



Australian Government
Department of Social Services

National Panel of Assessors Guidelines

Disclaimer

These Guidelines are not a stand-alone document and do not contain the entirety of the obligations of a National Panel of Assessors (NPA) Provider. It must be read in conjunction with the NPA Deed of Standing Offer (the Deed) relevant to your organisation, including any relevant Guidelines and reference material issued by the Department of Social Services under or in connection with the Deed(s).

These Guidelines are not legal advice, and the Commonwealth accepts no liability for any action purportedly taken in reliance upon it and assumes no responsibility for the delivery of the Services. These Guidelines do not reduce the obligation of Providers to comply with their relevant legal obligations and, to the extent that these Guidelines are inconsistent with obligations under the *Disability Services and Inclusion Act 2023* (Cth) (DSI Act), Social Security Law, *the Privacy Act 1998*, Work Health and Safety (WHS) Laws or any other legislation or laws relevant to the respective jurisdictions in which Providers operate, the relevant legislation or laws will prevail.

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Guideline Interpretation and Glossary

Reading Notes

These Guidelines, developed by the Department of Social Services (the Department), detail the objectives and operation of Providers under the National Panel of Assessors (NPA) Program from 1 November 2025.

These Guidelines may be updated or varied from time to time. The Department reserves the right to review and amend these Guidelines as deemed necessary and will provide reasonable notice of any amendments.

These Guidelines uses the following symbols to indicate different elements:

-  This icon represents 'System Steps' – information contained under this dot point will relate to usage of the Department's IT Systems.
-  This icon represents 'Work Health and Safety Steps' – information contained under this dot point will relate to matters of Work Health and Safety Law.
-  This icon represents 'Documentary Evidence Requirement' – information contained under this dot point will relate to matters of Documentary Evidence.

Related information

Reference information and websites relevant to these Guidelines include:

[*Disability Services and Inclusion Act 2023*](#)

[*Freedom of Information Act 1982*](#)

[*Privacy Act 1988*](#)

Glossary

All capitalised terms in these Guidelines have the same meaning as in the Deed (or the Inclusive Employment Australia Deed) unless otherwise defined below.

- Workforce Australia Online for Providers (WAOP)
- JobAccess Secure (JOAC)

Chapter 1. Program Overview

1.1 About the NPA Program

The NPA program is a standing panel of independent Assessment service providers contracted to provide Assessments to support the needs of people with disability in the workplace.

The NPA program provides the following independent Assessment services:

- **Supported Wage System (SWS)** provides Employers and eligible people with disability a reliable process of productivity-based wage Assessment.
- **Ongoing Support Assessments (OSA)** for Inclusive Employment Australia Participants who have achieved a 26-week Employment Outcome and are likely to need Ongoing Support to retain their job.
- **Workplace Modifications Services (WMS)** Assessments are part of the Employment Assistance Fund (EAF), administered by JobAccess on behalf of the Department, and recommend reasonable workplace modifications (such as equipment or assistive technology) that will assist people with disability to undertake their employment duties.

The Department utilises the following IT systems to manage Assessments under the program:

- OSA uses the Workforce Australia Online for Providers (WAOP) from start to finish, including claiming payments.
- SWS Assessments are allocated, and the Assessment is completed within JobAccess Secure (JOAC) system. Payments are processed within WAOP.
- WMS Assessments are submitted in JOAC and allocated by the JobAccess Provider using their systems.

1.2 NPA Payments

The NPA Payments are as follows:

SWS Payments

Deed clause reference	Payment Type	Current Payment amounts as at 1 July 2025 (GST inclusive)
106.1(a)	SWS Assessment Payment	\$709.80
106.1(b)	An additional SWS Assessment Payment if the Assessment is conducted in a CDP Region	\$496.84
106.2(a)	Approved additional hours Payments, up to maximum 4 hours	\$141.96 per hour
106.2(b)	Approved additional hours Payments for SWS Assessments conducted in a CDP Region, up to maximum 5 hours	\$241.33 per hour

OSA Payments

Deed clause reference	Payment Type	Current Payment amounts as at 1 July 2025 (GST inclusive)
110.1	OSA Assessment Payment	\$496.85

WMS Payments

Deed clause reference	Payment Type	Current Payment amounts as at 1 July 2025 (GST inclusive)
114.1	WMS Assessment Payment	\$141.96 per hour up to a maximum of five (5) hours
114.2	Approved additional Payments	\$141.96 per hour
114.4(a)	Additional travel costs (for which travel time will not include time used for Assessment or Reporting services)	\$59.15 per hour for travel time up to a maximum of eight (8) hours per day

The Department will adjust Payment amounts on 1 July each year during the Deed Term, to reflect any changes in the value of Payments due to inflation during the preceding Financial Year. The applicable inflation index will be determined by the Department at its absolute discretion.

1.3 Privacy

This Chapter provides information for NPA Providers (provider), their Personnel, and Third Parties on their obligations in relation to handling Personal and Protected Information about individuals, as well in relation to reporting privacy incidents.

Service providers and their Personnel are expected to meet their obligations under the [Privacy Act 1988](#) (Cth) (Privacy Act), [the Australian Privacy Principles \(APPs\)](#) managed by the Office of the Australian Information Commissioner (OAIC) and any other relevant state or territory legislation, when handling personal and sensitive information about Clients and in reporting privacy incidents.

Further information on the APPs and handling of personal and sensitive information can be found on the Department's website here <https://www.dss.gov.au/using-our-website/privacy-policy>.

Where to find your obligations

When a Provider enters into a Deed with the Commonwealth to deliver Services, the Provider becomes:

- A "service organisation" with obligations about Protected Information under the Social Security (Administration) Act 1999 (Cth) (the **Social Security Law**) and

Disability Services Act 1986 (Cth) and Disability Services and Inclusion Act 2023 (Cth)(the **Disability Services Law**), and

- A “contract service provider” with obligations about personal information under the Privacy Act 1988 (Cth) and the Australian Privacy Principles (the **privacy law**).

A Provider may also have other obligations about how to handle information under the laws of States or Territories where it operates as well. It is the Provider’s obligation under the Deed to make sure that it understands and complies with all its legal obligations when delivering the Services.

Privacy obligations

The privacy law sets minimum standards for handling personal information, known as the Australian Privacy Principles (APPs). The Office of the Australian Information Commissioner (OAIC) has published guidelines about the APPs and what they mean — see the [OAIC website](#).

As the Provider is delivering work-related services to participants under the Deed with the Commonwealth, the Provider is a contract service provider and has to meet the same APP requirements as a Commonwealth agency (rather than the APP requirements of an organisation).

If the Provider subcontracts any delivery of services to another organisation, then the Provider must make sure the subcontractor also meets the same APP requirements as a Commonwealth agency.

In delivering Services, Providers collect, use, and disclose personal information about individuals. The APPs includes standards, rights, and obligations around the:

- management of Personal Information
- collection, use, and disclosure of Personal Information
- the security of Personal Information, and
- the rights of individuals to [access](#) and correct their Personal Information.

The APPs are principles-based law. The Provider must consider its own situation and relevant Deed provisions and implement procedures and policies to ensure compliance with the relevant APPs, noting that their obligations may be different as a contract service provider to those as an organisation undertaking other business activities.

The Provider and its Personnel must also make sure that they comply with their obligations in relation to the tort of serious invasion of privacy, in Schedule 2 of the Privacy Law.

1.3.1 Consent

Providers need to ensure the Client consents to permit the handling of their personal and sensitive information. At the time of submitting an application, the Client must be informed of how their personal information will be collected, used and disclosed in connection with the NPA.

A collection notice must be provided to the client, following which consent is given by:

- verbal or implied consent and/or
- signing a privacy consent form.

A Client's consent must be recorded in the Department's IT Systems (where the Provider has access) or in another appropriate format (where the Provider does not have access) and which must be made available to the Department on request.

In complying with the Privacy Act, the APPs and this Chapter, it will be important for Providers to get consent from individuals for the handling of their personal and sensitive information.

In all cases, the Provider must ensure that when it asks a person for their consent for the handling of their personal and sensitive information:

- the individual is adequately informed before giving consent
- the individual gives consent voluntarily
- the consent is current and specific, and
- the individual has the capacity to understand and communicate their consent.

Consent can be given expressly, either orally or in writing, or it can be implied. In whatever way the person gives their consent to the Provider, the Provider must record the consent so that it can be found and checked easily in the day-to-day operations of the provider, and if the Department requires to see it. The best way to do this is to record the consent and how it was obtained in the Department's IT system, where possible.

Providers must establish a person's capacity to give consent on a case-by-case, decision-by-decision basis. A person's capacity to give consent can be affected by their age or the nature of their disability (e.g. people with an intellectual disability may be unable to give consent). Further, a person's ability to give consent may change over time. A Provider must prepare practical guidance for their Personnel, which includes options for supported decision making, so that Participants can make their own decisions about their personal information. As a guide, the Department recommends that Providers familiarise themselves with the NDIA Supported Decision Material, available here: [National-SDM-Guide.pdf](#).

Where an individual is under 18 years old, the Provider must decide if the individual has the capacity to consent on a case-by-case basis. The [OAIC advises, as a general rule](#), that an individual under the age of 18 has the capacity to consent if they have the maturity to understand what is being proposed. If the individual lacks maturity, it may be appropriate for a parent or guardian to consent on their behalf.

A Provider's ability to rely on a person's consent diminishes over time. Providers must ensure that each individual's consent is regularly reviewed on an ongoing basis (such as in relation to the collection and disclosure of sensitive information under the Privacy Statement contained in the IEA Privacy Notification and Consent Form and/or Direct Registration Form, see [APP 3: Collection of solicited personal information](#) below).

Further information about consent can be found on the [OAIC's website](#).

In all instances, before providing NPA services to clients, Assessors must provide Clients with the standard "Privacy Notification and Consent Form". This form is available on the Provider Portal or on the [department's website](#). Providers must ensure they are using the most up-to-date form.

Providers/Assessors must obtain the participant's consent in accordance with the Privacy Notification and Consent Form before handling the Participant's personal and sensitive information, and/or providing them with employment/NPA services. Providers should make it clear to Clients that if they withhold or withdraw their consent, this may ultimately affect their participation in the program and receipt of NPA services or affect any mutual obligation requirements they may have.

Whenever obtaining consent from a Client, the Provider needs to ensure that a Client is given the time and information they need to understand what is being asked of them, so that the Client has a real choice. This means that the Provider must ensure that their Personnel understand privacy and consent documents, so that they can explain these to a Client in a manner that meets the Client's communication needs.

The Provider must provide guidance to their Personnel about how to properly identify and manage capacity or other issues which affect a Client's ability to understand a privacy or consent documents, including how and when to call on a Participant's nominee or use an interpreter.

When Clients sign the Privacy Notification and Consent Form, the Client indicates consent at the time of signing. When applicants make a SWS or EAF application on JobAccess Secure, they will acknowledge the Privacy Notice and relevant terms and conditions, and indicate their consent at that time of submitting the application. If applicants are provided with the client Privacy Collection Notice before assessments they may also express consent at that time. Clients may also provide their express consent to the form verbally. In some circumstances, Providers may also reasonably infer from an individual's conduct that there has been implied consent to the collection of sensitive information, for example, from the voluntary disclosure of a document containing sensitive information to the Provider. The participant's consent must be recorded in the Department's IT system by an appropriate file note.

Third party consent requirements

Providers must ensure that they do not collect, use or disclose sensitive information about a third party unless:

- the collection is by lawful and fair means,
- it is unreasonable or impracticable to collect the personal information directly from the third party individual,
- the third party's personal information is reasonably necessary and required for the Provider to meet its obligations under the deed and these guidelines, and
- the third party has provided valid consent,
- the third party is the Client's child and is under 15 years of age,
- an individual is the legal guardian of the third party who is under 15 years of age,
- an individual is the legal guardian and authorised decision maker of the third party who may not have capacity to consent, or

- the provider reasonably believes that collection of that sensitive information is necessary to lessen or prevent a serious threat to the life, health or safety of the Participant or any other individual, or to public health or safety, and that obtaining consent from the third party to the handling of their personal information is unreasonable or impracticable in the circumstance.

Providers may be able to rely on implied consent by third parties in some circumstances where personal information (excluding sensitive information) is provided, e.g. the contact details of an Auslan interpreter.

Providers must make a record of consent by third parties, e.g. by, for example, uploading an email, or making a file note that they are satisfied the third party has provided their express consent (e.g. via a phone call) or that their consent is implied.

Before collecting or uploading materials to the IT system containing the personal or sensitive information of a third party, the Provider must be satisfied that appropriate consents have been obtained, and make a record of that consent.

Providers must also ensure they redact any sensitive information about third parties which is not reasonably necessary or required, such as Tax File Numbers or Government Identifiers.

APP 3 and 5: Collection of solicited personal information

APP 3 outlines when an APP entity may collect solicited personal information, including sensitive information.

To deliver the Services they are contracted to provide, Providers are generally required to collect personal information. APP 3 outlines when an APP entity may collect solicited personal information, including sensitive information.

Providers may only solicit and collect personal information that is reasonably necessary for, or directly related to, one or more of the Provider's functions or activities. A Provider's functions or activities will vary depending on the Services being delivered and Providers should consider their obligations under their Deed(s) with the Department to deliver Services before collecting personal information.

APP 5 requires an APP entity that collects personal information about an individual, to take reasonable steps to notify the individual of certain matters or to ensure the individual is aware of those matters.

As well as obtaining their consent to the collection of sensitive information as required by APP 3, the Privacy Notification and Consent Form complies with APP 5.2 by informing the individual/client of matters such as:

- the identity and contact details of the Department
- the purposes for which the Department and Provider are collecting the personal information, and
- the main consequences for the individual if all or some of the personal information is not collected by the Department and Provider.

1.3.2 Manner of collection

Providers must only collect personal information directly from the Client or another individual, unless any one of the following exceptions applies:

- the Client consents to the collection of the information from a third party
- the Provider is required or authorised by Australian law, or court/tribunal order, to collect the information from the third party, or
- it is unreasonable or impracticable to collect the personal information directly from the individual.

For example, it may be unreasonable or impracticable to collect personal information directly from a Client where language difficulties prevent them from providing their personal information. In these cases, the Provider should seek the Client's consent to collect the information through an interpreter. Providers must also ensure that the use and need for an Interpreter is recorded in the Department's IT system. Under APP 10, Providers are required to take reasonable steps to ensure that the personal information they collect is accurate, up-to-date, and complete. Providers therefore need to take steps to ensure that the interpreter that is used will be providing accurate and complete information from the individual.

The collection of personal information by a Provider must be by lawful and fair means only. A fair means of collecting information is one that does not involve intimidation or deception and is not unreasonably intrusive.

APP 4: Dealing with unsolicited personal information

APP 4 outlines when an APP entity may collect unsolicited personal information.

A Provider may receive personal information it did not ask for. APP 4 outlines when a Provider may collect unsolicited personal information. Where a Provider receives unsolicited personal information, it must determine whether it would have been permitted to collect the personal information under APP 3. If not, the Provider must destroy or de-identify the information, unless it is a Commonwealth record under the Archives Act or as per the Deed. Most records held by Providers in performing the Services will be Commonwealth records. Providers should seek their own independent legal advice prior to destroying unsolicited information.

If the Provider determines that it could have collected the personal information under APP 3 or retains the personal information because it is contained in a Commonwealth record, it must handle the information in accordance with the Privacy Act.

1.3.3 Use and disclosure of personal information

The Privacy Act 1988 defines "personal information" as:

information or an opinion about an identified individual, or an individual who is reasonably identifiable, whether the information or opinion is true or not, or is recorded in a material form or not. [What is personal information? | OAIC.](#)

Personal Information includes an individual's name, signature, date of birth, address, telephone number, sensitive information, bank account details, employment information, and commentary or opinion about an individual. This kind of information may be shared

verbally, contained in physical or digital files or documents, such as résumés or application forms provided by the individual, or in an email or text message, or recorded.

Sensitive Information is a subset of personal information and includes information that relates to an individual's racial or ethnic origin, health status, genetics and biometrics, religious beliefs or affiliations, philosophical beliefs, sexual orientation, criminal record or membership of a political association, professional or trade association or trade union.

Sensitive Information is subject to higher levels of protection under Privacy Law.

Information about a person's disability is generally considered to be Sensitive Information', because it is a kind of information about a person's health – see [What is health information? | OAIC](#). This means that Providers will be handling 'sensitive information' as part of delivering the Services and need to ensure that their practices, procedures and systems meet the higher privacy standard required. Providers should make sure that they are also meeting any obligations about the handling of 'health information' under State or Territory law.

Providers and their Personnel, must only collect, use and disclose personal information for the primary purpose in which it was collected.

If an individual is seeking access to personal information on behalf of a Client, Providers must obtain written authority from the Client whose personal information is being sought before releasing any information or documents.

If the Provider is unable to obtain written authority, the individual can make a request under the *Freedom of Information Act 1982* (FOI Act) and should be directed to the Department via FOI@dss.gov.au.

Further information on the use and disclosure of information can be found on the OAIC's website here: <https://www.oaic.gov.au/privacy/australian-privacy-principles>.

APP 6: Use and Disclosure of personal information

APP 6 provides that if an APP entity holds personal information about a Client that was collected for a particular purpose (primary purpose), the entity must not use or disclose the information for another purpose (secondary purpose), unless an exception applies.

Personal information in the NPA Program is generally collected, used, and disclosed for the primary purpose, which is administering, managing, and delivering the NPA program to provide independent assessments to support the needs of people with disability in the workplace. In this case, Client's personal information (including sensitive information) is collected and managed for the primary purpose of administering, managing and regulating the Inclusive Employment Australia program. This includes under any future variation of the Inclusive Employment Australia program (e.g. if the name of the program is changed or if amendments are made to the legislative framework under which the program operates).

A Provider may use and disclose a Client's personal information, including sensitive information, for the primary purpose. More information about the primary purpose can be found in the Privacy Statement in Privacy Notification and Consent Form, and information available on the Department's website at [DSS – Participant Privacy](#).

A secondary purpose is any purpose that is not the primary purpose. Providers must not use or disclose personal information for a secondary purpose unless an exception applies, including where:

- the individual consents to the use or disclosure for the secondary purpose*
- the individual would reasonably expect the use or disclosure for the secondary purpose, and either the secondary purpose is related to the primary purpose or, in the case of sensitive information, is directly related to the primary purpose, or
- the use or disclosure is required or authorised by or under an Australian law or a court/tribunal order (e.g. the Social Security Law, see 6.9 Use and disclosure of Protected Information).

*It should not be assumed that an individual has given consent on the basis alone that they did not object to a proposal to handle personal information in a particular way.

Access by Provider Personnel to Participant records in the Department's ICT system is a use of personal information and is provided by the Department for the purpose of providing the Services to the Client only. All access to Department's ICT System by all Provider Personnel can and will be monitored for inappropriate use by the Department, and the Provider must put in place its own systems and processes to protect against this.

The APP 6 obligations apply to the use of personal information by the Provider and the disclosure of personal information to third parties, that is parties other than the Provider. The Provider may disclose personal information, other than sensitive information, to a related body corporate.

1.3.4 Privacy Incidents and the Notifiable Data Breaches Scheme

Acts or practices by a Provider which breach an APP are an interference with the privacy of the individual. The OAIC has powers to investigate possible interferences with privacy, either following a complaint by an individual or on the OAIC's own initiative. The OAIC also has a range of enforcement powers and other remedies.

Providers are required under [the Notifiable Data Breaches scheme](#) to notify affected individuals and the OAIC about eligible data breaches. An eligible data breach occurs when there is unauthorised access to, or disclosure of, personal information held by an entity, or information is lost in circumstances where unauthorised access or disclosure is likely to occur.

The Provider must Notify the Department as soon as possible following becoming aware of any unauthorised access to, use or disclosure of, personal information, or a loss of personal information the Provider holds using the [Provider Privacy Incident Report](#) (PPIR). This applies to all privacy incidents, whether or not they are an eligible data breach.

Providers must promptly assess all potential privacy incidents to determine whether an eligible data breach has occurred and, if required, notification is to be provided to affected individuals and to the OAIC. Providers must take all reasonable steps to ensure that this assessment is completed within 30 calendar days of becoming reasonably aware of an eligible data breach.

By responding quickly, a Provider can substantially decrease the impact on affected individuals, and reduce the costs associated with dealing with the privacy incident, including reputational costs.

The Provider must also provide the Department with a copy of any notification of an eligible data breach made to OAIC and any subsequent correspondence with OAIC.

Providers should refer to the OAIC website for information on the Notifiable Data Breach scheme.

The Provider must also immediately Notify the Department if it becomes aware: of a breach or possible breach of any of the obligations contained in, or referred to in the Deed(s) by any Personnel or Subcontractor that a disclosure of personal information may be required by law, or of an approach to the Provider by the Information Commissioner or by an individual claiming that their privacy has been interfered with.

Providers should be aware that the Department monitors Personnel access to Records in the Department's IT Systems. Where a clear business reason for access to a Record or Records is not identified, the Department may require further information or investigation by a Provider and may take action against individuals.

If a Provider suspects or is aware of an actual privacy incident or data breach or, the incident must be reported to the Department no more than 2 Business Days after the date of the privacy incident occurring.

Providers must promptly assess all potential privacy incidents to determine if an eligible data breach has occurred and, if required, notify the affected Client and the OAIC.

Providers must take all reasonable steps to ensure that this Assessment is completed within 30 calendar days of becoming reasonably aware of an eligible data breach.

The Provider must also provide the Department with a copy of any notification of an eligible data breach made to OAIC and any subsequent correspondence with OAIC.

Providers must complete the [Provider Privacy Incident Report \(PPIR\)](#) for all privacy and/or data breach incidents.

Providers should refer to the OAIC website for information on the Notifiable Data Breach scheme.

1.3.5 Privacy Complaints

An individual who considers that their privacy has been interfered with can contact the Department and/or the OAIC to make a complaint. Contact details for the Department's complaints team as well as information on the process can be found here:

<https://www.dss.gov.au/using-our-website/privacy-policy>

Providers are required to respond to any privacy complaints within 10 Business Days and in accordance with the PPIR where a privacy incident has been identified. Providers should follow [OAIC's advice on handling privacy complaints](#).

If a client makes a complaint to a provider, providers must ensure the client is informed their details may be disclosed to the Department and used to resolve the complaint or feedback, and otherwise for the purposes of managing and administering the NPA. Providers must ensure the client has consented to this handling and must make an appropriate record about the provision of that consent. If the client does not consent, and

the provider is unable to resolve the complaint in accordance with its obligations under the deed and these guidelines, the provider can direct the client to the Department or OAIC to make a complaint.

Freedom of Information requests

Under the Deed, Providers are required to assist the Department in processing requests under the FOI Act by providing Records (digital or physical) in their possession that are relevant to a request. An individual seeking to access documents containing their personal information may submit a request for access under either the Privacy Act or the FOI Act. However, where the document being sought does not contain their personal information, access is not available under the Privacy Act as the Privacy Act only applies to personal information.

Requests under the FOI Act should be directed to the Department via FOI@dss.gov.au.

APPs 12 and 13: Access to and correction of personal information

Under APP 12, if an APP entity holds personal information about an individual, the entity must, on request by the individual, give the individual access to the information. APP 12 does not stipulate any formal requirements for making a request or require that a request to access personal information be made in writing or require an individual to state that it is an APP 12 request. Therefore, a verbal request for personal information may be a valid request under APP 12.

Under APP 13, if an APP entity holds personal information about an individual and the individual requests the entity to correct the information, the entity must take such steps as are reasonable in the circumstances to correct that information to ensure that, having regard to the purpose for which it is held, the information is accurate, up-to-date, complete, relevant, and not misleading.

Generally, Providers must process requests for access to personal information and requests for correction of personal information. If a Provider receives such a request, they must provide a response within 30 calendar days after the request is made.

Certain requests must be referred to the Department for consideration where the Provider proposes to refuse the request or the request encompass records containing information falling within the following categories:

- records also containing information about another person
- medical records (other than those supplied by the individual, or where the individual has a copy or has previously sighted a copy of the records)
- psychological records, and
- information provided by other third parties (excluding Subcontractors, the Department and Services Australia).

Providers **must not** direct a request to the Department without first considering whether they are obliged to process the request.

If an individual is seeking access to personal information on behalf of another individual, Providers must obtain written authority from the individual whose personal information is being sought before releasing any documents. At a minimum, an authority should state the individual's name, include a description of the documents that they are authorising the release of, who the documents can be released to, and bear the individual's signature.

If the Provider is unable to obtain written authority, they should inform the individual that they may wish to make a request under the *Freedom of Information Act 1982* (FOI Act). Requests under the FOI Act should be directed to the Department via FOI@dss.gov.au

Referring individuals to the Department in relation to privacy matters

After first directing their query to their Provider, an individual can contact the Department to query how their personal information is handled, request access to or correction of their personal information, or make a privacy complaint in relation to the Department or a Provider.

Participants can submit a Privacy complaint to the Department by:

- completing an online complaint form
- sending an email to complaints@dss.gov.au, or
- sending a letter to DSS Feedback, GPO Box 9820, Canberra ACT 2601.

For further details on the complaint process, please refer to 3.6 Complaint processes in Chapter 3 of these Guidelines.

1.3.5 Use and disclosure of Protected Information

"Protected Information" is defined under the *Disability Services and Inclusion Act 2023* as either:

- (a) *personal information within the meaning of the Privacy Act 1988**, or
- (b) *information about the affairs of a person the disclosure of which could reasonably be expected to find an action by a person (other than the Commonwealth) for breach of a duty.*

* See 1.3.3 Use and disclosure of Personal Information (above).

Both protected information and personal information may be collected, used, and disclosed with the consent of the individual concerned. Compliance with the consent framework for NPA is a key part of a Provider ensuring they have authority to deal with information about Participants.

Under Social Security Law, a Provider's personnel may obtain, record, use and disclose protected information as part of the efficient and effective delivery of work-related services to Service Recipients. Work-related services include:

- assessment of a Service Recipient's capacity to work
- helping a Service Recipient prepare to seek or undertake work, and
- placement of a Service Recipient in a position of employment.

Information provided by the Commonwealth through Workforce Australia Online for Providers about a Participant who has mutual obligations will be protected information, that can be handled for the purpose of delivering work-related services being provided under the Deed with the Commonwealth.

Offences related to Protected Information

It is an offence under Social Security Law for a person to intentionally obtain, make a record of, disclose to any other person, or otherwise use, protected information if the person:

- is not authorised by or under the Social Security Law to do so, and
- the person knows, or ought reasonably to know, that the information is Protected Information.

This means the Provider's Personnel may commit a criminal offence if they:

- search for, or access, Protected Information not required for their duties
- make copies of Protected Information where not authorised
- disclose Protected Information to other staff or third parties who do not need to know that information, or
- otherwise use Protected Information where not permitted.

Permitted uses of Protected Information

Providers are permitted to obtain, make records of, use and disclose Protected Information where this is authorised or required by the Social Security Law, such as to deliver NPA Services.

Providers may also make a record, use, and disclose an individual's Protected Information where that individual provides express or implied consent to that use or disclosure. This may be helpful where a Provider wishes to assist or support an individual by providing their information with their consent to a third party.

Public Interest Certificates

In addition to the permitted uses discussed above, Providers may disclose Protected Information to certain persons where this is authorised by a Public Interest Certificate (PIC). A PIC identifies the Protected Information that can be disclosed, the purposes for which the information can be disclosed, and to whom the information can be disclosed. A PIC may also specify who can disclose the information.

Protected Information collected **from 1 July 2025, including information collected under NPA**, is subject to the *Disability Services and Inclusion Act 2023* (the DSI Act). A specific PIC must be sought by the Provider from the Department through their Relationship Manager/Funding Arrangement Manager in order to disclose this information.

In considering whether a specific PIC will be granted, the Department will refer to the DSI Act and other relevant legislation/legislative instruments, such as the *Social Security (Public Interest Certificate Guidelines) (DSS) Determination 2025* made under paragraph 209(a) of the *Social Security (Administration) Act 1999* (Cth).

Except in the specific circumstances described in the Class PIC below, Providers will need to approach the Department through their Relationship Manager/Funding Arrangement Manager to arrange a PIC from the Department to cover the release of protected information as soon as they become aware of a circumstance where they wish to, or are being asked to, disclose protected information.

Protected Information collected **prior to 1 July 2025** under the previous NPA program remains subject to the *Disability Services Act 1986* (Cth). The *Disability Employment Services – Class Public Interest Certificate 2024* (Class PIC) which was issued by the relevant Delegate in the Department under paragraph 28(5)(a) of the *Disability Services Act 1986* (Cth) and the *Social Security (Administration) Act 1999* enables disclosure of this information in specified circumstances.

Only people who are appropriately authorised by the class PIC can release protected information. For more information on who has authority and the requirements around releasing protected information under the Class PIC, please refer to the DES Class PIC on the Provider Portal.

Once the Provider's authorised senior staff has released the information, the Provider must notify their Relationship Manager/Funding Arrangement Manager using the Release of Protected Information Notification Form on the Provider Portal.

Providers are required to obtain a specific PIC for situations that are not covered by the Class PIC.

1.3.6 Privacy Training Module

The Department's Information Exchange and Privacy Training Module explains the key concepts under the Privacy Act and the APPs which govern how personal information is collected, used, disclosed, and stored.

The training module is mandatory and is essential to ensure that Personnel have a common understanding of this Chapter, the APPs, and the Social Security Law, including key processes that help manage potential risks. The completion of mandatory training assists Providers to meet legislative and regulatory requirements but is not sufficient to meet those requirements.

Privacy resources are also published on the Provider Portal for Personnel to access.

Providers should ensure their internal privacy practices, policies and procedures are proactively reviewed, compliant with new laws or updated information handling practices and responsive to new privacy risks.

1.3.7 Staff Compliance

Providers must monitor and annually self-audit Staff completion of Privacy training, including the Department's mandatory Privacy training module. The Department may request details of a Provider's self-audit at any time or may conduct its own audit of a Provider's compliance with the requirements in this Chapter.

Where privacy training is undertaken outside of the Department's Learning Centre, the Provider must retain Records of privacy training undertaken by their Staff and must make this available to the Department on request.

It is also recommended that Providers put in place their own processes to audit the compliance of their Staff with privacy obligations more generally.

1.3.8 Awareness and Training Expectations

Access to IT system

The following modules must be completed by each staff member before being granted access to the Department's IT Systems:

- Fraud and Corruption, and
- Information Exchange and Privacy.

These two mandatory training modules must be refreshed every 12 months to maintain compliance.

Provider staff must also acknowledge their security and privacy obligations in relation to the use of the IT system and access to participant information. (In reference to eSAM declaration).

The module is available on the [Learning Centre](#).

Providers must also ensure they have provided a privacy collection notice to the Assessor when they are being onboarded regarding the exchange of personal information about the Assessors particular circumstances to the Department. For example, information about an Assessors expertise in delivering culturally sensitive services, racial or ethnic origins and training requirements. may be collected and disclosed. A standard NPA Assessor Privacy Collection Notice is available on the [department's website](#).

Providers should note that the Department's privacy training module has been developed to cater for the delivery of all employment services. It is not a substitute for any tailored internal privacy training Providers make available to their Personnel.

1.4 Dispute Resolution

Providers are expected to work with the Department to resolve complaints, disputes or problems, using the following dispute resolution process (except for matters excluded under the Deed).

Any dispute arising in relation to the Deed will be dealt with, in the first instance, through the process set out in the Joint Charter of Disability Employment Programs and Related Services (Joint Charter) issued by the Department as well as the relevant Assessment chapters within these Guidelines.

Any dispute or problem that cannot be resolved through this informal resolution process will be managed through the formal dispute resolution process set out in the Deed.

Additionally, if a Client is dissatisfied with feedback or complaint resolution, Providers should refer Clients in the first instance to the Customer Resolution and Referral Service (CRRS) which can be contacted via 1800 880 052.

1.5 Fraud and Corruption responsibilities

Providers should be aware of Fraud and Corruption risks that exist within the delivery of employment Services and put in place Fraud and Corruption detection practices, policies and procedures, that are reviewed annually as set out in Clause 38 of the Deed. Procedures should include a clear reporting process for suspected Fraud or Corruption.

Providers must ensure that its staff, Subcontractors and agents comply with and take all reasonable steps to enable the Commonwealth to comply with the Commonwealth Fraud Control Framework (Framework) which is available at www.counterfraud.gov.au/library/framework-2024.

The Provider must take all reasonable steps to prevent, mitigate and detect Fraud and Corruption in accordance with the Framework, including the implementation of an appropriate Fraud and Corruption Control Plan, and Fraud and Corruption Risk Assessment. A copy of the plan must be provided to the Department on request.

To assist Providers in meeting their obligations under the Deed(s), Providers must ensure all staff who deliver Services under the Deed complete the Fraud and Corruption training module at commencement with the Provider or Service and complete this training annually.

Providers, their staff and contractors are required to report suspected fraud or corruption, and encourage others who are outside the contractual arrangement such as Participants or members of the public to report any suspected fraud or corruption.

When reporting Fraud or Corruption, the person reporting should provide as much information as possible, for example:

- Who is the subject of the suspected Fraud or Corruption?
- When and where did the suspected Fraud or Corruption occur?
- What sensitivities, if any, there may be?
- How did the subject/s commit the suspected Fraud or Corruption?

If there is any information available that supports the allegation, this information should also be provided.

1.5.1 Reporting Fraud or Corruption

All current and former staff of a Provider who suspect Fraud or Corruption should report their concerns to the Department's fraud team via fraud@dss.gov.au or DSS Fraud Hotline on 1800 054 312.

Suspected serious or systemic corruption by or involving current or former Provider staff can be reported directly to the National Anti-Corruption Commission How to make a report | National AntiCorruption Commission (NACC). A range of protections are available to those who report directly to the commission.

1.6 Client Feedback and Complaints

1.6.1 Complaints Resolution and Referral Service (CRRS)

The CRRS is an independent service contracted by the Department to provide an independent, fair, impartial, and nationally accessible complaints resolution and referral service for people with disability who use Disability Employment or Advocacy Services.

The CRRS is a free service and can be contacted via 1800 880 052.

Providers must actively assist the CRRS to resolve complaints reported to the CRRS. The CRRS is focused on local level resolution and will contact sites in the first instance to ensure feedback and complaints are rectified at the source.

When engaged by the CRRS, Providers must:

- actively help in its investigation of the matter
- engage in negotiating a resolution including, where needed with other authorities, if the relevant Client has chosen to utilise other legislative or administrative complaints mechanisms
- not withhold Services from a Client who provides feedback or makes a complaint, or discriminate against a Client because of feedback or a complaint, and
- record CRRS recommendations for service improvements and implement relevant recommendations or otherwise provide reasons to CRRS or the Department why the recommendations have not been implemented.

1.6.2 Department of Social Services Complaints

If a Client does not find resolution directly with their Provider or via CRRS, they may submit a formal complaint to the Department. Clients can submit complaints to the Department by:

When engaged by the CRRS, Providers must:

- completing an online complaint form
- sending an email to complaints@dss.gov.au
- sending a letter to DSS Feedback, GPO Box 9820, Canberra ACT 2601
- calling the DSS Feedback and Complaints Team on 1800 634 035
 - outside of business hours (9am-5pm Canberra time), callers have the option of leaving a voicemail to receive a callback within 2 Business Days
- for languages other than English call 131 450 to access Translating and Interpreter Services (TIS)
- The National Relay Service provides options for people who are deaf, hearing impaired or speech impaired:
 - TTY users phone 133 677 then ask for 1300 362 072
- Speak and Listen users phone 1300 555 727 then ask for 1300 362 072.

When the Department is investigating feedback or a complaint, Providers must:

- when approached by the Department in relation to feedback or a complaint, actively help in the Department's investigation of the matter

- engage in negotiating a resolution of the feedback or complaint; including, where required with other authorities, if the relevant Client has chosen to utilise other legislative or administrative complaints mechanisms
- not withhold Services from a Client who provides feedback or makes a complaint or discriminate against a Client because of feedback or a Complaint.

Provider Feedback and Complaints:

- If the Provider wishes to provide feedback to the Department other than in relation to a dispute dealt with under clause 70 of the Deed, the Provider must, in the first instance, provide feedback to their Account Manager. A Provider's Account Manager will consider all feedback and complaints received from their Provider and respond as appropriate.
- If the Provider is not satisfied with the Account Manager's response to the Provider's feedback or complaint, the Provider may request the Account Manager to refer the matter to an appropriately senior Department officer.

If the Provider continues to not be satisfied with the Account Manager's response to the feedback or complaint, the Provider can submit a formal complaint to the Department by:

- completing an online complaint form
- sending an email to complaints@dss.gov.au
- sending a letter to DSS Feedback, GPO Box 9820, Canberra ACT 2601
- calling the DSS Feedback and Complaints Team on 1800 634 035
 - outside of business hours (9am-5pm Canberra time), callers have the option of leaving a voicemail to receive a callback within 2 Business Days
- for languages other than English call 131 450 to access Translating and Interpreter Services (TIS)
- The National Relay Service provides options for people who are deaf, hearing impaired or speech impaired:
 - TTY users phone 133 677 then ask for 1300 362 072
- Speak and Listen users phone 1300 555 727 then ask for 1300 362 072.

1.7 Code of Conduct, Service Guarantee and Joint Charter

The Code of Conduct, Service Guarantee and the Joint Charter aim to ensure all Clients receive a high-quality service.

Non-compliance with the Code of Conduct and the Service Guarantee will constitute a breach of the Deed which may result in the Department taking remedial action against the Provider, which could include suspension of payments or Allocations, or termination of the Deed.

1.7.1 Code of Conduct

The Code of Conduct, as outlined in the Deed, is a mandatory set of guidelines that must be followed by anyone providing disability services funded by the Commonwealth.

As part of the Disability Services and Inclusion Framework, the Code promotes the health, safety and wellbeing of people with disability.

The Code of Conduct sets out acceptable, appropriate and ethical conduct for providers and their employees who are delivering disability services funded by the Commonwealth.

1.7.2 Service Guarantee

The Service Guarantee, as outlined in the Deed, specifies the minimum Services each Client can expect to receive from their Provider. The Service Guarantee must be displayed at the Providers site and the Provider must make these documents available to potential Clients and Employers.

1.7.3 Joint Charter

The Joint Charter, given to Providers, explains how the Department and Providers will deliver the shared goal of empowering people with disability to enhance their economic participation and inclusion in the Australian workforce.

This Charter applies to the way the Department and Providers work together, and how we all contribute to high quality, tailored and effective disability employment programs and related services for people with disability, their advocates and employers.

1.8 Commonwealth Child Safety Framework

In response to the Royal Commission into Institutional Responses to Child Sexual Abuse, the Australian Government developed the Commonwealth Child Safety Framework (CCSF) as a whole of government policy that sets out the minimum standards for child safe practices within Commonwealth entities. The Commonwealth response includes a commitment to require any institution it funds to undertake child-related work to adopt the [National Principles](#) for Child Safe Organisations (National Principles).

Where the CCSF is relevant, the Department has included Child Safety clauses into Employment Services Deeds. As specified in those Deeds, Providers must undertake a range of actions to ensure Child- safe standards and practices are available and implemented. Amongst other things, Providers must comply with applicable Working with Children Laws, obtain Working with Children Checks where required, and implement the National Principles (including to undertake a risk assessment, provide training and ensure compliance).

Providers must certify compliance annually with the Child Safety clauses by completing the [Child Safety Provider Declaration](#) within 10 Business Days of 1 July each year, or if requested by the Department.

1.8.1 Resources for complying with the Child Safety clauses

The Department acknowledges the differences in each organisation, program, and the State and Territory jurisdictions and Child safety-related laws. As such, implementation and compliance with the Child safety clause(s) requires a tailored response from each Provider.

Providers should refer to the Australian Human Rights Commission's (AHRC) [Child Safe Organisations website](#) for practical tools and resources to help implement the [National Principles for Child Safe Organisations](#), including free e-learning modules developed by the AHRC to assist in training Provider Child-Related Personnel. Resources are also

available from state and territory governments in relation to compliance with Working with Children Laws. A list of state and territory Child Safety links and resources have been consolidated on the AHRC's Child Safe Organisations website.

1.8.2 Reporting of incidents

While delivering Services, Providers may identify concerns they have about a Child or Children, if they are a Client or not. Providers must ensure these concerns are actively and appropriately managed in line with their policies and procedures, the National Principles and any legislation in the state and territory jurisdictions they operate in, including those requirements relating to mandatory reporting in those jurisdictions.

Where Providers are complying with the Department's existing processes and policies in the delivery of Services (for example, in incident management or the disclosures of protected information) Providers must make the Department aware if a Child or Children are involved and any action taken to manage impact to the Child(ren).

1.9 National Standards for Disability Services

The National Standards for Disability Services (NSDS) help to promote and drive a nationally consistent approach to improving the quality of services. They focus on rights and outcomes for people with disability. The NSDS are outlined in the [Disability and Inclusion \(Compliance Standards and Alternative Compliance Requirements\) Rules 2023](#).

Pursuant to clause 93 of the Deed, Providers must provide Services in accordance with the *Disability Services and Inclusion Act 2023* (Cth) (DSI Act) and the NSDS.

Providers must be certified against all 6 NSDS for the first accreditation audit in a 3-year cycle. Under each of the 6 NSDS, there are indicators of practice. The indicators of practice provide guidance on the activities and ways of working that should be in place to support the NSDS. The indicators describe the ways in which organisations (such as Providers) can demonstrate they meet each standard.

It is a contractual requirement that Providers hold or obtain a Certificate of Compliance with the NSDS.

- Providers under the previous NPA Program who held a Certificate of Compliance with the NSDS under the *Disability Services Act 1986* (Cth) (DSA) may continue to use that as a current certification up until its expiration date.
- New Providers have until 1 November 2026 (unless otherwise notified by the Department) to obtain a Certificate of Compliance under the DSI Act.

Eligible organisations can access funding through the Capacity Building Fund to assist with the cost of the audits. More information about available funding can be found at section 1.9 of these Guidelines.

1.9.1 Obtaining Certification

To obtain a Certificate of Compliance, Providers will be required to have an audit undertaken with an accredited certification body. Audit requirements are detailed in the [National Panel of Assessors Scheme Issue 2 \(the Scheme\)](#). The Scheme outlines how certification bodies should undertake the audits and timeframes for initial audit and reviews.

Certification bodies are accredited by the Joint Accreditation System of Australia and New Zealand (JASANZ).

When entering into a Deed with the Department, Providers must:

- have a current Certificate of Compliance on the Deed Commencement Date; or
- obtain a Certificate of Compliance for the provision of the Services as soon as reasonably possible, and in any case by 1 November 2026 unless a later date is notified by the Department as the date by which the Certificate of Compliance must be obtained,
- and, once obtained, maintain that certification during the Deed Term.

It is the responsibility of the Provider to contact the certifying body to arrange an audit. Providers can find the list of certification bodies on the Department's website here:

<https://www.dss.gov.au/disability-employment-programs/national-panel-assessors#accredited-certification-bodies>.

1.10 Capacity Building Fund

1.10.1 What is the Capacity Building Fund?

To support greater inclusion and diversity of NPA Providers, the Capacity Building Fund (the Fund) was introduced to assist eligible Providers with NSDS certification and Right Fit For Risk (RFFR) Accreditation.

The Fund may be accessed by Providers who meet the eligibility criteria by submitting a claim for reimbursement form (with relevant documentary evidence) in respect of eligible expenditure, and in line with section 1.9.4 of these Guidelines, to the Department.

The Department will assess the reimbursement claim in line with the eligibility criteria and these Guidelines. Once a claim is approved by the Department, payment will be made to the Provider's nominated bank account on a reimbursement basis in the amount(s) approved by the Department. The Department has absolute discretion over the decision to approve the reimbursement.

Reimbursement under the Fund is available for the life of the Deed, including any extensions. Providers may claim reimbursement under the Fund more than once, however, the reimbursement amount will not exceed a total of \$25,000 (GST inclusive) per Provider.

This section sets out who is eligible for the Fund, guidance around the categories of expenses that can be reimbursed under the Fund and how claims for reimbursement can be lodged.

1.10.2 Provider Eligibility

For an NPA Provider to be eligible for the Fund, the following criteria, which is set out at clause 115 of the Deed, must be met:

- the Department has executed a Deed with the Provider, and
- the Provider:
 - meets the definition of a 'Small Business' as defined in the Deed, or

- the Provider is a not-for-profit organisation.

Subcontractors are not eligible for the Fund.

Small Business

At the time the Deed is executed, the Provider must be a Small Business as defined by the Deed at clause 115.6:

The Provider must submit the latest audited financial statements which shows their aggregated turnover is under \$10 million to meet the definition.

Where the Provider tendered as a Group, all members of the Group, including the lead member, will be assessed in aggregate to determine if the Provider is considered a Small Business.

Not for Profit Organisation

To be eligible for the Fund as a not-for-profit organisation, the Provider must be listed on the Australian Charities and Not-for-profits Commission's Charity register at <https://www.acnc.gov.au/charity/recently-registered-charities>.

1.10.3 Eligible Expenditure

Eligible expenditure for reimbursement are:

- financial support to achieve an NSDS Certificate of Compliance, and/or
- financial support to achieve RFFR accreditation.

Reimbursements are only payable for expenses that are incurred by the Provider on or after the date the Deed has been executed by the Parties (the Provider and Department). For example, if a Provider has commenced obtaining quality certification before the Deed has been executed, only those expenses incurred on or after the date the Deed was executed are reimbursable.

Providers cannot seek reimbursement for the same expenses that have already been reimbursed or paid for by another Commonwealth Agency. The following examples are provided as guidance.

NSDS Certification

The Fund may be used for reimbursement relating to costs and expenses associated with the Provider obtaining and maintaining NSDS certification for the purposes of delivering the National Panel of Assessors Program.

A Provider is considered certified against the NSDS when the Provider has received their certification from a third-party auditor approved by the Department. Once this certification is attained by the Provider, a claim for reimbursement under the Fund can be made. Providers may seek reimbursement for initial certification, surveillance audits or re-certification NSDS audits.

Note: Providers cannot seek reimbursement for expenses that have already been claimed and paid by another Commonwealth Agency.

Right Fit for Risk (RFFR) Accreditation

Claims for reimbursements related to RFFR Accreditation may include:

- expenses relating to the design and implementation of a system to meet relevant information security requirements
- software upgrades, new hardware or other IT infrastructure to comply with information security requirements
- purchase of ICT equipment required to meet cyber security accreditation requirements
- hiring additional staff specifically to obtain certification/accreditation
- engaging a third party/IT company to assist with the accreditation process.

Providers are required to meet the External Systems Accreditation Framework (ESAF) to ensure confidential data stored outside of the Department's IT Systems, i.e. in a Provider's IT system, is secure.

Under ESAF, Providers are required to undertake a RFFR Accreditation process that provides a tailored assurance approach to inform the Department's accreditation decision.

To obtain the full accreditation, the Department requires Providers to complete a set of milestones within a prescribed period that demonstrates the Provider's IT systems meets the RFFR requirements. The accreditation and milestone process for each Provider will depend on their size and risk profile to the Department. Refer to section 1.10 of these Guidelines to read about the ESAF.

Providers are encouraged to contact the Department of Employment and Work Relations (DEWR) RFFR team through the SecurityComplianceSupport@dewr.gov.au mailbox for additional support and guidance towards meeting the RFFR accreditation requirements.

Note: Providers cannot seek reimbursement for expenses that have already been claimed and paid by another Commonwealth Agency.

1.10.4 Reimbursement of expenses

Reimbursements under the fund are capped at \$25,000 (GST Inclusive) per Provider, for the life of the Deed Term (including any Deed extensions). All expenses submitted for reimbursement must be **GST inclusive**.

For Group Respondents, reimbursements can be claimed for any of the Group members that form the Provider. However, the individual Group Respondent must meet all of the requirements listed at 1.9.2 Provider Eligibility.

1.10.5 Lodging a Claim for Reimbursement

All claims for reimbursement will need to be lodged within 30 calendar days of payment for the goods or services.

To claim reimbursement, Providers will need to complete the application form available on the Provider Portal and email the application form with all required documentary evidence to CBFPayments@dss.gov.au for assessment.

Table 1 below outlines the documentary evidence required when seeking reimbursement for eligible expenditure.

Table 1 – Documentary evidence

Eligible Expenditure after purchasing	Proposed documentary evidence / process
Financial support to achieve NSDS compliance and or RFFR Accreditation	<ul style="list-style-type: none"> • an email from DEWR advising RFFR Accreditation has been achieved • NSDS Certificate of Compliance • valid Tax Invoice demonstrating audit costs or timesheets for staff wages that relate to attaining RFFR accreditation. • evidence of payment from the Provider to a third party supplier, such as: <ul style="list-style-type: none"> ○ a record of transaction (bank statement or a record of transaction from the organisation’s financial system) ○ a Tax Invoice with the receipt from the supplier ○ a remittance advice, or ○ other valid proof of payment.

1.10.6 Assessment of Reimbursement

The Department will consider each claim for reimbursement and email the Provider of its decision. The Department has absolute discretion regarding its decision to approve the claim for reimbursement.

The Department may begin assessing claims for reimbursement prior to the program starting, and will advise Providers of its decision within a couple of weeks of receiving the form.

The Department has absolute discretion over the decision to approve the reimbursement.

1.11 External Systems Accreditation Framework

This section provides guidance for Providers on the ESAF in relation to:

- meeting the Department’s security and accreditation requirements
- obtaining accreditation
- maintaining accreditation for the duration of their Deed.

Providers can access sensitive client information via the Department’s online systems. This level of access requires appropriate levels of security.

Under the Government’s Protective Security Policy Framework (PSPF), DEWR is responsible for the protection of data entrusted in its systems and is accountable for ensuring contracted organisations and systems used in the delivery of employment services comply with relevant PSPF requirements. DEWR gives effect to these obligations, in part, through the ESAF. The Department works with DEWR to ensure that all Providers comply with requirements of the ESAF.

DEWR, as the accrediting authority, uses the ESAF to determine that Providers and their External IT appropriately manage the level of risk to the security of information they hold. The ESAF sets out DEWR's accreditation of External IT Systems using an RFFR approach. As part of the ESAF, RFFR provides a tailored assurance approach to inform DEWR's decision. The RFFR approach closely follows the ISO 27001 international standard that sets out the requirements for an Information Security Management System (ISMS).

Providers are required to undertake the accreditation process and be accredited to demonstrate their ability to meet the Department's requirements for Provider information security in the manner and within the timeframes specified in this Chapter. Providers accredited under the ESAF must maintain their accreditation for the duration of their Deed with the Department, or the period they retain access to personal information collected during delivery of employment services (whichever is later).

If a Provider does not obtain accreditation or reaccreditation within the timeframes specified in the ESAF, including the RFFR, or their Deed, the Provider must immediately cease using, and ensure that any relevant Subcontractor ceases using, the relevant Provider IT System.

Note: Further information on the PSPF is available at: protectivesecurity.gov.au.

1.11.1 External Systems Assurance Framework

The ESAF provides assurance that the risks to the Department's IT Systems and data, information and Records stored outside of the Department's IT Systems environment are managed securely and appropriately.

This is consistent with the whole of government Protective Security Policy Framework (PSPF). As part of the PSPF, the Department, working alongside DEWR, is accountable for ensuring that all contracted Providers used in the delivery of its programs also comply with PSPF requirements.

The ESAF covers External IT Systems associated with:

- the delivery of the Services, including storage, processing or communication of data related to delivering the Services
- accessing the Department's IT Systems, and
- data, information and Records supporting the program

The areas of assurance covered in the ESAF are Provider IT Systems and Third Party Employment Systems (TPES).

1.11.2 Providers' IT Systems

Provider accreditation under the ESAF provides assurance that the Department's IT Systems and data are safeguarded when accessed by Providers and Subcontractors. The accreditation of Provider IT Systems provides assurance to the Department that sufficient security measures are in place to manage Provider and Subcontractor security risks.

1.11.3 Third Party Employment Systems (TPES)

TPES are any Third Party IT systems used in association with the delivery of the Services, whether that Third Party IT system accesses the Department's IT Systems, and where that Third Party IT system:

- contains program specific functionality or modules, or
- is used, in any way, for the analysis of Records relating to the Services, or any derivative thereof.

TPES are specialised and DEWR accredited systems that may interface with the Department's IT Systems and make employment industry-specific functionality available to licensed users.

Vendors of accredited TPES have demonstrated their implementation of an information security management system covering the TPES which meets RFFR requirements. The status of all existing accredited TPES is outlined on DEWR's, [Department's Digital Information Assurance and IT Security Compliance website](#).

If a Provider uses a TPES, the Provider must ensure that they:

- have accessed the relevant TPES accreditation letter
- understand the scope of the TPES accreditation
- identify if the Provider's system configuration matches the accredited TPES configuration, and
- identify risks associated with use of unaccredited TPES functionality and implements appropriate mitigation strategies.

Providers wishing to use unaccredited software or services must assess risks, conduct their own evaluations, and ensure appropriate controls are in place.

Providers must obtain written approval from the Department to use or change a TPES.

1.11.4 Right Fit For Risk (RFFR) approach

The RFFR approach includes requirements in relation to Provider accreditation based on the:

- **International Standard ISO/IEC 27001:2022** Information technology – Security techniques – Information security management systems – Requirements (ISO 27001) – the international standard outlining the core requirements of an Information Security Management System
- **Australian Government Information Security Manual (ISM)** – the Australian Government's cyber security framework to protect systems and data from cyber threats

The RFFR approach includes a requirement that Providers design and implement an Information Security Management System (ISMS) that is consistent with the requirements of ISO 27001. An ISMS is a systematic approach to managing business information so that it remains secure and available when staff need it. It secures people, premises, IT systems and information by applying a risk management process to information security.

The RFFR program extends ISO 27001 in 2 key areas:

- ISO 27001 requires organisations to consider the set of security controls presented in Annex A to the standard and identify which are applicable to mitigating their security risks. RFFR extends this requirement by asking Providers to also consider the set of security controls presented in the ISM that are relevant to securing OFFICIAL classified information
- the Department has identified core expectation areas that are particularly important to the security posture at all organisations. All Providers are expected to include security controls that support the core expectation areas under the RFFR when identifying applicable controls for inclusion in their ISMS

1.11.5 Accreditation and maintenance of accreditation

DEWR is the accrediting authority for Providers. To accredit Providers, DEWR seeks assurance that the Provider has implemented an appropriate standard of security over their information and their IT environment. The accreditation process for each Provider depends on their size and risk profile.

To demonstrate that Provider IT Systems meet RFFR requirements, the Department requires Providers to follow the RFFR approach. The RFFR approach requires Providers to complete a set of milestones within a prescribed time period. At each milestone, Providers check in with DEWR to review progress, assess risk and provide guidance on meeting the RFFR requirements.

The milestones are designed to allow Providers to assess their organisation's level of cyber security measures in place and implement any improvements identified at the same time as gaining a customised ISMS that conforms with ISO 27001.

1.11.6 Provider classification for accreditation

The RFFR approach classifies Providers into a category to obtain accreditation.

- Category 1: Providers delivering Services to 2,000 or more individuals per annum as a result of all of their Employment Services Deeds (including individuals serviced by Subcontractors)
- Category 2: Providers delivering Services to fewer than 2,000 individuals per annum as a result of all of their Employment Services Deeds (including individuals serviced by Subcontractors). This category includes two sub-categories referred to as "Category 2A" and "Category 2B" below

When determining whether a Provider is in Category 2A or 2B, the Department will consider a range of risk factors including the:

- IT environment
- level of outsourcing
- subcontracting arrangements
- organisational structure
- level of security maturity
- the extent of sensitive information held and level of access to Departmental systems
- other relevant factors.

The Department considers the number of individuals receiving services from the Provider and any Subcontractors ("caseload volume") in the aggregate across all Deeds. Should the Provider enter into new Deeds with the Commonwealth that alters the caseload volume, DEWR will reassess their categorisation and may require the accreditation to be updated if the categorisation changes.

Each of the Provider categories is associated with its own assurance pathway under the RFFR approach.

DEWR will categorise a Provider based on their RFFR questionnaire submission (or equivalent) and additional information obtained through an interview with the Provider. Completion of this interview and categorisation activity marks Milestone 1 in the RFFR process.

Table 6-A provides guidance to Providers on the basis of accreditation and accreditation maintenance activities required for each category.

Table 6-A: Provider Classification

Category	Category 1	Category 2	Category 2
Sub-category	Nil	2A	2B
Annual Case load	2,000 or more	Under 2,000	Under 2,000
Risk profile	Greater risk	Medium Risk	Low risk
Basis of accreditation	ISO 27001 conforming ISMS - independently certified	ISO 27001 conforming ISMS - self-assessed	Management assertion letter
Accreditation maintenance	Annual surveillance audit and triennial recertification	Annual self-assessment	Annual management assertion letter
Milestones to complete	1, 2 and 3	1,2 and 3	1 and 3

1.11.7 Milestones for completing the accreditation process

Milestone 1

Respondents to relevant Requests for Tender (RFT) are required to submit a completed RFFR questionnaire to DEWR on how they use information and manage security. The completed questionnaire provides DEWR with information regarding the respondent's business, IT security posture, subcontracting arrangements, and readiness to meet RFFR requirements.

Milestone 1 is initiated through the submission of a RFFR questionnaire required as part of a Provider's RFT response. DEWR will review the RFFR questionnaire, assess risk and provide guidance to Providers on completing subsequent Milestones of the RFFR accreditation process as relevant. On the execution of a Deed, the Department along with

DEWR will engage with the Provider to discuss their IT security posture and next steps toward RFFR accreditation.

Table 6-B sets out the requirements for Milestone 1 for Providers who are already accredited or already in the process of being accredited.

Table 6-B: Requirements for the Milestone 1 process

Assessment method	Review of submitted RFFR questionnaire and discussion
Submission deliverables	RFFR questionnaire submitted by the Provider as part of their RFT response.
Key actions and outcomes	<p>The Provider and DEWR representatives will discuss the Provider’s business, stakeholders, contractual obligations, information, systems and practices to assist the Provider to determine the scope of their Information Security Management System.</p> <p>Unaccredited Providers: DEWR will confirm the Provider’s categorisation and the associated RFFR assurance requirements for completing Milestone 2 and 3. Providers intending to deliver Services to fewer than 2,000 individuals will review additional risk factors with DEWR to determine whether the Provider should be classified into Category 2A or 2B.</p> <p>Providers part way through an existing accreditation process: Existing Providers who are part way through an accreditation process for delivering Services under an existing Deed should take steps as advised in the purchasing documentation.</p> <p>Accredited Providers with new Deeds: DEWR will review the extent of changes to the Provider’s scope of Services and determine if the Provider should be in a different category as a result of the new Deeds. In accordance with the terms of their accreditation, the Provider should consider whether their Information Security Management System requires review and update to ensure that people, locations, systems and information associated with services under the new Deeds are appropriately secured; and notify the Department. If no significant changes have occurred, accredited Providers do not need to complete Milestones 2 and 3 and need only maintain their RFFR accreditation.</p>
Next steps	<p>For large organisations it is recommended Providers appoint a champion within the organisation to ensure compliance with the RFFR</p> <p>Commence development of documentation required by the Provider’s category (see Table 6-C below)</p> <p>Identify where existing security controls meet RFFR requirements, and where there are gaps requiring that additional controls be implemented.</p>

Assessment method	Review of submitted RFFR questionnaire and discussion
Due dates	Completed within one month of Deed execution by the Department.

Milestone 2

Milestone 2 requires Providers to demonstrate their ISMS has been designed to reflect RFFR requirements applicable for their Category (as advised at Milestone 1). Providers are required to demonstrate that appropriate security controls are planned to be implemented within the organisation through submission of required documentation.

The process for completing Milestone 2 depends on the Provider's category. This Milestone does not apply to Category 2B Providers who instead proceed directly to Milestone 3.

Reference guides, materials and templates to support Milestone 2 written submissions are available from DEWR's website. It is not mandatory to use DEWR's 's templates.

Table 6-C lists the requirements for Providers to achieve Milestone 2.

Table 6-C: Milestone 2 requirements

	Category 1 Provider	Category 2A Provider	Category 2B Provider
Submission deliverables	<ul style="list-style-type: none"> ISMS scope Statement of Applicability (SoA) reflecting RFFR requirements Independent assessor's Stage 1 report 	<ul style="list-style-type: none"> ISMS scope SoA reflecting RFFR requirements ISMS Self-assessment report (conformance) 	Not applicable
Implementation status	Provider's ISMS is expected to substantially conform with ISO 27001 requirements, however applicable controls sourced from ISO 27001 Annex A and from the Australian Government Information Security Manual are not expected to be implemented at this stage	Provider's ISMS is expected to substantially conform with ISO 27001 requirements, however applicable controls sourced from ISO 27001 Annex A and from the Australian Government Information Security Manual are not expected to be implemented at this stage	Not applicable
Assessment method	Independently issued assessed by a JAS-ANZ	Self-assessed by business owners	Not applicable

	Category 1 Provider	Category 2A Provider	Category 2B Provider
	accredited ISO 27001 conformance assessment body		
Outcomes to progress to Milestone 3	DEWR acceptance of submission deliverables.	DEWR acceptance of submission deliverables.	Not applicable
Next steps	Implement the ISMS in accordance with its design	Implement the ISMS in accordance with its design	Not applicable
Due dates	To be completed within 3 months from the Deed Commencement Date	To be completed within 3 months from the Deed Commencement Date	Not applicable

Milestone 3

Milestone 3 emphasises the Provider’s progress to conforming with ISO 27001 and implementing the controls applicable to the organisation. While all applicable controls are important, priority should be on ensuring conformance with controls that support the RFFR core expectations.

If not fully implemented at the point of the Milestone 3 submission, Providers are required to inform DEWR of their expectation as to when each applicable control will be fully in place and when any remaining areas of non-conformance will be addressed.

Providers should be aware that applicable but unimplemented controls (and remaining areas of non-conformance) will impact the DEWR’s assessment of residual risk associated with the Provider, and DEWR’s decision to accredit the Provider. DEWR does not discourage any Category 2A and 2B Providers from seeking ISO 27001 certification as there may be significant perceived or actual benefits to other aspects of the Provider’s business.

Table 6-D lists the requirements for Providers to achieve Milestone 3.

Table 6-D: Milestone 3 requirements

	Category 1 Provider	Category 2A Provider	Category 2B Provider
Submission deliverables	<ul style="list-style-type: none"> updated Scope document describing any changes to the Provider's operating environment 	<ul style="list-style-type: none"> updated SoA identifying the current implementation status of applicable 	Management assertion letter

	Category 1 Provider	Category 2A Provider	Category 2B Provider
	<ul style="list-style-type: none"> updated SoA identifying the current implementation status of applicable controls, and the applicability decision for new or changed controls published since the SoA's last review independent assessors "Stage 2" report. This can be either an ISO27001 or DEWR ISMS Scheme report. RFFR does not require a Provider to have both audits completed ISO 27001 or DEWR ISMS Certificate 	<p>controls, and the applicability decision for new or changed controls published since the SoA's last review</p> <ul style="list-style-type: none"> ISMS self-assessment report (implementation) 	
Implementation status	Provider's ISMS conforms with ISO 27001 and controls applicable to the organisation have been implemented	Controls supporting specific security objectives have been implemented	Controls supporting specific security objectives have been implemented
Assessment method	Independently assessed	Self-assessed	Self-assessed
Outcomes to complete process	<ul style="list-style-type: none"> DEWR acceptance of submission deliverables RFFR accreditation 	<ul style="list-style-type: none"> DEWR acceptance of submission deliverables RFFR accreditation 	<ul style="list-style-type: none"> DEWR acceptance of submission deliverables RFFR accreditation
Next steps	<ul style="list-style-type: none"> address any remaining minor non-conformances implement remaining applicable controls (if any) monitor the ISMS 	Monitor performance of security controls	Monitor performance of security controls
Due dates	To be completed within 9 months from the Deed Commencement Date	To be completed within 9 months from the Deed Commencement Date	To be completed within 9 months from the Deed Commencement Date

1.11.8 Submission Deliverables

Submission milestones

Table 6-E below provides a high-level description of the deliverables that need to be submitted to the Department as part of the accreditation process. DEWR does not require the use of any specific template, except for the RFFR questionnaire completed for Milestone 1 as part of the Provider's RFT response. Standard templates for each deliverable are available from DEWR and may be optionally used as a basis for working through the accreditation process.

Each of the submission deliverables in Table 6-E is described in more detail in Table 6-F.

Table 6-E: Provider Milestones Deliverables

	Milestone 1	Milestone 2	Milestone 3
Category 1 Providers	<ul style="list-style-type: none"> RFFR questionnaire & interview 	<ul style="list-style-type: none"> ISMS Scope SoA independent assessor's "Stage 1" report 	<ul style="list-style-type: none"> ISMS Scope SoA independent assessor's "Stage 2" report ISO 27001 certificate or DEWR ISMS certificate
Category 2A Providers	<ul style="list-style-type: none"> RFFR questionnaire & interview 	<ul style="list-style-type: none"> ISMS Scope SoA ISMS Self-assessment report (conformance) 	<ul style="list-style-type: none"> ISMS Scope SoA ISMS Self-assessment report (implementation)
Category 2B Providers	<ul style="list-style-type: none"> RFFR questionnaire & interview 	<ul style="list-style-type: none"> not applicable 	<ul style="list-style-type: none"> management assertion letter

Deliverable descriptions

Table 6-F below provides a detailed description of, and criteria for completing, each deliverable of the RFFR process.

Table 6-F: Deliverable descriptions

Submission Document	Description
RFFR questionnaire	Submitted with the Provider's RFT response where required, the questionnaire seeks information regarding the Provider's business, their IT security posture and their readiness to meet RFFR requirements. Discussing the completed questionnaire with the Department marks completion of Milestone 1 and confirms the Provider's category.

Submission Document	Description
ISMS scope document	<p>The purpose of this document is to clearly define the boundaries of the ISMS to provide the Department with an understanding of the Provider’s business and context, in conformance with ISO 27001 clause 4. It should also provide a high-level description of how the Provider intends to meet RFFR core expectation areas. A template scope document is available from the Department.</p>
Statement of Applicability (SoA)	<p>The SoA demonstrates the Provider’s consideration of each of the security controls sourced from ISO 27001’s Annex A and ISM’s OFFICIAL security controls and the determination of which controls will form part of the Provider’s ISMS. It also communicates the rationale for determining that individual controls are “not applicable” to the Provider’s business.</p> <p>For applicable controls, the SoA should indicate relevant policies/procedures or other documentation demonstrating that the control has been included in the Provider’s business and should indicate the current implementation status of each applicable control.</p> <p>The SoA is a mandatory artefact required to conform with ISO 27001 clause 6. An ISO to ISM controls mapping document is available from DEWR to assist with developing the SoA.</p>
Independent assessor’s “stage 1” report	<p>For Category 1 Providers (or other Providers who see benefit in obtaining an industry certification). This is the first of 2 independent assessments required to achieve ISO 27001 or DEWR ISMS Scheme certification. Performed by a JAS-ANZ registered certification assessment body, the stage 1 report verifies the extent to which the Provider’s ISMS has been designed to conform with the requirements of ISO 27001 and identifies design gaps to be addressed prior to commencing the stage 2 assessment. Because RFFR requires a customised SoA it is critical that the report states that the assessment was performed over the ISMS as described by that customised SoA – with a clear report reference to the SoA by version/ date.</p>
Independent assessor’s “stage 2” report	<p>For Category 1 Providers (or other Providers who see benefit in obtaining an industry certification). This is the second of 2 independent assessments required to achieve ISO 27001 or DEWR ISMS Scheme certification and is a key source of assurance that the Provider has implemented the controls identified as applicable in the SoA. Performed by a JAS-ANZ registered certification assessment body, the stage 2 report validates that the implemented ISMS conforms with the requirements of ISO 27001 and that applicable controls are in place and operating.</p>

Submission Document	Description
	Because RFFR requires a customised SoA it is critical that the report states that the assessment was performed over the ISMS as described by that customised SoA – with a clear report reference to the SoA by version/ date - and that the report provides information regarding the status of both Annex A- and ISM-sourced applicable controls.
ISO 27001 certificate or DEWR ISMS Scheme certificate	Issued after the Provider has demonstrated plans to address any non-conformances identified in the stage 2 report and the independent assessor has recommended the Provider for certification. The DEWR ISMS Scheme certificate is an adaptation of the ISO 27001 certificate.
ISMS Self-assessment report	<p>For Category 2A Providers only, the self-assessment report is the Department’s source of assurance that the ISMS described by the Provider’s SoA has been designed (for Milestone 2) and implemented (for Milestone 3) in accordance with ISO 27001 and RFFR requirements.</p> <p>It is critical that the self-assessment report be signed off by a person/s with appropriate authority to make declarations on behalf of the Provider, that it attest to the Provider’s ISMS conformance with ISO 27001 requirements, and (for Milestone 3) that it attest to the implementation status of controls identified as applicable in the Provider’s SoA. A template self-assessment report is available from the Department.</p>
Management assertion letter	For Category 2B Providers only, the management assertion letter is the DEWR’s source of assurance that the Provider represents minimal risk and has implemented security controls that respond to relevant security objectives. The letter covers a description of the Provider’s systems and controls, attests that the description is accurate and that the described controls are appropriate to meet specific security objectives.



Considerations for accreditation commencement

Table 6-G provides guidance to Category 1, 2A and 2B Providers on areas of focus to consider before commencing the RFFR accreditation process.

Table 6-G: Considerations for accreditation commencement

Area	Description
Sponsor	Identify a sponsor within the organisation to support the RFFR certification process. The sponsor will help guide and support the accreditation process, including ensuring that appropriate resources are available to complete RFFR accreditation.
Scope	Determine the scope of the ISMS. Consider the organisational context and business activities performed at each site, stakeholders and their needs, physical boundaries, legal and contractual requirements, and logical boundaries (systems and data). The scope should communicate key aspects of the Provider's business, the importance of security and state what the ISMS will be protecting.
Gap Analysis	Before the Milestone 2 submission, Providers should perform an initial review and gap assessment to identify areas of current conformance with ISO 27001 and areas requiring future focus. The gap assessment should also identify if the Provider already has some applicable controls in place and which require action to implement. As a management review of the ISMS, this assessment is itself a requirement of ISO 27001. Performing the gap assessment prior to Milestone 2 will ensure time to address non-conformances and to plan improvements before the Provider's final submission.
Certifying Assessment Body	For Category 1 Providers (or other Providers who see benefit in obtaining an industry certification), identify a suitable Certifying Assessment Body (CAB) to work with your organisation to provide the independent assessments required under the ISO 27001 requirements (see 6.7.4 below).

Certifying Assessment Bodies

To seek certification under the RFFR program, DEWR requires Category 1 Providers to be independently certified by a CAB/assessor. Providers are required to engage a CAB that is accredited or otherwise recognised by JAS-ANZ to issue ISO 27001 or DEWR ISMS Scheme assessment reports and certificates in Australia.

JAS-ANZ is the accreditation authority for CABs in Australia and New Zealand. A list of certifiers who can issue an ISO 27001 or DEWR ISMS Scheme assessment reports and certificates can be found at [JAS-ANZ's website](#).

Category 2 Providers are not required to be independently certified by a CAB auditor. Category 2A Providers can self-assess and declare their conformance with ISO 27001 and the implementation status of applicable controls. Category 2B providers can provide a description of their business, systems and information and attest to their implementation of required security controls in the form of a management assertion letter.

1.11.9 Accreditation Maintenance

During the lifespan of their Deed/s, Providers are required to maintain their RFFR accreditation status through annual reporting (each financial year) and surveillance audits to ensure compliance to the standards (see Table 6-H below). Providers with an existing accreditation will need to complete the annual and 3 yearly audits based on the dates when the accreditation was granted.

If, at any time during the accreditation maintenance period, a change to a Provider’s or Subcontractor’s circumstances alters the risk profile of the organisation, the Department will reassess the Provider’s accreditation status. This includes when the Provider or Subcontractor:

- enters a new Deed with the Department
- changes its subcontracting arrangements (from one Subcontractor to another, or introduces a new Subcontractor)
- changes its Third Party IT Vendors who are supporting their IT environments
- has a change in classification from Category 2 to Category 1

The Provider must notify the DEWR within 5 Business Days of a change in circumstance.

ISM controls are regularly added and changed. Providers should regularly review these to consider whether the controls are applicable to their business and whether any of the controls should form part of their accredited ISMS. The SoA should be regularly revised to demonstrate the Provider's consideration of new or changed ISM controls. Where a new or changed control is determined to be applicable but has not been fully implemented by the time of the Provider's annual submission, Providers should ensure their SoA also includes details of their planned actions to address these matters and an expected completion date for each.

Table 6-H details the requirements for Providers to maintain their accreditation once accreditation has been granted. Note the timing of the annual and 3 yearly audits applies from the date of accreditation.

Table 6-H: Ongoing accreditation requirements

Accreditation type	Annually	Every 3 years
Certified ISMS (Category 1 Providers)	<ul style="list-style-type: none"> • surveillance audit by CAB covering the Provider’s updated SoA 	<ul style="list-style-type: none"> • recertification by CAB • reaccreditation by DEWR

Accreditation type	Annually	Every 3 years
Self-assessed ISMS (Category 2A Providers)	<ul style="list-style-type: none"> self-assessment report (incl. description of changes since last report) covering the Provider's updated SoA DEWR determines whether need to upscale to a Certified ISMS 	<ul style="list-style-type: none"> self-assessment report reaccreditation by DEWR
Management attestation (Category 2B Providers)	<ul style="list-style-type: none"> annual attestation & description (incl. description of changes since last attestation) DEWR determines whether need to upscale to a self-assessed ISMS 	<ul style="list-style-type: none"> attestation & description reaccreditation by DEWR

1.11.10 Core expectations of Providers under the RFFR

Providers must, as a minimum, implement and manage the following core expectations to maintain and enhance their security posture:

- personnel security - implement security control measures including mature personnel onboarding practices
- physical security - implement appropriate physical security measures over IT equipment and storage media
- essential eight - identify a target level of maturity in each of the Essential Eight cyber security strategies published by the Australian Cyber Security Centre, develop a plan to achieve target maturity, and achieve a base level maturity in the first instance.

Providers should implement controls for:

- information security monitoring** – to manage vulnerabilities in their IT systems, and to manage changes to their IT systems
- incident management** – designed to detect and respond to cyber security incidents, to report incidents internally and to external stakeholders (including the Department) as appropriate, and to keep appropriate Records of security incidents. As a key element of security incident detection, Providers should implement controls to log security-related events occurring in their IT systems and to audit these logs on a regular basis
- restricted access controls** – to enable strong user identification and authentication practices for privileged accounts, user accounts, and service accounts.

Providers should implement security controls that are responsive to:

- specific Deed obligations** - such as data sovereignty

- specific or unique Provider security risks
- **continual improvement** - Commit to continual improvement as Cyber risks change and develop.

Providers are expected to demonstrate their responses to these core expectations through the submission of documentation at each RFFR milestone as detailed.

RFFR Core Expectations: Personnel security

As part of processes to bring new people into the organisation, Providers must:

- Providers must notify staff and ensure they are aware the Department will collect, use and disclose Personal Information about Provider staff for the purposes of managing and administering the NPA Program. This may be in the form of a Privacy Collection Notice and/or consent form, and must include matters as required by APP 5.2.
- verify the competency of the individual by verifying qualifications, certifications and experience provided on their CV
- obtain satisfactory police check for the individual
- satisfactorily complete Working with Vulnerable People checks as required by individual states / territories
- confirm the individual has a valid right to work in Australia – a person who is not an Australian citizen must hold appropriate work entitlements
- verify that the individual has successfully completed initial and ongoing security awareness training programs with content and timing tailored to their role
- execute Deed which state that responsibilities for information security and non-disclosure requirements continue post termination
- implement higher levels of assurance for individuals that have privileged or administrative level access. The additional Personnel expectations include that individuals must be Australian citizens or permanent residents to give them sufficient connection with Australia and be willing and able to undertake a suitability background check.

RFFR Core Expectations: Personnel security

Providers are required to implement physical security measures that minimise the risk of information and physical assets being:

- made inoperable or inaccessible, or
- accessed, used or removed without appropriate authorisation.

All Providers are expected to meet physical security expectations. Permanent facilities are to be commercial-grade facilities located within Australia. A facility is any physical space where business is performed to support the provision of government services. For example, a facility can be a building, a floor of a building or a designated space on the floor of a building. Providers allowing staff to work from home need to consider how the home environment can be configured to protect staff, program data and IT physical assets in the same manner as in the office environment. Personnel are to be aware of

their environment when they transport or store their devices, and when they use mobile devices to access and communicate program data, especially in public areas. In such locations Personnel are to take extra care to ensure conversations are not overheard and data is not observed.

Essential Eight cyber security strategies

The Australian Cyber Security Centre (ACSC) has developed the Essential Eight strategies to mitigate cyber security threats.

Providers must determine a target maturity level for the Essential Eight cyber security strategies that reflects the organisation’s risk profile and develop plans to achieve target levels over time. The Department requires that Providers initially implement controls supporting the Essential Eight cyber security strategies to achieve Maturity Level One on the [ACSC’s published maturity model](#).

Detailed implementation guidance is also available from the [ACSC's website](#).

Table 6-I: Essential Eight cyber security strategies

Control	Description
Application Control	To control the execution of unauthorised software. This prevents unknown and potentially malicious programs executing in your environment.
Patch Applications	To remediate known security vulnerabilities in application software. Security vulnerabilities in applications can be used to execute malicious code. Using the latest version of applications and promptly applying patches when vulnerabilities have been identified will keep your environment robust.
Configure Microsoft Office macro settings	To block untrusted macros. Microsoft Office macros can be used to deliver and execute malicious code. This strategy will only allow macros from trusted locations with limited write access, or those digitally signed with a trusted certificate, to run.
Application Hardening	To protect against vulnerable functionality. Flash, ads and Java on the internet are popular ways to deliver and execute malicious code. This strategy requires the removal of unneeded features in Microsoft Office, web browsers and PDF viewers.
Restrict Administrative Privileges	To limit powerful access to systems. The access required by administrator accounts means they hold the keys to your IT kingdom. When compromised, adversaries use these accounts to gain full access to information and systems and move around Provider networks. Reduce this risk by minimising the number of these accounts and the level of privileges assigned to each account. Do not allow these accounts to be used to read email or web browsing.

Control	Description
Patch Operating Systems	To remediate known security vulnerabilities. Security vulnerabilities in operating systems can be used to further the compromise of systems. Do not use unsupported versions. Using the latest version of operating systems and promptly applying patches when vulnerabilities have been identified will limit the extent of cyber security incidents.
Multi-Factor Authentication	To protect against user accounts being inappropriately accessed. Stronger user authentication makes it harder for adversaries to access information and systems. This is particularly important when users perform higher risk activities such as gaining access remotely, performing administrative functions or when accessing sensitive data. Providers should note that multiple password challenges in series do not constitute multi-factor authentication (MFA) – MFA requires a combination of 2 or more factors made up of secret information (such as an ID/password combination); data uniquely bound to a physical device (such as an authenticator app on a registered smartphone or a one-time SMS code), and data uniquely bound to a physical person (a biometric measure such as facial recognition or a fingerprint).
Regular Backups	To maintain the availability of critical data and systems. This strategy assists with accessing information following a cyber security incident. Backups of data, software and configuration settings, stored disconnected from your main environment, can be used to recover from an incident. Regular testing of backups ensure it can be recovered, and that all critical data is covered by the backup regimen.

1.11.11 General Requirements

Security Contact

Providers are required to nominate one or more Security Contact officers who will act as point of contact during the term of their Deed. Providers are required to ensure that the contact information for Security Contact officers remains current and if there is a relevant change of staff that Providers update the Department within 5 Business Days of the change.

Subcontractor and Third Party IT Vendor requirements

Providers are responsible for ensuring that any Subcontractors used in the provision of the Services and any Third Party IT Vendors supporting the Provider's Services also comply with the security, privacy and data sovereignty requirements of their Deed.

The Provider must:

- ensure that its Subcontractors successfully complete the required Personnel vetting processes, and bear any costs associated with doing so
- ensure that its Subcontractors and its Third Party IT Vendors are aware of, and comply with, the same security requirements that are placed on the Provider by the Department. This includes consideration and implementation of ISM OFFICIAL controls that are relevant to the scope of services provided by the Subcontractor or Third Party IT service provider.

Access and information security assurance for External IT Systems

Providers (including any Subcontractors) who use an External IT System in association with the delivery of the Services must ensure that any External IT System used:

- does not breach Deed requirements relating to security, privacy and data sovereignty
- meets the relevant requirements of the ESAF
- does not introduce or permit the introduction of Malicious Code into the Department's IT Systems
- has secure logons for each operator such that each operator's logon is uniquely identifiable to the Department and entries are traceable, and have date and time stamps, and
- does not default answers to questions or input fields where the Department's IT Systems has no default setting
- is not used to access the Department's IT Systems without the Department's written approval.

Cloud Services Providers

In November 2021, the Digital Transformation Agency (DTA) released the Hosting Certification Framework. This Framework states that all information defined as government information must be hosted with the appropriate level of privacy, sovereignty and security controls.

The DTA maintains a list of [Certified Cloud Hosting Services](#). DEWR will provide advice to Providers on what this will mean towards achieving RFFR accreditation. However, it is important to note that Providers remain responsible for protecting the confidentiality, integrity, and availability of data through their own assurance and risk management activities.

Request for extensions to meet accreditation requirements

Providers may request an extension to meet accreditation requirements if they cannot submit their documentation on time due to reasons outside of their control. Best practice is for Providers to communicate in advance with DEWR about any impacts that may affect their ability to achieve their requirements. To support the Department's decision for extension requests, Providers must, at a minimum, provide the following:

- reason behind the request

- timeframes requested

Breaches of security requirements under the Deed

Where the Department considers that the Provider has breached the security requirements of the Deed, or there is a risk of such a breach, the Department may immediately take any action specified in clause 63 of the Deed, such as immediately suspending access, or requiring the Provider to cease all access, to the Department's IT Systems.

All breaches will be handled by the Department and may utilise information from DEWR to assist with taking any relevant actions. DEWR is only the accrediting authority and will not be directly involved in resolving breaches under the Deed.

1.12 Provider Training and Assessor Accreditation

The Provider must ensure that all Assessors working for a Provider undertake disability awareness training, culturally and linguistically diverse awareness training, and Aboriginal and Torres Strait Islander cultural awareness training, prior to the delivery of services.

The Provider must also ensure that each Assessor undertaking OSA, SWS and WMS Assessments is appropriately trained before they conduct each type of Assessment service. This includes, but is not limited to, the mandatory training modules outlined below.

The Department reserves the right to request documentary evidence of training that has been undertaken for each Assessor working for a Provider at any point throughout the duration of the Deed.

1.12.1 OSA Training Module

The Provider must ensure each of its Assessors has completed the OSA online training modules before conducting SWS Assessments. The modules are available on the [Learning Centre](#).

1.12.2 SWS Training Module

The Provider must ensure each of its Assessors has completed the SWS online training modules before conducting SWS Assessments. The modules are available on the [Learning Centre](#).

1.12.3 Information Exchange and Privacy Training Module

Providers who have access to the Department's IT Systems must ensure that Personnel who handle personal information while delivering services under the Deed, complete the Department's Information Exchange and Privacy module prior to delivering services and at least once every 12 months.

The Information Exchange and Privacy module is available on the [Learning Centre](#).

1.12.4 Fraud and Corruption Training Module

Providers should be aware of Fraud and Corruption risks that exist within the delivery of employment Services and put in place Fraud and Corruption detection practices, policies and procedures, that are reviewed annually.

Providers must complete the Department's Fraud and Corruption module prior to delivering services and at least once every 12 months.

The Fraud and Corruption module is available on the [Learning Centre](#).

1.12.5 Approving new Assessors to undertake Assessment services

It is the responsibility of the Provider to approve their Assessors in line with mandatory qualifications and experience set out in Table 1: *Provider guidance for approving new Assessors*, and to ensure that their Assessors maintain those required qualifications and skills.

The Department reserves the right to request documentary evidence of relevant qualification/s and experience for each Assessor working for a Provider at any point throughout the duration of the Deed. Providers may be in breach of their Deed if any approved Assessors are not suitably qualified and skilled to deliver relevant Assessments.

As per clause 13.1 of the Deed, before arranging for any of the Provider's Personnel to be involved in the Services, the Provider must arrange and pay for all checks (including Working with Children Checks, working with vulnerable people checks, disability worker screening and/or police checks) or similar, and comply with any other requirements, to ensure that the relevant Personnel involvement does not breach any relevant legislation and, in particular, any Working with Children Laws, in effect in the jurisdiction(s) in which the Services are conducted.

Where the applicant does not possess any of the required qualifications

If a Provider wishes to engage an Assessor who possesses alternative qualifications than those listed in Table 1, approval from the Department will be required.

It is the responsibility of the Provider to justify how the Assessors qualifications make them suitable to conduct the relevant Assessments. Justification may include a transcript of relevant subjects completed and a written explanation of their relevance to the type of Assessments they will provide. If Providers are unsure whether an individual is suitably qualified to undertake Assessments, advice can be sought from the Department.

In this instance, Providers should email NPA.Assessors@dss.gov.au with Attachment A completed. The Department will then provide a response advising whether the individual is suitably qualified and experienced to be approved by the Provider as an Assessor Provider.

A collection notice must be provided to the Assessor, following which consent is given by:

- verbal or implied consent and/or
- signing a privacy consent form.

An Assessor's consent must be recorded in an appropriate format and must be made available to the Department on request.

For an Assessor's consent to be valid, Providers must ensure:

- the Assessor is adequately informed before giving consent

- the Assessor gives consent voluntarily
- the consent is current and specific
- the Assessor has the capacity to understand and communicate their consent, and
- the Assessor’s consent is regularly reviewed to ensure it remains valid.

Where consent is not provided or withdrawn, and no APP exception applies, the Provider cannot collect or use the Assessors sensitive information for any purpose.

Further information about consent can be found on the OAIC's website here:

<https://www.oaic.gov.au/privacy/australian-privacy-principles/australian-privacy-principles-guidelines/chapter-b-key-concepts>.

Use and disclosure of personal information

Providers must only collect, use and disclose personal information for the primary purpose in which it was collected.

Further information on the use and disclosure of information can be found on the OAIC’s website here: <https://www.oaic.gov.au/privacy/australian-privacy-principles>.

Notifying the Department of new Assessors

Providers are required to notify the Department within 2 Business Days when a new Assessor is engaged, using the template provided at Attachment B.

Notifying the Department when Assessors leave

Providers are required to notify the Department within 2 Business Days when an Assessor leaves their organisation. This can be done by emailing NPA.Assessors@dss.gov.au.

Access to the Department’s IT systems

The Department is required to grant WMS Assessors access to the Department’s IT systems. Access to the Department’s IT Systems for OSA and SWS Assessments will be granted by the Provider.

Table 1: Provider guidance for approving new Assessors

Details	What is Required
<p>Skills</p> <p>Please note that your organisation should conduct at least two reference checks for new Assessors.</p>	<p>Skills are demonstrated by having:</p> <ul style="list-style-type: none"> • high level communication skills with the ability to consult and provide advice in a sensitive and appropriate manner • ability to complete Assessments to a high standard • ability to produce detailed written reports on completion of Assessment • ability to assess barriers and negotiate appropriate solutions to meet the needs of people with disability • technical skills related to the relevant process of Assessment.
<p>Experience</p>	<p>Each nominated Assessor has a minimum of 2 years practical experience in disability employment, workplace productivity Assessments or related sectors. You must be able to demonstrate how experience in a ‘related sector’ developed the required skills and knowledge listed in this Attachment.</p>

Details	What is Required
Knowledge	<p>Each nominated Assessor understands:</p> <ul style="list-style-type: none"> • industry building and access codes (WMS Assessors only) • duty of care and professional ethics • employment assistance options available to people with disability seeking employment • relevant Work Health and Safety, Industrial Relations and Anti-discrimination legislation. <p>Each Assessor will be required to have knowledge of:</p> <ul style="list-style-type: none"> • duty of care and professional ethics • employment assistance options available to people with disability seeking employment • relevant work health and safety, industrial relations and anti-discrimination legislation.
Qualifications	<p>All Assessors delivering Assessments under a Deed will be required to possess a minimum of a diploma or higher-level qualification in one or more of the following fields:</p> <ul style="list-style-type: none"> • rehabilitation counsellor • occupational therapy • physiotherapy • nurse • medical practitioner • psychologist/psychiatrist • orthoptics/optometry • audiology • exercise physiologist • vocational training, or • other diploma or higher-level qualification which the Provider considers is relevant to providing the required Assessments which is approved by the Department. <p>WMS Assessors are required to have a full (not provisional or restricted), up to date, qualification that is registered, accredited or recognised with the relevant association. Assessors should maintain their registration whilst they work as an NPA Assessor.</p>



Attachment A: New Assessor Approval is required from the Department

Name of Assessor:	
Accreditation number (if applicable):	
Name of ESA(s) the Assessor will conduct Assessments:	
Assessment Type (OSA/SWS; WMS):	
Name of qualification/s:	
Justification of current qualification/s*:	
Does the Assessor have a relationship with another NPA Provider or Inclusive Employment Australia Provider: If yes list the Provider names.	

*Justification may include a transcript of relevant subjects completed and a written explanation of their relevance to the type of Assessments they will provide.

Attachment B: New Assessor(s) Details for notifying the Department

Name of Assessor:	
Accreditation number (if applicable):	
Name of ESA(s) the Assessor will conduct Assessments:	
Assessment Type (OSA/SWS; WMS*):	
Name of qualification/s:	

Does the Assessor have a relationship with another NPA Provider or Inclusive Employment Australia Provider: If yes, list the Provider names.	
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* If they are providing WMS services in a specific area of expertise please note.

Chapter 2 Performance and Assurance

2.1 Chapter Overview

This chapter outlines how the Department will assess Provider performance and program assurance.

Provider performance for OSA and SWS are monitored and assessed by the Department on a regular basis and considers a range of factors. Key elements of the Department's assessment of Provider performance are:

- performance reviews against the Key Performance Indicators (KPIs) — refer to section 2.3 of these Guidelines
- random and targeted Assurance Activities – refer to section 2.4 of these Guidelines
- ongoing monitoring of compliance against the Deed and National Standards for Disability Services (NSDS) requirements — refer to section 1.8 of these Guidelines.

Note: WMS services are managed through the JobAccess Provider in accordance with the performance and reporting requirements in the JobAccess contract.

The Department assesses the quality of services delivered through evidence of compliance with the Deed, the Joint Charter and the Service Guarantee, Assurance activities, contract management activities, user feedback and complaints and data collected through the Department's IT Systems.

Assessing quality of services delivered includes the following requirements:

- Providers must act with due care and diligence when conducting all aspects of an Assessment
- developing respectful relationships with all parties to an Assessment is an important part of service delivery. The Department will use feedback, complaints and results of satisfaction surveys to measure the behaviours of Assessors when delivering Assessment services
- Assessments can only be conducted by Approved Assessors with the required qualifications and experience. The Department may conduct quality assurance projects to check qualifications of Assessors and to check that Assessments are completed by Approved Assessors
- Assessments have been conducted in line with the relevant Assessment Guidelines
- services must be conducted at or above the minimum standards in the Service Guarantee
- a customer feedback register must be maintained and will be made available to the Department on request
- criminal records checks are completed for Personnel who conduct Assessment services
- comply with all other legal requirements when engaging or deploying persons in a capacity where they may have contact with Vulnerable Persons
- any changes in control of the Provider's organisation are reported to the Department.

2.2 Provider Performance and Assurance

The Department monitors Provider performance and undertakes program assurance to help continuous improvement in the delivery of quality services to Clients. The following elements support this approach:

- a Service Guarantee reflecting the services that Clients can expect from Providers.
- undertaking a range of program Assurance Activities as deemed suitable by the Department from time to time
- undertaking performance management activities and discussions between the Department and Providers.

In addition to the above as well as the KPIs outlined in clause 42 the Deed and the Assurance Activities outlines in clause 43 of the Deed, the Department considers all available information in assessing and monitoring performance.

2.3 Key Performance Indicators (KPIs)

Providers are required to meet the KPIs specified in the Deed for providing Assessment services. The Department will measure Provider performance against the KPIs taking into consideration:

- deliverables specified in the Deed and Work Orders
- each Assessment
- feedback, complaints and disputes
- performance audits conducted by the Department including customer satisfaction surveys.

KPI 1 Quality: The Quality KPI enables the Department to assess Providers' performance in a fair and objective manner. The basis for assessing quality includes:

- quality of Services Delivered
- quality of Reports
- Provider Capability.

The Department will assess this component through evidence of compliance with the Deed. Any non-compliance will be detected through program assurance and contract monitoring arrangements.

Issues identified in user feedback or complaints sources including quality Assurance Activities, Fair Work Commission (FWC) information, the Complaints Resolution and Referral Service (CRRS) and quality audits may be considered when measuring Provider performance against KPI 1.

The Department will give Providers clear and timely feedback and the opportunity to consider and rectify issues raised. KPI 1 will also encourage the continuous improvement of services delivered.

In addition to the measurement of quality, a Provider's performance evaluation will be based on the measurement of their performance against KPI 2 Effectiveness and KPI 3 Efficiency as outlined in the Deed.

The business rules for measurement of performance are outlined at the end of this section.

As outlined in clause 42 of the Deed the KPIs are:

KPI	Description	Measures
KPI 1 Quality	1.1 Stakeholder satisfaction	(a) The Department's satisfaction with the delivery of Assessments, as measured by (but not limited to) results of user feedback and complaints.
KPI 2 Effectiveness	2.1 Accurate individualised Assessments 2.2 Thorough Assessment Reports	(a) Assessments are conducted in a manner that responds to the individual circumstances of the Client, measured by the Department: <ul style="list-style-type: none"> (i) sampling Assessment Reports; and (i) taking into consideration whether the level of appealed decisions (if the parties to the Assessment dispute the outcome following the assessment process) that are subsequently overturned by the Department, is higher than average. (b) 90 per cent of Assessment Reports sampled by the Department are accepted as complete, without requiring further work.
KPI 3 Efficiency	3.1 Timeliness	(a) 90 per cent of Assessments are completed within the timeframes set out in this Deed. (b) 90 per cent of allocated Assessments are accepted by the Provider. (c) If the Provider rejects a Work Order, acceptable reasons for the rejection are provided to the Department. (d) If the Department has returned an Assessment Report to the Provider for corrective action, all subsequent versions of the Assessment Report are finalised and submitted to the Department within: <ul style="list-style-type: none"> (i) for an SWS Assessment or OSA, 5 Business Days; and (ii) for a WMS Assessment, 2 Business Days, of being asked by the Department to take the corrective action.

2.3.1 Quality of Assessment Reports

An Assessment Report should deliver a comprehensive, consistent and appropriate assessment of a Clients needs and Assessment outcomes.

The Department will conduct regular audits of Assessment Reports and reserves the right to change the frequency of the audits. A minimum sample of Assessment Reports will be

quality audited by the Department. Samples will be selected to ensure Assessment Reports completed by each Provider are audited each six months.

Providers will be given an Assessment Audit Report within six weeks of the end of each quarterly reporting period, outlining the Assessment Reports that were audited, the results and any feedback that may be useful to consider in future Assessments.

The three main areas, which form the focus of the quality audits of Assessment Reports, are comprehensiveness, consistency and appropriateness and are detailed below.

Comprehensiveness

Each Assessment Report should demonstrate that the Assessor has taken a thorough approach to gathering information from all relevant people including the Inclusive Employment Australia Provider, the Employer, the Client and/or a nominee or an advocate (if applicable).

Where the Assessment Report has excluded any components of an Assessment, the Assessor has obtained an exemption to exclude those components, and the Assessment Report further substantiates the reasons for the exclusion.

The quality audits of Assessment Reports will assess whether they demonstrate a comprehensive gathering of evidence and comprehensive summary of the conclusions from the relevant part of the Assessment.

Consistency

The quality audits will assess whether all parts of each Assessment Report are cohesive and where there are any inconsistencies between any parts of the Assessment Report, that there is acceptable explanation or reasons for the differences.

The Assessor must gather all available and relevant information, and it will not always be the case that all parts of the Assessment will be fully consistent. However, where there are important differences in views or information provided to the Assessor, the Assessment Report must adequately synthesise all relevant information so that it contains no unsubstantiated or unexpected recommendations.

Appropriateness

The Assessment Report will clearly identify the Assessment outcomes for the Clients in the way set out in the respective OSA and SWS chapters within these Guidelines.

2.3.2 Quality of Provider Capability

Quality of Assessment Services is influenced by the capabilities of the Provider. The Department assesses performance at an organisation level. Providers are contracted and administered at organisation level.

The Department will provide Assessment data to assist Providers to analyse, assess and continually improve their performance.

The Department will include the following factors in its ongoing Deed management arrangements of Providers:

- the Provider complies with the Australian Privacy Principles of the *Privacy Act 1988* to protect and respect the rights of individual Clients. The Provider does not disclose personal information about Clients without their informed consent
- the Provider has management systems in place that facilitate quality management practices and continuous improvement
- the Provider has management systems in place to ensure that all Assessors have appropriate skills and qualifications
- the Provider has systems in place to provide training, skills development including ensuring that they have completed the Learning Modules as outlined in section 1.11 of these Guidelines and they have read the relevant sections of these Guidelines relating to the delivery of the Assessment services
- the Provider demonstrates responsiveness to feedback received about its delivery of Assessment Services
- the Provider has management systems in place to identify any new and amended Guidelines, IT systems or instructions related to Assessment Services
- the Provider is aware of its responsibilities to manage its availability and capacity to deliver Assessment services and to communicate with the Department's Assessment Team, especially in relation to extensions of due dates for completion of Assessments.

2.3.3 Performance Management

Providers will be able to access data about their own performance relative to the KPI measures. The Department will also conduct yearly performance reviews, or more often if required, to provide the Department's views on performance that is good and where it can be improved. Where a Provider is not performing well, the Department will work with the Provider to improve performance, including sharing best practice. Performance Reviews will normally be completed by phone and email.

Where a Provider's performance does not meet the KPIs, and is not subsequently improved, the Department may reduce or stop the allocation of Work Orders to the Provider. This is in accordance with clause 45 of the Deed.

2.3.4 Performance Business Rules

The business rules for measurement of performance are outlined as follows.

SWS – Performance Evaluation Method

KPI	Measures	Evaluation Method
2.1 Accurate individualised Assessments	<p>(a) Assessments are conducted in a manner that responds to the Client's circumstances, measured by:</p> <ul style="list-style-type: none"> (i) The Department sampling of Assessment Reports (ii) taking into consideration where there is a higher than average level of appealed decisions that are overturned. 	<p>The Department will review submitted SWS Assessment Reports, and all reported feedback and complaints about SWS Assessments.</p> <p>Where a Provider has had a significant number of disputed reports, the Department will arrange a performance discussion to facilitate improvement, if required.</p>
2.2 Thorough Assessment Reports	<p>(b) 90% of SWS Assessment Reports sampled by the Department are accepted as complete, without requiring further work.</p>	<p>Percentage of SWS Assessment Reports accepted by the Department as being of acceptable quality, not requiring further work. If a SWS Assessment Report is declined by the Department due to an error or omission, then the Report is considered to require further work.</p>
1.1 Timeliness	<p>(a) 90% of Assessment services are completed within the timeframes set out in the Deed.</p>	<p>Percentage of submitted SWS Assessment Reports where the submitted date is on or before the SWS Due Date.</p> <p>Note: If a SWS Due Date is amended in response to a Provider request, then the KPI is measured using the amended SWS Due Date.</p>
	<p>(b) 90% of allocated Assessments are accepted by the Provider.</p>	<p>Percentage of allocated Assessments accepted.</p>
	<p>(c) Where Providers reject allocated Assessments, the Provider gives acceptable reasons for all rejections.</p>	<p>Number of allocated Assessments not accepted, without an acceptable reason.</p> <p>Where a Provider does not accept an allocated Assessment, the Department</p>

KPI	Measures	Evaluation Method
		will consider the acceptability of the reason provided. The Department would contact the Provider for clarification if the reason provided does not appear acceptable.
	(d) Where the Department has returned SWS Assessment Reports to the Provider for corrective action, all subsequent reports are finalised and submitted to the Department within 5 Business Days of receipt of request by the Provider for SWS.	Number of SWS Assessment Reports declined by the Department and re-submitted by the Provider greater than 5 Business Days later, where the reasons are not outside the Assessor's control. E.g. the Client is unavailable.

OSA – Performance Evaluation Method

KPI	Measures	Evaluation Method
2.1 Accurate individualised Assessments	<p>(a) Assessments are conducted in a manner that responds to the individual with disability measured by:</p> <ul style="list-style-type: none"> (i) The Department sampling of Assessment Reports; and (ii) taking into consideration where there is a higher than average level of appealed decisions that are overturned. 	<p>Outcomes of disputed OSA Reports requiring adjudication by the Department will be monitored.</p> <p>Where a Provider has had a significant number of disputed reports the Department will arrange a performance discussion to facilitate improvement, if required.</p> <p>The Department will provide feedback to Providers regarding disputed OSA Reports.</p>
2.2 Thorough Assessment Reports	90% of OSA Reports sampled by the Department are accepted as complete, without requiring further work.	Report quality will be assessed in accordance with the OSA Guidelines.
1.1 Timeliness	(a) 90% of Assessments are completed within the timeframes set out in the Deed.	Percentage of submitted OSA Reports where the submitted date is on or before the OSA Due Date.

KPI	Measures	Evaluation Method
		Note: If a Report was placed 'Under Review' then the original submission date is used, rather than the date the report was re-submitted. If an OSA Due Date is amended, then the KPI is measured using the amended OSA Due Date.
	(b) 90% of allocated Assessments are accepted by the Provider.	Percentage of allocated Assessments accepted. Note: Calculation will ignore Work Orders where the Rejection reason is 'Conflict of Interest' or 'Outside Coverage Area'.
	(c) Where Providers reject allocated Assessments, the Provider provides acceptable reasons for all rejections.	Where a Provider rejects a significant number (more than 10%) of allocated Assessments, the Department will contact the Provider to discuss the acceptability of the rejection reasons.
	(d) Where the Department has returned OSA Reports to the Provider for corrective action, all subsequent reports are finalised and submitted to the Department within 5 Business Days of receipt of request by the Provider.	Number of OSA Reports set to 'Under Review' for reason of 'Requested by the Department' and resubmitted more than 5 Business days later, where the reasons are not outside the Assessor's control. E.g. the Client is unavailable.

OSA and SWS – Timeliness of Work Order Acceptance

Providers must accept or reject each Work Order within 2 Business Days of receiving it (refer to clause 5.4 of the Deed).

KPI	Measures	Evaluation Method
Acceptance of OSA and SWS Work Orders	Providers must accept or reject each Work Order within 2 Business Days of receiving it.	Percentage of Work Orders accepted/rejected within 2 Business Days of allocation.

2.4 Assurance Activities and audits

As outlined in clause 43 of the Deed the Department may conduct Assurance Activities and audits relevant to the performance of the Provider's obligations under the Deed, these include:

- the Provider's operational practices and procedures as they relate to this Deed and the provision of the Services, including security procedures
- the accuracy of the Provider's invoices and reports provided, or claims for Payments made, under this Deed
- the Provider's compliance with its confidentiality, privacy, Intellectual Property and security obligations under this Deed
- material (including records) in the possession of the Provider relevant to the Services or this Deed
- the financial statements of the Provider and the financial capacity of the Provider to perform the Services
- any other matters determined by the Department to be relevant to the Services or this Deed.

2.5 Sample Reviews

The Department may conduct sample reviews of claims for Payments made by the Provider. If a sample review identifies a proportion of Invalid Claims the Department may then exercise any remedies specified in clause 72 of the Deed in relation to the Deemed Invalid Claims and further investigation to a larger amount of claims for Payment may be required.

The Department may, at its absolute discretion, do one or more of the following in relation to any Deemed Invalid Claims:

- exercise any remedies specified in clause 72 of the Deed or
- exercise any of its rights under clause 74 of the Deed.

Chapter 3 Supported Wage System Assessments

3.1 Chapter Overview

This chapter outlines the Supported Wage System (SWS) process – including for Assessments in both Open Employment and under the *Supported Employment Services Award* (SESA). This includes the responsibilities and required actions of a Provider and/or Assessor to complete an SWS Assessment for both Open Employment and SESA. For clarity:

- SWS for Open Employment is available to people who require a SWS Assessment. It is optional for the person to be registered with an Inclusive Employment Australia Provider or Workforce Australia Service (Service) Provider.
- SWS for SESA is available to people who require a SWS Assessment and are not registered with an Inclusive Employment Australia Provider or Service Provider. The Assessment process is similar, except that the Assessor must work directly with the Employer to obtain information about the job.

Where there is a notable process difference between the 2 SWS Assessment types it has been specified, if a section has no specification, then it applies to both SWS Assessment types.

3.1.1 Background

The SWS was introduced in 1994 to improve employment opportunities for people with disability. This followed consultation with the relevant industrial authorities, trade unions, disability peak bodies, state and federal government Departments and disability employment services.

Many people with disability obtain employment at full award wages, but for others, the nature of their disability can affect their productive capacity. People in such circumstances may wish to use a productivity-based wage Assessment to support them in obtaining or retaining a job. The SWS was introduced to provide both the industrial relations framework and the Assessment process to enable reliable productivity-based wage Assessments for eligible people with disability by assessing the Client and using Employer workplace data to accurately identify the capacity a Client can perform based on a benchmark measure.

Further information

Questions may be directed to the Department's Assessment Team via phone on 1800 065 123 or via email at assessments@communitygrants.gov.au.

Workplace relations and wages information is available via phone from the Fair Work Ombudsman Infoline on 13 13 94 or on the [Fair Work Ombudsman website](#).

Minimum hourly wage rates are set out in the SESA or Industrial Awards on the [Fair Work Commission](#) (FWC) website.

3.2 SWS Administration

3.2.1 Availability and Capacity

Availability and Capacity

A SWS Work Order will only be allocated to a Provider that is contracted to deliver SWS services in the ESA corresponding to the worksite address. The Provider must be currently available and have not reached its Assessment Capacity for the ESA.

Managing Availability

Providers can manage their availability and capacity to be allocated Work Orders. The Provider must perform the services within the locations specified in the Deed Schedule, unless otherwise agreed with the Department.

A Provider can set their availability to 'Yes' or 'No' at any point in time. Where a Provider needs to set their availability to 'No' they should discuss this with their Account Manager.

The Assessment Capacity Indicator is used by a Provider to indicate the total number of Work Orders a Provider is willing to work on concurrently.

Both availability and capacity are recorded in the WAOP at ESA level for each Provider and may be updated by the Provider at any time.

These indicators are found in the Outlet regions tab. Using the available indicator, a Provider can indicate whether they are available to be allocated SWS and OSA Work Orders and change the assessment capacity limit for the selected ESA

System navigation for managing availability within WAOP

Step 1: Navigate to the Provider hub.

Step 2: Select Outlet search and select Outlet ID.

Step 3: Select Outlet regions. Go to the relevant region, scroll across and select Edit.

Step 4: Change Availability from the drop-down menu.

Partial coverage

If a Provider has partial coverage for an ESA, the SWS Work Orders will only be allocated to the Provider if the worksite address matches one of the postcodes that have been recorded in the system to identify the Providers area of partial coverage.

Note: Postcodes will not always match a Providers area of partial coverage. SWS Assessments allocated to an area outside of a Providers partial coverage should be not accepted for the primary reason of *outside contracted coverage area* so that non acceptance does not negatively affect the Providers performance against KPIs.

3.2.2 Allocation of a SWS Work Order

Allocation

Once a SWS Application has been approved by the Department's Assessment Team, the system will automatically generate and allocate an SWS Work Order to a Provider within JOAC.

The due date for the Work Order will default to 13 weeks from the date of the SWS Application being approved but may be reduced or extended by the Department's Assessment Team as needed. For example, the due date might be reduced for a Job at Risk so that the Assessment can be completed sooner.

The Provider must:

- regularly check JOAC for any new Work Orders
- accept or reject Work Orders within 2 Business Days of receiving a Work Order
- record reasons for rejecting a Work Order
- resolve any conflict of interest that arises in connection with any Work Order.

The Department may group allocate multiple SWS Assessments where they are all for the one Employer.

The Department may consider earlier rejections of Work Orders when deciding whether to allocate further Work Orders to the Provider.

System navigation for checking for new Work Orders in JOAC

Step 1: On the home screen of JOAC select access existing SWS application.

Step 2: Navigate to search assessment located under search in the navigation menu on the left-hand side of the screen. The search assessment screen will then display. Use the following filters to get a list of assessments assigned to your organisation.

- under the first status/type filter on select SWS assessment status
- under the second status/type filter on select assigned
- under organisational code find and select your organisation
- click search.

Note: You can filter further by utilising the order by options.

Co-allocation with OSAs

If a Client was allocated an OSA within the past three months then the SWS Work Order will be allocated to the same Provider, where possible. The Provider must contact the Department's Assessment Team if there is a conflict of interest. If required, the Work Order will be reallocated to another Provider.

Distribution of Assessments

To ensure a more equal distribution of SWS Work Orders, JOAC will allocate a SWS Work Order to the Provider with the lowest count of currently allocated OSA and SWS Work Orders in the ESA, taking into account availability and capacity. If multiple Providers have the same lowest count, then the SWS Work Order will go to the Provider with the least recently allocated SWS Work Order for the ESA.

3.2.3 Accepting the Work Order

When the Provider accepts the Work Order within JOAC, this creates a Contract to perform the Services between the Department and the Provider.

System navigation for accepting a Work Order within JOAC

Step 1: Under assessment in the navigation menu, select work order. The work order screen will display.

Step 2: In the assessment status pane, select accepted from the assessment status drop-down list.

Step 3: Enter any relevant information in the enter comments for assessment status change field. **Note:** There is a maximum of 4000 characters for this field.

Step 4: Click set status, a 'success' information message will display.

3.2.4 Rejecting the Work Order

If the Work Order is rejected within JOAC, the reason for the rejection should also be selected from the 'drop-down list' provided on the Work Order tab of the Assessment Report.

This may be needed where there is a conflict of interest or if the Provider is at capacity.

System navigation for rejecting a Work Order within JOAC

Step 1: Under assessment in the navigation menu, select work order. The work order screen will display.

Step 2: In the assessment status pane, select not accepted from the assessment status drop-down list.

Step 3: Enter any relevant information in the enter comments for assessment status change field. **Note:** There is a maximum of 4000 characters for this field.

Step 4: Click set status, a 'success' information message will display.

3.2.5 Initial Assessments

The Work Order for an initial Assessment is upon approval of application by the Department's Assessment Team.

Assessment due dates are set to reflect Trial Period lengths and are:

- for SWS Open Employment – 13 weeks (12 weeks trial period and 1 week for assessor to complete report)
- for SWS SESA – 15 weeks (minimum 13 weeks trial period and 2 weeks for assessor to complete report)

Note: For an initial Assessment the Assessor will access the details about the job, Client, Employer and applicant from the application screen.

3.2.6 Review Assessments

Review Assessments are automatically allocated when a SWS Wage Agreement has been in place for 43 weeks. The due date of the Work Order will usually be 10 weeks in the future, but this period may be reduced if the Work Order has been previously offered and not accepted by another Provider.

Review Assessments can be requested earlier if the Client's productivity has either significantly increased or declined, or if there has been a significant change in duties. Any party to the SWS Wage Assessment Agreement may request a review Assessment by contacting the Department's Assessment Team, noting all parties must agree to an early review.

Where agreement cannot be reached about the need for an early review (between the Employer and the Client and/or any party to the SWS Wage Assessment Agreement), the dispute mechanisms available in the workplace or FWC may be used. Otherwise, the assessed productivity rate will stand until the next review.

SWS SESA review Assessments may not be conducted more often than once every six months or more than four times every three years. This is inclusive of significant change of duties or productivity.

3.2.7 Conflict of interest where the Assessor knows the Client

If an Assessor is assigned an Assessment for a Client, Employer or Provider with whom they have a personal or professional history, connection or relationship, they should consider if this could be, or be perceived to be, a conflict of interest should the Assessment go ahead. If a conflict of interest is identified, the Assessor must try to have the Assessment assigned to another Assessor within their organisation without changing the interview details.

If no other Assessor is available at the scheduled time, the Assessor will need to advise the Department at the earliest opportunity so that the Department can re-allocate the Assessment to another Provider.

3.2.8 Conflict of interest where the NPA Provider and Inclusive Employment Australia Provider are related entities

The SWS Assessment will not be allocated to a Provider if that Provider has the same organisation code as the Inclusive Employment Australia Provider who is supporting the SWS Client, or a conflict of interest exclusion between the Provider and the Inclusive Employment Australia Provider site has been recorded in the system by the Department.

3.2.9 Conflict of interest where the Provider and Employer are related entities

The SWS Assessment cannot be allocated to a Provider if that Provider and the Employer are related entities. It is important for Providers to declare all related entities to the Department to ensure this does not happen. In the event where it has happened the Provider will need to advise the Department at the earliest opportunity so that the Department can re-allocate the Assessment to another Provider.

3.2.10 Telephone or Videoconference interviews

The Department's stance is that an Assessment should be conducted in-person, i.e. 'face to face'. Assessors are expected to make every effort to arrange face-to-face interviews unless this is clearly inappropriate.

If it is not feasible for an Assessor to conduct an Assessment with the Client face-to-face, the Provider must obtain the Department's prior written approval for the Assessor to conduct the Assessment via telephone or videoconference.

The Provider must email the Department's Assessment Team with the request to perform the Assessment remotely and detail any relevant circumstances or information including how the Assessment will be conducted remotely. Consideration will be given by the Department on a case-by-case basis.

If a remote SWS Assessment is approved by the Department, Assessors must record the reason for not conducting a face-to-face interview and the date this was agreed with the Department in the drop-down list provided on the Client, Provider or Employer Report tabs of the Assessment Report.

Note: The Department will check the number of, and reasons for remote SWS Assessments as part of performance management and quality assurance arrangements.

3.2.11 Parties to the SWS Wage Assessment Agreement

Persons considered parties to the SWS Wage Assessment Agreement include:

- the Client
- the Employer
- the Clients nominee (if applicable and consent has been provided by the Client)
- the Clients Inclusive Employment Australia Provider or Service Provider (if applicable and consent has been provided by the Client).

3.2.12 General guide for the SWS Assessment for Open Employment

The following is the general order of how a SWS Assessment for Open Employment should be conducted.

Step 1: Provider receives a Work Order requesting an Assessment be undertaken within JOAC

Step 2: Assessor prepares for and arranges the Assessment

Step 3: Assessor undertakes the Assessment

Step 4: SWS Wage Assessment Agreement is prepared and signed by all parties

Step 5: The Employer or the Assessor sends a copy of the SWS Wage Assessment Agreement to the industrial authority

Step 6: Assessment is submitted in JOAC.

3.2.13 General guide for the SWS SESA Assessment

The following is the general order of how a SWS SESA Assessment should be conducted.

Step 1: Provider receives a Work Order requesting an Assessment be undertaken within JOAC

Step 2: Initial contact between Assessor and Employer:

- If the Assessor is to conduct benchmarking, go ahead to step 3 or,
- If the Employer is to collect workplace data for benchmarking, go ahead to step 5

Step 3: The Assessor conducts benchmarking

Step 4: Performance standards and benchmarks are validated, agreed and recorded in JOAC

Step 5: Employer collects workplace data for benchmarking

- **Note:** this step is optional for Employers

Step 6: Assessor prepares for and arranges the Assessment

Step 7: Assessor undertakes the Assessment

Step 8: Assessor and Employer undertake validation of the Assessment

Step 9: The Assessor calculates the wage, incorporating workplace data if collected

Step 10: SWS Wage Assessment Agreement is prepared and signed

Step 11: The Employer or the Assessor sends a copy of the SWS Wage Assessment Agreement to the FWC

Step 12: Assessment is submitted in JOAC.

3.3 Preparing for the SWS Assessment

3.3.1 Preparing for the Assessment within JOAC

Within JOAC the Work Order will tell whether it is an initial Assessment or a review Assessment and show the relevant background.

- if it is an initial Assessment, the Assessor will access the details about the job, Client, Employer and applicant from the application screen
- if it is a review Assessment, the Assessor will be able to access the details about any earlier Assessments completed for that Client.

The Assessor will need to familiarise themselves with the relevant Assessment details included on the 'Assessment overview screen', particularly the work classification, nominated industrial instrument, duties, task

s and past productivity ratings, where relevant.

The Assessor should also view the special requirements field for any further, relevant information about the Assessment.

System navigation for preparing for the Assessment

Step 1: Within JOAC after selecting the relevant Work Order, the assessment overview screen will be displayed. Familiarise yourself with the information included on the assessment overview screen.

Step 2: On the assessment overview screen, scroll down to review the currently serviced by field directly under the service provider details. This displays current information about the Inclusive Employment Australia Provider or Service Provider that is currently helping the Client to keep their employment and will indicate whether the contact information displayed in the service provider details section has been superseded.

Step 3: Other information to take note of from the assessment overview screen:

- interpreter – Assessors should confirm if an interpreter is needed
- nominee – where this field has been flagged as “Yes”, details of the nominee should be available to the Provider in the further details section of the Work Order screen. If not provided, please contact the Department’s Assessment Team
- employment in jeopardy – should only apply to an initial Assessment for a Client who has been in the job with this Employer for more than 13-weeks
- Assessment type – initial or review Assessment. If the SWS Assessment is for a SESA Client, this will be indicated by having the suffix ‘(SESA)’ after the Assessment type.

Step 4: To view the Work Order, select work order on the navigation menu, the work order screen will display. Some background information may be found on this work order screen.

- **Note:** If you see a message: “employment status has changed, please check” at the top of the screen then this means you should confirm the Clients employment status before spending time preparing for the Assessment, in case the Client is no longer working in the same job.

Step 5: Review the further details section at the bottom of the screen and the special requirements field as it may have information relevant to the Assessment.

Step 6: If the SWS Assessment is a review Assessment, you should also review any earlier SWS Assessments and past productivity ratings completed for the Client.

- select other assessments on the navigation menu, the other assessments screen will display
- a list of all previously completed SWS Assessments for the Client will appear in the assessment list section of the screen
- click select on the corresponding SWS Assessment to view its details.

3.3.2 Interview Requirements

For religious, cultural, or personal reasons, a Client may require an Assessor of a particular gender. If any party communicates this, Assessors should make every effort to ensure that a suitable Assessor is assigned. If this cannot be arranged, consider either having a third party attend the interview with the Client or reassigning the Assessment to another Provider.

- 📄 Within JOAC the Assessor should navigate to the special requirements field of the assessment overview and view the Provider comments field to check whether the Employer has advised any interview requirements.

If the Employer has not recorded any information, the Assessor should check whether the Client has any interview requirements when arranging interviews.

3.3.3 Arranging interpreters

Clients may need an Auslan or other language interpreter. The Employer or Service Provider (if applicable) should have recorded this within the application.

- 📄 Within JOAC the Assessor should navigate to the special requirements field of the assessment overview and view the Provider comments field to check whether the Employer has advised if an interpreter will be needed, it will also advise of the language needed.

The Department of Home Affairs provides the Translating and Interpreting Service (TIS) National interpreting service for people who do not speak English and for the English speakers who need to communicate with them. More information on TIS National is available on the TIS website - www.tisnational.gov.au.

3.3.4 Who can perform interpreting services?

Assessors should ensure that interpreter services used are accredited to National Accreditation Authority for Translators and Interpreters (NAATI) standards wherever possible, this includes Aboriginal or Torres Strait Islander interpreting services as needed.

The use of family members, friends of the Client or other unqualified interpreters is not allowed. Clients can have a family member, nominee or advocate attend in addition to the interpreter.

The Department recognises that in some cases, it may be impossible to secure an accredited interpreter. In these cases, the Assessor should make every effort to secure an interpreter for the relevant language. The Assessor should note in their report that, while the interpreter was not accredited, they were the only available resource.

3.3.5 An interpreter cannot be arranged, or does not attend

It is not essential for an interpreter to physically attend an interview the Assessor can arrange for telephone or video interpreting services for the interpreter.

If an interpreter does not attend the interview and the Assessor is unable to go ahead, the interview should be rescheduled with minimum inconvenience to the Client.

3.3.6 Conflict of interest for interpreters

Interpreters are subject to privacy provisions and Codes of Ethics as required by the Australian Translators and Interpreters Peak Body to protect Client information and will be needed to declare any conflict of interest in providing services for a particular Client. Clients will be able to ask that an interpreter not be used if there is a conflict of interest, for example a personal connection or relationship.

In smaller communities, it may be difficult to secure a suitably independent face-to-face interpreter. In cases where it is impossible or inappropriate to secure a locally available interpreter, a telephone interpreting service could be used with an interpreter selected from anywhere in Australia.

3.3.7 Arranging the Assessment and collecting relevant information

The Assessor must contact the Employer and the Inclusive Employment Australia Provider or Service Provider (if applicable) to arrange the Assessment and collect any relevant information.

Arranging the Assessment

When scheduling the Assessment, the Assessor must contact the Employer and the Inclusive Employment Australia Provider or Service Provider (if applicable) to plan for the Assessment, including:

- agreeing on the time to conduct the Assessment
- confirming the Client is still employed with the Employer
- explaining the Assessment process to the Employer
- confirming with the Employer if there are any special WHS and building access requirements
- confirming with the Employer and the Inclusive Employment Australia Provider or Service Provider (if applicable), who will be present during the Assessment and whether there is a union representative or nominee
- confirming if there is anything the Assessor needs to be aware of which might affect the Assessment
- checking that the name of the Employer on the JOAC SWS application screen is correct by confirming the details with the Employer and if there are discrepancies advise the Department's Assessment Team so that the details are amended.

The Assessor should confirm with the Employer and the Inclusive Employment Australia Provider or Service Provider (if applicable), that the:

- Assessment should be undertaken on days at times when the Client works
- Client should have appropriate work to perform for all duties and tasks during the Assessment
- appropriate Employer representative who has the legal right to sign a Wage Assessment Agreement is available on the day.

Once the Assessment has been scheduled with the Employer and the Inclusive Employment Australia Provider or Service Provider (if applicable), the Assessor must confirm the date and time directly with the Client or their nominee (if applicable). The Assessor should also explain the Assessment process and put the Client at ease and limit stress as much as possible.

Note: If an SWS Client ceases employment or is assessed as performing 100% productivity, it is important that the Department's Assessment Team be notified. If the Department's Assessment Team is not aware that employment has ceased, then the SWS Application will remain open, and an SWS Work Order for a review Assessment will be automatically allocated unnecessarily.

Collecting relevant information

Prior to the Assessment the Assessor should collect all relevant information needed to undertake a detailed Assessment, from the Employer and the Inclusive Employment Australia Provider or Service Provider (if applicable), including:

- job description
- task descriptions
- job and task analysis
- core tasks and miscellaneous
- performance standards and benchmarks
- time spent on each duty per week/fortnight
- hours/days worked
- task sequencing
- supervisor's name/title
- allowable breaks
- Client performance information/specific performance issues
- busy and quiet period
- best times to take timings
- level/description of supervision required by Client
- site/Client specific information relevant to conducting the Assessment
- safety requirements/WHS considerations
- worksite access.

In addition, specific to SWS SESA:

- benchmarks - decide if validated benchmarks are in place, and if the Employer will be collecting workplace data
- a copy of the award or other industrial instrument under which the Client is employed.

The Assessor should also confirm with the Employer and the Inclusive Employment Australia Provider or Service Provider (if applicable), that:

- all the necessary modifications to the work environment and job have occurred to maximise the Client's productivity
- there is an appropriate job match
- that appropriate training has been provided to the Client in all duties to be performed, this is especially important for initial Assessments and for review Assessment where the duties have recently changed
- an agreement has been reached that the Client is unable to work at the productivity level that would be expected by the minimum standards for that position.

3.3.8 Understanding performance standards and benchmarking

Performance standards provide the Client with specific performance expectations for each duty and task. They include the observable actions that explain how the job is to be done, plus the results that are expected for satisfactory job performance. They describe all task details needed for benchmarking by task breakdown:

- start and end points

- how the task is completed
- the quality and quantity needed
- details of any tools/machinery used
- relevant environmental conditions (where the task is performed)
- any conditions that need to be in place before or after the Assessment.

A benchmark is the minimum level of performance that would be expected from a Client who is paid the full award rate of pay. They are a:

- standard or point of reference that will be used to compare a Clients work performance and productivity
- specific indicator used to calculate the time taken or task output in relation to agreed performance standards.

The Assessment requires performance standards and benchmarks to be set. Before the Assessment, the Assessor must discuss with the Employer the choice of a suitable co-worker to use to time as a method of setting up the performance standards and benchmarks. The highest or lowest performing co-worker must not be selected. Even the average performing co-worker may be doing more than the basic performance level needed. The Assessor must also discuss with the Employer, that the Employer should not collect or disclose any personal information about a co-worker/employee or other third parties as part of the assessment without their consent.

3.4 Conducting the SWS Assessment

The Assessor should phone the Employer 24 hours before the agreed time of the Assessment to confirm that the Assessment will go ahead. This is especially important if travel is involved.

The Assessor must describe each task within their report in sufficient detail so that anyone else would be able to observe and measure the task being performed in exactly the same manner. The Assessor must document a description of the task so that the tasks are:

- observable
- measurable
- replicable
- have a clear beginning and end.

Note: The task description is particularly important for the 12-month review, when a different Assessor may be conducting the Assessment. There must be enough information in the SWS Assessment Report about the standard that was set, so that another Assessor reviewing the Client's productivity 12 months later can assess if productivity has changed.

The Assessor must confirm if there are any duties that are performed at 100% productivity. If there are duties performed at 100%, the Assessor must not time these duties but should include them (maximum 100%) in the productivity calculation so that the final productivity result accurately and fairly reflects the Client's performance in all their duties.

The Assessor must assess the duties that are actually performed by the Client, even if there are more or less duties on the duty description. Jobs are often modified for people

with disability and therefore standard position descriptions will not always fully reflect the duties actually performed by the Client with disability. Where a job has been modified for a Client, the Assessment process may be different compared to other employees performing a similar job without modifications. This is especially relevant in SESA Assessments.

In the pre-assessment discussion, all parties to the SWS Wage Assessment Agreement must agree on the duties to be assessed before going ahead with the Assessment.

The Assessor should take care to make the Assessment as stress-free as possible for the Client.

3.4.1 Observe and time performance

Using the agreed duty and task description and performance standard, the Assessor will see and time the Client doing their tasks, allowing the Client to stop and repeat the process if something has unduly affected their productivity. Interruptions may be common in customer focussed work environments such as a busy supermarket and the Assessor may need to repeat their timings.

The Assessor should keep a flexible approach when taking timings and continue to take timings until satisfied there is good consistency in results and an accurate measurement of work productivity. Generally, an Assessment requires a minimum of three and a maximum of eight observations to be recorded for each task.

The Assessor should not time breaks if they conform to what is accepted in the workplace, however, unacceptable time away from tasks should be included and timed as a part of the duty in which it occurs. Acceptable breaks can be counted at 100% (e.g. meetings, morning tea break).

The Assessor must always measure exactly the same thing for the Client as they did when setting the performance standard. For example, if the performance standard was set during a very busy time of the day, the Client's productivity must be measured at a similar busy time, where relevant.

The Client should have the same level of supervision during the Assessment as they normally would while doing their work.

The Assessor can utilise the SWS performance standards and benchmarking template at section 3.7 of these Guidelines.

3.4.2 Benchmarking

For Benchmarking there are a few options. The Assessor can utilise the SWS SESA workplace data collection template at section 3.8 of these Guidelines.

The Assessor conducts benchmarking (for both SWS Assessment types).

Setting an accurate benchmark is an integral step in the Assessment process. Benchmarks can be set up from the collection of workplace data, however award-level co-worker comparison is most widely used.

Setting benchmarks using the co-worker method involves:

- selecting a co-worker that meets but does not exceed the performance standard: this is the 'co-worker'
- matching the co-worker to the Client being assessed on as many productivity-relevant variables as possible (e.g. similar length of experience and training)
- conducting multiple co-worker timings to set up whether their measured performance can be sustained and stands for their average productivity.

Always use the same procedure for the Client being assessed as was done for the co-worker.

The Assessor must discuss with the Employer the choice of a suitable co-worker to use to time as a method of setting up the performance standard. Do not select the highest or lowest performing co-worker. Even the average performing co-worker may be doing more than the basic performance level needed. It is the performance standard that is considered the minimum performance acceptable to the Employer that must be set up.

Employer collects workplace data for benchmarking (for SWS SESA only)

The Employer may choose to collect workplace data to be used in the calculation of the assessed Client's wages prior to the Assessor undertaking the Assessment. This process is optional for the Employer, however having workplace data is a valuable tool for the Employer that can be used for a variety of reasons.

For the workplace data to be valid, Employers must collect and document a minimum of three and a maximum of eight different timings against the agreed benchmarks for each task, completed against the established and agreed performance standards.

Employers should also be encouraged to record:

- other evidence, including quality notes and comments
- comments on variance in timings, observations and circumstances
- evidence that will be used during validation discussion between the Employer and the Assessor prior to calculating the productivity result.

Employers may wish to use the recording template provided by the Department as a guide to ensure consistency in workplace recordings.

Other methods for setting benchmarks

- industry/commercial established: industry set up and commercially accepted performance measures that are tested, replicable, achievable and accepted within the sector
- customer contract and production specifications: specified contractual or specified performance measures that are tested, replicable and achievable.

Validated performance standards and benchmarks must be in place before workplace data can be collected, otherwise it cannot be utilised in calculating a Client's wage – see the below section Performance standards and benchmarks are confirmed, agreed and recorded in JOAC for more information.

This may need an initial visit to the Employer by the Assessor. Where this applies, Assessors must contact the Department's Assessment Team prior to the visit to discuss if additional hours are required.

Performance standards and benchmarks are confirmed, agreed and recorded in JOAC

An Assessor must confirm all benchmarks to ensure they are achievable in the Assessment workplace.

Benchmarks must be based on at least three different timings, and the variance between timings should be less than 10 percentage points. Only benchmarks that achieve this standard are considered valid.

Once an Assessor has confirmed a benchmark in the workplace, that benchmark may be used for other Clients undertaking the same task in the same location and/or for review Assessments for the same Client. It is recommended that benchmarks are reviewed every three years or at any time the Client's duties and tasks change significantly.

Once the performance standards and benchmarks are agreed to, the Assessor enters the details of the performance standards and benchmarks into JOAC.

3.4.3 Productivity ratings

How to do time weightings

The Assessor must assign a time to all duties, even those performed at 100% productivity (maximum of 100% to be recorded). The Assessor must give a weighting to each duty the Client performs according to the amount of time spent on that duty (usually per week but could be per day or fortnight). Duties are time weighted so that lower productivity on a minor duty (or vice versa) does not unduly affect the wage rate.

Example of Time Weighting

A Client in a plant nursery spends 60% of her time on one duty at which she achieves 70% of full award level productivity. She spends 30% of her time on a second duty in which she achieves 50% of full award level productivity. The rest of her time is spent on a duty in which her productivity is 40% of the standard.

Without a time weighting, her productivity rating would be 53% - an average of the comparative timings of 70%, 50% and 40%.

Formula to calculate the average of percentages:

Convert the percentages to decimal numbers: 70% = 0.7, 50% = 0.5 and 40% = 0.4

Add up all the decimal numbers: $0.7 + 0.5 + 0.4 = 1.6$

Divide the sum by the total number of percentages: $1.6 / 3 = 0.533333333$

Multiply the result by 100 to get the average percentage: $0.533333333 \times 100 = 53.33333333$ (53%)

With a time weighting, the person's productivity rating (without supervision or other adjustment) is 61%,

Formula to calculate the percentage: Productivity x time spent = individual task results, add together to get overall productivity rating.

Convert all percentages to decimal numbers then multiply the productivity time by the time spent:

Duty 1 – 0.7 (70% productivity) x 0.6 (60% time spent) = 0.42 (42%)

Duty 2 – 0.5 (50% productivity) x 0.3 (30% time spent) = 0.15 (15%)
Duty 3 – 0.4 (40% productivity) x 0.1 (10% time spent) = 0.04 (4%)
Add them together: 0.42 (40%) + 0.15 (15%) + 0.04 (0.04%) = 0.61 (61%)

If required, the Assessor must request any existing information from the Inclusive Employment Australia Provider or Service Provider (if applicable) and the Employer to verify the amount of time spent on each duty. If the amount of time spent on each duty fluctuates, the parties to the SWS Wage Agreement may agree to use an average time per week.

Rounding

For SWS for Open Employment

The Assessor must round each productivity Assessment calculation to two decimal places, i.e. all productivity results for duties and tasks must be recorded to two decimal places. The productivity rate for each duty must be added and then the total productivity rate must be rounded to the nearest whole decile that best reflects the Client's total productivity (e.g. 53% would be rounded to 50% and 55% would be rounded to 60%).

If the Assessor considers that the Client needs significantly more supervision from their Employer than is needed in the minimum basic standard, the Assessor may round an overall productivity rating down to the nearest whole decile (e.g. the 57% rating could be rounded to 50% if there is significantly more supervision needed. Conversely, a productivity rating may be rounded up if the Client is highly focussed and a steady worker (e.g. a 53% rate could be rounded to 60%). The Assessor should carefully consider any rounding that is other than to the nearest whole decile and should only make the decisions to round down when it is very clear that there is a high level of supervision needed. Reasons for the rounding must be included in the Override /supervision comment field within JOAC.

Any rounding must be within the percentile band in which it falls. It cannot be lowered to a lower percentile band.

For SWS SESA

The Assessor must round each productivity Assessment calculation to the nearest whole percentile (for example 56.6% would round up to 57% and 55.4% would round down to 55%).

3.4.4 SWS SESA – the Assessor and Employer undertake validation

Validation is the analysis of the Assessor data and the workplace data to set up whether the data is representative and reflective of the Client's usual performance.

Validation evidence must be documented when the timings are being collected and may include:

- file notes or other recorded evidence by the Employer in line with data collection practices
- medical evidence showing episodic variables
- observation notes on workplace data records, and/or
- observation notes collected by the Assessor.

At the conclusion of the data collection process, the Assessor, Client and the Employer will undertake a collaborative validation process, where all available data is shared.

The Assessor, Client, and the Employer will discuss the available data and agree if:

- any of the timings will be excluded in calculating the overall Assessment result, or
- if any further timings, conducted by the Assessor and/or the workplace, are needed

Many variables can have an impact on performance, including, but not limited to:

- interruptions or distractions
- observer presence
- task complexity
- medication
- customer interactions
- time or day of the week
- unacceptable time away from tasks
- stopping and repeating processes
- differing levels of supervision.

Applying productivity timing data

If productivity timing data is:

- consistent – include it
- variable yet reflective (i.e. wide ranging) – include it
- variable yet not reflective (for example external impacts) – exclude it.

If there is a variance between the workplace data and the Assessor data of greater than 20%, the Client, Assessor and Employer should closely examine the available data and try to decide the source of the variance.

Following this discussion, the parties may agree to exclude timings that were taken under unusual circumstances, and/or agree for the Assessor and/or the Employer to undertake more timings.

3.4.5 Calculating the SWS productivity rating

At this point of the Assessment there needs to be a break in service for the Assessor to enter the duties and tasks into JOAC and calculate the SWS productivity rating both manually and in JOAC.

Both need to be completed before discussing the result with the Client and Employer and any other parties to the SWS Wage Assessment Agreement to ensure the accuracy of the calculation.

For SWS SESA - Assessor manually calculates wage, incorporating workplace data

- **if workplace data is provided:** If validated workplace data is available, the Assessor calculates the Client's wage giving a weighting of 50% to the workplace data, and 50% to the Assessor data.
- **if workplace data is not provided:** If validated workplace data is not provided, the Assessor calculates the Client's wage giving a weighting of 100% to the Assessor data.

System navigation for entering the duties/tasks and calculating the SWS productivity rating in JOAC

Step 1: Select duties/tasks on the navigation menu, the duties/tasks screen will display.

- duties previously identified and recorded in the employment section of the SWS application, will auto-populate in the duty list and assessor timings section
- click select to access the information recorded against each duty. The duty screen will display.

Step 2: SWS Assessors can edit details about the selected duty by entering information into the duty details and hour sections of the screen as needed.

- the Assessor will also need to specify at this point whether observations of the given duty will be by time or quantity by selecting the corresponding radio button in the qualifier section.

Step 3: click add task to assign a task to the identified duty. The task and observation screen will then display. In the duty section of the screen, enter the task title.

- enter a description of task. It is critical that task description is observable, measurable, replicable, and have a clear beginning and end
- in the observation section, enter timings in both the coworker and Client fields.

Step 4: Use quick parts to insert a new step

- click add observation to save the recorded timings. The recorded observation data is then displayed in the observation section
- repeat this process until the required number of observations has been completed
- a SWS productivity Assessment requires a minimum of three (and a maximum of eight) observations to be recorded for each task.

Note: observations recorded in error may be deleted by selecting the radio button for the desired observation and click delete observation.

Step 5: Once you have completed all required observations, click save task.

- an information message informing you that the task and observation data has been successfully saved to the system will display at the top of the screen.

Step 6: Click back to duty. The duty screen will display an average of the observation data entered for the task displayed in the task list section.

Step 7: Repeat this process until all tasks associated with the duty have been entered, and all observations associated with each task have been recorded in the system.

Step 8: Deleting duties

- on the duty screen, click delete duty
- in the confirmation section, click yes to delete the duty from the system.

Note: Other duties can be added by clicking add new duty on the duties/tasks screen and following the processes outlined above.

Step 9: To calculate the SWS productivity rating, select assessment detail on the navigation menu, the assessment detail screen will display.

Step 10: Check the calculated productivity rating and rounding as recorded in the assessment rating section.

- if the assessment rating is not correct and needs to be updated enter the adjusted productivity rating in the Assessor's override (%) field
- enter the override reason in the override/supervision comment field
- if the adjustment was made based on your Assessment of the Clients requirement for supervision, you must also tick the supervision allowance checkbox.

3.4.6 Preparing and signing of the SWS Wage Assessment Agreement

After the final SWS Assessment, including any rounding that is calculated, the Assessor holds a post Assessment meeting to discuss the results with the Client, the Employer and any other parties to the SWS Wage Assessment Agreement and confirms the result.

If one or more parties disagree with the result, they need to try and discuss their different views, seek to resolve them and reach an agreement. If they are unable to reach an agreement, the Assessor must inform all parties that disputes can be raised at any stage in the Assessment process and that they should not sign the SWS Wage Assessment Agreement if they have any concerns regarding the Assessment or the Agreement. Any party can seek advice or submit a request for review to the Department's Assessments team within 7 days of the Assessment. Further information can be found in section 3.5.1 of these Guidelines.

Parties have 30 calendar days to sign the SWS Wage Assessment Agreement. If the Assessor receives any indication that this may not occur, they must contact the Department's Assessment Team.

The Assessor should inform the Employer that they need to advise the Department's Assessment Team if the industrial instrument expires or is replaced by a new one.

After the Assessor has determined the final overall SWS productivity rating, which the Client, the Employer and any parties to the SWS Wage Assessment Agreement have agreed to, the following things must happen:

- the Assessor enters the productivity rate into the SWS Wage Assessment Agreement
- the Employer uses the agreed SWS productivity rate to calculate the SWS pro-rata weekly wage, applicable to the classification of work in which the Client is being employed
- the Assessor enters the SWS weekly wage rate in the SWS Wage Assessment Agreement, and the Assessor must ensure that the amount entered in the SWS Wage Assessment Agreement is not below the SWS Minimum Weekly Wage, as decided by the Annual Wage Review set by Fair Work Commission.

Once completed and signed the Assessor must provide a copy of the signed SWS Wage Assessment Agreement to the Client, the Employer and any parties to the SWS Wage Assessment Agreement.

The Assessor must advise the parties to the SWS Wage Assessment Agreement that:

- a review Assessment will occur in 12 months' time after the initial Assessment with their current Employer

- review Assessments can be requested earlier if the Client’s productivity has either significantly increased or declined, or if there has been a significant change in duties
- SWS SESA review Assessments may not be conducted more often than once every six months or more than four times every three years. This is inclusive of significant change of duties or productivity
- any parties to the SWS Wage Assessment Agreement may request a review Assessment by contacting the Department’s Assessment Team but all parties must agree to an early review – refer the Client to the relevant SWS Handbook for further information.

System navigation for preparing the Assessment and printing from within JOAC

Step 1: In the wage details section, enter the nominated industrial instrument in the industrial instrument field. It is essential for the Employer to verify that the SWS Clients Award or industrial agreement currently includes relevant SWS provisions.

Step 2: Under the hours, enter the hours and minutes the Client will work per week.

Step 3: Enter the minimum hourly award or enterprise agreement rate for this position in the corresponding field.

Step 4: Click calculate gross earnings.

- An information message will display at the top of the screen informing you that the Clients gross weekly earnings have been calculated based on the final assessment rating, expected number of hours and hourly rate as recorded in the system

Step 5: Now that the gross earnings have been calculated return to the wage details section, enter the actual agreed amount which has been agreed to by all parties. This must be greater than or equal to the value calculated by the system (see amount recorded in Clients gross earnings per week at expected hours field).

- The Employer may agree to pay more than the calculated amount needed. If the Employer agrees to pay more, then this is reflected in the actual agreed amount, but the productivity rating should remain true to the outcome of the productivity assessment and any rounding or override that was applied.

Step 6: To print the agreement, go to the assessment detail tab, scroll down and click print agreement report. An information message will display at the bottom of the screen asking if you wish to open or save the generated PDF document.

- Click open. The document will display
- Click the printer icon in the toolbar (or Ctrl + P)
- Select the desired printer and printer settings and click Print to print a copy of the SWS Wage Assessment Agreement for all parties to sign
- The system will auto-generate much of the required information for you in the SWS Wage Assessment Agreement, including details about the Employer, the Client and you (the Assessor)

- Other information including the information requested in the information for the industrial registrar section of the form will need to be manually entered as needed.

3.4.7 A copy of the SWS Wage Assessment Agreement is sent to the relevant authority

The Employer sends a copy of the SWS Wage Assessment Agreement to the FWC or Industrial Registrar as relevant, however the Assessor can send it on behalf of the Employer if agreed.

- **For both SWS for Open Employment and SWS SESA** – if the relevant industrial instrument having the SWS provisions is a Federal instrument, the SWS Wage Assessment Agreement is sent to the FWC
- **For SWS for Open Employment** – if the relevant industrial instrument having the SWS provisions is a State instrument, the SWS Wage Assessment Agreement is usually sent to the relevant State Government Industrial Registrar.

The Registrar will notify the relevant union (if that union did not take part in the Assessment process).

The agreement will take effect within 10 Business Days (unless the union notifies the Registrar of an objection).

Note: Assessors should check the signed SWS Wage Assessment Agreement thoroughly before it is sent to the industrial authority, as this will ensure that only valid and correct/factual agreements are signed and lodged.

The Assessor should obtain the details of any requirements to lodge the SWS Wage Assessment Agreement by checking the industrial instrument or SESA and/or by checking with the Fair Work Ombudsman Infoline.

3.5 Assessment is submitted in JOAC.

The Assessor must enter the details of the Assessment, the date the Agreement was signed and upload a copy of the signed SWS Wage Assessment in the Documents/Attachments tab in JOAC.

Detailed notes must be entered in the Assessor Comments field. This must be submitted within 7 Business Days of the date the Assessment was conducted.

If the Department considers an Assessment or SWS Assessment Report is unsatisfactory or incomplete, the Provider may have to conduct a further Assessment in whole or in part or resubmit a revised SWS Assessment Report. This will be done without any additional Payments.

If the Provider estimates that the SWS Assessment and SWS Assessment Report will jointly take more than five hours to complete, the Provider should inform the Department's Assessments team as soon as practicable. Once it has been confirmed the Assessment has taken more than five hours, the Provider can apply to the Department's Assessments Team for additional Payment. This must be done prior to submitting the report. This includes where the Provider has set up and validated benchmarks and performance standards.

System navigation for submitting an Assessment within JOAC

Step 1: After the SWS Wage Assessment Agreement has been printed, completed, and signed by all parties, navigate to the documents/attachments page and select upload new document to upload a copy of the SWS Wage Assessment Agreement.

Step 2: Once a copy of the SWS Wage Assessment Agreement has been uploaded you can complete the Assessment within JOAC.

Step 3: On the assessment detail screen, in the wage assessment declaration section, select "I declare that a wage agreement has been signed in relation to this Assessment" from the drop-down list in the assessment declaration field.

- Select the date the agreement was signed in the agreement signed date field

Step 4: Ensure the following information is included in the Assessor comments field

- names and positions of persons contacted leading up to the Assessment and persons present at the Assessment (if different)
- date of Assessment and, if it was rescheduled, details of why
- was the correct Industrial Instrument confirmed?
- were the tasks and duties to be assessed agreed upon by all parties prior to the Assessment?
- was choice of a suitable co-worker discussed with all parties?
- if any of the normal tasks and duties were not available, was this discussed with all parties, and did they agree to go ahead with the Assessment?
- was the data discussed with all parties following the Assessment to decide if any timings should be excluded or further timings needed to be taken? Were all parties given the opportunity to raise any concerns?
- if further timings were scheduled for another date, include details
- if parties raised any other disputes along the process, include details
- outcome of any dispute. For example, did the:
 - parties progress concerns to the Department's Assessments Team?
 - parties agree to sign the SWS Wage Assessment Agreement at the assessed rate?
 - Employer decided to pay a higher rate than assessed?
 - parties decide not to go ahead with the employment contract?
- If the SWS Wage Assessment Agreement was signed, the date each party signed, plus the date the agreement was lodged to the FWC or Industrial Registrar (as relevant) and whether the Employer or Assessor lodged.
- Was a copy of the Wage Agreement and duties and task report provided to the parties? List who was provided a copy.

Step 5: Click save. An information message will display at the top of the screen informing you that the wage assessment declaration has been successfully saved in the system.

3.5.1 Disputes

Disputes can be made by a Client, Employer, Service Provider (if applicable) or nominee (if applicable) at any stage in the Assessment process.

If any parties dispute the rating made because of the Assessment, the Assessor should work with the parties to resolve the dispute. Some things that the Assessor can do, include:

- conduct more timings, if the dispute relates to the results of particular duties or validation of data, or
- reconsider the rounding decision, taking into consideration the views of all the parties to the SWS Wage Assessment Agreement.

If any party to the SWS Wage Assessment Agreement still wishes to dispute the result they should contact the Department's Assessment Team who will either provide the party with the details of how to submit a request for a review of the Assessment, or if their dispute relates to industrial relations matters, direct them to the FWC.

The Assessor must inform all parties that they should not sign the SWS Wage Assessment Agreement if they have any concerns regarding the Assessment or the Agreement. If there is no nominee in place and the Client seems unsure, the Assessor should advise the Client that they should discuss it with family or support people before signing.

Further information on the dispute process is outlined in the SWS Handbook's:

- [Supported Wage System in Open Employment Handbook](#)
- [Supported Wage System Handbook under the Supported Employment Services Award](#)

3.6 Claiming a SWS Assessment Payment

A SWS Assessment Payment is submitted automatically when the Provider submits the SWS Assessment Report within JOAC.

Where the Assessment and SWS Assessment Report will jointly take more than five hours to complete, the Provider may apply to the Department's Assessment Team for an additional Payment. This must be done prior to submitting the report.

Where the Provider seeks the Department's agreement to pay the additional Payment, the Provider must meet additional requirements, as outlined in the Deed.

Apart from the above, no further Payments or reimbursements will be made by the Department to the Provider for the service.

3.6.1 Payment request for SWS Assessment Payments

A payment request can be submitted when a Provider believes they are entitled to claim an SWS Assessment Payment but was unable to make a claim due to a system issue or other reason beyond their control.

All payment requests must be approved by the Department's Assessment Team prior to the Provider submitting with their SWS Assessment Report submission.

Note: A payment request must relate to an individual SWS Assessment where a Work Order has been given to the Provider.

System navigation for making a Payment Request

Step 1: Navigate to the Payments hub.

Step 2: Select Request payment.

Step 3: Enter the payment date and select the payment request type. Search for "NPA6" as the contract.

Step 4: Enter the payment amount, comments and Reference/Invoice number.

Step 5: Upload documentary evidence, if required.

Step 6: Review the information entered, select the declaration and submit the payment.

Attachment A: SWS Performance Standards and Benchmarking checklist

Organisation:	
Department:	
Agreement date:	
Employer Contact:	
Phone Number:	
Assessor:	
Phone Number:	
Product / service:	
Duty:	
Task:	

Performance Standards	Relevant?	Details
What is the starting point of the task?		
What is the end point of the task?		
What process should be followed?		
What is the basic level of performance?		
Quantity: how many/ how much is needed?		

Performance Standards	Relevant?	Details
When are the results needed?		
Are there safety considerations?		
Legislative or regulatory requirements?		
What indicates the basic level of performance has not been met?		
Other		

Benchmarking / comparators	Relevant?	Details
Machine output		
Industry standards		
Workplace standards		
Material/s needed		
Co-worker comparator		
Start point		
Finish Point		
Machinery used		
Units in time		
Output/recorded time		



Other considerations

Attachment B: SWS - workplace data collection for SESA

This form is for Employers to use when collecting workplace data themselves.

Employee/Client name:	
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Date:		Quantity:	
Task:		Time started:	
		Time finished:	
Employee/Client signature:		Supervisor signature:	

Comments:	
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Chapter 4 Ongoing Support Assessments

4.1 Chapter Overview

This chapter outlines the Ongoing Support Assessment (OSA) process including the responsibilities and required actions of a NPA Provider or Assessor to complete an OSA.

Note: When referring to the individual in Inclusive Employment Australia tense these Guidelines use 'Participant' but when referring to the individual in NPA/OSA tense these Guidelines use 'Client'.

4.1.1 Background

Ongoing Support assistance is available to Inclusive Employment Australia Participants who:

- have achieved a 26-week Employment Outcome, or
- meet the eligibility criteria to enter directly into Ongoing Support as an Ongoing Support (Work Assist) Participant, and
- are currently employed, and
- require the services of an Inclusive Employment Australia Provider to maintain their employment.

Once the above criteria have been met and the Inclusive Employment Australia Provider has identified their Participant requires Ongoing Support, the Inclusive Employment Australia Provider must make a referral for their Participant for their initial OSA as soon as possible, within WAOP.

Assessors are required to complete an OSA and independently assess the Ongoing Support needs where:

- the Inclusive Employment Australia Provider moves an Inclusive Employment Australia Participant into Ongoing Support at any time following a 26-week Employment Outcome until they achieve a 52-week Employment Outcome
- the Inclusive Employment Australia Participant has achieved a 52-week Employment Outcome and requires Ongoing Support
- the Inclusive Employment Australia Participant meets the eligibility criteria to enter Inclusive Employment Australia directly into Ongoing Support as an Ongoing Support (Work Assist) Participant
- the Inclusive Employment Australia Participant's OSA is due for review, or
- a Change in Circumstances Reassessment has been submitted.

When completing the OSA, Assessors are required to make a recommendation on the Level of Ongoing Support that the Client needs (No Ongoing Support needed, Flexible, Moderate or High) and, set the due date for the Clients next OSA review (1, 2 or 5-years).

Further information

Questions may be directed to the Department's Assessment Team via phone on 1800 065 123 or via email at assessments@communitygrants.gov.au.

4.2 OSA Administration

4.2.1 Availability and Capacity

Availability and Capacity

An OSA will only be allocated to a Provider contracted to deliver OSA services in the ESA of the Client's Inclusive Employment Australia Provider. The Provider must be currently available and have not reached its Assessment Capacity for the ESA.

Managing Availability

Providers can manage their availability and capacity to be allocated Work Orders. The Provider must perform the services within the locations specified in the Deed Schedule, unless otherwise agreed with the Department.

The Assessment Capacity Indicator is used by a Provider to indicate the total number of Work Orders a Provider is willing to work on concurrently.

Both availability and capacity are recorded in the WAOP at an ESA level for each Provider and may be updated at any time. These indicators are found on the right side of the Outlet regions tab.

Using the Available Indicator, a Provider can indicate whether they are available to be allocated SWS and OSA Work Orders and change the assessment capacity limited for the selected ESA

System navigation for managing availability within WAOP

Step 1: Navigate to the Provider hub.

Step 2: Select Outlet search and select Outlet ID.

Step 3: Select Outlet regions. Go to the relevant region, scroll across and select Edit.

Step 4: Change Availability from the drop-down menu.

Partial Coverage

If a Provider has partial coverage for an ESA, the SWS Work Orders will only be allocated to the Provider if the worksite address matches one of the postcodes that have been recorded in the system to identify the Providers area of partial coverage.

Note: Postcodes will not always match a Providers area of partial coverage. SWS Assessments allocated to an area outside of a Providers partial coverage should be not accepted for the primary reason of *outside contracted coverage area* so that non acceptance does not negatively affect the Providers performance against KPIs.

4.2.2 Allocation of OSAs

Allocation

OSAs are allocated via a Work Order in WAOP, and the Provider must respond within 2 Business Days as per their KPI delivery obligations. Once an OSA has been allocated, the Work Order will appear on a list for the Provider to accept or not accept.

Things to consider include:

- the Assessors capacity– i.e. Assessor’s availability
- relevant cultural considerations for the Client, and/or
- conflict of interest issues as per the Deed.

Note: The Department may consider previous rejections of Work Orders when deciding whether to allocate further Work Orders to the Provider.

System navigation for checking for new Work Orders in WAOP

Step 1: Select Assessment search from the Quick Links menu on the Home page.

Step 2: Select Allocation status – Assigned. The other information in the search fields will be automatically populated. Select Search.

Step 3: Any assigned work orders will display in the Assessment list.

Co-Allocation with SWS Assessments

If a SWS Assessment is still in progress or has been approved within the last three months, then the OSA will be allocated to the NPA Provider of the SWS Assessment, where possible.

Alternatively, if an OSA was allocated within the past three months then the SWS Work Order will be allocated to the same Provider of the OSA, where possible.

Distribution of Assessments

To help a more equal distribution of OSA Work Orders, WAOP will allocate an OSA Work Order to the Provider with the lowest count of currently allocated OSA and SWS Work Orders in the ESA, taking into account availability and capacity.

If multiple Providers have the same lowest count, then the OSA Work Order will go to the Provider with the least recently allocated OSA Work Order for the ESA.

4.2.3 Accepting the Work Order

Once the Provider accepts the Work Order, a Contract to perform the Services is formed between the Department and the Provider.

Once accepted, the Provider will be able to access the Assessment summary which provides background information relevant to the Assessment, including relevant contact information for the Client, Inclusive Employment Australia Provider and Employer. The following information is pre-populated in the Assessment Summary based on data recorded in WAOP.

<i>Assessment Details</i>	These details indicate the reason for arranging the Assessment, the date the Assessment is due for completion, and the status of the Assessment. If the Assessment was reopened for review by the Department, then the reason is also recorded here.
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<i>Client Details</i>	Includes the key contact details for the Client.
<i>Provider Details</i>	Key contact information for the Inclusive Employment Australia Provider representative is displayed here, including the name, phone, email and best time/day for contact to be made. Particular attention should be paid to the 'Provider Comments' field, as this may include important background information that is relevant to the Assessment.
<i>Employer Details</i>	Employment details and contact information are recorded here by the Inclusive Employment Australia Provider. The Job Details field in the Employer Details section has a character limit of 150 characters. On submission of the OSA Report the character limit in the Job Details sections needs to be met. Note: No contact should be made with the Employer unless permission has been granted by the Client.

System Navigation for accepting a Work Order in WAOP

Step 1: Select Assessment search.

Step 2: Select Allocation status – Assigned. The other information in the search fields will be automatically populated. Select Search.

Step 3: Any assigned work orders will display in the Assessment list.

Step 4: Scroll to the right, select Actions, Accept or reject work order.

Step 5: Select Yes. Agree to the Terms and Conditions and submit.

4.2.4 Rejecting the Work Order

When the Work Order is rejected, the reason for the rejection must be selected from the drop-down list provided on the Work Order tab of the Assessment Report.

A rejection will be required where there is a conflict of interest or if the Provider is at capacity.

System Navigation for rejecting a Work Order in WAOP

Step 1: Select Assessment search.

Step 2: Select Allocation status – Assigned. The other information in the search fields will be automatically populated. Select Search.

Step 3: Any assigned work orders will display in the Assessment list.

Step 4: Scroll to the right, select Actions, Accept or reject work order.

Step 5: Select No. Select reason for rejecting work order and submit.

4.2.5 Cancelling an OSA after acceptance of the Work Order

Cancellation of an accepted OSA Work Order may be required if the circumstances of the Client change and Ongoing Support is no longer required. For example, the Client has stopped working, the Client refuses to participate, the Client does not have a nominee or advocate, and an interview would be detrimental to their well-being. An accepted OSA will also need to be cancelled if the Provider or Assessor cannot conduct the Assessment for valid reason i.e. there is a conflict of interest, the Client is not contactable for interview.

The Assessor should confirm the cancellation reason with the Inclusive Employment Australia Provider, document it within the OSA Report Summary and contact the Department's Assessment Team to ask for the Assessment to be cancelled. The Assessor must not submit the Assessment Report within WAOP as OSA Payments are not claimable if the Client interview has not occurred.

If the Client no longer requires Ongoing Support, the Department's Assessment Team must wait until after the Inclusive Employment Australia Provider has actioned the Exit in WAOP, otherwise another OSA allocation will be generated overnight. Where Ongoing Support is still required but an accepted OSA requires cancelling (i.e. where there is a conflict of interest or the Inclusive Employment Australia Participant is on suspension from Ongoing Support phase), the OSA can be cancelled without the Inclusive Employment Australia Participant being exited from Ongoing Support phase.

If the Client no longer requires Ongoing Support, the Department's Assessment Team must wait until after the Inclusive Employment Australia Provider has actioned the Exit in WAOP, otherwise another OSA allocation will be generated overnight.

4.2.6 Due dates

The due date for undertaking an OSA is specified in the Work Order. The due date is normally set at:

- 28 days from when the Inclusive Employment Australia Participant first enters Ongoing Support from Post Placement Support
- 28 days from when the Ongoing Support (Work Assist Participant) first enters Ongoing Support
- 1-year from the completion date of the initial OSA for an Ongoing Support (Work Assist) Participant's first OSA review
- 1, 2 or 5-years from the completion date of the last OSA (depending on the Client's individual OSA review due date)
- 2 weeks from allocation of an OSA due to a Change in Circumstances Reassessment.

Note: the OSA due date can be over-riden by the Department's Assessment Team or Account Manager where necessary.

4.2.7 Extending the due date

Once the Provider has accepted and assigned the Work Order to an Assessor, the OSA Due Date can be extended – only once – from the current system date up to a period of 28 calendar days in the future.

It is important for the Provider to consult with the Inclusive Employment Australia Provider before applying the extension. If an initial OSA is not conducted within the first 28 days, this can impact the Inclusive Employment Australia Providers ability to deliver the required levels of Ongoing Support and outcome claims.

The OSA Due Date Extension reason must be selected within WAOP, there are three options to select from including:

- Employer unavailable
- Inclusive Employment Australia Provider unavailable, or
- Client unavailable.

Note: If a Client is suspended from Ongoing Support beyond the existing OSA Due Date, this date is automatically delayed until the end of the suspension period. If the Client has an extended suspension the OSA may need to be cancelled, refer to section 4.2.5 of these Guidelines for more information.

4.2.8 Change of Circumstances

A new Work Order is initiated by the Inclusive Employment Australia Provider if a Change of Circumstances Reassessment is required, and they have identified the Client needs a higher level of Ongoing Support. The WAOP will automatically select a Provider as part of this process.

In most cases a Change of Circumstances Reassessment is not required if the Client needs a lower level of support, however an Inclusive Employment Australia Provider cannot deliver Flexible Ongoing Support to an Ongoing Support (Work Assist) Participant prior to their first OSA review (i.e. if they have been in Ongoing Support for less than 1-year).

Prior to the OSA review, if the Client has been in Ongoing Support for more than 26-weeks then Flexible Ongoing Support may be provided, but only if the Inclusive Employment Australia Provider refers a Client for a Change of Circumstances Reassessment to review the OSA and receives a recommendation that Flexible Ongoing Support is required.

4.2.9 Conflict of interest where the Assessor knows the Client

If an Assessor is assigned an Assessment for a Client, Employer or Inclusive Employment Australia Provider with whom they have a personal history, connection or relationship, they should consider if this could represent, or be perceived to represent, a conflict of interest should the Assessment proceed. If a conflict of interest is identified, the Assessor must attempt to have the Assessment assigned to another Assessor within their organisation without changing the interview details.

If no other Assessor is available at the scheduled time, the Assessor will need to advise the Department at the earliest opportunity so that the Department can re-allocate the Assessment to another Provider.

4.2.10 Conflict of interest where the Provider and Inclusive Employment Australia Provider are related entities

The OSA will not be allocated to a Provider with the same organisation code as the Inclusive Employment Australia Provider, or conflict of interest exclusion has been identified between the Provider and the Inclusive Employment Australia Provider site and recorded in WAOP.

This also applies where an Assessor also works for another Provider that also delivers Inclusive Employment Australia services that are the same for the OSA Client, in this instance the Assessor will need to advise the Department at the earliest opportunity so that the Department can re-allocate the Assessment to another Provider.

4.2.11 Conflict of interest where the Provider and Employer are related entities

There may be instances where the Provider and the Employer are related entities, this is also considered a conflict of interest, and the provider must contact the Department's Assessment Team to have the Assessment reallocated to another Provider.

4.2.12 Telephone or Videoconference interviews

The Department's stance is that an Assessment should be conducted in-person, i.e. 'face to face'. Assessors are expected to make every effort to arrange face-to-face interviews unless this is clearly inappropriate.

If it is not feasible for an Assessor to conduct an Assessment with the Client face-to-face, the Provider must obtain the Department's prior written approval for the Assessor to conduct the Assessment via telephone or videoconference.

The Provider must email the Department's Assessment Team with the request to perform the Assessment remotely and detail any circumstances or information may apply. Consideration will be given by the Department on a case-by-case basis.

If a remote OSA is approved by the Department, Assessors are required to record the reason for not conducting a face-to-face interview in the drop-down list provided on the Client, Provider or Employer Report tabs of the Assessment Report.

Note: The Department will monitor the number of, and reasons for remote OSA interviews as part of performance management and quality assurance arrangements.

4.2.13 General guide for the OSA

The following is the general order of how an OSA should be conducted.

Step 1: The Assessor is notified of an OSA Work Order and chooses to accept or reject the Work Order within 2 Business Days

- If the Assessor accepts the Work Order for an OSA **Proceed to Step 2**
- If the Assessor rejects the Work Order for an OSA **Process ends here**

Step 2: The Assessor contacts the Inclusive Employment Australia Provider to arrange an interview

Step 3: The Assessor contacts the Client to arrange an interview

Step 4: The Assessor contacts the Employer (only if permission is given) to arrange a workplace visit interview

Step 5: The Assessor conducts the Inclusive Employment Australia Provider interview

Step 6: The Assessor conducts the Client interview

Step 7: The Assessor conducts the Employer interview (if applicable)

Step 8: The Assessor completes the online OSA Report in WAOP.

4.3 Preparing for the OSA

4.3.1 Information for the Assessor

When the Assessor receives a Work Order, it will be pre-populated with the following information to help the Assessor prepare for the interview and accommodate Client's specific needs:

- **Assessment Details** - identifies the reason and due date for the Assessment
- **Client Details** - includes the name and contact details of the relevant Client
- **Inclusive Employment Australia Provider details** - identifies the Inclusive Employment Australia Provider that initiated the Assessment Allocation, the date the Allocation was made and the Inclusive Employment Australia Provider contact details. The 'Provider comments' field on the Assessment Overview tab will also include any other information the Inclusive Employment Australia Provider deems to be relevant, including:
 - If the Client has any interview requirements (refer to section 4.4.3 of these Guidelines for more information), and
 - If an interpreter is required and if so, the relevant language (refer to 3.4.4 of these Guidelines for more information).
- **Employer Details** - identifies the Client's Employer address and contact details. The 'Provider comments' field on the Assessment Overview tab will include any other information the Inclusive Employment Australia Provider deems relevant, such as information on multiple Employment Placements, and who is the best Employer contact for obtaining relevant information, and
- **Additional Comments** – can be utilised for any extra information from the Inclusive Employment Australia Provider i.e. if the Assessment is a review before the allocated timeframe and the reasons why.

The Assessor should contact the Inclusive Employment Australia Provider before arranging any interviews, to gather other relevant information not already pre-populated in the Assessment Report including confirming with the Inclusive Employment Australia Provider has contacted the Client to ensure they would like to participate in the OSA. This initial contact must not be used to conduct the Inclusive Employment Australia Provider interview.

4.3.2 Contact the Inclusive Employment Australia Provider to arrange an interview

The Assessor will contact the Inclusive Employment Australia Provider to arrange an OSA interview. This initial contact must not be used to conduct the Inclusive Employment Australia Provider interview.

During this contact the Assessor should:

- request any documentation that relates to the support that the Inclusive Employment Australia Provider has provided to the Client since the Employment Placement (or since the last OSA) such as:
 - frequency of support
 - number of contacts provided and contact type used
 - hours of support provided
 - specific strategies for support provided
- current and previous barriers to work, including how those barriers impact the Client in the workplace and their progress to address them:
 - support history and anticipated support requirements, and
- types of support provided, including support purchased externally or internally (through an own entity or related entity) that has been provided to the Client
- arrange an interview time and place for the Client with the Inclusive Employment Australia Provider and determine if the Client needs assistance with the interview – for example if the Client requires an interpreter
- coordinate with the Inclusive Employment Australia Provider to facilitate introductions to the Employer if permission is given by the Client, and
- determine if there is a conflict of interest and advise the Department if required.

Note: The Inclusive Employment Australia Provider can also notify the Department of a conflict of interest at any time.

4.3.3 Contact the Client to arrange an interview

It is important that both the Assessor and Inclusive Employment Australia Provider work together to ensure the Client is comfortable with the OSA process.

The Assessor must contact the Client to discuss the OSA interview. This discussion with the Client should include the following:

- explain the purpose and benefits of participating in the OSA
- find out if the Client:
 - would like anyone else to be present at the interview – for example, a nominee, advocate or family member
 - gives permission for the Assessor to undertake the workplace component of the Assessment, including interviewing the Client's Employer
- confirm the arranged date, time and location of the interview is appropriate for the Client.

If interviewing the Client would be detrimental to their well-being, a nominee or advocate can be interviewed instead. The Assessor must get the Department's approval beforehand. Where there is no recorded nominee or advocate, other documentary evidence to substantiate the Client's valid refusal to be interviewed can be documented,

then the OSA will need to be cancelled, refer to section 4.2.5 of these Guidelines for more information.

The Client interview should normally occur in the Client's workplace. However, if this is not possible, the Client interview may be completed at the Inclusive Employment Australia Providers site, or at another mutually agreed location where the Client's privacy is maintained.

If the Client is not contactable for an interview, then the Assessor must record details of failure to contact the Client, in the Client Report section of the OSA. The OSA will need to be cancelled, refer to section 4.2.5 of these Guidelines for more information.

Client does not wish to take part in an interview.

If the Client refuses to take part in the interview, the Assessor should note the details of the Client's refusal in the Summary of Client Interview field of the Client Report section of the Assessment Report and notify the Client's Inclusive Employment Australia Provider of all non-attendance.

Note: In most instances, if the Client Interview section of the report cannot be completed for any reason, the Assessment should be cancelled by the Department and no OSA Payment is payable for the Assessment.

4.3.4 Contact the Employer (if permission is given) to arrange a workplace visit interview

If the Client has given permission to undertake the workplace component of the OSA, the Assessor must contact the Employer to arrange an interview. The Employer contact should be the most appropriate person, for example, the Client's manager or the Inclusive Employment Australia Provider's main contact.

During this contact the Assessor should:

- explain the purpose of the OSA
- seek the Employer's agreement to the workplace component of the OSA
- arrange the date, time and location of the workplace visit and interview – where possible, this should be done at the same time as the Client interview.

However, the Employer interview and/or workplace assessment can be excluded from the Assessment if:

- the Client or Employer do not agree to an Employer interview and/or workplace assessment
- the Client is self-employed.

If the Employer interview is to be excluded for any other reason, then the Assessor must seek permission from the Department, and document the details in the OSA Report which can be completed based on the information provided by the Inclusive Employment Australia Provider and Client.

4.4 Interviews

4.4.1 Multiple Inclusive Employment Australia Provider and/or Employer interviews

There may be cases where a Client has recently transferred between Inclusive Employment Australia Providers, with the Client's earlier Inclusive Employment Australia Provider having other information on the Client's Ongoing Support needs. In this case, the Assessor may choose to contact and interview the earlier Inclusive Employment Australia Provider. This is at the discretion of the Assessor and should be decided on a case-by-case basis.

There may also be cases where a Client has multiple Employment Placements. When this occurs, the Assessor must decide which Employment Placement(s) the Client has the highest barriers or support needs to keep their employment. This can be decided by gathering information from the Inclusive Employment Australia Provider and/or the Client. The Assessor may interview more than one Employer (with the Client's consent) if they consider this is in the Client's best interest and would produce the most appropriate Ongoing Support recommendation.


4.4.2 Interview time and location

The time and location of interviews are negotiated between all relevant parties and could result in the interviews being conducted at the same time and location. Alternatively, it may be possible for interviews to be conducted in different locations for example the Inclusive Employment Australia Providers site, the Client's workplace or another location preferred by the Client. Travel, access and other requirements of the Client and Employer should be considered when deciding the best location to conduct interviews. Where a Client has given permission for the Employer interview to be conducted, a workplace assessment is needed.

Note: The Assessor must not undertake the Inclusive Employment Australia Provider interview before the Client interview is confirmed.

4.4.3 Interview Requirements

For religious, cultural, or personal reasons, a Client may require an Assessor of a particular gender. If the Inclusive Employment Australia Provider communicates this, Assessors should make every effort to ensure that a suitable Assessor is assigned. If this cannot be arranged, consider either having a third party attend the interview with the Client or reassigning the Assessment to another Provider.

 Within WAOP the Assessor should navigate to the Assessment tab and view the Participant summary and Personal details tabs to check whether the Inclusive Employment Australia Provider has advised any interview requirements.

If the Inclusive Employment Australia Provider has not recorded any information, the Assessor should check whether the Client has any interview requirements when arranging interviews.

4.4.4 Arranging interpreters

Clients may need an Auslan or other language interpreter. The Inclusive Employment Australia Provider should have recorded this within the Assessment Report.

- ☒ Within WAOP the Assessor should navigate to the Assessment tab and view the Participant summary and Personal details tabs to check whether the Inclusive Employment Australia Provider has advised if an interpreter will be needed. It will also advise of the language needed.

As the Inclusive Employment Australia Provider is likely to have existing arrangements in place as part of providing Ongoing Support, an Inclusive Employment Australia Provider is usually best placed to arrange for an Auslan or other language interpreter. However, this arrangement should be confirmed on a case-by-case basis between the Inclusive Employment Australia Provider and the Assessor.

The Department of Home Affairs provides the Translating and Interpreting Service (TIS) National interpreting service for people who do not speak English and for the English speakers who need to communicate with them. More information on TIS National is available on the TIS website - www.tisnational.gov.au.

4.4.5 Who can perform interpreting services?

Assessors should ensure that interpreter services used are accredited to National Accreditation Authority for Translators and Interpreters (NAATI) standards wherever possible, this includes Aboriginal or Torres Strait Islander interpreting services as needed.

The use of family members, friends of the Client or other unqualified interpreters is not allowed. Clients can have a family member, nominee or advocate attend in addition to the interpreter.

The Department recognises that in some cases, it may be impossible to secure an accredited interpreter. In these cases, the Assessor should make every effort to secure an interpreter for the relevant language. The Assessor should note in their report that, while the interpreter was not accredited, they were the only available resource.

4.4.6 An interpreter cannot be arranged, or does not attend

It is not essential for an interpreter to physically attend an interview the Assessor can arrange for telephone or video interpreting services for the interpreter.

If an interpreter does not attend the interview and the Assessor is unable to go ahead, the interview should be rescheduled with minimum inconvenience to the Client.

4.4.7 Conflict of interest for interpreters

Interpreters are subject to privacy provisions and Codes of Ethics as required by the Australian Translators and Interpreters Peak Body to protect Client information and will be needed to declare any conflict of interest in providing services for a particular Client. Clients will be able to ask that an interpreter not be used if there is a conflict of interest, for example a personal connection or relationship.

In smaller communities, it may be difficult to secure a suitably independent face-to-face interpreter. In cases where it is impossible or inappropriate to secure a locally available interpreter, a telephone interpreting service could be used with an interpreter selected from anywhere in Australia.

4.5 Commencing the Interviews

4.5.1 Checking correctness of details

When conducting all interviews, the Assessor should introduce themselves and identify the organisation they are employed by.

At the Client interview, the Assessor should confirm that the person is the Client who has been scheduled for an interview and can do this by referring to the Client Report tab of the interview report and asking the Client to say their full name, date of birth and contact details.

Note: If a Client receiving income support payments advises that their address or contact details are incorrect in WAOP, the Assessor should tell the Client that they should notify Services Australia of their new details as soon as possible.

At the Employer Interview, the Employer details should also be verified to find they are the correct person to talk to about the Clients Employment Placement.

4.5.2 Interview techniques

When obtaining information from the interviewees, it is important to ask open questions that elicit full responses and then drill down into the answers using prompts when necessary. It is important not to lead the questioning, to not inadvertently receive a particular answer when trying to elicit all relevant information.

Assessors must demonstrate an interest in identifying what the Client can do, rather than what they cannot do, by finding out the Clients barriers, capacity and support needs to keep their current employment. Multiple methods can be carried out to identify this such as direct conversation with the Client, review of the Inclusive Employment Australia contact sheets and the Services Australia Employment Services Assessment (ESAt) where available.

Note: ESAt reports may not be available for all Clients because certain categories of Client are exempt from having to undertake an ESAt, including Ongoing Support (Work Assist) Participants, Eligible School Leavers and Special Class Clients. The Inclusive Employment Australia Provider will be able to confirm if an ESAt is available for the Client.

4.5.3 Conduct the Inclusive Employment Australia Provider interview

At the Inclusive Employment Australia Provider interview, the Assessor should refer to section 4.6.10 of these Guidelines regarding documentary evidence for OSAs and discuss the checklist at section 4.9 of these Guidelines, so that it may be documented in the OSA Report. The Client's working hours must be completed in the working hours field within the OSA Report in WAOP.

Clients that start in Ongoing Support after 1 November 2025 must work on average, at least 8 hours work a week to keep their entitlement to receive Ongoing Support if they have an Employment Benchmark of 8 hours or more. Clients with an Employment Benchmark of less than 8 hours or who are an Ongoing Support (Work Assist) Participant, are exempt from this requirement.

Clients that were receiving Ongoing Support prior to 1 November 2025 can continue to receive Ongoing Support under the conditions that applied when they first received Ongoing Support. For some Clients this means that they can receive Ongoing Support while they stay employed and working, even if they average less than 8 hours work per week.

The Assessor should also review any relevant documentary evidence provided by the Inclusive Employment Australia Provider that outlines the frequency, amount in hours and specific details of the type of support including support purchased externally or internally (through an own entity or related entity) that has been provided to the Client.

4.5.4 File Assessment Summary

Conduct a review of documentary evidence supplied from the Inclusive Employment Australia Provider. If documentary evidence is absent from the file, Assessors should note this in the OSA Report.

Refer to section 4.6.10 of these Guidelines for examples of documentary evidence that can be considered.

4.5.5 Conduct the Client interview

At the interview with the Client and nominee or advocate (if applicable), the Assessor should discuss the checklist at section 4.9 of these Guidelines, so that it may be documented in the OSA Report. The Client's working hours must be completed in the working hours field in the OSA Report in WAOP.

If the Client does not attend the interview, every effort must be made to contact the Client to arrange another interview. If the Client is unable to be contacted, the Assessor should contact the Inclusive Employment Australia Provider for help.

If the Client will not or cannot attend an interview then the Assessor should use WAOP to record this against the Client interview details, and request the Department cancel the Assessment, refer to section 4.2.5 of these Guidelines for more information.

If the Client does not wish to schedule a new interview, the Assessor should record details of the Client notification in the details of contact/attempts to contact field on the Client report tab within WAOP and contact the Department's Assessment Team to cancel the report, refer to section 4.2.5 of these Guidelines for more information.

4.5.6 Conduct the Employer interview

At the workplace visit and interview with the Employer, the Assessor should discuss the checklist at section 4.9 of these Guidelines, so that it may be documented in the OSA Report. The Client's working hours must be completed in the working hours field within the OSA Report in WAOP, if the Client has given permission to contact the Employer, and

the Employer has agreed to the interview. The Assessor must observe the Client in the workplace to find the level of current support needed.

In conducting the workplace assessment, the Assessor should observe the following:

- tasks the Client undertakes
- support, if any, the Client needs to complete those tasks
- support, if any, provided by co-workers
- training received/required, including any training or education of co-workers
- workplace modifications applied or needed to make the tasks easier
- the Client's confidence in the workplace.

4.6 Conducting an OSA

4.6.1 Definition of Support

Support is defined as any help or intervention provided or co-ordinated by the Inclusive Employment Australia Provider, that was effective in keeping current employment, including:

- on the job training (social skills training, work preparation training, on the job training and other training)
- supervision
- interpreter help
- counselling
- physical assistance and personal care
- job redesign and task analysis
- travelling to and from employment
- advice, support and information to the Employer, supervisor or co-workers
- support includes face-to-face, phone, video conference , and meaningful text messages or email contact with the Client.

Note: meaningful exchange of email or text messages – that is, more than one message that includes:

- details about support the Client needs to keep their employment and work independently
- one or more responses to the messages by the Client.

4.6.2 Type of Support needed

The Assessor should consider the type of help that has been provided by the Inclusive Employment Australia Provider, or through the Inclusive Employment Australia Provider since Employment Placement, and what was effective in helping the Client towards future independence in keeping employment. The Assessor should focus on what support will be needed in the future and for how long.

The below provides information on several supports needs the Client may experience in trying to keep employment and work independently but is not exclusive.

Assessors should consider the Client's support needs across all categories where applicable.

What level of help has been and will be provided by the Inclusive Employment Australia Provider since Employment Placement(s) and in the future to enable the Client to:

Social and Behavioural Assistance

- maintain friendly and cooperative relationships with others
- greet and interact with people confidently
- behave appropriately in work situations
- control and manage anger and frustration appropriately
- cope with work-related stress and pressure appropriately
- maintain a positive outlook and mood most of the time
- manage fear or anxiety about work issues
- display emotions appropriate to the situation
- cope with change in the work environment
- address attitudinal barriers e.g. difficulty in dealing with authority figures and difficulty accepting direction
- maintain personal hygiene, grooming, and dress appropriate in work environments.

Cognitive Assistance

- learn simple tasks (e.g. involving one or two steps) relevant to their current job after being shown or instructed in the task
- learn complex tasks (e.g. involving three or more steps) relevant to their current job after being shown or instructed in the task
- solve problems and make decisions appropriate to current work role
- understand and follow simple new instructions (e.g. involving one or two simple steps)
- remember tasks or instructions for the rest of the work/training day after being shown or told
- remember tasks or instructions shortly after being shown or told
- concentrate on tasks without being distracted
- plan and organise work tasks.

Vocational Assistance

- undertake the full range of tasks needed for their current job
- understand the basic requirements of employment (e.g. attending work, reporting to supervisor, following instructions)
- demonstrate a level of work productivity and work quality, including OHS standards acceptable in the workplace (including under supported wages system)
- work on task under the usual supervisory conditions for at least 30 minutes
- work on task under the usual supervisory conditions for at least 1 hour
- understand time and be on time for starting and finishing work and scheduled breaks
- respond appropriately to instructions from work/work preparation supervisor
- use initiative appropriately in the workplace (e.g. initiate work tasks, move on to the next step, etc.)
- asks for help appropriately if needed
- follow work health and safety requirements in the workplace or work preparation sessions
- attend work or work preparation sessions to a satisfactory level for the Client

- give appropriate notification of any absences (e.g. due to sickness)
- contact Employer by telephone
- adapt to environment conditions in the workplace (e.g. noise, heat, cold, humidity)
- travel to and from work independently (e.g. travel training or helping with transport bookings)
- develop awareness and acceptance of own abilities and limitations in work activities and employment goals
- be motivated and engaged in their current employment.

Physical Assistance and Personal Care

- manipulate objects and complete gross motor tasks (e.g. tasks involving dexterity of fingers) relevant to work placement
- move objects around and complete gross motor tasks (e.g. tasks involving movement and coordination of arms and/or legs)
- lift and move objects following the requirements of work placement and within safety limits
- move around the workplace or training environment freely and safely
- set up and arrange own work environment, equipment and materials
- maintain required work pace without tiring
- see clearly to perform work related activities (when wearing glasses or contact lenses if normally worn)
- attend to toileting and personal hygiene needs
- prepare and consume drinks and food at work or work preparation setting
- manage own medication while at work
- maintain personal comfort and pressure area care (if unable to walk)
- manage pain associated with physical injury or illness
- transfer between wheelchair and other seating and/or load and unload from wheelchair transport.

Workplace Environment Assistance

- workplace determination (e.g. determination of worksites for physical accessibility and/or modification requirements)
- negotiating and arranging modifications to the workplace environment (e.g. building modifications, ramps)
- job modification or redesign to match the capabilities of the Client
- choice and procurement of adaptive equipment or technology
- training the Client in the use of adaptive equipment or technology
- training co-workers in the use of adaptive equipment and technology
- supporting co-workers to adjust to the Client's abilities and workplace support needs
- supporting the Employer to accommodate the Client's abilities and workplace support needs and redesign tasks as appropriate
- support supervisors to work with and support the Client.

Special Assistance

- physical intervention by staff to prevent injury to self or others (e.g. due to aggression or self-injurious behaviour)
- non-physical intervention by service staff to prevent injury to self or others (e.g. verbal intervention, behaviour management strategies)

- first aid treatment for episodic conditions such as epilepsy or asthma or incidents such as falls or other immediate threats to health
- counselling or other intervention for severe mental health-related episodes such as severe stress, anxiety, panic attack, delusions or suicidal threat
- counselling for less acute issues such as grief, behavioural issues.

Other Assistance

Which of the following types of other help has been and will be provided by the Inclusive Employment Australia Provider since Employment Placement(s) and in the future? advising, supporting or counselling the Client's family about the Client's employment related issues;

- helping the Client in employment related matters involving other agencies (e.g. declaring income to Centrelink)
- liaising with other agencies and treating professionals about the Client's disability, medical or psychiatric condition
- providing recognised pre-vocational training (i.e. training towards a recognised vocational certificate or New Apprenticeship)
- Assisting with transport for the Client to and from work, training or other employment related appointments
- providing recognised pre-vocational training (i.e. training towards a recognised vocational certificate or New Apprenticeship)
- interpreter help for interviews and/or work orientation (e.g. sign language interpreter or other language interpreter)
- English language and/or literacy training for the Client.

Communication Abilities

When deciding the support needs, Assessors should consider Client's communication abilities and the impact on keeping employment. These include:

- understanding language
- use of expressive language
- speaks another language
- deaf and hard of hearing
- other communication barriers.

4.6.3 Range of Support needed

A Client may need support in only one category, or several categories. The greater the range of support needed (e.g. support across several categories), or significant support needed in one category (i.e. Social and Behavioural issues), the greater the likelihood that a Client will require a more intensive level of Ongoing Support. There is no formula to decide the mix of categories or levels across categories. Assessors need to use evidence collected and their professional ability to decide the proper Ongoing Support Level.

4.6.4 Ongoing Support Level needed

When looking at the future support needs required by the Client to keep open employment, consider what level of help the Inclusive Employment Australia Provider will need to provide in the future.

Ongoing Support Required	Client support requirements	Guide - Support over 6-months
No Ongoing Support needed	Client can keep employment with no prompts, reminders, case management or other support from the Inclusive Employment Australia Provider.	Nil
Flexible	Client needs sporadic, episodic or irregular support from the Inclusive Employment Australia Provider. It can be delivered when needed, up to a maximum of six 'instances' of support in any 26-calendar week period. An instance is one or more contacts equating to at least 4 hours of service.	Up to 25 hours
Moderate	Client needs regular and Ongoing Support. This requires at least 6 contacts within the quarter.	25 – 42 hours
High	Client needs regular and Ongoing Support, significant in hours or intensity. This requires at least 12 contacts within the quarter.	More than 42 hours

Note: Ongoing Support (Work Assist) Participants are unable to receive a recommendation of Flexible Ongoing Support at their first OSA when entering the Inclusive Employment Australia program. They must receive Moderate or High Ongoing Support for their first year in Ongoing Support. They can be referred for a Change of Circumstances Reassessment if Flexible Ongoing Support is needed and the Client has been in Ongoing Support for at least 26-weeks.

4.6.5 Ongoing Support currently provided

When considering the Ongoing Support level Recommendation, only support provided or co-ordinated by the Inclusive Employment Australia Provider is to be included. Where support is also provided by other professionals, Employers, or interested stakeholders, it should not be considered for the level of support to be provided by the Inclusive Employment Australia Provider when deciding the Recommendation.

Note: Inclusive Employment Australia Provider supports must not duplicate, substitute, or subsidise help available under any other Commonwealth, State or Territory Government service, including supports available as part of a NDIS plan.

When deciding the Recommendation, Assessors should consider:

- the nature and effectiveness of past support
- the appropriateness, and expected outcome, of current support
- the plans for further support
- whether support is of a type that is regularly undertaken or performed
- whether support is expected to achieve improvement/keep current employment.

4.6.6 Support not to be included

The following support can be provided by a Provider but is not to be included when assessing the level of Ongoing Support needed:

- job searching assistance, e.g. resume preparation, reverse marketing etc. the only exception is where up-skilling of the Inclusive Employment Australia Participants qualifications and/or skills has occurred i.e. the Inclusive Employment Australia Provider has assisted with further education or skills training specifically relating to their current employment
- training or study help not related to current employment
- help that has no effect on keeping current employment
- appointments that have no effect on keeping current employment.

4.6.7 Purchased assistance and hours of Ongoing Support

Assistance purchased externally or internally (through an own entity or related entity) by an Inclusive Employment Australia Provider can be considered towards the Client's hours of Ongoing Support. The purchased help must directly relate to keeping the Client's employment.

4.6.8 Consideration of purchased assistance translating to hours of Ongoing Support

Where purchased assistance meets the requirements of Ongoing Support and was delivered one-to-one to the Client, it would be reasonable that for each hour of purchased assistance to translate to one hour of Ongoing Support.

Where purchased assistance meets the requirements of Ongoing Support and was delivered in modes other than one-to-one assistance, such as in a group setting, then the amount of hours of purchased assistance that may reasonably translate to Ongoing Support may be based on a proportional amount that takes into consideration the cost of the assistance. For example, for a one-day group-training course that costs \$115 and takes approximately eight hours to complete, it would be reasonable for this to translate to one hour of Ongoing Support.

Note: For the support to be considered as Ongoing Support it must have been support required by the Client to keep their employment, unsubsidised self-employment, apprenticeship or traineeship.

4.6.9 Setting the due date for the next OSA

When considering the Level of Ongoing Support required by the Client the Assessor must also make a Recommendation on the due date for the next OSA review. This due date must be individually set for each Client at 1, 2 or 5-years at the initial OSA. A new Recommendation for the due date must be made at each later OSA review.

The Assessor must use their expertise to make a Recommendation on the due date for the next OSA review based on all of the relevant circumstances relating to each individual Client including the:

- nature and likely duration or permanence of the Client’s injury, disability or health condition
- nature and requirements of the employment supports needed to help the Client keep their employment
- likelihood of changes in circumstances increasing or reducing the level of Ongoing Support required
- consistency with which supports have been delivered to date and what the Client wants
- experience (including specialist experience where relevant) and capability of the Inclusive Employment Australia Provider to support the Client.

To support a holistic approach, Assessors should consider the views of Clients, Employers and Inclusive Employment Australia Providers where relevant, when making decisions about the timing for the OSA review due date.

For Example, a Client with high support needs such as Intellectual Disability or Autism may be expected to have long-term Ongoing Support requirements. With a highly experienced Inclusive Employment Australia Provider, such as a Specific Cohort provider in Intellectual Disability or Autism the Assessor may determine a 5-year review is appropriate. With a less experienced Inclusive Employment Australia Provider and Employer, the NPA Assessor may consider a 1 or 2-year review period is appropriate to ensure assistance remains sufficiently tailored.

Note: Ongoing Support (Work Assist) Participants must have their first OSA review set at 1-year after the initial OSA. At the 1-year OSA review (and all later reviews) the Assessor must make a recommendation on the due date to review the next OSA of either 1, 2 or 5-years.

4.6.10 Documentary Evidence for OSAs

All relevant evidence provided should be considered by the Assessor to decide the Ongoing Support level recommendation. There are no pre-determined weightings.

At a minimum the evidence that Assessors should cite from the Inclusive Employment Australia Client’s file includes:

- details of the frequency of current and past support
- number and type of contacts
- amount in hours of support, and
- specific support strategies that were organised, delivered or purchased through an own entity or related entity (excluding items claimed under the EAF) while in Post Placement Support;
 - in the past 6 months for Clients that have achieved a 26-week Employment Outcome and
- in the past 12 months for other Clients.

This evidence must address identified vocational and non-vocational barriers that directly relate to keeping their employment.

Information from WAOP could include (but is not limited to):

- details of instances of Flexible Ongoing Support
- details of contacts recorded, including the date, time and method of contact
- support provided by the Inclusive Employment Australia Provider in response to issues raised during these contacts
- details of the Inclusive Employment Australia Participants Employment Pathway Plan/Job Plan.

Other evidence supplied could include (but is not limited to):

- reports and assessments (e.g. ESAt, NSDS, doctors or other professionals)
- invoices and receipts
- file assessments completed by the Inclusive Employment Australia Provider
- observation records by the Inclusive Employment Australia Provider
- information from interviews with the Client, and/or other stakeholders including nominees, advocates, Employers and supervisors
- file notes that detail the date and time of each interview or phone conversation, including the reason for the contact
- file notes that detail the progress made by the Client to overcome past barriers to working independently since job placement or the last OSA
- templates developed by Inclusive Employment Australia Providers to collect and record documentary evidence to support OSAs.

4.6.11 Client Documentary Evidence

Clients may take relevant evidence to the Ongoing Support interview, if not available from the Inclusive Employment Australia Providers file. This could include reports from special schools or teachers (some of which also hold IQ test results), letters, or references from family, friends, counsellors, or community members. The Client may also provide Reports from health practitioners, or any other information that the Client chooses to present.

Examples of suitable evidence include:

- General Practitioner reports
- specialist reports
- psychologist reports
- school reports
- psychometric test results
- reports from community services organisations (e.g. drug and alcohol support services, Negotiated Education plans).

Note: The Assessor must take care to ensure that the Client does not feel they are required to prove their disability again.

4.6.12 Recording Evidence

The Assessor should identify and clarify all relevant evidence available at the time the report was prepared. This is particularly important as reports may be viewed sometime after they are prepared. In addition to the Inclusive Employment Australia Provider, the report may be viewed by others, including:

- Departmental and quality assurance staff
- the Courts
- the office of the Ombudsman.

These staff may have other evidence, which was not available to the Assessor, and they will need to know which evidence was available to the Assessor when the report was prepared. A record of all evidence will make it easier to decide if this other evidence is in fact new to the Assessor or was previously seen and considered by the Assessor while conducting the Assessment. This is important in the case in disputed Assessments, where new evidence may be introduced.

Note: Assessors do not have to provide a copy of the completed OSA Report to the Client or Employer; however, Assessors should be aware that a Client may request access to the completed report via the Freedom of Information process. Language used in the OSA Report should be right, respectful and non-offensive.

Assessors should ensure that information contained in the report, if viewed by the Client, will not cause harm to their health or wellbeing or worsen a condition.

4.6.13 Retaining Evidence

The Assessor should create and keep Records following Section 4C of the Deed. It should be noted that Assessors need to report that evidence was sighted and do not have to keep copies of documents obtained from the Client or Inclusive Employment Australia Provider while conducting interviews.

4.7 Submitting the OSA Report within WAOP

Once the interviews and OSA have been conducted it is time to input the collected information into the OSA Report within WAOP and complete the following screens before submitting:

- Provider Report
- Client Report
- Employer Report
- Recommendation.

This section shows the flow of submitting the OSA Report within WAOP and its required components.

4.7.1 Provider Report

Primary method of contact	The Assessor should select the primary method used to contact the Inclusive Employment Australia Provider.
Participant's working hours	The Assessor should select working hours and/or average hours worked.
Assistance Purchased	Select if the provider purchased assistance to support the Participant

Up-skilling the participant	Select if the provider up-skilled the Participant
Summary of file Assessment	This field should include a summary of the evidence sighted from the Inclusive Employment Australia Participant's file.
Summary of Inclusive Employment Australia Provider interview	The Assessor should use this field to document the Inclusive Employment Australia Provider interview.

4.7.2 Client Report

Primary method of contact	The Assessor should select the primary communication method used to interview the Client.
Reason if not face to face	<p>If the primary method of contact was by phone, the Assessor should select the reason:</p> <ul style="list-style-type: none"> • Other: Assessor should complete the Details of Contact/Attempts to Contact: field; • Remote: for instances where it was not possible to arrange a face-to-face interview due to the remoteness of the Client's location; or • Translator needed: for instances where it was necessary to have a translator. <p>Note: Assessors must seek permission from the Department to complete an Assessment without a face-to-face Client interview. Refer to section 4.2.12 of these Guidelines for further information on telephone or videoconference interviews.</p>
Details of contact/Attempts to contact	If the Client is not interviewed, the Assessor should use this field to document the reason(s), including details of attempts to contact the Client.
Did the Client give permission to contact their Employer?	The Assessor will need to select 'Yes' or 'No' from the drop-down menu in response to this question.
Reason permission was not given (if applicable)	If the Client did not give permission for their Employer to be contacted, then the reason should be documented in this field.
Client's working hours	The Assessor must complete the Client's working hours field.

Summary of Client interview	The Assessor should input all relevant information from the Client interview including any of the Clients current and future goals.
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4.7.3 Employer Report

This is only applicable if the 'Did the Client give permission to contact their Employer' field on the Client Report Tab has been answered as 'Yes'.

The Assessor should answer the questions following the contact methods used to conduct the Employer interview and site visit.

Reason if other	If a site visit to conduct a workplace assessment did not occur for an 'Other reason' then the Assessor should explain the reason in this field.
Client's working hours	The Assessor must complete the Client's working hours field, where the Client has given permission to contact the Employer, and the Employer has agreed to the interview.
Summary of Employer interview and the workplace assessment	The Assessor should summarise all relevant information from the Employer interview and workplace assessment. Note: If the Employer interview or workplace assessment did not occur then the reason(s) should be clearly recorded. If approval from the Department to exclude either of these elements was needed, then this should also be documented.

4.7.4 Recommendations

The Assessor should select one of the following recommendations from the drop-down menu for levels of Ongoing Support:

- No Ongoing Support needed
- Flexible Ongoing Support
- Moderate Ongoing Support, or
- High Ongoing Support.

Note: Ongoing Support (Work Assist) Participants are unable to receive a recommendation of Flexible Ongoing Support at their initial OSA. They must receive either Moderate or High Ongoing Support for their first year in Ongoing Support. However, if after the first 26 weeks the Inclusive Employment Australia Provider considers the Client may only need Flexible Ongoing Support, the Inclusive Employment Australia Provider can request a Change of Circumstances Reassessment.

The Assessor should select one of the following recommendations from the drop-down menu for the due date of the next OSA:

- No review needed
- 1-year
- 2-years, or
- 5-years.

Note: At the initial OSA upon starting in Inclusive Employment Australia all Ongoing Support (Work Assist) Participants must have their first OSA review set at 1-year. At the 1-year OSA review (and all later reviews) the Assessor must make a recommendation on the due date for the next OSA review of either 1, 2 or 5-years.

Recommended by:	The Assessor should enter the name of the qualified Assessor who made the Recommendation decision and handles the Assessment report.
Recommendation Summary:	<p>This should summarise the information gathered throughout the interviews, file assessment and workplace assessment so that it clearly substantiates the Ongoing Support level and review period recommended.</p> <p>Note: Assessors should ensure that information contained in the report, if viewed by the Client, would not be harmful to their health or wellbeing, or worsen a condition. Language used in the OSA Report should be appropriate, respectful and non-offensive.</p>

If the Department considers an OSA Report is not of a sufficient standard, the Assessor may have to resubmit a revised report within 5 Business Days of the request from the Department.

4.7.5 Disputes

Where a Client or Inclusive Employment Australia Provider does not agree with the OSA Report recommendation or content of the report, they should first discuss this with the Assessor within 28 days from completion of the OSA, to explain their view, presenting the reasons and evidence to support their position. The Assessor should consider the information provided by the parties, and what amendments to the OSA Report may be required, if any.

If the dispute cannot be resolved the Client, Inclusive Employment Australia Provider or the Assessor may contact the Department’s Assessment Team to discuss the issue and why it cannot be resolved. This request must include the reasons given by each party to support their recommendation and the Assessors efforts to resolve the disputed issues.

Note: The Department’s Assessment Team cannot change the recommendation but can ensure the Assessor has reviewed all information to form the recommendation.

If any changes need to be made to a submitted OSA Report the Assessor will need to contact the Department’s Assessment Team to arrange for it to be reopened for review. This will enable the Assessor to make changes to the OSA Report as needed.

An Assessor may also ask for an OSA Report to be reopened for review if the Assessor has themselves identified errors or omissions requiring correction. This may only be actioned within 28 days from completion.

If new information becomes available after the 28-day period that the Inclusive Employment Australia Provider believes will require an increase to the level of Ongoing Support currently recommended, a Change in Circumstances Reassessment OSA should be initiated.

4.8 Claiming a OSA Payment

WAOP will automatically generate an OSA Payment after the Assessor submits an OSA Report. The payment should be made within 3-5 Business Days after submitting the OSA Report.

Attachment A: OSA checklist for Assessors

This checklist is designed to help an Assessor in completing an OSA. This checklist should not be considered exhaustive. This checklist should be read in conjunction with the Guidelines.

Client name:	
Inclusive Employment Australia Provider:	
Employer:	

Note: A separate checklist should be completed for each OSA to enhance quality of Assessments.

Conducting the Inclusive Employment Australia Provider interview:	Yes	No	N/A
<p>The Assessor should discuss and document the following:</p> <p>Participant privacy</p> <ul style="list-style-type: none"> • Provide information about how the client’s personal information will be used and handled • Provide a copy of the client privacy collection notice 			
<p>Working hours</p> <ul style="list-style-type: none"> • The details of the Client’s current work hours and or average hours worked over the earlier consecutive 12 weeks must be completed in the working hours field in the OSA Report in WAOP. • Where relevant, include any future working hours goals particularly for Clients with an assessed work capacity of less than 8 hours a week. 			
<p>Past barriers</p> <ul style="list-style-type: none"> • Specific details of the Client’s past/current barriers to working independently since job placement or since the last OSA has been discussed and documented in the OSA Report. • When made available from the Inclusive Employment Australia Provider and where relevant, identify barriers in earlier OSA and or JCA/ESAt report(s) and reference in the OSA Report as appropriate. 			
<p>Impact of barriers</p> <ul style="list-style-type: none"> • Information from the Inclusive Employment Australia Provider about the perceived impact of the Client 's barriers to the Client ’s work duties since the Employment Placement or since the last OSA. 			
Current level of Ongoing Support			

Conducting the Inclusive Employment Australia Provider interview:	Yes	No	N/A
<ul style="list-style-type: none"> • Current level of Ongoing Support provided to the Client since job placement or since the last OSA. 			
<p>Past and current Ongoing Support</p> <ul style="list-style-type: none"> • The nature, frequency and amount in hours of support provided since job placement or since the last OSA to address the past barriers. • Specific details of the Ongoing Support strategies organised, delivered, or purchased externally or internally, which directly relate to keeping employment, by the Inclusive Employment Australia Provider from its own funds to address the Client’s barriers and their impact on work duties since job placement or since the last OSA. 			
<p>Progress</p> <ul style="list-style-type: none"> • Information (from the Inclusive Employment Australia Provider perspective) in relation to the progress made by the Client to overcome the past barriers since job placement or since the last OSA. • Progress made by the Client – the Assessor should exercise professional judgement in relation to the level of Ongoing Support needed in the future. 			
<p>Current and future barriers</p> <ul style="list-style-type: none"> • Information about the Client’s current and future barriers to employment that the Inclusive Employment Australia Provider perceives as requiring Ongoing Support. 			
<ul style="list-style-type: none"> • Future Ongoing Support • The nature, frequency and amount in hours of support likely to be needed in the future to address the identified ongoing barriers to employment. • Document specific details of the Ongoing Support strategies/assistance required to be organised, delivered or purchased, externally and internally that directly relates to maintaining employment, by the Inclusive Employment Australia Provider from their own funds, to address the Client’s identified ongoing barriers to employment such as skills training to up-skill the Client’s qualifications and or skills in their current employment or new employment. • Any other relevant information provided by the Inclusive Employment Australia Provider, in relation to support requirements to keep the Client’s employment. 			



Conducting the Inclusive Employment Australia Provider interview:	Yes	No	N/A
<p>File Assessment Summary</p> <ul style="list-style-type: none"> • To justify the recommended level of Ongoing Support and due date for the next OSA, at a minimum, has the Assessor cited evidence from the Inclusive Employment Australia Participants file in relation to: <ul style="list-style-type: none"> ○ the details of the frequency of support, ○ number and type of contacts, ○ amount in hours of support, and • Specific support strategies organised, delivered, or purchased externally and internally, by the Inclusive Employment Australia Provider from their own funds, since job placement or since the last OSA to address identified barriers that directly relate to keeping employment. • The evidence cited is put into the File Assessment Summary part of the OSA Report. • If the above information is absent from the Inclusive Employment Australia Participant file, the Assessor notes this in the OSA Report. 			
<p>Duty of care</p> <ul style="list-style-type: none"> • Information disclosed to the Assessor by the Client or nominee/advocate that could pose a risk of harm to the Client or others to ensure appropriate supports are in place to reduce the risk of harm to self or others. • If information was disclosed the Assessor must discuss it with the Inclusive Employment Australia Provider to ensure that appropriate supports are in place to reduce the risk of harm to self (the Client) or others. 			

Assessor name:	
Provider name:	
Signature:	
Date:	



Chapter 5 Workplace Modification Services Assessments

5.1 Chapter Overview

This chapter outlines the Workplace Modification Service (WMS) Assessments process – to support EAF applications – including the responsibilities and required actions of an NPA Provider or Assessor to complete a WMS Assessment, in partnership with the JobAccess provider.

To support the EAF application process, this chapter should be read in conjunction with the EAF guidelines found here <https://www.jobaccess.gov.au/resource/employment-assistance-fund-guide>.

5.1.1 Background

The EAF provides reimbursements for reasonable workplace modifications, equipment and services necessary for a person with disability to perform their employment duties. The EAF is administered by the JobAccess provider, on behalf of the Department, who also provides an information and advice service to help employers and people with a disability find or maintain employment.

Employers have obligations under the *Disability Discrimination Act 1992* (Cth) to make reasonable adjustments in work arrangements for their employees with disability, to ensure they have equal opportunities in the workplace. Support under the EAF should not substitute an Employer's statutory obligation to provide the modification, equipment or services (e.g. work health and safety regulations and Building Code of Australia requirements).

It should also be noted that a funding cap of \$67,339.10 (GST inclusive) per application applies for workplace modifications and equipment under the EAF. For Workplace help and support services, maximum funding caps vary (see Table 3 of the EAF Guidelines). For more information around the EAF, and what it covers, see the EAF Guidelines.

5.2 WMS Administration

5.2.1 Availability and Capacity

Providers must work directly with the JobAccess Provider to manage their availability and capacity.

5.2.2 Allocation

The Provider receives a request from the JobAccess Provider to conduct an Assessment. The Provider and the JobAccess Provider discuss the details of the Work Order and availability of an approved Assessor.

When allocating a WMS to an approved Assessor, the Provider must take into consideration all cultural considerations of the Client and ensure an appropriate Assessor is allocated with the relevant experience, skills and qualifications.

The Provider must advise JobAccess within 2 Business Days of receiving the request whether they accept the Work Order. If the request is not accepted in 2 Business Days, the JobAccess Provider must offer it to another Provider.

Once accepted, the Provider must give the Work Order to one of its suitably qualified and approved Assessors. The Assessor must have the appropriate specialist skills, knowledge and the capacity to complete and submit the WMS Assessment Report within 12 Business Days of acceptance of the Work Order.

Note: When an Assessor has been allocated to complete the Assessment, the Provider should sign the Work Order, keep it and confirm in writing with JobAccess that it has been accepted.

The Provider then provides a copy of the Work Order to the Assessor, which outlines the Assessment requirements, holds the EAF application and other details related to the Assessment.

5.2.3 Conflict of interest for Providers

A Provider must not assess an Employee or a person who has received, or is receiving, Program Services from the Provider's Own Organisation or related entity or is known to them.

If a conflict of interest such as this does arise, the Provider must notify the JobAccess Provider immediately.

5.2.4 Conflict of interest in respect of product purchases or recommendations

It is a Conflict for the Provider to receive, or to be entitled to receive, a commission or any other benefit in connection with the purchase of, or a recommendation to buy, products or equipment in the delivery of WMS Assessments.

5.2.5 General guide for the WMS Assessment

The following is the general order of how a WMS Assessment should be conducted.

Step 1: Provider receives a Work Order requesting an Assessment be undertaken and allocates to an appropriate Assessor

Step 2: The Assessor prepares for and arranges the Assessment

Step 3: The Assessor undertakes the Assessment

Step 4: The Assessor completes the Assessment Report

Step 5: The Provider submits a Tax Invoice.

5.3 Preparing for and arranging the WMS Assessment

The Assessor must review the information provided by JobAccess including the EAF application, the Work Order and other supporting documentation. The Assessor must contact the Employer and Employment Services Provider or Program Provider (where

appropriate) to arrange a time for the Assessment and obtain information about the duties/job description involved.

If there is no Employer or Employment Service Provider or Program Provider, the Client must be contacted to arrange a suitable time.

The Assessor should check if there are any special worksite accessibility and safety requirements that need to be followed to conduct the Assessment.

The appointment should be as soon as possible after acceptance of the Work Order to allow the Assessor adequate time for follow-up work to check available and suitable items and obtain quotations for the recommended items.

Where possible, the Assessor should do preliminary research into all available products and solutions prior to the Assessment, being mindful of any perceived or actual conflicts of interest as well as alternative options to ensure value for money.

On the day of the assessment, the Assessor should phone the Employer and Client before visiting the worksite to confirm the appointment time and availability of all relevant parties.

It is recommended that Providers attend the WMS Assessment, where possible. During the WMS Assessment process, a Provider may be asked to provide additional information or clarify any ambiguities in the EAF application. If the Provider does not attend the WMS Assessment, they may be contacted by the assessor to provide this additional information.

5.4 Conducting the WMS Assessment

At the Assessment the Assessor clarifies with the parties any uncertainties in the EAF application, the job tasks and the nature of the disability and its impact on capacity to complete required job tasks.

The Assessor carries out the Assessment of the person's worksite tasks, worksite environment and finds the barriers to completing the required work tasks.

The Assessor must use their professional expertise to conduct the Assessment and offer various options for reasonable workplace modifications to remove a barrier due to the person's disability.

5.4.1 Time taken to complete the WMS Assessment

The Assessment, including completion of the Assessment Report, should be able to be completed within five hours. In some circumstances, the Provider may request payment for up to an additional four hours, and as soon as the Provider is aware the Assessment is likely to take more than five hours, they must seek approval from JobAccess.

JobAccess may give approval for the Assessor to visit the workplace to set up the approved equipment, where the Employer or Employment Service Provider or Program Provider do not have the expertise to do so. This can only be approved from within the maximum allowable hours to complete an Assessment.

5.4.2 Proposed Recommendations

When formulating their proposed recommendations for modifications to be reimbursed under the EAF, the Assessor must consider:

- whether the modification is needed because of the disability, and if it is the responsibility of the Employer to address
- whether the Client is in receipt of, or entitled to, the same or similar help from an Australian Government source or state, territory or local government bodies, or worker's compensation
- whether the cost of the modification represents value for money and is reasonable, taking into consideration the extent to which the modification will be used to complete essential employment duties by an individual, and whether a more reasonable alternative adjustment is appropriate
- compatibility of existing technology and communications equipment with the proposed modifications
- funding caps that apply per application, per Employer under the EAF Guidelines.

Throughout the whole process of the Assessment, it is important to differentiate between the modifications or equipment recommended to be reimbursed through the EAF (needed because of disability and needed to perform their employment) and those recommended for Employer's action (e.g. document holder or standard ergonomic chair).

The Assessor should advise and seek verbal agreement from all relevant parties of their proposed recommendations at the time of the Assessment, including:

- any actions to be taken by the Employer to make the worksite more accessible and enable the person to work more productively
- proposed recommendations to obtain modifications from the EAF.

The Assessor must remind all relevant parties that any recommended modifications proposed to be funded through EAF must not be bought, or a commitment made to buy, prior to receiving written approval from the JobAccess Provider.

The Assessor must also follow up the Assessment with any necessary research to identify suitable products, suppliers and obtain all the necessary written quotations.

Quote requirements for proposed recommendations

The Assessor handles obtaining quotations for the recommended modifications and must take reasonable steps to obtain best value for money when seeking quotations:

- individual items costing up to \$5000 (GST inclusive) require one written quotation
- individual items costing between \$5000 and \$15,000 (GST inclusive) require two written quotations
- individual items costing \$15,000 or more require three written quotations. Written quotations must have the supplier's name, Australian Business Number (ABN), contact details and separately itemise each item with a correct description, its cost, GST component, and freight or handling costs where applicable.

The Assessor must always seek out the appropriate number of quotes for items and note that the EAF funding caps apply to the whole application, not individual items.

5.5 Completing the WMS Assessment Report

The Provider must email the completed Assessment Report in PDF format to jobaccess@genu.org.au within 12 Business Days of the Work Order being accepted.

If the Assessment Report cannot be completed within the timeframe the Provider must advise JobAccess of the reasons why immediately.

The Assessment Report must be completed by the Assessor and be sufficiently comprehensive to demonstrate to JobAccess the proposed recommended modifications and equipment remove work barriers that relate to the individual Client's disability and are essential to enable them to complete their employment duties.

The Assessment Report must include a minimum of:

- name, ABN, address and contact details of NPA Provider in the Report header
- purpose of Assessment
- method of Assessment
- factual summary of findings, including employment information, disability information, a description of how the role is currently undertaken by the worker, and the disability-specific barriers and solution
- proposed recommendations consistent with relevant Australian legislation, Australian Standards and Work Health and Safety regulations and best practice
- proposed recommendations must include justification for the identified solution and information about other solutions considered but not recommended and why
- a clear division of proposed recommendations i.e. Employer to purchase and EAF reimbursement
- the current number of written quotations must be provided for the proposed recommended modifications.

The Assessor should consider whether to include proposed recommendations for help in setting up the equipment or for technical training in the use of the modification, where this help is not available from the Employer or the Employment Service Provider or Program Provider.

A suggested WMS Assessment Report template for completing an Assessment Report is at section 5.7 of these Guidelines.

The Assessor provides a copy of the Assessment Report, together with a copy of the quotations to all relevant parties.

If the Assessment Report is not completed to JobAccess' or the Department's satisfaction, the Provider will be required to resubmit a revised Assessment Report that addresses the identified issues, within 2 Business Days of receiving the request to resubmit. No Assessment Payment will apply in this circumstance.

5.5.1 Disputes

Providers must work directly with the JobAccess Provider to manage any disputes raised as part of the WMS Assessment and EAF application process in the first instance. If a dispute cannot be resolved at the local level, i.e. between the Provider and the JobAccess Provider, the case can be escalated to the Department by the JobAccess Provider.

To assist the Department in resolving the matter, the assessor may be required to provide additional information or clarity on a WMS assessment. This can include, but not limited to, additional information about proposed workplace modifications and support service recommendations.

If a Client wishes to raise a dispute about a WMS Assessment and/or EAF application and cannot resolve it at the local level, they can contact the Customer Resolution Referral Service (CRRS).

5.6 Submitting a Tax Invoice

A properly rendered Tax Invoice should be submitted to the JobAccess Provider once the Provider has finalised the Assessment and notified the JobAccess Provider. The invoice should outline the time taken to complete the Assessment, the Assessment Report, any trials of equipment or services and sourcing of quotes.

The Provider may claim Payment for travel time where travel in excess of 200 kilometres (for a maximum of 8 hours per day) is needed for a return trip to the worksite. Reimbursement claims for other travel costs and expenses may also be made following the conditions set out in the Deed.

Travel expenditure reimbursement is to be claimed by the Provider as part of the Payments for Assessment at the time the Assessment Report is submitted to JobAccess.

Note: Assessment Payments are not payable in respect to any Assessments completed by unapproved Assessors.

Attachment A: WMS Assessment Report template

[Insert Name, ABN, Address and Contact Details of NPA Provider]

Workplace Modifications Assessment Report

Workplace Modifications Assessment Report – Personal Details

Worker's name:	
Name of Employer	
Date of birth:	
Assessor:	
Date of assessment:	
Date of report:	

To identify and assess the need for workplace modifications and/or equipment to enable <worker name> to work at his/her full potential and to perform essential tasks and duties involved in his/her job as a <job title>.

Present at the Assessment:

List name, title and Employer name for each person present at the Assessment.

Method of the Assessment:

List any discussion, meeting, review of supporting evidence or observations of work environment.

Summary of findings:

Employment information:

- job title
- job description
- description of work area
- work task analysis
- employment status and history with this Employer.

Disability information:

Description of the person's disability and the impact it is having on their ability to do their job.

Identified barriers and solutions:

Find if the worker's disability is a barrier to employment and then decide solutions.

Include information about other solutions considered but not recommended.

Proposed Recommendations:

Proposed recommendations must include justification for the identified solution and information about other solutions considered but not recommended and why.

Recommendations may include changes to work practices and posture and positions, equipment modifications or referral and/or liaison with other parties.

Please note that any proposed modifications, equipment or services recommended for funding through the EAF must not be bought, or a commitment made to buy, prior to receiving written approval from JobAccess.

Assessment Report

I have provided a copy of the Assessment Report to the parties to the Assessment, and they agree with my recommendations.

(Signature of Approved Assessor)

Name of Assessor:

NPA Provider Name: