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| Supported Residential Services Outreach and Assistance Program Guidelines |
| Effective July 2024 |
| OFFICIAL |



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| Supported Residential Services Outreach and Assistance ProgramGuidelines – Effective July 2024 |
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# Introduction

The Supported Residential Services Outreach and Assistance Program (SRS OAP) guidelines replace the previous Supporting Accommodation for Vulnerable Victorians Initiative Pension Level Projects, Supporting Connections and Supporting Connections Flexible Funding Guidelines.

These guidelines provide direction to those involved in the delivery of SRS OAP, including Supported Residential Services (SRS) providers, funded organisations contracted to deliver SRS OAP and the Department of Families, Fairness and Housing (the department) staff.

The guidelines outline the aims, service elements and intended outcomes of the SRS OAP and describe the roles, responsibilities, accountability and reporting requirements of those involved.

## 1.1 Background

SRS are privately operated facilities that provide accommodation and support for people who require assistance in daily living.

SRS are regulated by the Victorian Government through the *Social Services Regulation Act 2021* and associated regulations. This legislation sets out the framework for SRS regulation and registration by the Social Services Regulator. As private businesses, SRS vary in the services they provide, the people they accommodate and the fees they charge. The SRS sector comprises:

* pension-level SRS, which are defined as SRS that charge fees at no more than the current pension plus Commonwealth Rent Assistance for at least 80 per cent of their registered beds.
* above-pension SRS, which cater for people who can pay fees that are set at higher rates than the current pension plus Commonwealth rent assistance for their accommodation and support.

Pension-level SRS generally provide a bedroom (single or shared), medication administration, all meals, laundry, and other basic personal supports delivered within the legislated 1:30 minimum required staffing ratio. SRSs are not therapeutic or clinical settings.

Pension-level SRS residents often have multiple and complex support needs, and many residents receive additional, individualised supports through external service systems including the NDIS.

# Supported Residential Services Outreach and Assistance Program (SRS OAP)

The **program goal** of the SRS OAP is to:

* Support the health and wellbeing of people living in pension-level SRS, and
* To maintain a supply of low-cost accommodation for low-income Victorians who need assistance with the activities of daily living.

The **program objectives** are to:

* Improve connections between pension-level SRS and their local service networks
* Improve the capacity of pension-level SRS providers to respond to residents’ support needs
* Reduce the risk of pension-level SRS closures and associated disruption to residents
* Support the safe and efficient rehousing of residents of pension-level SRS when the Social Services Regulator is notified of an imminent closure
* Increase training opportunities for pension-level SRS providers and staff
* Improve the physical amenity of pension-level SRS for improve resident experience
* Improve the availability of fresh food for residents
* Support the operational viability of pension-level SRS to keep pension-level beds available in the system.
* Improve residents’ access to activities, social participation opportunities, and health and community services.

## 2.1 Description of the services

The department funds health and community services organisations across the state to deliver the SRS OAP to eligible pension-level SRS. Each funded organisation convenes local groups of pension-level SRS known as ‘clusters’.

The funded organisations provide outreach, service coordination, support and brokerage to residents of pension-level SRS as well as capacity building activities with providers and staff of pension-level SRS. Funded organisations work with pension-level SRS to plan and distribute Facility Cost Relief, Amenity and Safety and Fresh Food funding.

SRS OAP provides three lines of SRS Support Funding designed to support resident-focused improvements in pension-level SRS:

* **Facility Cost Relief** - a financial supplement to support pension-level SRS to maintain a supply of pension-level beds.
* **Amenity and Safety funding** – to support physical amenity and safety improvements in SRS, increase SRS staff training, and resident activities.
* **Fresh Food funding** – to support the availability and access to fresh food for residents of pension-level SRS.

## 2.2 SRS OAP key service components

The delivery of SRS OAP is achieved through a suite of funding, services and activity components including:

### Capacity Building and **Resident Outreach**

* Onsite **Resident Outreach** to provide service coordination, support and brokerage to residents of pension level SRS, and linking residents to the external services they require to support their health and support needs. This may include needs assessment, referral and service linkages, and supporting SRS residents in the event of a closure.
* **Capacity Building** services for SRS providers and staff to assist them in identifying residents’ needs, better manage challenging behaviours and advocate with health and community organisations to improve access and promote and facilitate training opportunities for SRS providers and staff.
* The **Collaborative Planning** process, an annual planning process which guides the collaborative practice between funded organisations, SRS providers and staff. Collaborative Planning identifies key issues in the SRS and is a tool for guiding and promoting best practice and improving outcomes for residents.
* **Flexible Funding** is provided to organisations to assist residents to access goods, services and activities.
* **Cluster based activities** facilitated by funded organisations for localised groups of SRS to develop necessary capacity-building activities that involve identifying common issues affecting the viability and functioning of SRS and developing or implementing strategies to improve SRS’ capacity to address these issues. Additionally, the cluster setting serves as a peer network to promote good practice and information and resource exchange.

### SRS Support Funding

* Funded organisations work with each SRS to plan and distribute **Facility Cost Relief, Amenity and Safety funds and Fresh Food** funding.
* **Accountability, monitoring and reporting** activities are an integral part of SRS OAP.

## 2.3 Service principles:

The following key service principles should guide the **SRS OAP:**

* Person-centred – incorporating both the needs of residents and providers into planning
* Accountable – all parties are responsible for adhering to their accountability measures and supporting transparent, cooperative relationships between SRS and funded organisations.
* Proactive – does not wait for referrals or for residents or providers to seek assistance
* Responsive and flexible – allows for the funded organisation to self-assess and respond to the diversity in the needs and issues within and across SRS and their resident groups
* Targeted - to high need SRS and high need residents
* Collaborative – works closely with SRS providers and staff, and existing services to promote service integration rather than duplication.
* Builds capacity – of SRS providers/staff, residents, and local service networks
* Delivered by skilled health and community professionals with strong assessment, behaviour management, relationship and capacity building skills, knowledge of the service systems, and who are able to negotiate with public mental health, disability and other services to improve resident access to services.

## 2.4 Service Scope

* The services provided by funded organisations should not create a parallel service system – SRS OAP works with existing services to link residents to the services they need and is not a substitute for existing services.
* Funded organisation workers should typically only undertake ‘support-worker’ type duties (eg accompanying to medical appointments etc) for a resident under limited circumstances and only on a temporary basis. Temporary supports can be provided whilst more permanent long term and sustainable supports are put into place.
* In exceptional circumstances, funded organisations may agree to provide more consistent ‘support’ worker’ duties for residents with complex support needs if the support can be provided without compromising overall client targets.
* SRS OAP does not assist SRS with their regulatory compliance. In the event an SRS is closed or subject to significant regulatory sanction by the Social Services Regulator, the department will advise funded organisations if SRS OAP assistance to the SRS should cease or be modified.

# Roles and responsibilities

## 3.1 Funded organisations

The role of the funded organisation is to:

* Deliver resident Outreach to provide service coordination, support and brokerage to residents, and link residents to the external services they require to ensure their health and support needs are being met.
* Participate in the delivery of the *Supported Residential Services Resident Reaccommodation Protocol* that supports the safe and efficient rehousing of residents prior to the permanent closure of a pension-level SRS when required.
* Deliver capacity building services for SRS providers and staff to assist them in identifying residents’ needs, better manage challenging behaviours and advocate with health and community services to facilitate improved access (including sustained efforts to improve relationships between providers and services where required).
* Identify, promote and assist to facilitate training opportunities for SRS providers and staff.
* Develop, implement and monitor an annual Collaborative Plan with each SRS provider in their cluster.
* Planning and distributing Facility Cost Relief, Amenity and Safety funds and Fresh Food funding with each pension-level SRS.
* Convene cluster-based activities.
* Provide guidance and advice to SRS providers and staff around SRS OAP matters.
* Support SRS to understand and meet their obligations. Liaise with departmental Agency Performance and System Support (APSS) teams to cease funding and/or arrange a return of unspent Facility Cost Relief, Amenity and Safety, and Fresh Food funds for SRS that have closed during a financial year

## 3.2 Pension-level SRS:

Pension-level SRS facilities approved for SRS OAP funding by the department following a formal application process are eligible.

To maintain eligibility for SRS OAP funding:

* The SRS must be a pension-level facility. A pension-level facility is defined as an SRS in which no less than 80 per cent of registered beds are offered at pension level; that is, registered beds where: – the total amount charged by the SRS provider for accommodation and support, and paid for by or on behalf of the resident, is no more than the current pension[[1]](#footnote-2) plus Commonwealth rent assistance.
* Must maintain the other eligibility criteria for participation in SRS OAP[[2]](#footnote-3)
* the SRS provider and/or relevant senior staff of the SRS must be actively involved in SRS OAP service components, including but not limited to:
  + The SRS provider signing and abiding by the terms of the SRS OAP Agreement between each SRS and their assigned funded organisation.
  + Actively participating in the Collaborative Plan process with their funded organisation.
  + Supporting SRS staff to attend training opportunities identified by the funded organisation Attending cluster meetings and other nominated cluster events.
  + Attending SRS Community of Practice sessions convened by Homes Victoria.
  + Cooperating with resident outreach and support services.
  + Cooperating and encouraging all SRS staff to engage in capacity building services provided by the funded organisation.
  + Meeting all reporting and accountability requirements including all financial accountability measures.
  + In the event the SRS closes, participate in the Homes Victoria convened *Supported Residential Services Resident Reaccommodation Protocol*, and cooperate with Homes Victoria and funded organisation on supporting residents during the closure.

## 3.3 Department of Families, Fairness and Housing (the department):

The department has several SRS related functions (policy, funding, and operations/contract management). The separation of these functions into different divisions is an important element in maintaining the integrity of the roles.

### Homes Victoria:

The Homelessness and Housing Support Branch of Homes Victoria provides statewide policy development, program, and budget oversight to address SRS sector policy challenges and strengthen systemic interventions to support people living in low-cost private and supported accommodation settings. Whilst Homes Victoria consults with the Social Services Regulator, Homes Victoria does not have a regulatory role over the SRS sector.

For SRS OAP, Homes Victoria is responsible for:

* Sector oversight and stewardship, including working across government and with external stakeholders to present trends and issues arising in the sector and to provide input and advice on the impact of government policy on the sector.
* Policy and funding responses to the SRS sector.
* Budget oversight of SRS OAP including developing annual FCR, A&S and fresh food funding allocations for each eligible SRS and providing departmental APSS with funding advice in a timely manner.
* Reviewing Collaborative Plans to scan and respond to statewide themes, issues and strategies, and providing feedback to funded organisations to facilitate statewide consistency.
* Convening and administering a Supported Residential Services Community of Practice.
* Maintaining a list of pending closures of SRS participating in SRS OAP and advising APSS teams with advance notice to manage a cessation of ongoing funding for SRS that have closed.
* Enacting the *Supported Residential Services Resident Reaccommodation Protocol* in the event of an SRS closure that may require additional support.
* Convening a Resident Rehousing Working Group as part of the *Supported Residential Services Resident Reaccommodation Protocol* that supports the safe and efficient rehousing of residents prior to the permanent closure of a pension-level SRS.
* Convening quarterly meetings with funded organisations to discuss program implementation.

### Divisional Agency Performance and System Support (APSS) teams:

Agency Performance and System Support (APSS) teams in department divisional offices are the main contact for funded organisations. APSS manage funds at a divisional level, monitor achievement of targets, monitor reporting requirements and monitor overall SRS OAP expenditure within areas.

APSS are responsible for:

* Managing the service agreement between the department and the funded organisation.
* Administering SRS OAP funds in each region/area.
* Providing advice to funded organisation about the service agreement and SRS OAP activities.
* Monitoring and reporting on delivery of SRS OAP service components in their region.
* Acting as the main point of contact between the department and funded organisation.
* Data collection at a divisional level.
* Participate in the Homes Victoria convened *Supported Residential Services Resident Reaccommodation Protocol* in the event of an SRS closure in local area.

## 3.4 Social Services Regulator

SRS are regulated by the independent Social Services Regulator through the Social Services Regulation Act 2021, the Social Services Regulations 2023 and associated regulations.

This legislation sets out the framework for SRS regulation and registration.

**Social Services Regulator contact:**

enquiries@ssr.vic.gov.au

# Capacity Building and Resident Outreach

Funded organisations provide **Capacity Building and Resident Outreach** services to participating SRS. This provides service coordination, support and brokerage to residents of pension-level SRS. It also provides capacity building activities with providers and staff of pension-level SRS. It funds organisations to work with each participating SRS to plan and distribute the Facility Cost Relief, Amenity and Safety and Fresh Food funding provided to participating SRS as part of the **SRS Support Funds**.

**Capacity Building and Resident Outreach** aims to improve the health and wellbeing outcomes for residents of pension-level SRS. It focusses particularly on three primary issues:

* resident unmet health and social needs and low social participation
* unmanaged complex care needs and behaviours leading to instability within the SRS
* cost pressures for SRS providers leading to reduced physical amenity and safety improvements in the SRS.

These issues are related to the increasing complexity of resident care needs, the experience and skill-set of SRS providers and staff, and the accessibility of local services and activities.

Resident unmet needs can be due to a multiplicity of factors. These include lack of comprehensive assessment and information about SRS residents on referral, resident inability to access services or participate in activities independently, and lack of appropriate services.

Many pension-level SRS residents have a range of complex behaviours. When these behaviours are poorly managed the result may be instability within the SRS and risk to other residents. Such behaviours can also discourage new residents and contribute to staff turnover. Behavioural issues may be exacerbated by inappropriate referrals to the SRS and lack of follow-up by referral agencies.

**Capacity Building and Resident Outreach** funds skilled health and community workers to be available on site and develop positive working relationships with SRS providers and staff to assist with these issues.

**Key service elements:**

* **Resident** **outreach** to provide service coordination, support and brokerage to residents of pension level SRS, and linking residents to the external services they require to ensure their health and support needs are being met.
* Funded organisations will support the delivery of the Homes Victoria *Supported Residential Services Resident Reaccommodation Protocol* that supports the safe and efficient accommodation of residents prior to the permanent closure of a pension-level SRS.
* **Capacity building** services for SRS providers and staff to assist them in identifying residents’ needs, better manage challenging behaviours and advocate with health and community services to facilitate improved access, and promoting and accessing training opportunities for SRS providers and staff.
* Development of an annual **Collaborative Plan** with each participating SRS.
* Planning and distributing **Facility Cost Relief**, **Amenity and Safety** funds and **Fresh Food** funding with each participating SRS.

## 4.1 SRS Provider and Staff Capacity Building

Funded organisations provide a source of skilled health and community service professionals into SRS to deliver capacity building services for SRS providers and staff. Capacity building helps to build the skills and capacity of SRS providers and staff to better manage resident support needs and to strengthen connections between individual SRS facilities and local services. The aim is to work with the existing service system to make it more accessible while avoiding duplication or substitution and reducing the risk of creating a parallel service system.

The Collaborative Planning process *(see 4.2 Collaborative Planning*) will often guide capacity building work in the SRS, although capacity building will occur throughout the year through a variety of contact points between funded organisations and the SRS. Capacity Building activities may include:

* Using capacity-building techniques, such as coaching, mentoring and information sharing, to build provider skills and knowledge to support residents.
* Promoting and centering resident voice in program planning.
* Working with SRS providers and staff to build their skills and capacity in identifying the needs of their residents, improve their support planning to meet those needs, and to better manage challenging behaviours.
* Build support planning capacity within the SRS through modelling and transfer of skills and knowledge.
* Implement strategies to strengthen relationships between the SRS and external services.
* Encouragement to participate in relevant training (may include negotiating or purchasing training or coaching from a relevant training organisation).

### Cluster Activities

In addition to working with individual SRS, funded organisations will also provide opportunities to bring SRS providers and key staff together for cluster-based activities. This can be in the form of meetings, forums, group training or other formats supported by the cluster.

The objective of cluster-based activities is to provide additional support to local SRS as needed to improvement of providers’ skills and knowledge, facilitate linkages both within the cluster and with the wider community and provide opportunity to identify and implement cluster-based activities.

SRS providers must already attend four Community of Practice meetings per year, convened by Homes Victoria. Funded organisations should work with providers to decide the appropriate number and format of any cluster meetings or activities to be held each year, based on the unique needs and mindful of the workforce and time constraints on the SRS in their cluster.

## 4.2 Collaborative Planning

Funded organisations contracted to deliver SRS OAP are a valuable source of health and community service expertise. The annual Collaborative Planning process is designed to encourage and increase the interaction, knowledge transfer and relationship building opportunities between these organisations and SRS. The process allows the expertise and capacity building information provided by the funded organisation to be recorded and embedded into the practice of the SRS.

Collaborative Plans are developed jointly by funded organisations and participating SRS providers each financial year and updated regularly. Collaborative Plans are the primary accountability measure for SRS providers to maintain eligibility for participation in SRS OAP.

### Developing a Collaborative Plan

Collaborative Plans are based on an adaptive planning framework, which is flexible and responsive to the changing needs within an SRS. Collaborative Plans capture the ongoing and evolving conversations, issue identification, priority settings, advice, strategies and actions developed between funded organisations, SRS providers, key SRS staff and SRS residents over the course of the year.

### Guiding Principles of Collaborative Plans:

* Collaborative Plans require three (3) mandatory collaboration meetings between funded organisations and SRS per year, which are captured and recorded within the plan template. These plans:
  + Identify areas of greatest need, develop strategies and responses
  + Are flexible and respond to the complex and rapidly changing environments of the SRS
  + Plan for adjustments and responses to new or changing issues
  + Record outcomes and resolutions.
* Collaborative Plans centre the lived experience of SRS residents as the foundational element of every plan and must include resident voice.
* Collaborative Plans record and capture the identification, sourcing and establishment of linkages between external services and the SRS that support the health and wellbeing outcomes of residents.
* SRS providers and/or key SRS staff are responsible for actively participating in each collaboration meeting and any additional meetings or conversations as deemed reasonable and necessary by the funded organisation.
* Funded organisations are responsible for maintaining and updating the plans by recording key contextual information about the SRS at the start of the financial year, and recording the information arising from each collaboration meeting and additional information as required.
* SRS providers are required to keep a copy of each updated plan throughout the year and refer to it to guide activity and practice in the SRS.
* Collaborative Plans are not expenditure plans and are not required to itemise detailed expenditure of Facility Cost Relief funds, Amenity and Safety Funds, or Fresh Food funds (funded organisations separately report expenditure via the SRS AOP Expenditure Report).
* Collaborative Plans are not a regulatory compliance tool. Whilst a plan may be informed by compliance challenges experienced at the SRS, Collaborative Plans are not designed to monitor or track regulatory compliance or performance. The role of monitoring regulatory compliance belongs to the Social Services Regulator.
* Plans should be completed using the template provided by the department. Plans will also include contextual information such as pension-level bed numbers, occupancy, and resident profile.

### Resident Voice and Lived Experience Principles

Collaborative Plans must capture the resident voice. This means that SRS providers, staff and funded organisations must engage in open and respectful communication with residents, to actively listen to their views and wishes, involve them in all stages of the planning process and prioritise their request where reasonable and in line with the program guidelines.

There are many ways to capture resident voice and perspective in the Collaborative Planning process, including:

* **Establish regular and meaningful communication with residents using inclusive and accessible methods:** build trusting relationships with residents by engaging in open and respectful communication. This could involve regular meetings, surveys, or focus groups to gather feedback from residents about their experiences and needs. Ensure that communication methods used are accessible and inclusive, so that all residents can participate. This could involve using visual aids, easy-to-read materials, or alternative communication methods for residents who may have difficulty with verbal communication.
* **Training and support:** SRS providers and staff may benefit from advice and strategies to support them to capture the resident voice. This could include training on active listening, person-centred planning, and strategies for involving residents in decision-making.
* **Facilitate resident-led initiatives:** Encourage and support resident-led initiatives that promote resident voice and involvement. This could involve setting up resident committees or facilitating opportunities for residents to participate in social or recreational activities.
* **Monitor and evaluate resident involvement:** Regularly monitor and evaluate the effectiveness of resident involvement strategies. This could involve gathering feedback from residents and staff, tracking resident involvement in decision-making, and adjusting as needed.
* **Continuous Improvement:** identifying and capturing resident voice is a dynamic process that requires ongoing evaluation and adjustment.

**Department confirmation and endorsement of Collaborative Plans**

A copy of the Collaborative Plan should be submitted to divisional APSS teams by the funded organisations as per the reporting schedule.

* After first collaborative planning meeting of the year, by 30 September.
* Final submission of plans for the previous financial year by July 31.

Homes Victoria will review plans to ascertain a statewide perspective of priority issues in SRS that have been identified in the plans, as well as provide feedback to funded organisations on the content of plans if required.

## 4.3 Resident Outreach

The objective of resident outreach and support is to seek out clients living in pension-level SRS and work with residents to identify any unmet health or social needs, link them to appropriate services and supports and increase their participation in a range of activities.

Rather than waiting for the client to request a service or for a referral, resident outreach actively engages people experiencing unmet health or support needs, and who are disengaged with the social service system. Resident outreach should prioritise a regular on-site presence at the SRS.

Resident outreach and support will use person-centred engagement to provide support that will:

* Provide episodes of temporary support to residents in line with performance targets for ‘registered clients’ specified in the funded organisation Service Agreements with the department.
* Provide residents with service coordination, support and access to brokerage to improve health and wellbeing outcomes.
* Needs assessment – work with residents, SRS providers and staff, family members and other service providers to identify unmet health and social needs and unmanaged behaviours. Needs assessment may also be used to identify whether a resident may require or wish to move to alternative housing options.

A **registered client** can be defined as someone who receives one-to-one support using a care coordination/case management approach. The contact is planned and continues until the resident no longer requires support (is linked to another service(s)), the SRS can support the resident appropriately or the presenting issues are resolved. The support may include practical assistance using flexible funds/brokerage.

**Casual assisted clients:** The funded organisation will provide casual assistance to many residents over the course of the reporting period. This will typically take the form of participating in group activities and outings but may include information and advice or one-off assistance in response to a crisis or to make a referral or to provide practical assistance using flexible care funds.

### Resident assessment and needs identification

The funded organisation will work with residents, SRS providers and staff to identify unmet health and social needs and unmanaged behaviours. This activity is to be undertaken in a manner which respects the SRS providers’ responsibilities for support planning under the *Social Services Regulation Act* (2021). SRS providers have obligations under legislation to develop a support plan in conjunction with residents, family members and service providers. Funded organisation workers should not assume the SRS provider’s statutory role of support planning or provision of special or personal care.

However, the activity of identifying resident needs, particularly where these involve assessment and connecting residents to local services, provides an opportunity for funded organisation workers to build support planning capacity within the SRS through modelling and transfer of skills and knowledge, resulting in enhancements to how the SRS provider delivers these functions and/or implements changes to residents’ care.

Needs identification may on occasion involve GP or specialist assessment including alternative housing options where required.

### Referral and Service Linkages

Funded organisations will assist residents to access services to meet identified needs, and implement strategies to strengthen relationships between SRS and external services. This includes:

* In collaboration with residents, SRS providers and staff, funded organisations will proactively negotiate and advocate with health and community services to facilitate improved access.
* Collaboration with proprietors and SRS staff as much as possible.
* Respecting the residents right to refuse services.

**Housing options:**

In some instances, funded organisations may identify that the SRS is no longer an appropriate housing option for a resident. In this instance, the funded organisation may:

* assess resident housing and support needs and preferences
* assist the resident to identify alternative housing options
* refer residents for external assessment, if required, or
* support the resident to access their local homelessness access point.

In considering whether another SRS is an appropriate alternative housing option, funded organisations should be guided by the C*onsiderations for use of Supported Residential Services* on the Funded Agency Channel https://fac.dffh.vic.gov.au/considerations-use-supported-residential-services.

### Social Participation

The funded organisation will work with residents, the SRS provider and staff to improve social participation opportunities both within and external to the SRS. This will involve:

* Facilitation of social participation – actively seek to engage residents in a range of social and lifestyle activities of their choice.
* Identifying residents’ interests, both individually and as a group to tailor social participation opportunities effectively.
* Identifying on-site and off-site social and recreational activities suitable for resident interests and needs.
* Encouraging participation by residents and assisting access as required. This may include working with individual residents to build their confidence, reduce anxieties, and public transport training and familiarisation.
* Negotiating transport options with local government and activity providers, if required.
* Working with local services and proprietors to develop new activities where existing options are not appropriate or available.

This activity should be undertaken collaboratively with SRS providers and staff and other relevant services in order to complement existing plans and not undermine, duplicate or conflict with their existing roles.

It should also be used as another opportunity to build capacity of SRS providers and SRS staff through the transfer of information and skills, and to strengthen links between the SRS and local services.

## 4.4 SRS Closures

The closure of an SRS causes significant disruption for residents and creates flow on effects for the broader housing and supported accommodation systems, often with little notice.

The department has developed a *Supported Residential Services Resident Reaccommodation Protocol* to assist residents when an SRS closes. The protocol outlines processes to support the safe and efficient rehousing of residents prior to the permanent closure of a pension-level SRS. It outlines the roles of departmental teams and external agencies during the re-housing process, including:

* DFFH - Agency Performance and System Support (APSS), Homes Victoria and the Social Services organisations funded to deliver SRS OAP
* The Social Services Regulator
* National Disability Insurance Scheme (NDIS)
* Community Visitors (CV).

During the closure of a pension-level SRS, the funded organisation will work with the department to provide time-limited support to SRS residents to locate and secure appropriate alternative housing in accordance with the *Supported Residential Services Resident Reaccommodation Protocol*, including:

* Supporting residents to understand the closure process.
* Overseeing the assessment of resident housing needs and preferences.
* Supporting residents to apply for alternative accommodation.
* Providing logistical relocation support to residents.
* Supporting residents to be connect with appropriate health and support services during and after the relocation process.

The department will negotiate with the funded organisation on the size and scale of support required.

## 4.5 Flexible funding

Flexible funds/brokerage are an important part of SRS OAP. The funded organisation has access to an annual pool of flexible funds / brokerage that is based on the specified annual resident target numbers for each funded organisation. The funds assist resident access to services and activities, as well as supporting the delivery of some capacity building activities for SRS providers and staff. The funds can also be used at the discretion of funded organisation to support material aid for residents in high-need circumstances.

The purpose of flexible funds is primarily to support individual residents with complex needs and behaviours. The program prioritises those residents with the highest needs and aims to provide supports to better address those needs. However, it is recognised that group activities may be of high-priority in some SRS, particularly in terms of engagement and relationship building.

#### Examples of items that may be purchased:

**Individual Residents:**

* specialist assessment/services where there is no existing funded service or where wait times may result in significant disadvantage or distress to the person
* activities such as memberships and appropriate equipment
* employment and educational opportunities such as course fees, equipment or apparel
* transport, with a focus on public transport where available material aid when the needs of the resident are assessed by the funded organisation as high-need and urgent.

**Resident Groups:**

* Group activities/social outings
* Transport/bus hire for group activities

**SRS Provider and Staff Capacity Building:**

Funds may be used to support cluster-based activities for SRS providers and staff, but this should remain a minimal proportion of total brokerage expenditure.

**Funds may not be used:**

* To assist a person who is not a resident of one of the SRSs within the cluster.
* To provide rental assistance to a resident.
* Flexible funds should not be used to duplicate or substitute existing services and activities, including assistance to proprietors through FCR, Amenity and Safety and Fresh Food Funding.

# SRS Support Funding

The department provides an annual recurrent allocation to funded organisations to support each participating SRS.

SRS Support Funding provides three lines of funding for pension-level SRS designed to support resident-focussed improvements in pension-level SRS:

* **Facility Cost Relief** - a financial supplement to support pension-level SRS to maintain a supply of pension-level beds.
* **Amenity and Safety** funding – to support physical amenity and safety improvements in SRS, increased SRS staff training, and resident activities.
* **Fresh Food** funding – to support the availability and access to fresh food for residents of pension-level SRS.

These funds are transferred to funded organisations who plan and distribute funds to eligible SRS.

## 5.1 Amenity and Safety

Amenity and Safety (A&S) funding supports physical amenity and safety improvements in SRS, increased SRS staff training, and resident activities. SRS providers are important decision makers in the Amenity and Safety planning process. SRS providers and funded organisations should work collaboratively and openly with one another to make decisions on A&S purchases that will positively impact the amenity and safety of the SRS for residents.

A&S funding is allocated based on the number of registered beds in an SRS. Smaller SRS are provided with a minimum level of funding. The department will provide advice to the funded organisations of the annual rate of A&S funding.

Funded organisation should ensure that A&S funds can be planned and expended in a timely manner. This can be achieved by:

* Holding some A&S funds in contingency to be drawn upon as needed throughout the year for identified priority items, or for circumstances such as repair costs for unforeseen damage, contingent on providers providing appropriate invoices and receipts for purchases.
* Assisting SRS providers to source appropriate suppliers and where appropriate, consider whether group purchase arrangements with other SRS in a cluster may be advantageous.
* Arranging to pay supplier invoices directly for agreed purchases using A&S funds rather than reimbursing SRS providers for agreed purchases.
* All A&S funding should be finalised prior to 30 June each year. Funds not spent by this date may be recalled by the department.

SRS providers should ensure:

* That all A&S purchases are made in agreement with the funded organisation.
* That all invoices and receipts for A&S purchases are retained.

All purchases using Amenity and Safety funds are recorded by the funded organisation in the SRS OAP Expenditure Report.

### Amenity and safety eligible items

#### Compulsory item: Resident Activities and/or Staff Training

Between five and ten per cent of annual Amenity and Safety funds must be allocated specifically towards a combination of *Resident Activities* and *SRS staff training costs.*

#### Resident activities:

An SRS may allocate between five and ten per cent of Amenity and Safety funds to assist in meeting eligible costs of SRS-sponsored resident activities. Eligible costs include:

* activity materials and equipment, such as art supplies, knitting supplies, table tennis equipment, fishing equipment
* entry fees and bus hire, for example to take a group of residents for a day out to the zoo, for a regular monthly outing or on a holiday away from the SRS, or
* activity specialists, for example a regular massage session or a music therapist.

#### SRS provider/staff approved training

An SRS may allocate between five and ten percent of Amenity and Safety to assist in meeting eligible costs of SRS provider/staff training:

Eligible costs include:

* Backfill for attendance at SRS OAP cluster meetings (provider/manager or personal support coordinator only)
* Training (provider/manager, Personal Support Coordinator and direct personal support staff) such as:
  + SRS-specific training sponsored by the department
  + first-aid training
  + food-handling training
  + training around behaviour management
  + relevant Certificate III and Certificate IV training.

Attendance will be reimbursed at actual cost, inclusive of backfill (up to $160 day) and any course/attendance fees, less any existing subsidy available to the SRS provider connected with the training. Evidence of attendance is required prior to payment.

#### Physical Amenity and Safety Improvements

Amenity and Safety funds can be used to contribute to the maintenance of an acceptable standard of facilities, comfort for residents or safety of residents/staff.

Purchases made with A&S funding must be through a registered or appropriate tradesperson or supplier and must:

* be for items/work that are the responsibility of the provider as set out in the lease and not the responsibility of the landlord Where the SRS provider has the freehold, items/work must be reasonably considered as normally the responsibility of a leaseholder.

Examples of A&S purchases may include:

* property-related repairs that are the responsibility of the SRS provider as lessee
* professional maintenance such as painting, garden/grounds work or commercial cleaning
* acquisition, repair or replacement of fixtures and fittings that are not the responsibility of the landlord
* purchase, repair or replacement of furniture or furnishings (including soft furnishings)
* acquisition, repair or replacement of equipment such as white goods, cleaning equipment (not consumables), kitchen/dining equipment or heating and cooling apparatus
* repair, replacement or acquisition of outdoor facilities such as furniture, BBQs, shade sails, gazebos, covered outdoor areas (not verandas) and ‘butt out’ bins
* items to ensure safety and privacy of residents’ bedrooms
* replacement, maintenance or upgrading of emergency management systems such as call-bell systems, exit lighting, fire extinguishers, smoke detectors, sprinklers and CCTV/security systems.
* other items specified by the department as annual priorities.

**Amenity and Safety excluded items**

A&S funding may not be used to purchase:

* Extensions or other major building improvements.
* Modifications, items and works that are the responsibility of the landlord as set out in the lease. If the lease is not explicit the provider may seek a legal opinion on the matter at their own expense.
* Items and works that contravene the terms of a lease where one exists.
* It is the responsibility of the provider to obtain landlord approval where required and to ensure relevant council approvals have been obtained (some approvals may need to be obtained by the landlord). Minor modifications may also require approval by the department.

## 5.2 Fresh food

Fresh food funding aims to increase residents’ access to and intake of fresh food.

The funding allocated for the provision of whole fresh foods is guided by the Victorian government's healthy eating guidelines (link: <https://www.betterhealth.vic.gov.au/health/healthyliving/healthy-eating?>), and emphasises the importance of a balanced and nutritious diet.

This initiative supports residents’ access to a variety of fresh fruits, vegetables (including frozen vegetables in their natural state), proteins (fresh meat, seafood, eggs and plant-based proteins such as legumes, lentils and tofu), and dairy products/dairy alternatives, and in some instances nutritious, ready-made meals.

**Foods excluded from Fresh Food funding include** Heavily processed foods that have been significantly altered from their original state, often with the addition of salts, sugars, fats, and preservatives (e.g processed meats (such as sausages and deli meats), ready-to-eat meals with high preservative content, frozen vegetable items that are altered from their natural state such as hashbrowns, french fries etc) and convenience snack foods.

The Healthy Eating Advisory Service website (<https://heas.health.vic.gov.au/>) is a helpful resource for planning healthy menus and making healthy food choices. The website offers simple tips and tools to improve residents’ nutrition.

**Purchasing and delivery methods**

**Fresh Food** funding is calculated on an SRS facility’s registered beds. Funded organisations will usually manage the supplier contracts for purchasing a weekly supply and delivery of fresh food for each SRS. Funded organisations should work with SRS providers to identify suitable local fresh food supplier/s.

In some circumstances, the funded organisation may agree for the SRS provider to manage the supplier contract. This arrangement should be well documented and the SRS provider must provide the funded organisation with copies of all invoices and receipts to support financial acquittal.

**Monitoring and reporting**

Standard reporting and accountability clauses of the funding and service agreement apply to this funding.

## 5.3 Facility Cost Relief (FCR) funding

FCR funding is allocated to SRS to contribute to their viability by assisting with operational costs. The aim of FCR funding is to keep pension-level beds available in the system.

The allocation of FCR funds for each SRS is determined annually by the department.

The department provides funded organisations with the annual rate of FCR funding for each SRS in their cluster.

### General viability contribution for SRS:

FCR funding is provided as a general viability contribution to SRS, and as such is not required to be itemized against set expenditure categories. This funding is distributed by funded organisations to eligible SRS in regular installments over the course of each financial year if the SRS continues to meet all program eligibility and accountability measures including the Collaborative Plan.

The funding should be paid to SRS in monthly installments, exceptions may apply.

The SRS provider must provide an annual certified accountant’s letter or statement confirming that the total amount of FCR funds were expended in the operation of the SRS and in accordance with guidelines. See **section 7** for other important information on accountability and reporting for FCR. 6. SRS OAP funding and purchasing principles

The following funding and purchasing principles apply at all times:

* SRS providers operate under different financial and business structures. Program best practice is for FCR funds to be distributed monthly to an operational account in the name of the registered SRS provider.
* The SRS provider must be able to provide evidence that the total amount of OAP funds received annually was fully expended in the operation of the SRS per the funding accountability requirements **section 7**.
* SRS providers must be able to exercise reasonable choice in A&S expenditure which must be jointly planned and agreed with the funded organisation.
* Planning of A&S and Fresh Food funds must acknowledge the diversity of SRS operations and the individual needs and context of each SRS. All items purchased must meet the following principles:
* Purchased items must comply with the A&S and Fresh Food purchasing guidelines.
* Items purchased with A&S and Fresh Food funding must support the objectives of SRS OAP.
* Items must reflect value for money.
* A&S and Fresh Food funds can be used to pay for items only after there is sufficient evidence that the purchase has been arranged or has already been completed.
* SRS providers must provide proof of purchase for A&S or Fresh Food purchases to funded organisations, which should include a tax invoice or tax receipt of sale for any items purchased from a suitably qualified or licensed provider.
* Items purchased must meet requirements of relevant legislation and regulations, for example the *Social Services Regulations Act 2021 and* associated regulations, and the *Occupational Health and Safety Regulations (2007)* and other relevant laws, standards or guidelines.
* SRS OAP funding should not duplicate or substitute goods or services that would normally be accessed through other programs.

## 6.1 SRS OAP funding: ineligible items

The following items are classed as ineligible expenditure items:

### Assets

Funds will not be used to purchase assets for personal and business use. For example, vehicles and mobile phones may not be purchased with SRS OAP funds. Only assets outlined in these guidelines may be purchased.

### Bad debts

SRS OAP funds will not be used to pay for bad debts incurred by an SRS provider, staff member or resident.

### Capital improvements

SRS OAP funds will not be used to pay for major building works in the SRS, including renovations, remodelling, or additions (except as allowed under A&S guidelines).

### Misuse of funds

SRS OAP funds can only be spent on items that are allowed within the relevant purchasing guidelines.

Misuse of SRS OAP funds can result in cessation of funding and the requirement for the SRS provider or funded organisation to refund monies involved.

In the case of deliberate misuse of funding or any attempt to defraud the department, funding will be stopped. The matter may be referred to the relevant authorities for consideration and appropriate legal action.

### Conflict of interest in purchasing decisions

Purchasing required goods or services from individuals or organisations in which the SRS provider or the funded organisation has an interest should be avoided whenever practicable.

In situations where there is a possible conflict of interest, both the SRS provider and the funded organisation should raise these issues as part of the purchasing planning process. Issues should be documented in the Collaborative Plan to ensure probity requirements are met. The funded organisation should inform the department of any issues raised.

## 6.2 Management of items

Items purchased with A&S funds should be managed appropriately by the providers of the SRS where the item is used and located. SRS providers should take all reasonable steps to ensure safe use of the item, security of the item against theft or damage, and that the item is maintained in good working order.

Items purchased with A&S funds are to remain on the premises of the participating SRS unless otherwise specified. Funded organisations are required to maintain a register for all items purchased with A&S funds valued at $1000 or more.

### Disposal of items purchased through SRS OAP

Should an SRS cease to participate in SRS OAP for any reason the items purchased with SRS OAP funds may be subject to recovery or disposal by funded organisations on behalf of the department.

If necessary reasonable efforts will be made to dispose of items as follows:

* items will initially be made available to other SRS within the SRS OAP cluster. Such items will remain subject to the conditions pertaining to items purchased through SRS OAP. SRS receiving the items should arrange for transport to their premises.
* remaining items will be offered to other SRS participating in SRS OAP in other regions. Again, SRS receiving the items should arrange for transport to their premises.
* should any items still not be allocated through the above options the funded organisation will determine appropriate disposal of the items. In the event income is received from sale of any items, this should be reported to the Divisional APSS team. The department will determine appropriate use of such funds.

Some items may be impractical to recover. Generally, no attempt should be made to recover items if:

* they consist of fittings or fixtures
* are in poor condition
* are used bedding
* it is the opinion of the funded organisation they have negligible value due to a low purchase price and/or depreciated value.

The same process and criteria may be applied to dispose of items no longer required by an SRS still participating in SRS OAP.

### SRS OAP-funded items involved in change of ownerships

Following a successful application to participate in SRS OAP, items previously purchased with SRS OAP funds will remain in the SRS.

If no application for SRS OAP participation is received or if an application to participate in SRS OAP is rejected the items may be subject to recovery as outlined in **section** **6.2**.

# Accountability, monitoring and reporting

Funded organisations and SRS providers are accountable for their actions in relation to the use of SRS OAP funds and reporting. The department expects accurate and timely reporting on funds, activities undertaken and outcomes achieved in the delivery of SRS OAP. Funded organisations and SRS providers have a responsibility to contribute to and support this reporting activity.

Reports and any information required will be submitted to the divisional APSS team.

## 7.1 Outcomes

The department expects the following outcomes to be achieved by SRS participating in SRS OAP:

* The SRS is actively engaged with their funded organisation and committed to an active collaboration model to continuously address issues and key priorities within the SRS and for residents
* The SRS provider and key SRS staff improve service, knowledge and practice capacity through attendance at regular Community of Practice sessions convened by Homes Victoria
* The SRS has a good relationship with local services
* Where a resident’s needs are too complex or the SRS is no longer an appropriate option, the resident is supported to find suitable, alternative accommodation, and
* In the case of pending closures, the SRS will be engaged early with the department when assistance is required to support residents to find new accommodation.

## 7.2 Reporting Schedule

Funded organisations and SRS providers will act in a timely way to ensure information is available to meet reporting timelines. Information will be collected through regular reports and plans compiled by funded organisations and provided to the Divisional APSS Team, using templates issued by Homes Victoria.

|  |  |  |
| --- | --- | --- |
| **Name of report** | **Due date to APSS** | **Copy to be forwarded from APSS to Homes Victoria** |
| **Annual SRS Collaborative Plans (1 per SRS)** | **Establishment:** Copy of Initial Collaborative Plan by 30 September each financial year.  **Final:** Copy of plan for previous financial year by July 31. | Yes  Yes |
| **SRS OAP Expenditure Report** | **Mid Year:** January 30  **Final:** Copy of finalised expenditure tracking spreadsheet for previous financial year by July 31. | No  Yes |
| **SRS OAP Narrative Report (1 per cluster)** | By 31 July, for previous financial year. | Yes |
| **Accountant Certification Letter (1 per SRS) –**each SRS in cluster | By 30 September, for previous financial year. | Yes |

Funded organisations and SRS providers will provide any other information the department may reasonably require.

## 7.3 Financial accountability

In addition to the reporting requirements above:

* Funded organisations are required to maintain accurate financial management and reporting requirements as specified in their service agreement with the department and the associated SRS OAP service plan.
* For **Amenity and Safety** and **Fresh Food** funds, SRS providers are expected to:
  + maintain separate and accurate records for items purchased
  + provide supporting evidence for relevant expenditure such as tax invoices/receipts for items purchased.
* For **Facility Cost Relief** funds:
  + The SRS provider must be able to provide evidence that the total amount of FCR funds received annually were expended in the operation of the SRS.
  + SRS providers are required to provide their funded organisation with an accountant’s certified letter or statement that summarises total FCR funding received by the SRS in the previous financial year and confirmation that is has been expended in the operation of the SRS and in full accordance with these guidelines.
* As a condition of participation in SRS OAP, SRS providers have consented to the department or their agent inspecting their books and accounts on request.

## 7.4 Insurance and taxation

### Insurance

SRS providers are expected to have insurance protection for:

* business risks
* SRS OAP funded goods used or stored on their premises, and
* public liability insurance cover.

Insurance arrangements for community service organisations contracted to provide SRS OAP services are specified in their service agreement.

### Taxation

It is expected that SRS providers and funded organisations will meet all taxation requirements, including GST that may result from the management and use of SRS OAP funds.

SRS providers should obtain independent advice to ensure they are aware of any taxation implications in the use of SRS OAP funds.

## 7.5 SRS OAP agreement

Funded organisations and providers of SRS OAP are required to enter a formal agreement with each other. The agreement governs their relationship with respect to SRS OAP funding and activities and builds on these guidelines.

The existing SRS OAP agreement template provided by the department has been updated to reflect the guideline updates. In the event of conflict between the existing or updated agreement and these guidelines, these guidelines will take precedence.

## 7.6 Variations to SRS OAP Agreements

Participation of SRS in SRS OAP may vary over time. Several factors may lead to the necessity of changes to SRS OAP funding arrangements with individual SRS. These factors and procedures that apply to them are outlined in this section.

### An SRS is no longer eligible for SRS OAP funding

SRS are required to continuously meet eligibility requirements ([Section 2](#_Participating_pension-level_SRS)) to remain eligible to participate in SRS OAP. Failure to meet these requirements may lead to funding being suspended, reduced or withdrawn.

Providers will inform the Divisional APSS team and funded organisation immediately their SRS no longer meets the eligibility requirements.

If a funded organisation becomes aware, or suspects, that an SRS no longer meets the eligibility requirements for SRS OAP, they will also inform the Divisional APSS team immediately.

The department reserves the right to verify information provided, including witnessing original documents.

### Review of SRS OAP funding

If the department believes a participating SRS is not meeting the eligibility requirements a review will be undertaken by the APSS team with other department staff as necessary.

The review will:

* Consider information provided and gather further information, if required.
* Invite the SRS provider and the funded organisation to meet, if appropriate.
* Provide recommendations on funding changes and/or other actions.
* Progress recommendations for funding changes or actions through to the Executive Director, Homelessness and Housing Support, Homes Victoria or equivalent.
* Any decision to vary or cease funding will rest with the Executive Director, Homelessness and Housing Support, Homes Victoria or equivalent.
* The SRS provider will be informed of the decision by letter.
* The Divisional APSS team will advise the funded organisation of the outcomes of the review, including any decision on funding. The funded organisation will work with the SRS provider to implement any changes required.
* SRS OAP funding may be suspended in part or full while this process is undertaken.

## 7.7 Change of Ownership of SRS

If the registration of an SRS currently receiving funding through SRS OAP is subject to a Change of Ownership application through the Social Services Regulator, and the prospective provider wishes to apply for SRS OAP funding:

* the applicant must lodge a formal application for SRS OAP funding after their application for registration of the SRS is approved by the Social Services Regulator and subsequent to the settlement of the contract of sale
* The application will be assessed by the department to determine eligibility for SRS OAP
* The SRS provider will be advised in writing of the outcome of the application
* The department will notify the funded organisation of the application results and required actions, and
* For approved applicants, a new SRS OAP agreement and Collaborative Plan will be required. The new SRS provider and funded organisation will work together to establish these within three months of SRS OAP funding being approve.

### Prospective provider does not apply for SRS OAP

In some circumstances, the prospective SRS provider may decide against applying for SRS OAP.

If the prospective SRS provider decides not to apply for SRS OAP, the department will coordinate with the funded organisation to ensure SRS OAP funding ceases on settlement of the sale of the SRS.

The Divisional APSS team and funded organisation will work together to identify any unspent SRS OAP funds held for the SRS and arrange for funds to be returned to the department.

The Divisional APSS team will identify recurrent savings, including funding for the funded organisation, resulting from the provider’s decision not to apply for SRS OAP, and will arrange for these funds, together with any unspent funds for the year in question, to be returned to the Homelessness and Housing Support Branch, Homes Victoria.

Items previously purchased with SRS OAP funds may be subject to recovery as outlined in Section 6.2

## 7.8 Appointment of an administrator

If an administrator is appointed to an SRS in the SRS OAP program:

* Homes Victoria and the Divisional APSS team will ensure that the funded organisation is informed of any changes required to SRS OAP funds management. This may include redirection of funds to the administrator
* The funded organisation will ensure any SRS OAP funds flowing to the SRS provider cease immediately.

## 7.9 SRS withdraws from the program

An SRS may close or the provider may choose to withdraw from SRS OAP at any time. In these situations:

* SRS providers must inform the SRS OAP funded organisation in writing of their intention to close or withdraw.
* The funded organisation will meet with the provider to determine any outstanding financial and other issues prior to closure or withdrawal.
* The funded organisation will advise the Divisional APSS team of the outcome of this meeting.
* The Divisional APSS team will implement the same steps for recovery of unspent funds and recurrent savings as set out above.
* The Divisional APSS team, Homes Victoria and the funded organisation will consult re potential risk to residents of a withdrawal of SRS OAP support and options for addressing risk, including but not limited to the continuation of resident outreach support.

## 7.9.1 Disagreements and disputes

The following procedures should be followed in the event of disagreements and disputes:

If the dispute is between the SRS provider and the funded organisation, attempts should first be made to resolve the issue locally through direct discussion and negotiation between the parties and the internal complaints procedures of the funded organisation.

Either party may contact the Divisional APSS team to seek assistance with resolving the dispute or disagreement:

* in the event that direct negotiation cannot resolve the issue, formal dispute resolution procedures should begin
* final dispute resolution will be through the office of the Executive Director, Homelessness and Housing Support, Homes Victoria
* in the event of a dispute between the divisional office and the funded organisation, the dispute resolution procedures outlined in the service agreement will be followed.

1. Single adult disability pension or single aged care pension [↑](#footnote-ref-2)
2. Eligibility criteria is outlined in the Application Form for participation in SRS OAP and includes operating as a pension-level SRS, complying with legislative definition of an SRS including not providing accommodation and support to all residents under a service and funding agreement with the State or Commonwealth, and not being subject to actions which may place ongoing registration at risk. [↑](#footnote-ref-3)