery model operating 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 Safe Framework (available at [www.childsafety.gov.au](http://www.childsafety.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. Services are provided in ways that reduce the stigma of mental illness, and are responsive to individual circumstances.
- **Vocational Specialists** – provide specialist vocational assistance to help participants obtain employment or training/education outcomes (see Vocational Specialists section).
- **Cultural Competency** – provide Vocational Specialists or a Vocational Peer Support Worker to interact effectively with people across different cultures (see [Cultural Competency](#) section).

IPS providers and program partners must deliver services in line with these Operational Guidelines, their Grant Agreement and Grant Conditions and Grant Supplementary Terms.

### **2.2 IPS Vocational Specialist**

IPS providers are required to engage suitably qualified Vocational Specialists to provide IPS vocational services to young people with mental ill health in the IPS program sites. A suitably qualified Vocational Specialist is someone with experience, knowledge, skills, competencies and /or qualifications in vocational rehabilitation, career development or employment services.

Ideally the person will have an understanding of issues impacting young people combined with an interest in the youth mental health field.

The work of the Vocational Specialist will be undertaken in tandem with delivery of clinical mental health and non-vocational assistance by other staff employed by the headspace centre.

Vocational Specialists are professionals who have experience in helping participants find and keep competitive employment, consistent with their capabilities, interests and vocational goals. Vocational Specialist 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.

At least 2 full-time equivalent (FTE) Vocational Specialists must be engaged at each headspace centre delivering the IPS program, unless otherwise agreed by the Department. An IPS provider may choose to engage 1.8 FTE Vocational Specialists and 0.2 FTE IPS Supervisor to deliver IPS services, however funding of an IPS Supervisor position greater than 0.2 FTE per 2 Vocational Specialists will require Departmental agreement.

Providers funded by the Department to deliver IPS services in more than one headspace centre may choose to utilise the services of one Vocational Specialist from another centre for a specified amount of time ~~and~~ if there is a need. The provider must have approval from the Department to do this before the Vocational Specialist undertakes service delivery at another site.

The role of a Vocational Specialist is to help participants to obtain employment or training/education outcomes. Services include:

- 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.

The Vocational Specialist will work 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.

Vocational Specialists will liaise 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 illness.

Vocational Specialists at selected headspace centres will also support young people through the Thinking Skills for Work trial. This trial provides cognitive self-management support via a computer-based program, along with IPS support.

Vocational assistance delivered under the IPS program in each headspace centre must be provided in addition to, and not replace, existing vocational or educational assistance already being provided at that site through other funding arrangements.

### **2.3 IPS Vocational Peer Support Worker**

IPS providers participating in the Vocational Peer Support pilot are required to engage a full-time equivalent suitably qualified Vocational Peer Support Worker to provide support to young people participating in the IPS program.

A Vocational Peer Support Worker must be a young person, ideally aged between 18 and 30, with lived experience of mental ill health while looking for work or attending school. Where possible, Vocational Peer Support Workers should be young people who identify with different ethnicity, cultural background, lifestyle choice, faith, sexual orientation or gender and have experience looking for employment, have been employed or are studying. Skills of a Vocational Peer Support Worker include:

- the ability to communicate warmly and effectively
- the ability to actively listen
- be a team player
- have problem solving skills, and
- planning and organisational skills.

Vocational Peer Support Workers work collaboratively with headspace staff, young people, their families, other health workers, and members of the local community.

By sharing their experiences and background, the Vocational Peer Support Worker offers support that is respectful, non-critical and non-judgemental. They support a young person's growth through their education or employment journey in a way that promotes individual strengths, empowerment, independence and hope. Support can be provided face-to-face, over the phone or online.

The Vocational Peer Support Worker does not have a caseload. They are required to spend the majority of their time working directly with young people participating in the IPS program. They will collaborate with the IPS Vocational Specialist and headspace clinical team to ensure the safety of the young people accessing peer support. Other tasks include coordinating, planning and co-facilitating peer group sessions, preparing reports, case notes and other documentation.

The role is not designed to duplicate or take the place of other employment support approaches, delivered by IPS Vocational Specialists; rather, it is designed to complement IPS services, using the lived and professional expertise of the Vocational Peer Support Worker.

Vocational Peer Support Workers will be provided with a supervisor. Regular training will include information about:

- their role
- responsibilities
- processes
- mandatory reporting requirements, and
- who to talk to if a client indicates that they may be at risk or present a risk to others.

A mentor will also be allocated to provide further support to the Vocational Peer Support Worker, independent of the supervisor.

Services delivered by the Vocational Peer Support Worker under the IPS program in each headspace centre must be provided in addition to, and not replace, existing vocational or educational assistance already provided at that centre through other funding arrangements.

## **2.4 Cultural Competency**

Cultural competence is the ability to interact effectively with people across different cultures. It has 4 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.

A person who is culturally competent can communicate sensitively and effectively with people who have different languages, cultures, religions, genders, ethnicities, disabilities, socio-economic backgrounds, ages and sexualities. Culturally competent staff strive to provide services that are consistent with a person's needs and values.

IPS providers need to ensure that:

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

In delivering culturally competent services, IPS 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.

## 2.5 Fidelity

IPS fidelity reviews are used to measure the quality of IPS services provided. It has been shown that organisations with higher fidelity scores produce better outcomes in terms of competitive employment.

The fidelity reviewer is responsible for assisting IPS providers to understand the IPS Fidelity model by regularly reviewing all IPS program sites against the Fidelity Scale.

The fidelity reviewer must also offer ongoing training and support to the IPS providers on matters related to fidelity and how to improve fidelity in line with the IPS model. This includes training for IPS workers, centre management, and clinical staff.

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 3 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 IPS provider within 6 months of operation. The fidelity reviewer will return every 6 months until the IPS 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 IPS providers. The IPS providers will work co-operatively with the fidelity reviewer and ensure the following activities are undertaken:

- *practitioner training, supervisor mentoring session and online modules* – within one month of a vocational specialist, supervisor, headspace centre manager or clinical lead commencing their role
- *site visits* – twice yearly until good fidelity is achieved, the first visit will be within 3 months of the service commencing
- *fidelity self-assessment* - 3 months after the service commences, and quarterly thereafter
- *six-monthly fidelity reviews* – the first review will be no later than 6 months after the commencement of IPS services. Reviews will continue every 6 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 6 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 Department will provide the IPS program manager with fidelity review reports for each IPS provider to:

- support IPS sites in their delivery of the IPS program

- ensure consistent and quality program delivery across IPS sites; and
- identify opportunities for improvement to service delivery.

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

The approach to caseloads, service duration and intensity of support must be consistent with the 8 core [IPS Practice Principles](#) and Fidelity. While there is a high level of flexibility, IPS is premised on the provision of *individualised* assistance tailored to each participant's preferences, choices and goals.

To meet the intent of the IPS program and align with the Fidelity Instrument, Vocational Specialists are required to maintain a relatively small caseload of 18 to 20 active participants at any one time, when possible. The caseload structure should facilitate the maintenance of high quality service delivery aligned with the intent of the IPS program. Participants should be able to identify their Vocational Specialist worker.

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 young people will require:

- some participants will need an assurance of ongoing support for the foreseeable future
- some participants will need a safety net in times of crisis, and
- some participants will move on from the IPS program and will not require ongoing support.

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

To achieve the best outcomes for participants, support services should complement and intersect with other services in the local area, including clinical and non-clinical mental health services, community services, other employment services and employers. This approach is designed to build on existing arrangements and ensure services are coordinated to provide holistic and flexible support.

Services are expected to form partnerships and establish formal links with a range of local networks, services and other stakeholders, which may include:

- developing referral processes and managing referrals to other services, including to 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, and
- participating in inter-agency meetings and other forums to ensure local service delivery and case coordination is well coordinated.

Where participants are already receiving assistance from employment service providers, including Disability Employment Services (DES) or Workforce Australia the IPS provider is expected to negotiate formal parallel servicing arrangements.

These 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 an IPS provider to only have *internal* parallel servicing arrangements in place (for example, where IPS provider is also delivering an employment service such as DES or Workforce Australia). Participants must be allowed to have a choice in service delivery, particularly where they are being referred to an employment provider.

## **2.8 Evaluation**

Providers are required to actively participate in evaluations of the IPS program, which may include providing data and information on its effectiveness, efficiency and outcomes.

## **2.9 Compliance with Relevant Legislation**

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

IPS 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.

## **2.10 Service development and improvement**

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 headspace site or the service they receive, and
- complaints and feedback are taken seriously by IPS provider, and are investigated, addressed and used to improve ongoing services.

More information about complaints can be found in [Section 3](#).

All IPS 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 on 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 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.

IPS 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 IPS providers understand and adhere to privacy and confidentiality obligations.

The IPS 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 headspace 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 IPS 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**.

## **2.12 Consent**

IPS providers are required to gain written consent from each participant (or their parent or a responsible adult if under 18 years old) 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 IPS program, and
- the release of participant data/information to other organisations (if relevant).

## **2.13 What participants can expect**

Participants can expect to receive individually tailored and specialist vocational and employment support delivered in tandem with the existing clinical mental health treatment and personal (non-vocational) support provided at the participating IPS program site.

The IPS model of vocational assistance is a highly defined form of employment support with 8 core [IPS Practice Principles](#).

Participants in the IPS program can expect to work in a collaborative and goal-oriented partnership with a Vocational Specialist, trained in the delivery of the IPS model. To achieve this, the IPS Vocational Specialist will:

- adhere to the principles of IPS 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 IPS participants, and provide employers 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, headspace will:

- have knowledge and understanding of mental ill health and the impacts 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 IPS program will be provided free of any charge for participants, employers and education providers.

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

Services are to be 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
- receive services appropriate to their needs in a safe and healthy environment.

Participants can also expect to

- be informed of how their information will be used, who it will be shared with and to request corrections if their information is inaccurate
- be informed of their rights when collecting personal information
- be informed how to provide feedback and lodge a complaint.

**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 IPS provider. Exiting participants may be asked to provide information on the reasons for exiting the service.

## **2.14 Incident notification**

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

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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IPS providers must notify their FAM 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 5 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 IPS 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 IPS
- significant damage to, or destruction of property impacting service delivery

- adverse community reaction to IPS 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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IPS providers must notify their FAM 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 5 days.

Information supplied to the Department should be de-identified.

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### **3. Handling Complaints**

#### **3.1 Complaints about the IPS provider**

Complaints, queries and feedback are considered a valuable opportunity for IPS 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 IPS provider. The IPS provider should attempt to resolve the complaint amicably in accordance with their internal complaints resolution process and policies.

IPS 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.

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

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

Where there is a complaint about the Department made to an IPS 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 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 under the IPS program may be used for:

- staff salaries and on-costs, which can be directly attributed to the provision of the IPS program in the identified IPS program sites as per the Grant Agreement
- employee training for paid and unpaid staff, and Committee and Board members that is relevant, appropriate and in line with the delivery of the IPS program

- engaging people or organisations with relevant expertise to ensure organisational capacity to deliver services (that is, measurement of fidelity, research and evaluation, as appropriate), and
- operating and administration expenses directly related to the delivery of services 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 for staff including vehicle hire, and
  - assets as defined in Grant Agreement Terms and Conditions that can be reasonably attributed to meeting agreement deliverables.

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

## **4.2 Ineligible grant activities**

The grant funding may not be used for:

- the purchase of land
- costs that are not directly related to the provision of the IPS program
- purchase of goods and services for participants, for example, paying participants medical bills or accommodation costs
- construction/capital works
- purchase of office equipment
- funding to cover retrospective costs
- costs incurred in the preparation of a funding application or related documentation
- overseas travel, and
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.

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IPS providers should contact their FAM 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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IPS providers must seek prior written consent from the Department before entering into any subcontracting arrangement by contacting their FAM. IPS 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

IPS providers must also notify their FAM if subcontracting arrangements change.

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### **4.4 Financial Reporting**

Providers must ensure the efficient and effective use of public monies, that will be consistent with the grant agreement, aims to maintain viable services and act to prevent fraud upon the Commonwealth.

#### **Financial acquittal reports**

Financial acquittal documents must include a non-audited 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.

IPS 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**

The IPS program sits within an overarching 'Work and Study' sub brand developed by headspace National. IPS providers are encouraged to refer to, and promote, the IPS program, principles and model in marketing material. IPS providers are able to localise 'Work and Study' promotional materials in line with the Program Manager's branding guidelines to ensure it is relevant and welcoming for young people in their local area.

A description of the IPS program should be included on the IPS provider's website and the following wording used to acknowledge the financial support of the Department in all IPS program material published by providers:

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

## **6. Performance and Reporting**

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

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

The amount of detail provided in each report should be relative to the size and complexity of the grant and the grant amount. IPS providers must inform their FAM of any reporting delays as soon as they become aware of them.

The Department will monitor progress by assessing reports submitted by IPS 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**

IPS 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.

Provider's 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).

### **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 (DEX) reporting**

IPS providers are expected to use the headspace National system, hAPI, to collect participant data for the IPS program in line with the requirements in the Grant Agreement, Activity Work Plan, DEX Protocols, and the IPS Program Specific Guidance.

headspace National, the program manager, provides the data required via a system-to-system transfer, on behalf of all IPS providers, to DEX.

System to system transfers and bulk file upload of data into DEX are approved mechanisms outlined in the DEX Protocols. By entering the required data into hAPI, IPS providers will be meeting their reporting obligations under the agreement.

The information collected in the hAPI system is equivalent to the participant level data and service delivery information from all participants in accordance with the DEX Protocols available at **[dex.dss.gov.au](http://dex.dss.gov.au)**.

### **Partnership Approach**

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

IPS providers are encouraged to collect the Standard Client/Community Outcome Reporting (SCORE) information for as many participants as practical, noting that IPS 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 person 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 2 standardised 6 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**.

## **6.2 Data Quality Checks**

IPS 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.

IPS providers are required to work with the program manager on any data collection issues.

## **6.3 Access to the Data Exchange**

If required, IPS 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 DEX).

If you have questions about DEX, 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	September 2021	Approved Operational Guidelines	Advocacy and Inclusion Branch
V2.0	September 2022	Approved Operational Guidelines	Disability Employment and Carers Branch
V3.0	August 2025	Approved Operational Guidelines	Disability Employment Policy 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>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. 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>DEX 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. For more information visit the DEX website at <b><a href="http://dex.dss.gov.au">dex.dss.gov.au</a></b></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> <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>	<p>The legal contract between the Department and the auspice body/service provider that outlines service delivery, accountability and reporting requirements.</p>
<b>Individual Placement and Support (IPS)</b>	<p>An evidence-based, supported employment model to assist people with mental ill health to seek and obtain employment.</p>

<b>Term</b>	<b>Definition or use</b>
<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 young people with mental ill health who are willing to engage with employment services or educational training and take part in the IPS program.
<b>IPS Vocational Peer Support Worker</b>	A professional IPS worker with lived experience in mental health who use their experience to support young people experiencing challenges with entering or remaining in education or employment.
<b>Mental ill health</b>	A broad term encompassing mental distress and other mental health conditions that significantly affect a person's thinking, feeling and behaviour, which can impact their ability to cope with daily life, work and relationships.
<b>Mental illness</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 program services.
<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 DEX reporting.
<b>The Department (or DSS)</b>	The Australian Government Department of Social Services.

Term	Definition or use
<b>Thinking Skills for Work (TSW) trial</b>	The TSW trial provides cognitive self-management support via a computer-based program and is provided to young people accessing IPS support in selected centres.
<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 IPS providers on how to respond to a privacy data breach or incident involving the personal information of IPS 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](#).

### IPS 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 **4 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 IPS Provider.

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

This form is in 2 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 with 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](#).

### Part 1A – Provider Information

Provider Name	
Provider Org Code	
Site Name and Site Code	
Name of person completing report	
Position	
Phone / Email	
Date of submission to the Department	

### Part 1B – Details of the Incident

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.	
Has the incident been assessed in accordance with the NDB Scheme and is it considered an <b>'eligible data breach'</b> ?  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)	
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### Part 2B – Rectification/Remediation Action

Describe the actions taken to address the privacy incident and prevent harm to affected parties.	
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(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> .	
<b>Additional Information?</b> (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) has been informed of this data breach.**

Name of CEO	
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 5 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	
Site details	
Name of site manager	
Signature of site manager	
Date	
Details of incident	
Type of incident (serious or reportable)	
Date of incident	
Time of incident	
No. of individuals involved	
Gender of individuals	
Age/s of individuals involved	
Status of individuals	
Location of incident (Address and location)	
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)	

<p>Response to the incident</p> <p>(What actions were taken as a result of the incident occurring)</p>	
<p>Preventative action</p> <p>(What has been implemented, or will be, in order to prevent the incident from happening again)</p>	
<p>Media coverage</p> <p>(Outline whether media coverage is likely)</p>	

## Attachment D - Data Exchange (DEX) information

There is a range of information about DEX, including training resources and policy guidance, available on the DEX web-portal at [dex.dss.gov.au](http://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:
  - o Quick Start Guide
  - o Log in to the DEX 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
- DEX Reports:
  - Report Structure
  - Quick guide to using reports