

All incidents must also be recorded in the SP Portal, and a written incident report must be completed for all incidents (in line with the *Incident Reporting Protocols for SRSS Providers*).

As a minimum, written incident reports should include:

- circumstances or description of the event, including who was involved (including non-SRSS recipients, external agencies and SP staff) a timeline of the event, if deemed useful
- what follow-up action the SRSS Provider has taken, or will take (this should include actions taken to support the recipient immediately following the incident, and any actions taken in order to obtain further information from external agencies such as state or territory child welfare authorities or police).

The SRSS Provider is required to update the recipient's Case Plan following the closure of a major or critical incident.

8.7.3. Incidents – Reporting (Band 1)

1. Notify the immigration facility FDSP Duty Manager in all instances when a child-related incident occurs in an alternative place of detention. SRSS Providers must cooperate with the FDSP in reporting incidents.

8.7.4. Incidents – Reporting (Bands 2–3)

1. Report all incidents concerning Band 2–3 recipients via the Incident Reporting Hotline on s. 47E(d) (Option 3) within the timeframes specified in the Schedule of Services and the *Incident Reporting Protocols for SRSS Providers*. If the Incident Reporting Hotline officer or SRSS Provider does not believe the child has been harmed, or is at risk of significant harm, the incident does not need to be reported to the state or territory child welfare authority.
2. Provide regular, as needed or as requested, updates to the Incident Reporting Hotline.
3. Upload a written incident report to the incident in the SP portal in accordance with the *Incident Reporting Protocols for SRSS Providers*.
4. Update the individual's Case Plan 10 business days after the incident has been closed and attach it to an **SP Portal 'Case Plan – Update'** activity to the recipient's SRO.

8.7.5. Incidents – Reporting (Bands 4–6)

1. Report all critical and major incidents concerning recipients in Bands 4–6 via the Incident Reporting Hotline or s. 47E(d) (Option 3) within the timeframes specified in the Schedule of Services and the *Incident Reporting Protocols for SRSS Providers*. If the Incident Reporting Hotline officer or SRSS Provider does not believe the child has been harmed, or is at risk of significant harm, the incident does not need to be reported to the state or territory child welfare authority.
2. Provide regular, as needed or as requested, updates to the Incident Reporting Hotline.
3. Upload a written incident report to the incident in the SP portal in accordance with the *Incident Reporting Protocols for SRSS Providers*.
4. Update the individual's Case Plan 10 business days after the incident has been closed and attach it to an **SP Portal 'Case Plan – Update'** activity to:
 - the recipient's SRO (Bands 4–5)
 - the SRSS Operations and Support Manager (Band 6).

8.7.6. Incidents – Updates

SRSS Providers should continue to monitor open incidents and provide regular updates until the incident is closed. Regular updates may include the response of the SRSS Provider or actions taken by the recipient in response to the incident.

1. Record updates to incidents by entering relevant notes in the SP Portal in a new incident version, via the Incident Reporting Hotline or as directed by departmental staff, until the incident is closed.

8.7.7. Threats of self-harm and/or suicide

All threats of self-harm and/or suicide from recipients should be taken seriously.

If a Case Worker is with the recipient when the threat is made, the Case Worker should remain with the recipient until the person accesses professional assistance. Where there are concerns for the Case Worker's safety, the police should be called for assistance.

All SRSS Providers have a role to play in identifying risks and supporting and ensuring the safety of persons at risk of self-harm, especially assisting the person to access appropriate health services.

1. Maintain situational awareness during the incident.
2. Carry out relevant emergency procedures in the event of an imminent threat or risk of self-harm or suicide by an individual.
3. Report the incident in accordance with the Department's *Incident Reporting Protocols for SRSS Providers* and the *Reporting Child-related Incidents Policy* and mandatory reporting requirements in the relevant state or territory.

8.7.8. UAM incident management and reporting

The relevant state or territory child welfare authorities must be notified in situations where children have been exposed to family violence or been involved in a child protection incident. The *Child Safeguarding Framework* has further information on child safeguarding. The *Reporting child related incidents policy* should also be reviewed in combination with the *Child Safeguarding Framework*.

8.7.9. Child abuse, domestic violence and/or sexual violence

SRSS Provider should offer equal support to all recipients involved in child abuse, domestic and/or sexual violence. This is irrespective of their alleged behaviour, and prioritising the safety and wellbeing of any children over all else. The claimant should be encouraged and supported to report the incident to the police. Affected recipients, including any person of interest who has harmed or may harm a child, should be referred to their GP who may recommend counselling or other specialised treatment or intensive support if appropriate.

The SRSS Provider should report incidents to local police as appropriate and arrange for an ambulance or medical treatment if required.

All information relating to the instance of violence and/or abuse must be communicated to the Department as per the *Incident Reporting Protocols for SRSS Providers*. s. 47E(d)

In addition, relevant state and territory child welfare authorities must be notified by the SRSS Provider in situations where children have been harmed or are at risk of significant harm. This is irrespective of whether or not that officer is a mandated reporter for the purposes of the state or territory legislation. Allegations of domestic violence/sexual violence in relation to an IGOC minor must also be referred to the IGOC delegate for appropriate action and follow-up.

8.7.10. Child safeguarding (incidents)

Where a minor has been harmed, is at risk of harm or there is suspicion of harm, SRSS Providers must follow the *SRSS Incident Reporting Protocols*, including the *Reporting Child-related Incidents Policy* and mandatory reporting requirements in the relevant state or territory. Where a child-related incident occurs, the SRSS Provider is expected to assist as required, including where an Initial Inquiry or Child Safeguarding Inquiry is conducted.

The relevant state or territory child welfare authorities must be notified in situations where children have been exposed to family violence or been involved in a child protection incident. The *Child Safeguarding*

Framework has further information on child safeguarding. The *Reporting child related incidents policy* should also be reviewed in combination with the *Child Safeguarding Framework*.

Where harm has occurred, or is suspected to have occurred, it is important for the SRSS Provider to work closely with the Department to ensure that appropriate follow up support is available to minors and their families. Follow up support would include referrals to appropriate health (including mental health) and associated services and supports.

8.7.11. Breach of Residence Determination conditions or Code of Behaviour

Recipients agree to comply with the Residence Determination conditions (Bands 2–3) or the Code of Behaviour (Bands 4–6) before being placed in the community. Any breach of conditions must be reported as an incident.

Conditions attached to Band 2 placements refer to the recipient abiding by house rules. This means that a recipient may be in breach of their conditions if they do not adhere to the rules set by the SRSS Provider. Where a Band 2 recipient consistently breaches house rules, the SRSS Provider should notify the SRSS Operational Coordination team through an incident report in the SP Portal.

1. Report any breach of Residence Determination conditions or Code of Behaviour as an incident. Where a Band 2 recipient consistently breaches house rules, the SRSS Provider should notify SRSS Operations through an incident report in the SP Portal as outlined in the *Incident Reporting Protocols for SRSS Providers*.

8.7.12. Death of a recipient

In the event of a death, SRSS Providers should ensure that, subject to the relevant state or territory protocols, all relevant religious and spiritual customs are recognised and respected. This may include having an appropriate religious representative attend the recipient's property.

1. Where the SRSS Provider becomes aware that a recipient has passed away, they must immediately inform the Department via the incident reporting hotline:
Phone: s. 47E(d) (Option '3').

8.7.12.1. Notification of death to the next of kin

In the event of a death in the SRSS Program, the Department is responsible for notifying any next of kin located in immigration detention. Where a recipient dies, news of the death is to be passed on to a close relative or member of the extended family (as defined by cultural values) who is in immigration detention. The Department must arrange for the person to be notified as soon as possible in an appropriate and caring manner. Notifications of a recipient death to non-relatives or relatives not in immigration detention (such as overseas), is the responsibility of the agency managing the incident, for example the police or hospital.

Where news of the death is to be relayed to a person in the SRSS Program, the Department will liaise with SROs (or the SRSS Provider in Band 6) to ensure support networks are put in place prior to the news being passed on.

1. Where the SRSS Provider is asked to assist with funeral arrangement and supporting family members, they should contact SRSS Operational Coordination via email or phone to discuss.

8.7.12.2. Funeral and burial arrangements

It would be expected that SRSS Providers first liaise with the Recipient's family to discuss funeral arrangements, including whether the family can fund the funeral in full or in part. If not, the SRSS Provider should ensure the deceased person's family speak with their relevant community group to try to source the required funds.

State and territory governments may provide assistance with funeral and burial arrangements. SRSS Providers should assist the deceased recipient's family to make an application through state and territory governments. Cost associated with repatriation of a deceased person will not be covered by the Department.

8.7.12.3. Property and money

s. 47E(d)

Once authorised to do so, the SRSS Provider can release the deceased recipient's possessions to the next of kin as advised by the responsible agency. SRSS Providers should liaise with SRSS Contract Management on a case-by-case basis when the next of kin is not known.

8.8. Additional incident reporting for IGOC Minors (Bands 2–6)

s. 47E(d)

8.9. Residence Determination – Decision-making for UAMs (Bands 2–3)

SRSS Providers provide support to UAMs, and other minors, through the SRSS Program. Some of this support is provided by Case Workers or Carers. Where an unaccompanied IGOC minor is placed in Band 2 or 3, the SRSS Provider will also fulfil the role of Custodian for that child, as defined under the IGOC Act. UAMs in Band 1 are in the custodianship of the Department.

When making decisions for minors, SRSS Custodians and Carers must consider a range of factors. Several considerations that should be taken into account in any decision that affects a minor or where the decision is a more general one that will impact minors in the SRSS Program. Consideration should be given to the minor's:

- individual circumstances
- age, maturity and any specific vulnerabilities (for example, physical or mental health concerns)
- best interests
- opinion and wishes.

The importance of family unity and reunification (unless there are concerns for the minor's welfare) should also be considered.

The opinions of the affected minor should be taken into account whenever possible when decisions are made. Including children in decision-making promotes the development of children's resilience, compliance and self-agency, and contributes to the protection of children from abuse. This is an important way in which SRSS Providers can engage minor in the SRSS Program, improve their self-agency and help to protect them from harm.

It is important, however, that minors are not given false expectations. They must be given a clear understanding that, while their opinions will be taken into consideration, they must be weighed against many other factors and the outcome will not necessarily be the one they most wanted.

Other factors that must be considered include:

- the needs and wishes of adult family members who are caring for the minor;
- the parameters and integrity of the SRSS Program
- the *Child Safeguarding Framework*
- legal frameworks, including the *Migration Act 1958*
- the IGOC Act and Regulations where relevant
- the best interest of the Australian community.

Decision-makers should record in the recipient's Case Plan what factors were taken into consideration in the decision. The minor should be advised of the outcome and, if it was not their preferred outcome, how that decision was reached.

8.9.1. Minors making their own decisions

There are a number of matters that must be escalated to the Department or IGOC delegate for decision, under the IGOC Act. In other circumstances, and where the matter is routine or day-to-day, minors can make their own decisions and provide consent for themselves if they are able to understand the consequences of an issue and the options available to them. This will depend on a range of factors, including the age, maturity and experience of the individual minor.

Where a minor cannot provide their own consent, routine day-to-day decisions about a minor's care and welfare can be made by their Custodian or Carer. Non-routine matters must be referred to the IGOC delegate.

With respect to medical treatment in particular, it is the responsibility of the medical practitioner to determine who can provide consent, including if the minor can provide consent for himself or herself. Departmental officers, Custodians, Carers and relatives are able to support and counsel the minor but may not be able to make a decision for them. A medical practitioner has a duty of care in relation to the child and may decide for themselves that they have the legal authority to proceed with the proposed treatment.

8.9.2. Routine decision-making responsibilities for UAMs

Carers and Custodians can make routine and day-to-day decisions relating to minors including:

- school enrolment
- school excursions, unless they involve inter-state travel or an inherent risk
- extra-curricular activities such as sport or music, but not activities that involve an inherent risk
- curfews and house rules
- minor non-emergency health care (where the minor lacks the capacity to make their own decisions)
- social activities.

In providing for the minor's day-to-day care, the Department's expectation is that Carers and Custodian will take into account the age and maturity of the minor, encourage the minor to develop and enhance their independent living skills, particularly as the minor gets older. This may include giving minors the freedom to make some of their own decisions on day-to-day matters, within the boundaries of this OPM and any house rules.

Non-routine decisions must be escalated to the Department for decision.

8.9.3. Non-Routine consent decisions for UAMs

SRSS Providers are required to escalate non-routine decisions to the Department for decision, including certain decisions for IGOC minors that must be made by the IGOC delegate in line with the IGOC Act and IGOC Regulations.

Consistent with the Department's duty of care towards persons in immigration detention, the SRSS Provider must consult the Department for non-routine matters for IGOC and non-IGOC minors, including those accommodated with Community Links. Non-routine matters include:

- temporary stays away from the house, including school camps, sleepovers and holidays, even if only for one night
- participation in risky activities
- allowing the minor to temporarily live with another person
- any change in household composition or care arrangements
- interstate travel either with the Carer/Custodian, another person or on their own
- medical assistance of a serious or critical nature.

8.9.4. Decision-making and providing consent for non-IGOC minors

In many cases, a non-IGOC minor will have no legal guardian in Australia. Many older minors, particularly those who are 16 or 17 years of age, will often have sufficient maturity to make their own decisions. Where a minor lacks the maturity or capacity to provide his or her own consent, the Carer should explain the minor's situation to the person or entity seeking consent. This person may accept the consent of another family member, the Carer or the Department. The Department can also be involved in this discussion.

If it is necessary for the parents overseas to provide consent, SRSS Providers should contact the Department for further advice.

8.9.5. Developing solutions for decision-making

Where there is disagreement or uncertainty about the appropriate approach or decision, the Department will engage (where practicable) with the SRSS Provider or Community Link to develop an agreed approach.

Where the disagreement on the appropriate approach or decision in relation to a particular UAM is between the SRSS Provider and a Community Link, the matter should be escalated to the Department (through the SRSS Operations and Support team) for discussion and decision. The Department's expectation is that this will generally only occur in relation to significant matters, and that the Community Link and the SRSS Provider will seek to reach a mutually agreeable outcome for routine matters.

Occasionally, a Community Link or SRSS Provider for a UAM might be unclear on whether a matter should be escalated to the Department, or feels that a particular decision in the circumstances is more appropriately made by the Department. In these circumstances, they should escalate the matter to the Department through the SRSS Provider and the SRSS Operations and Support team for discussion.

8.9.6. Consent for UAMs in Bands 2

The information in the following table is a brief summary of who can provide consent for IGOC and non-IGOC minors in particular circumstances.

Table 13: Summary of consent for UAMs

Issue	IGOC minor	Non-IGOC minor
Temporary / Overnight stays (three nights or less)	SRO	SRO
Temporary/Overnight stays (more than three nights)	Departmental IGOC delegate	The Department (and SRSS Operations and Support team)

Issue	IGOC minor	Non-IGOC minor
Placing the minor in the care of another person or changing Custodian	Departmental IGOC delegate	The Department (and SRSS Operations and Support team)
Interstate travel of any length of time	Departmental IGOC delegate	The Department (and SRSS Operations and Support team)
Photographs of the Recipient which may become publicly available	Departmental IGOC delegate	The Department
Media enquiries relating to the Recipient	Departmental IGOC delegate	The Department
General medical assistance, minor or routine in nature	The minor (if they have sufficient maturity and intelligence to understand the decision). Otherwise, the Custodian, at the discretion of the medical practitioner.	The UAM (if they have sufficient maturity and intelligence to understand the decision). Otherwise, the Carer, at the discretion of the medical practitioner
General medical assistance, serious or critical in nature (non-routine)	The minor (if they have sufficient maturity and intelligence to understand the decision). Otherwise, the departmental IGOC delegate, at the discretion of the medical practitioner.	The UAM (if they have sufficient maturity and intelligence to understand the decision). Otherwise, a person with responsibility for the minor, at the discretion of the medical practitioner.
Medical emergency	Usually no person is required to provide consent as medical treatment can be given in an emergency without consent. The departmental IGOC delegate should be informed as soon as practicable. Where consent to provide emergency treatment is requested in advance (for example, medical indemnity form for excursion or activity) then this should be endorsed by the IGOC delegate.	Usually no person is required to provide consent as medical treatment can be given in an emergency without consent. The Department should be informed as soon as practicable. Where consent to provide emergency treatment is requested in advance (for example, medical indemnity form for excursion or activity) then this should be endorsed by the IGOC delegate.
Enrolment in school	The Custodian	The Carer
School excursions & gym membership (other than those involving risky activities)	The Custodian	The Carer
Engagement of legal assistance (other than IAAAS)	Escalate to the Department for discussion	Escalate to the Department for discussion
Consenting for high-risk activities	The departmental IGOC delegate	The Department
Consent for low-risk activities, such as, after-school activities not funded by the SRSS Program	The Custodian	The Carer

8.9.7. IGOC status – Concerns

IGOC assessments may be reconsidered by the Department if there is new information about the minor's circumstances at the time of entry. Therefore, the Department should be made aware of any new information learnt about the minor. This information would include previously undisclosed family members in Australia or intention of the minor at time of arrival, so that this can be considered by the Department.

8.9.7.1. IGOC status – Concerns by the SRSS Provider

1. Contact the Department through the SRSS Operations and Support Manager in the first instance. If the SRSS Operations and Support Manager is not available and the matter is urgent, contact the Incident Reporting Hotline on s. 22(1)(a)(ii) (Option 3).

8.9.7.2. IGOC status – Concerns by the Community Link

1. The Community Link should contact the SRSS Provider Case Worker, who will contact the Department through the SRSS Operations and Support Manager.

8.10. Residence Determination – Temporary stays and temporary visitors (Bands 2–3)

Temporary stays are for a short-term period and will only be approved in limited circumstances where there is a genuine need. This is because, as a condition of their Residence Determination, recipients must reside in their allocated property each night, unless they have received prior approval to stay temporarily at a different address.

Limited circumstances include where:

- there is property damage and occupants are required to be relocated while the property is being repaired
- the recipient is attending a court subpoenaed hearing, where video link is not available
- travel is required as part of a recipient's status resolution
- medical appointments and procedures are required and there is no local alternative
- inclusion in school excursions forms part of the school curriculum
- the Department makes a decision due to operational requirements.

The Department will not approve overnight stays for non-essential activities, such as visiting family or friends.

Temporary stay requests are not required for emergency hospital admissions.

A number of factors must be considered when arranging a temporary stay or temporary visitor in SRSS accommodation, including:

- the visa status of the host/visitor
- proposed sleeping and travel arrangements
- the mental health status of the recipient
- the reason for the stay/visit
- behaviour of the recipient
- the length of time
- if a UAM, the living arrangement of the host (particularly other residents in the host's property)
- appropriateness of the host (for temporary stay)
- in the case of UAMs, the age of the host.

Generally it is expected that the host of a UAM would be 21 years or older and hold relevant checks and assessments, such as a Blue Card or Working with Vulnerable People Check. In instances where a UAM has an adult sibling under 21 who is living in the community and wishes to host the UAM for a temporary stay this can be considered, though appropriate weighting should be given to any identified risks.

The SRSS Provider should also encourage recipients to give as much notice and information as possible when requesting a temporary stay, noting that all requests must be submitted a minimum of 10 business days before the stay is to take place.

SRSS Providers must ensure recipients are aware of emergency procedures to follow if an incident should occur during a temporary stay. This includes whom to call if they are late to return, if their host becomes unsuitable or they have issues with visitors to their property.

Where approval is given for a relocation on a temporary or overnight stay while awaiting a 197AD approval, the case must be transferred in the portal to the incoming SRSS Provider. The sending SRSS Provider must then transition the recipient out of their care, and the portal activity finalised for that recipient. The incoming SRSS Provider will then have full responsibility for the recipient and should invoice the Department directly.

SRSS Provided Accommodation properties cannot be used by friends and family members as an alternative to sourcing their own accommodation.

8.10.1. Temporary stay request (Bands 2–3)

1. Submit temporary stay requests as an **SP Portal 'Movement - Temporary'** to:

- the recipient's SRO (for temporary visits of three or less nights)
- the SRSS Operations and Support Manager (for temporary visits of more than three nights)

Ensure a Movement Request is completed with relevant details. Requests must be in line with the limited circumstances and considerations and be submitted a minimum of 10 business days before the stay is to take place.

8.10.2. Temporary visitor request (Bands 2–3)

1. Submit temporary visitor requests as an **SP Portal 'Additional Services – Other'**:

- To the recipient's SRO (for temporary visits of three or less nights)
- To the SRSS Operations and Support Manager (for temporary visits of more than three nights)

Requests must be in line with the limited circumstances and considerations.

8.11. Residence Determination revocation (Bands 2–3)

Where a recipient's Residence Determination has been revoked, the SRSS Provider's responsibility will be to assist the recipient to pack belongings, collect health documentation from DHSP health providers and to disengage the recipient from any activities. The SRSS Provider may also be asked to liaise with departmental officers to provide information for assessments.

The Department will advise the SRSS Provider via an SP Portal 'Referral'. This will detail all requirements of the SRSS Provider.

A Transition Out Plan does not need to be completed where a recipient's Residence Determination has been revoked; however, an *SRSS Exit Checklist* is required. The SRSS Provider must work with the Department to return belongings to the recipient as appropriate.

s. 47E(d)

If the recipient is a UAM, custodian arrangements will cease once the Residence Determination is revoked. The IGOC delegate in the immigration detention facility will become responsible for the UAM's welfare.

8.12. Residence Determination – Community Links (Bands 2–3)

Instead of Provided Accommodation, recipients may be able to live with a Community Link, following a Community Link Assessment. Under no circumstances should a Band 2–3 recipient reside with a Community Link without the Department's approval.

Community Links should be able to demonstrate that they can afford to reside in their property without relying on rental contributions from the recipient or financial assistance provided by the Department. SRSS Providers should ensure that Community Links are aware of this before the recipient is considered to reside with them or if they choose to move to a larger property.

s. 47E(d)

1. Ensure the Community Link identified is willing and financially able to accommodate the recipient.
2. Fill in a Payment or Movement Request form and submit via an **SP Portal 'Movement - Location'** request to the SRSS Operations and Support team.

The SRSS Operations & Support team will then advise the SRSS Provider on what further information they are required to provide to complete the assessment of the proposed Community Link arrangement. This could include National Police Checks, Working With Vulnerable People Checks and other information about the Community Link and the proposed living arrangements.

8.12.1. Community Link – Change of circumstances

Should a Community Link's circumstances change, (for instance another adult moves into the property, a current resident turns 18 or the Community Link is moving address) the SRSS Provider is required to notify the Department and provide an updated ASA.

1. Attach an updated ASA if the Community Link's circumstances change against a new **SP Portal 'Assessment – Accommodation Suitability Assessment'** task.
2. A police check for any new adult member of the household must be undertaken, as well as a Working with Children check, for any adult who is not a relative of the minor.
3. Submit an **SP Portal 'Movement – Location'** task for situations involving a change of address to SRSS Operations and Support team for decision. Household contribution payments must not commence at the new address until the Minister has approved the relocation/movement.

8.12.2. Community Link accommodation (Band 2–3)

Where a Band 2–3 recipient is approved to live with a Community Link, they will have access to the following:

- BHG Package for Community Link accommodation (limited, including Linen Package)
- Mobile phone handset (Band 2)
- Community Link household contribution
- Income Support
- Meaningful Engagement Allowance (Band 2).

s. 47E(d)

8.12.2.1. BHG Package for Community Link accommodation

Items provided to recipients living with Community Links are dependent on need. If required, it is expected that a bed, bedside table and desk be provided. TVs and white goods should not be provided.

When the recipient exits the Band or the SRSS Program any goods provided must be returned to the SRSS Provider for use in other Provided Accommodation properties. The total amount spent on the BHG Package must be less than the amount for Group 1/Single sharing.

The SRSS Provider is not responsible for Community Link accommodation.

1. Record the provision of BHG items for recipients in Community Link accommodation in the SP Portal as per the instructions in the BHG Package section.

8.12.2.2. Landlines in Community Link properties

While landline phone connections in Community Link properties are not mandatory, it is strongly encouraged that Community Links have them.

Recipients in Band 2 are issued with mobile phones for their use while in Band 2 of the SRSS Program. As such, the Department expects that the SRSS Provider ask the Community Link to ensure the recipient's mobile phone is always charged with calling credit and accessible to the UAM. This is especially important if there is no landline connection.

8.12.3. Case Workers for recipients living with Community Links

The SRSS Provider must continue to provide Case Worker Services to UAMs who are living with Community Links. Community Link Custodians and Community Link Carers must maintain close contact with the Case Worker to ensure the needs of the UAM are being met and to escalate issues for consideration by the Department through the Case Worker.

If the Community Link Custodian is intending to leave the Community Link property for more than a few days and leave the minor on their own or in the care of another person in that house, this must be raised with the Department. The Department will determine if the arrangement is suitable and if another person needs to be the Custodian for that period. Under the IGOC Act, only the Minister or his delegate can place an IGOC minor in the care of another person.

8.12.4. Community Link Custodian

The Custodian is responsible for the day-to-day decisions. Community Link Custodians must maintain close contact with the SRSS Provider Case Worker to ensure the needs of the UAM are being met and escalate issues for consideration by the Department.

If the Community Link Custodian of a minor is intending to leave the Community Link property for more than a few days and leave the minor on their own or in the care of another person in that house, this must be raised with the Department. The Department will determine if the arrangement is suitable and if another person needs to be the Custodian for that period. Under the IGOC Act, only the Minister or his delegate can place an IGOC minor in the care of another person.

The Department has developed a fact sheet for Community Link Custodians to explain their role and responsibilities with respect to the IGOC minors. It is provided to them when they undertake the interview.



For a copy of the fact sheet for Community Link Custodians, email
s. 47E(d)

8.12.4.1. IGOC minors – Escalating matters to the IGOC delegate

The IGOC delegate needs to be informed of matters affecting IGOC minors in a timely manner.

1. Contact the SRSS Operations and Support team in the first instance when a matter needs to be escalated to the IGOC delegate for information, discussion or decision. This may be when an SRSS Provider Custodian or Community Link Custodian becomes aware of a matter.
If the SRSS Operations and Support team is not available and the matter is urgent, the Custodian should contact the Incident Reporting Hotline on s. 22(1)(a)(ii) – Option 3.
If a Custodian is uncertain whether it is necessary to escalate a matter to the IGOC delegate, or feels that they require guidance from the IGOC delegate in a particular circumstance, the best approach is to escalate the matter to the SRSS Operations and Support team for discussion.

8.12.5. Community Link Carers

As with Community Link Custodians caring for IGOC minors, Community Link Carers of non-IGOC minors are:

- assessed by the Department through a Community Link Assessment as to their suitability to provide care and support for the minor
- responsible for the day-to-day care and welfare of the minor, while the SRSS Provider continues to provide a Case Worker.

The obligations of the Community Link Carer are the same as those of the Community Link Custodian. Specifically, they must:

- report certain events and seek departmental approval for certain decisions, as set out in this Manual
- advise the Department, through the SRSS Provider case worker, in advance of any change in the living situation, including if they intend to leave the minor alone or in the care of another person while they are absent
- maintain a close relationship with the SRSS Provider Case Worker to ensure the minor's needs are being met.

The Department has developed a fact sheet for Community Link Carers to explain their role and responsibilities with respect to the minor. It is provided to them when they undertake the interview.



For a copy of the fact sheet (where the Minister is not Guardian), email s. 47E(d)

8.13. Community Links (Band 4)

Where a recipient has nominated a Community Link they would like to live with, the SRSS Provider will be required to undertake an initial assessment of the proposed Community Link prior to the recipient occupying the property.

1. Undertake an initial assessment of the Community Link via telephone to determine whether the Community Link is willing and able to accommodate the recipient.
2. Submit the outcome of this assessment via an **SP Portal 'Community Link - Interview'** activity within four business days of receiving the referral in the SP Portal, as outlined in the Schedule of Services.

8.14. Health services (Bands 2–3)

The Department relies on the clinical advice provided by the contracted DHSP and other qualified health professionals sourced by the DHSP, as well as public health professionals, to recommend and provide health services to approved recipients. The Department and SRSS Providers are required to act on that clinical advice.

SRSS Providers are responsible for facilitating recipients to access to health services while they are in Bands 2–3. This includes explaining the DHSP system to recipients, assisting them to make appointments and raising new or outstanding health issues with the DHSP where appropriate.

1. Submit health and medical requests via an **SP Portal 'Payment Request – Extra Funds Health'** to the SRSS Operations and Support team.

The request must include a completed *Payment of Movement Request* template including any supporting documentation, such as a GP completed '*Clinical Indication Form*' (this form has been provided by the DHSP to all network GPs) or specialist documents.

8.14.1. IHMS Healthcare Card

Following notification from the Department, the DHSP issues this card to all recipients in Bands 2–3. This ensures they have access to a network of GPs and are able to access services on presentation of their 'IHMS Healthcare Card'.

It is good practice for recipients to also have their ImmiCard on them when they visit the GP to avoid identity issues or concerns regarding eligibility to access the GP services. Recipients are not required to pay for these services. The DHSP will be billed and subsequently reimbursed.

8.14.2. Preferred GP and pharmacy

Recipients must choose a preferred GP and pharmacy from the list of DHSP subcontracted providers. SRSS Providers must communicate this choice to the DHSP CDT. Recipients must only access services from their preferred GP and pharmacy. Any permanent changes to a recipient's preferred GP or pharmacy must be communicated to the CDT by the SRSS Provider.

To maintain each recipient's full medical history, the DHSP receives clinical notes from each Band 2–3 recipient's preferred GP. This is part of the reason why SRSS Providers must ensure recipients only attend their preferred DHSP network provider GP, in order to assist with Continuity of Care.

8.14.3. Health and wellbeing – Referral process (Bands 2–3)

Health service provision for recipients is based on a primary care model, with all health services needing to be requested through the recipient's preferred GP. Recipients are required to make an appointment with a GP for review and referral, prior to making appointments for:

- General psychological services for mental health concerns
- Dental services for the relief of pain, infection control and emergency dental procedures or dental treatment that is deemed clinically necessary
- Optical services
- Hearing services deemed clinically necessary
- Specialist providers, such as support for adolescents reporting suicidal thoughts or other forms of psychological distress.

DHSP GPs then contact the CDT to refer the recipient to an appropriate network provider.

If a referral requires approval, then the SRSS Provider, network provider and/or recipient must wait for approval prior to making an appointment. The DHSP CDT will contact both the network provider and SRSS Provider to inform them of the decision regarding the referral.

8.14.3.1. Threats of self-harm and/or suicide

Managing the risk of self-harm is everyone's responsibility and must be holistic and multidisciplinary. In situations where it is assessed the risk of self-harm or suicide is not imminent, but a person requires professional assessment they should be referred to their local GP, and/or referred to the local hospital for an assessment. Any subsequent referrals for mental health specialist care for the recipient should be made by the GP or hospital.

The coordination and delivery of ongoing mental health treatment is the responsibility of the treating health professionals. Once the Department, in consultation with the DHSP, approves a referral, the SRSS Provider can assist the recipient to make the appointment.

If the referral does not require approval then the network provider, SRSS Provider and/or recipient can make an appointment with a network provider. The SRSS Provider is required to inform the DHSP of the referral and forward any documentation, so that the DHSP can follow up appropriately.

The referral process is managed through the recipient's preferred GP in the community. Referrals are required for all services (excluding emergency) and should be referred to the DHSP by the GP.

8.14.4. General Psychological Services (Bands 2–3)

Where SRSS Provider Case Workers have concerns about the mental health of a recipient, they should inform CDT and these should also be raised with the recipient's SRO via email and **must** be recorded in the recipient's file.

8.14.5. DHSP delays

1. Raise questions about appropriate referrals or delays in accessing services with the CDT s. 47E(d) in the first instance, or Detention Health Operations Section s. 47E(d) if further advice is required.

8.14.6. Emergency Health Care

SRSS Providers are responsible for educating recipients in Bands 2–3 about what to do in an emergency health situation, such as how to access out of hours medical care, how to contact their case worker or GP to report urgent health issues and how to call an ambulance.

SRSS Providers should ensure the recipients in Bands 2–3 understand that ambulances should only be used for emergencies and are not to be used for a common, non-serious, illness as this will impact on the ambulance service's ability to support the rest of the community.

Recipients are able to access cashless emergency health care at public hospitals under arrangements the Department has with state/territory governments and the DHSP. This includes ambulance fees, diagnostic tests, and medical treatment and consultations at public hospital emergency departments. On occasion, however, some recipients have been required to pay an initial fee before being admitted for care due to lack of acceptance of their DHSP healthcare card or Residence Determination ImmiCard.

1. Inform the CDT where a Band 2–3 recipient is required to pay an initial fee before being admitted to hospital due to lack of acceptance of their DHSP healthcare card or Residence Determination ImmiCard. This should occur as soon as possible once the recipient has accessed a hospital.
2. Forward the invoice to DHSP at s. 47E(d) Where necessary the recipient should be reimbursed immediately (where they have a tax invoice).
3. Submit an **SP Portal 'Payment Request – Extra Funds'** with a completed *Payment or Movement Request* form attached to SRSS Operations for reimbursement. If the invoice has not been paid for the public health emergency services, DHSP can arrange payment once the invoice is forwarded to them.

If the Band 2–3 recipient has been inadvertently charged by a DHSP Network Provider, the SRSS Provider should contact the CDT immediately to arrange a refund from that Network Provider. If the recipient attends a non-Network Provider, they will not be reimbursed unless there is a compelling reason as decided on a case-by-case basis. Such claims will need to be made via a 'Payment Request' with an accompanying invoice.

8.15. Income Support overview

DHS make Income Support payments on behalf of the Department of Home Affairs. The regular SRSS payments made by DHS may consist of three allowances. These three allowances are:

- Living Allowance
- Dependent Child Allowance
- Rental Assistance Allowance.

Recipients are ineligible for other DHS payments.

The Department provides payment commencement dates for any recipient who is approved to receive Income Support. All payments made by DHS are made fortnightly, in arrears.

Where recipients are approved to receive Income Support, service providers will assist recipients with DHS when they enter into the SRSS Program. The commencement date for payments is the date on which the recipient:

- started living in the community following release from held detention arrangements, or
- entered the SRSS Program while already living in the community.

In situations where a recipient is receiving long term, ongoing treatment or care in a care facility (such as hospital or an aged care facility), Income Support may not be payable during this period. The Department will advise DHS, on a case-by-case basis, if a recipient's payment should be cancelled or suspended.

8.15.1. Living allowance

SRSS payments are based on the amount that would be payable to an eligible Australian citizen or permanent resident under the Social Security Law or Family Assistance Law rate. The existing Newstart and Youth Allowance income tests and rules apply to recipients who are earning an income.

Recipients must inform:

- DHS of any income and/or assets which may affect their payments, and
- the Department and DHS of any change of circumstances.

8.15.1.1. Living Allowance calculations

Band 2 – The Living Allowance rate is calculated at 89 per cent of the Youth allowance, and depends on the age of the recipient. A portion of the Living Allowance is retained by the Department/SRSS Provider for payment of utilities and household groceries.

s. 47E(d)

Band 4–6 – Living Allowance rates for approved recipients are based on 89 per cent on the relevant Newstart or Youth Allowance, depending on the Recipient's circumstances. The existing Newstart and Youth Allowance income tests and rules apply to recipients who are earning an income. Recipients must inform DHS of any income and/or assets that may affect their payments.

8.15.2. Dependent Child Allowance

The Department will determine if the recipient has a dependent child and qualifies for the Dependent Child Allowance. The Dependent Child Allowance is a percentage of Family Tax Benefit (FTB) Parts A and B (where applicable), where a family has one or more dependent children. Primary parent recipients who are partnered, will receive the FTB Part A component from DHS, and where applicable, the FTB Part B component from Providers. DHS will pay both FTB Part A and B components for a single parent.

The Department may determine the date payments commence where a dependent child has been in the care of a recipient for more than three months. The Dependent Child Allowance for a newborn child commences from the date provided by the Department, which may be the dependent child's date of birth, the date the Department was notified of the birth or the date on which the child became a dependent of the recipient.

Where a dependent child is already in the care of a recipient, the Dependent Child Allowance commences from the start date of the recipient's Living Allowance.

A recipient is not eligible for the Dependent Child Allowance for a child in the following circumstances, if:

- the child is receiving Special Benefit payments from DHS
- the recipient has a non-Recipient partner in receipt of FTB payments from DHS.

The Dependent Child Allowance will be paid to an approved recipient, who is the primary parent, at the same time as the Living Allowance or Rental Assistance Allowance. This payment will only be made to one parent when parents are partnered.

8.15.3. Rental Assistance Allowance

Rental Assistance Allowance is paid by DHS at a rate that is 89 per cent of the Rent Assistance that would be payable to an eligible person under the Social Security Law or Family Assistance Law Rate. Rental Assistance Allowance may be available to eligible recipients who are paying for Private Accommodation.

A recipient will not be considered for Rental Assistance Allowance in the following circumstances:

- the recipient is accommodated in Ongoing Supported/Provided Accommodation or Emergency Accommodation
- the recipient is in receipt of free board and/or lodging
- the recipient is residing in government housing or an Australian Government funded nursing home or hostel
- the Department advises DHS the recipient is not eligible due to alternative accommodation arrangements.

The Rental Assistance Allowance is based on Rent Assistance and its existing rules and, as such, supporting documentation must be provided to DHS. Supporting documentation may include:

- a formal tenancy agreement
- a statutory declaration or signed letter from the home owner or agent including the address details, weekly rental amount and name of the recipient

Rental Assistance Allowance will be paid to approved recipients at the same time as the Living Allowance.

8.15.4. Income Support (DHS allowances) – approvals

SRSS Providers must ensure that recipients are approved by the Department for any DHS allowances.

Table 14: Approvals for Income Support

Recipient	Income Support (as determined by the Department)	Approval
Band 2	Living allowance	Referral from Department in SP Portal
Band 3	Living Allowance Dependent Child Allowance	Referral from Department in SP Portal
Band 4	Living Allowance Dependent Child Allowance Rental Assistance Allowance	Referral from Department in SP Portal Approvals will specify whether any allowances are approved.
Bands 5–6	Individuals must have a demonstrated barrier preventing them from working to support themselves or resolving their immigration status and provide evidence.	Referral from Department in SP Portal Decisions on accessing DHS allowances for Bands 5–6 recipients will be based on their application for SRSS, their most recent CER, request for Additional Service or a support recommendation. Approvals will specify whether any allowances are approved.

8.15.5. Arranging Income Support for recipients

Where a recipient is approved to receive DHS allowances, the SRSS Provider must assist recipients with DHS within five business days of their entry into the SRSS Program to:

- arrange the recipient's initial interview with DHS
- assist the recipient to open a bank account (where required)
- ensure the recipient has the BSB and account numbers recorded for their DHS interview
- record when the bank account is set up.

An individual lodging an initial claim with DHS should provide a COI and a secondary document.

1. Record when the bank account is set up as an **SP Portal 'Essential Registration – Banking'** task.
2. Record when the recipient has an initial interview booked with DHS as an **SP Portal 'Essential Registrations - Allowance'** activity.

8.15.5.1. Commencement of Identity documents

An ImmiCard is the preferred Commencement of Identity document for IMAs and SRSS Band 2 and 3 recipients, and must be used where one exists.

s. 47E(d)

s. 47E(d)

For urgent circumstances, the Department can issue an ImmiCard Report, a paper-based document that contains the individual's photo and biographical details. The ImmiCard Report can be used temporarily while the ImmiCard is being issued and can be validated in VEVO.

8.15.5.2. Secondary documents

Secondary documents are issued by government or non-government sources and are evidence of an individual's identity in the community. Secondary documents should support the COI document and include, but are not limited to:

- BVE grant, visa grant notification or residence determination letters
- bank statement
- bankcard
- Medicare card
- utilities bill.

8.15.6. DHS change of circumstances

It is important that recipients tell DHS if there are changes to:

- personal and contact details
- bank details
- relationship status, for example if they become partnered or separated
- arrangements for anyone in their care, including their own children
- work status
- accommodation details (use the DHS Accommodation Details Form to do this)
- living arrangements if they're single and start sharing their accommodation with anyone outside the family who's 16 or older (use the DHS Relationship Details Form to do this)
- gender identity – gender updates are optional.

8.15.6.1. Rental assistance allowance payments following change of address (Bands 4–6)

Rental Assistance Allowance may continue for up to 28 business days following a recipient's advice on change of address or change in rental amount. This is to allow the recipient time to obtain and provide the required verification of change of address to DHS. If such verification has not been provided within the 28 business days, the Rental Assistance Allowance will cease.

8.15.6.2. Provided Accommodation & Income Support (Bands 4–6)

Where Band 4–6 recipients are receiving Income Support and are accommodated in Provided Accommodation, they will be expected to contribute 39 per cent of their Living Allowance (if they are receiving the Living Allowance) towards the cost of their Urgent/Emergency Accommodation, where the duration exceeds two weeks (on the 15th calendar day).

1. Ensure the **SP Portal 'Contact Details' tab**, 'Address Type' field, is listed as 'Service Provider Leased' at the end of the initial two-week period. This will ensure the Rental Contribution is deducted from the recipient's Income Support.

s. 47E(d)

s. 47E(d)

8.15.8. Income Support – Cessation

Income Support will cease when a recipient is no longer eligible for the SRSS Program as determined by the Department.

Eligibility for Income Support will cease without confirmation by the Department when:

- 13 weeks have elapsed since payments were dormant have not been restored (applies to Band 5 and 6 only).
- the recipient dies (payments cease on the date of the death of the individual)
- the recipient departs Australia (payments cease the day before the departure date)

8.15.8.1. Income Support – Cessation (Bands 5–6)

The Department may cease an eligible Recipient's Living Allowance where, following an investigation, it is confirmed that the recipient:

- has provided false, misleading and/or conflicting information
- either deliberately or inadvertently withheld relevant information
- breached the Code of Behaviour (where relevant)
- is not actively engaging with the Department to resolve their immigration status.

Cessation will result in termination of the recipient's Income Support payments and may involve recovery of funds. The decision to cease such payments will only be made by the SRSS Operations and Support Manager, who will advise the SRSS Provider and DHS via a 'Stop Transaction' in the SP Portal.

8.15.9. Income Support – Suspension

Income Support may be suspended immediately where the recipient:

- is not contactable
- fails to report on a change in their financial circumstances
- fails to attend an immigration appointment
- fails to participate in a financial assessment without adequate notification/reason, where alternative arrangements have not been made.

s. 47E(d)

8.15.10. Income Support – Restoration

If a recipient completes the activity or action related to the suspension and their Income Support is restored, the appropriate arrears are paid as applicable.

The Department informs DHS of its decisions regarding restoration or suspension of SRSS Payments. The Department also provides DHS with a restoration date and whether the recipient is entitled to a back payment. This will be reflected in the SP Portal.

8.15.11. Income Support – Cancellation

Cancellations may result for a number of reasons. This will be reflected in the SP Portal with a Stop Payment Notice - Cessation of Living Allowance under Band 6.

8.15.12. Income Support – Reinstatement

The Department may consider an SRSS Application when the individual:

- provides any requested information
- makes arrangements to repay any overpayments, where applicable
- meets eligibility criteria
- completes the SRSS Application Process.

The decision to reinstate Income Support payments will only be made by the Department. SRSS Operations Band 6 will record this in the SP Portal once undertaken and advise the SRSS Provider via a SP Portal referral.

8.15.13. DHS SRSS Payment Review

DHS conducts reviews of a recipient's SRSS Payment to ensure a recipient's personal information is current and that their SRSS Payment Rate is correct. DHS generally undertakes SRSS Payment Reviews on a six-month basis, however, the timing of these reviews can be before or after the six months in some situations.

A recipient may be asked to respond to DHS about an SRSS Payment Review. If the recipient fails to respond to DHS, their SRSS Payment will be suspended until the recipient undertakes the SRSS Payment Review.

8.15.14. No payment received

Income Support is not an entitlement and is made due to eligibility, including financial hardship. If recipients do not receive payments or are concerned that payments do not reflect their circumstances, they should raise this with DHS or the SRSS Provider as soon as possible.

8.15.15. Income Support – Queries

1. Queries relating to cessation or stoppage of SRSS Payments should be directed as follows:
 - Bands 2–3 and 6 to the SRSS Operations and Support team
 - Bands 4–5 to the recipient's SRO.

8.15.16. Payment deductions

The Department may require DHS to reduce a recipient's Living Allowance, as a deduction, to recover a sum that has been provided to the recipient.

Reasons for deductions include, but are not limited to:

- Transitional Accommodation Contribution
- Financial Hardship Assistance Loan Deductions
- Overpayments resulting from a Human Services overpayment
- Service Provider interim payments made to recipients in lieu of their regular SRSS Payments as a result of a regular payment issue
- Repayment of damage to property or other invoices.

Other deduction reasons may be provided by the Department, for example, repayment for damage to property or other invoices.

The Payment Deduction will be five per cent of the recipient's fortnightly Living Allowance unless the recipient chooses to pay off the amount in full.

1. Discuss whether the recipient wants to make payments out of their Living Allowance or pay the amount in full.

Payments: Submit an **SP Portal 'Additional Services - Other'** task to the SRSS Operations and Support Manager, attaching all relevant supporting documentation, such as specifying the reason for damage and the value of the goods for consideration. Once approved, submit an **SP Portal 'Allowance Modification – Deduction'** to SRSS Payment Recovery for repayments of repair/replacement cost. The Department will notify DHS and the repayments will be made by way of a Payment Deduction.

Pay in full: Make arrangements with the SRSS Payment Recovery team, before submitting an **SP Portal 'Allowance Modification – Deduction'**.

The Payment Deduction will be **5 per cent** of the recipient's fortnightly SRSS Living Allowance.

8.15.17. Person Permitted to Enquire (PPE)

Individuals can appoint someone else to talk to DHS about their payment. DHS need their approval before this occurs.



The form authorising a PPE to talk to DHS the behalf of an individual is on the [DHS](#) website.

8.15.18. Income Support – Resolution of issues

In the first instance, DHS should be contacted in relation to a payment issue (such as non-payment or incorrect payment of recipient's Living Allowance, Dependant Child Allowance and/or Rental Assistance). Where DHS has advised that they are unable to resolve the payment issue, the SRSS Provider should contact the SRSS Payment Support team immediately where the matter will be investigated and approval of an SRSS Provider Interim Payment or other payment may be considered. Where Service Provider Interim Payments or other payments are to be considered, the SRSS Provider may be required to provide written confirmation or proof of the recipient's financial hardship if deemed necessary, such as (but not limited to):

- details regarding the recipient's living arrangements (i.e. do they have rental obligations)
- a breakdown of their current financial position including current debts and outgoings
- details of how the recipient has been supporting themselves until now if the matter has been ongoing for some time
- copies of bank statements if necessary.

Please note that it is imperative that the SRSS Payment Support team is contacted immediately once the SRSS Provider is made aware of a recipient's payment issue that DHS is unable to resolve. This will allow the SRSS Payment Support team adequate time to investigate and resolve the payment issue, and potentially avoid the recipient from reaching a state of financial hardship.

8.16. School-aged children enrolments

SRSS Providers are required to provide support to parents to ensure their children attend school and assist them in resolving any issues. Education support is available for school-aged children to attend school. Children must be enrolled in school in order for this support to be provided.

Where parents refuse to enrol their children, encourage attendance, or report difficulties in keeping their children at school, the SRSS Provider must report this as an incident to the SRSS Operations and Support Manager.

8.16.1. School Enrolments

Children in the SRSS Program are eligible to attend full time schooling from the commencement of the school year in line with the relevant state and territory enrolment requirements. However, parents may

choose to delay their child's commencement at school depending on their circumstances, noting that, all children must be enrolled when they reach the age for compulsory schooling in their state or territory.

SRSS Providers should encourage parents to enrol their child/children in school, once they reach school age, in line with the relevant state and territory enrolment requirements. Parents may choose to delay their child's commencement at school, depending on their circumstances.

SRSS Providers must ensure children of compulsory school age are enrolled in school. SRSS Providers should confirm enrolment ages in the state and territory in which the child or children are placed (this information can be found on the relevant state or territory education website).

The SRSS Provider must enrol, or assist parents to enrol, all school-aged children (according to state and territory government requirements) in schools within 14 business days of entering the SRSS Program or transferring to a new area, with ninety five per cent of all eligible children should be enrolled in schools within this timeframe.

Where the SRSS Provider is finding it difficult to meet this timeframe, they must raise the issue with the Department.

1. SRSS Providers should confirm enrolment ages in the state and territory in which the child/children are placed. This information can be found on the relevant state or territory education website. SRSS Providers must record an **SP Portal 'Essential Registrations – School'** task once school enrolment has been completed (or confirmed for Band 1 recipients).
Always include the date the child commenced school and the name of school the child has enrolled in (in 'Comments' field).

8.16.2. School enrolments (Band 4)

IMA children in Band 4 who will be remaining in their current location long-term should be enrolled in school within five school days. However, this can be delayed where it is expected that a particular family is in Transitional Accommodation and is likely to move to another area in the near future.

8.16.3. School enrolment for children with additional needs

The enrolment process may take longer for children with a disability or requiring additional educational support. Children with disabilities may require special consideration regarding enrolment in an appropriate school that can cater to their needs.

The placement of a child with a disability in any particular location should also take into account the capacity of schools to meet the child's educational needs. Depending on the nature of a child's disability, further assessments, such as an Occupational Therapy assessment, may be required by a school to determine the level of educational support required.

Table 15: School enrolment and compulsory school ages across Australia

State	Earliest age of enrolment (not compulsory)	Age for compulsory schooling
ACT	Must turn five by 30 April of the year they attend	Six years old
NSW	Must turn five by 31 July of the year they attend	Six years old
Qld	Must turn five by 30 June of the year they attend	Six years and six months old
NT	Must turn five by 30 June of the year they attend	Six years old
SA	Must turn five before May 1 of the year they attend	Six years old
Tas	N/A (under five years they attend non-compulsory Kindergarten)	Must be enrolled if they are five years old by 1 January of the year they attend
Vic	Must turn five by 30 April of the year they attend	Six years old
WA	Must turn four by 30 June of the year they attend (Kindergarten)	Beginning of the year in which the child reaches 5 years and 6 months

8.16.4. UAM school absences for medical appointments

In the event that a UAM is absent from school and is required to attend a medical appointment, it is recommended that SRSS Providers assess any possible risks to the individual attending a medical appointment unsupervised. SRSS Providers should consider the UAM's:

- physical capacity, maturity and ability to communicate appropriately with a medical practitioner,
- ability to understand any medical advice provided, and
- ability to safely travel to and from the appointment unsupervised (for example, navigate public transport or complex travel routes).

8.16.5. Case Worker – School enrolments when recipient transfers to new area

1. Record an **SP Portal 'Essential Registrations – School'** task once enrolment has been completed. SRSS Provider must include:
 - Date the child commenced school
 - Name of school the child has enrolled in (in comments)
2. Update Case Plan.

8.16.6. Case Worker – Issue with school enrolment

1. Raise the issue with school enrolment first with the recipient's SRO, or the SRSS Operations and Support Manager, via email or through an **SP Portal 'Escalation'** task.
2. Update the recipient's Case Plan.

8.16.7. Case Worker – School enrolment incident

1. Raise the school enrolment incident first with the recipient's SRO, or the SRSS Operations and Support team, via email or through an **SP Portal 'Escalation'** task.
2. Update the recipient's Case Plan.

8.16.8. Pre-school programs

Children, who are younger than the earliest age of enrolment, may be able to attend pre-school programs.

8.16.9. Early childhood education programs (no costs)

Case Workers should discuss early childhood education programs available locally with parents of younger children to determine suitability and preference. They should take into account the child's behaviour and school readiness. Participation in these programs is limited to the school term period relevant to each state and territory. SRSS Providers should liaise directly with the preferred local education provider about the child's enrolment.

8.16.10. School work experience (Bands 2–3)

It is generally possible for high school students in Bands 2–3 to undertake work experience. s. 47E(d)

The activities have the following general characteristics of work experience:

- short period of time only
- not paid (although the employer may assist with transport costs)
- takes place during years 10, 11 or 12
- involves basic tasks, which do not require training
- will often involve 'shadowing' an employee
- the student is not filling a gap for an employee.

Repetitive activities, such as a student being tasked with washing dishes or making beds, could be considered work or 'unpaid labour' and would not be considered work experience. If the SRSS Provider becomes aware that paid or unpaid work is being undertaken by the student they should contact the Department.

1. Submit an **SP Portal 'Additional Services – Other'** task to the SRSS Operations and Support Manager to seek departmental approval, prior to the student undertaking the activity.
2. Outline:
 - the dates and the activities that the recipient will undertake
 - any allowance (for instance transport stipend, meal vouchers) they may receive.

8.16.11. Education for older children (Bands 2–3)

Recipients who are 16–17 years old and living in the community are required to enrol in and attend school or an alternative learning place, in line with state and territory requirements. The recipient's Case Worker should discuss education options with the recipient.

The following factors should be taken into account when considering options for formal education for older youths:

- when the young person will be turning 18 years of age
- their past experience of school-based learning
- any known vulnerabilities (such as mental health issues)
- the young person's level of maturity (they may already consider themselves to be an adult and thus not fit easily into a school environment with less mature youths)
- if the young person is interested in attending school, explain that they need to attend each school day and that they may be placed in classes with less mature youths
- their vocational aspirations and the range of educational options available in the region in which they are living, such as their local high school or a high school with intensive ESL.

Should recipients undertake education in an alternative learning place, the SRSS Provider should ensure that any courses selected are not vocational in nature, as this would be a breach of the recipient's Residence Determination conditions.

Where these options are not available or suitable, alternative arrangements may be considered by the Department on a case-by-case basis. For example, options may include enrolling the young person in a Certificate II ESL or VCAL Foundation Program.

The SRSS Provider must liaise with the preferred education provider about the recipient's enrolment. If the education provider determines that alternative education arrangements would be more appropriate, this alternative should be settled between the relevant education providers, the SRSS Provider, the recipient and the Department as needed.

The Department may consider participation in courses that are pre-cursors to vocational training, where the course involves practical hands-on experience that is of interest to the recipient and does not lead to a vocational certificate being granted. Similarly, the Department may consider a recipient undertaking subjects from a vocation course, as part of their high school studies. This is provided the entire course is not completed and the recipient is not awarded with a qualification.

1. Follow 'School enrolment' procedure.

8.16.12. Education when a child turns 18

SRSS Providers must discuss whether the recipient whether they intend to continue school after they turn 18. Where a recipient intends to continue school after they turn 18, the SRSS Provider must assist the recipient in contacting the enrolment officer at the school to make arrangements or liaise with the FDSP (for Band 1 recipients).

It is a decision for the state/territory education department as to whether to continue the enrolment of young people who wish to continue their school education after they become adults.

1. Where an agreement by the relevant education department is made allowing the student to continue schooling after turning 18, a **'Note'** should be entered into the **SP Portal** detailing the offer to stay at school and whether the student decided to accept it.

No further funding is provided by the Department for recipients once they have completed the term in which they turn 18 years of age and accepted an offer from the school for ongoing schooling. Such adult students will no longer have access to any education-related funding assistance such as the Schooling Requirements Package or Public Transport Assistance to travel to school.

8.17. Education for children and adults (Bands 4–6)

There are no restrictions on vocational study for recipients in Bands 4–6. Any study undertaken will be at the expense of the recipient. Recipients should confirm that they do not have a 'no study' condition on their visa prior to undertaking any study activities.

Adults who chose to study when they have the capacity to work and support themselves, may not be eligible for Income Support, as SRSS is intended to support individuals who are unable to work while resolving their immigration status.

8.18. Community Engagement

8.18.1. English as a Second Language

SRSS Providers should encourage all adult recipients to participate in English as a Second Language community programs where available.

8.18.2. Meaningful Engagement activities

Recipients should be encouraged and assisted to take part in Meaningful Engagement activities while they are in the SRSS Program. Meaningful Engagement activities encourage recipient independence and interaction with the community.

Suitable activities discussed with each recipient and recipients are linked to free or low cost activities wherever possible. Meaningful Engagement activities should be identified in the recipient's Case Plan (or IMP for Band 1 recipients) at the time of their entry into the SRSS Program. Case Workers should discuss with the recipient their preferences and any constraints on activities, such as cost or health, and link them to appropriate activities. Approval is not required before activities are pursued for family or adult recipients.

These may be provided by the SRSS Provider through volunteers or as part of contracted service delivery. As a guide, one sporting activity and one other activity per week should generally be sufficient for each recipient.

Case Workers should continue to assess recipients' need for Meaningful Engagement activities as part of the support they provide. Where additional needs are identified, the SRSS Provider should assist the recipients to access suitable activities. All Meaningful Engagement activities accessed by recipients should be recorded in the recipient's file and in the SP Portal under the relevant task for Meaningful Engagement.

1. Submit an **SP Portal 'Confirmation - Meaningful Engagement'** when the Band 3–6 recipient has started a Meaningful Engagement activity.

8.18.3. Volunteering activities

Being involved in volunteering is a way to interact with the local community, build relationships and obtain new skills. In addition, volunteering can improve English language skills, address social isolation and assist with mental health.

Volunteer work should be safe, suitable, and not normally attract remuneration (i.e. it is not a paid position). The volunteering organisation should fall within the following guidelines:

1. Be an agency in the Not-For-Profit sector or local government authority (for example city council, shire council).
2. Have an established volunteering program.
3. Have an understanding of the SRSS Program and associated requirements (for example, possible interest of media, and sensitivities including photographs of recipients in publications such as organisational newsletters or local newspapers).

Although some recipients will be subject to a condition on their Residence Determination or Bridging Visa that they must not engage in paid work, recipients may engage in suitable unpaid volunteering activities.

SRSS Providers should discuss possible volunteering opportunities and the benefits of volunteering with recipients. Many volunteering opportunities offer a one-day trial to decide if the individual likes the activity.

It is preferred that recipients engage in volunteering opportunities that do not require police clearances, working with children checks and so on. This is because they may not be able to satisfy associated identification checks due to a lack of identity documents or history in Australia and it may be difficult for them to fund these checks.

No prior approval from the Department is required before recipients in Bands 4–6 engage in volunteering activities, however, activities need to constitute volunteer work.



Information on what constitutes appropriate volunteer activities can be found on the [Fair Work Ombudsman website](#).

8.18.3.1. Volunteer activities (Bands 2–3)

Individuals covered by a Residence Determination are able to undertake volunteer work. SRSS Providers should undertake an initial assessment to make sure that the volunteer work meets certain guidelines before any one-day trial is undertaken.

The volunteer work should be safe, suitable, and not normally attract remuneration (that is, it is not a paid position). SRSS Providers must ensure the recipient will:

- be covered by the host organisation's insurance and workplace health and safety provisions
- not receive remuneration in return for the activities (in cash or kind)
- not be undertaking a role that would otherwise be undertaken in return for wages by an Australian citizen or resident (that is, it is a designated volunteer position)
- be undertaking a position suitable for the recipient (for example, matches ability, does not unduly interfere with other responsibilities).

Volunteering activities should be carefully considered to ensure they are in line with departmental policy, do not amount to work, and are suitable for the recipient taking into account known vulnerabilities or caring responsibilities. Approvals for volunteering will generally be for a set period, with regular reviews to be undertaken to ensure activities remain appropriate.

1. Conduct an assessment of the activity (where a recipient in Band 2 or 3 wishes to continue the volunteer activity).
2. Submit an **SP Portal 'Additional Services – Volunteering'** task to the SRSS Operations and Support Manager to seek approval for volunteering activities.
3. Regularly review the Case Plan to ensure activities remain appropriate.

8.19. Recipients of interest to external organisations

Recipients may be of interest to organisations, such as the Australian Federal Police. The SRSS Provider must facilitate access to recipients for these agencies, as appropriate, bearing in mind the need to maintain privacy for recipients.

Where a recipient is involved in court matters or assisting the Australian Federal Police, the SRSS Provider will be notified of the situation and requirements for contact, but will not necessarily be provided with the specific details surrounding the matter itself.

8.19.1. Access to a recipient

If an SRSS Provider receives a direct request for access to a recipient, it should be forwarded to the Department.

1. Direct requests for access to recipients by external organisations to the Department via an **SP Portal 'Escalation - Issue'** activity to the SRSS Operations and Support Manager for consideration and update the recipient's Case Plan.

8.19.2. Media and photographs

SRSS Providers must have processes in place to manage media enquiries regarding the SRSS Program and recipients. SRSS Provider should report approaches by media to the Department in line with the *Incident Reporting Protocols for SRSS Providers*. This includes where:

- the SRSS Provider is approached by media
- a recipient is approached by media, or
- the SRSS Provider becomes aware after the fact that a recipient has been approached by or engaged with media.

SRSS Providers are restricted from releasing or sharing information about recipients or the SRSS Program without departmental approval.



Media enquiries can be referred to the Department's Media Coordination as soon as possible after receipt via telephone s. 47E(d)

s. 47E(d)

8.19.3. Media – UAMs

For Band 1 recipients, SRSS Providers should liaise with the FDSP in the event of any media interest or requests regarding recipients in their care.

8.19.3.1. Media – Band 2 recipients

For Band 2 recipients, SRSS Providers must advise the Department of any media requests.

1. Submit an **SP Portal 'Escalation – Issue'** task to the SRSS Operations and Support Manager and update the recipient's Case Plan.

8.19.4. Photographs of children

SRSS Providers are required to ensure parents are aware of the risks associated with images of their children being included in a publicly available forum and the possible implications, to ensure their decision-making is informed.

SRSS Providers must not take photos of any UAM in Band 1.

8.19.4.1. UAMs – School photos

Participation in school photographs is conditional on those images not being published either online or in school publications or newsletters and are limited to individual photographs only. To protect their privacy and security, and to reduce any risk of a sur place protection claim, UAMs who are Protection visa applicants should not be included in any group school photographs/publications that could be made public.

The consent of the guardian/IGOC delegate of a minor is required before any photograph of an UAM is taken.

Subject to approval by the ABF Detention Superintendent (Facility) and the consent of the guardian, Band 1 recipients attending school may have individual photographs taken as part of official school photograph program.

1. Seek approval from the Department for any photo that may be made public via an **SP Portal 'Escalation – Issue'** to the SRSS Operations and Support Manager. Ensure a copy of the photo and details of the publication are supplied.
2. Ensure the recipient's Case Plan is updated.

8.20. Independent Observer Services

Where Independent Observer Services are required, the Department will send an SP Portal 'Referral' to SRSS Providers, including the date, time and location of the interview.

SRSS Providers must provide the service within 24 hours of notification, or within a timeframe otherwise agreed to by the Department. SRSS Providers should record the provision of service using the SP Portal.

1. Record the provision of Independent Observer Services using the **SP Portal 'Confirmation – Independent Observer Services'** task once complete.

8.21. Ambulance cover – Bands 4–6

Bands 4–6 recipients should ensure they have appropriate ambulance cover when living in the community. This is especially important where recipients are chronically ill and may require repeat ambulance services.

It is at the recipient's discretion regarding which health provider they use for ambulance cover and is appropriate to their needs.

Please note, some recipients may not need ambulance cover as some states and territories already cover ambulance services. SRSS Providers should check to see whether this is applicable and discuss this during orientation with the recipient.

8.22. Driving

SRSS Providers should direct recipients to the relevant licensing authority for advice if a request for assistance to obtain a driver's licence is received. Should recipients choose to drive they must meet all relevant state or territory legal requirements in relation to operating a motor vehicle, including holding a valid driver's licence, vehicle registration and insurance.

Should a recipient break any laws as a result of driving, they will be liable for the associated penalties. Similarly, recipients are responsible for personal injury or property damage caused by a driving accident.

If SRSS Providers become aware of a recipient involved in breaking any laws, they should treat it as an incident and report accordingly.

The Department will not assist recipients in the SRSS Program to drive.

8.23. Purchases of items or services

8.23.1. Delivery of items or services – Recipients

1. Record any purchase attributable to a recipient as an **SP Portal 'Payment Confirmation'** with the following information:

- Details of the item/service
- Individual invoice numbers and amounts
- Date when the service was undertaken/item was purchased

s. 47E(d)

The SRSS Provider must retain this documentation for auditing purposes and make it available to the Department upon request.

8.23.2. Delivery of items or services – Property

All purchases should achieve value for money and documentation maintained to contribute to accurate record keeping.

1. Costs attributable to a property (such as utilities) that are unable to be allocated to a recipient, must be recorded against the property in the Property Manager by the SRSS Operations and Support Team.

s. 47E(d)

The SRSS Provider must retain this documentation for auditing purposes and make it available to the Department upon request.

8.24. Above cap requests for recipients

1. For any requests above the caps outlined in the OPM, or above what the recipient has been approved for, the *Payment or Movement Request* template should be filled in and submitted via either the appropriate **SP Portal 'Payment Request'** with an **'Above Threshold'** Sub Type or an **SP Portal 'Payment Request – Extra Funds'** (where no 'Sub Type' is available in SP Portal).

8.25. Payment confirmations

Although the cost of an item or service may be pre-approved up-to a dollar amount, actual expenditure, for purchases attributable to a recipient, must be recorded as an SP Portal 'Payment Confirmation' (unless otherwise advised), and include details of the expenditure.

1. All payment confirmations must be recorded as the relevant **SP Portal 'Payment Confirmation'** within 10 business days of when the service was undertaken or when the item was purchased (or when the statement/invoice for items/services are received from the supplier).

9. Recipient Management – Supported Living Services (Bands 2–3)

Table 16: List of Supported Living Services

s. 47E(d)

9.1. Ongoing Supported/Provided Accommodation

Recipients in Bands 2–3 are provided with either Ongoing Supported Accommodation or Ongoing Provided Accommodation.

9.1.1. Property condition report (Band 3)

As per the Schedule of Services, on entry to a Band 3 property, SRSS Providers should assist recipients to complete a property condition report/checklist. This initial condition report/checklist must be kept on the recipient's file. When the recipient departs the provided property, the initial condition report/checklist will be used as a benchmark to assess and compare the condition of the property. An exit property condition report/checklist should be used for this.

The SRSS Provider should inform the recipient that they are responsible for rectifying any unsatisfactory conditions prior to their departure from the property.

9.1.2. Property maintenance and cleaning

It is expected that recipients will maintain their property to an acceptable standard, in much the same way tenants in the private rental market must. Recipients are responsible to maintain an appropriate level of cleanliness and hygiene while in the property, and minor property maintenance, such as replacing light bulbs and garden maintenance.

9.1.3. Linen Package (Band 2–3)

The Linen Package is part of the BHG Package. The Linen Package is provided to a new Band 2/3 recipient entering the SRSS Program and Provided Accommodation properties. Where it is provided in a new property, it needs to be purchased in line with the BHG expenditure groups. Where it is provided to a recipient moving into a property, s. 47E(d) line with BHG items being replaced). It is expected that recipients take their Linen Package when they exit or transfer to other Provided Accommodation properties.

Upon departure from Ongoing Supported/Provided Accommodation, the recipient may only take with them the blankets assigned to them, and not any blankets purchased by the SRSS Provider for the BHG Package. This should be noted in the recipient's Case Plan and *Exit Checklist*.

Table 17: List of linen from Linen Package

Linen
<ul style="list-style-type: none"> - standard pillow per person - blankets per person (2) - quilt/duona per couple/individual - quilt/duona cover per couple/individual (2) - sheet sets per couple/individual, including pillowcase (2) - towels per person (2) - face washers per person (2) - mattress protector per couple/individual

9.1.4. Linen Package purchase

1. Record any Linen Package (BHG Package item) purchase for a new recipient as an **SP Portal 'Confirmation – Basic Household Goods'**.

9.1.5. Linen Package replacements

SRSS Providers may replace linen if it becomes worn, s. 47E(d) and only with a linen item that is listed in the Linen Package list.

1. Record any Linen Package (BHG Package item) purchase for a new recipient as an **SP Portal 'Confirmation – Basic Household Goods'**.

9.1.6. BHG items – Replacement due to damage or missing

Recipients will be held accountable for BHG and household items that are damaged due to misuse and/or missing. These items will need to be repaired or replaced by the recipient using their Income Support.

In these instances, the SRSS Provider will cover the cost of a replacement item and arrange with the recipient how they will pay for the damaged or missing item: either by making payments out of their Income Support, or paying the amount in full.

1. Discuss whether the recipient wants to make payments out of their Living Allowance or pay the amount in full.

Payments: Submit an **SP Portal 'Additional Services - Other'** to the SRSS Operations and Support Manager, attaching all relevant supporting documentation, such as specifying the reason for damage and the value of the goods for consideration. Once approved, submit an **SP Portal 'Allowance Modification – Deduction'** to SRSS Payment Recovery for repayments of repair/replacement cost. The Department will notify DHS and the repayments will be made by way of a Payment Deduction.

Pay in full: Make arrangements with the SRSS Payment Recovery team, before submitting an **SP Portal 'Allowance Modification – Deduction'**.

9.1.7. Mobile phone handset provision (Band 2)

Mobile phones that are lost or damaged and need to be replaced should be funded by the recipient from their Living Allowance.

1. Record the purchase of a mobile phone handset for a Band 2 recipient as an **SP Portal 'Payment Confirmation – Small Allowance'**.

9.1.8. Pet ownership in Provided Accommodation

Where recipients are in Provided Accommodation and would like to own a pet, they must seek approval from the Landlord, and the Department, before the pet is purchased. SRSS Providers must show the Department that the recipient has:

- ensured there are no clauses in their tenancy agreement which would prevent or restrict a pet from being at a property
- sought approval from the landlord and obtain confirmation that there are no other pet restrictions for the property or suburb, such as cat containments, owners' corporate
- ensured they are aware of laws and legislation
- demonstrated they have the maturity to own a pet
- can cover the costs involved in pet ownership, including such things as registration, vaccinations and vet visits
- understood that they may not be able to continue to look after the pet if their immigration status changes
- sought approval from the Department.

9.2. Education assistance for school-aged children (Bands 2–3)

This Band 2–3 recipient education support is available for school-aged children, as part of the Supported Living Services available to them. This includes:

- Schooling Requirements Package s. 47E(d)
- Public transport assistance to travel to school (actual costs for Band 2 recipients only)
- School excursions funding (actual costs for Band 2 recipients)
- School excursions assistance (as approved by the Department for Band 3 recipients)
- Early childhood education programs (as approved by the Department for Band 3 recipients).

9.2.1. Schooling Requirements Package (Bands 2–3)

The Schooling Requirements Package is available to any child who is enrolled in school. It is only to be used to purchase items that are essential to taking part in school, such as:

- compulsory school uniform (shirts, shorts, pants, skirts, dress)
- school shoes
- school books
- stationery
- school bag.

It is expected that the schooling package will only be used to purchase items that reflect school standards and policies. For example, where the school has a stipulated colour code, sporting attire requirements or policies such as appropriate sun protection, these items may be funded from the schooling package.

The Schooling Requirements Package is s. 47E(d) child. Subsequent packages are available for each school year, regardless of any Band change throughout the school year. Any items needed above the cap should be funded out of the recipient's Income Support.

The Department does not expect that each child will need to be provided with an entire new school package every year, but will allow for some goods to be replaced up to the s. 47E(d). In all cases, cheaper options should be sourced, such as the purchase of second hand text books and uniforms.

SRSS Providers are not permitted to:

- spend more s. 47E(d), per school year of the Schooling Requirements Package
- provide any remaining funds s. 47E(d) the recipient
- use the funds for any other purpose.

Any items or cost associated with items that are not essential to taking part in school, such as elective subjects, casual clothing (even if for school), or extracurricular activities, should not be funded by the Schooling Requirements Package. These items or costs can be funded from the recipient's Income Support.

Items that are purchased from the Schooling Requirements Package can be kept by the recipient when they transition out of the SRSS Program.

9.2.2. Schooling Requirements Package – Initial Package

1. Enter the initial Schooling Requirements Package as an **SP Portal 'Payment Confirmation – Schooling Requirements Package'** activity.

9.2.3. Schooling Requirements Package – Subsequent Packages

1. Recorded further Schooling Requirements Packages in subsequent years (after the initial package is provided) as an **SP Portal 'Payment Confirmation – Schooling Requirements'** activity. Ensure the school year is reflected in the 'Comments'.

9.2.4. Public transport assistance to travel to school (Band 2)

Where public transport is not covered by the state/territory government, the Department will fund the cost of school transport for recipients, including costs associated with obtaining travel concession cards.

Transport tickets should only cover the recipient's travel to school (or school-related activities, such as work experience).

1. SRSS Provider should record the purchase of relevant tickets for school transport for Band 2 recipients as an **SP Portal 'Payment Request – Transport'** to the SRSS Operations and Support Manager.

9.2.5. School excursions – General

Parents or other adults responsible for a child's care are responsible for making decisions relating to school excursions for their children. For UAMs, decisions relating to school excursions can be made by the Carer or Custodian.

Although in most situations, and where the school is willing to accept it, school-related forms may be signed by the Custodian or Carer

Where approval is required by the Department, an excursion note from the school must be provided as supporting documentation. The excursion note must be the same note that is provided to the other students in the class (that is, not a tailored note specifically for the recipient) and should outline the purpose, duration, and cost of the excursion or camp.

Food will only be covered by the Department where it is covered as part of the overall cost of school excursions or camps. Incidental expenses associated with school excursions will not be funded by the Department, as it is expected that it be paid from the recipient's Income Support.

Excursions that do not form part of the standard school curriculum, such as entertainment-based excursions, will not be funded by the Department.

For school excursion funding, approval is required for the activity and SRSS Providers must ensure that permission is given by the appropriate individual. For any funding for school excursions, evidence must be supplied to the decision-maker to show that the activity:

- forms part of, or demonstrates a clear link to, the standard school curriculum and/or are educational, or
- is an annual year group camp for school-aged children.

Approved school excursions are funded in total by the Department for Band 2 recipients.

For school excursions to be funded by the Department for Band 3 recipients, s. 47E(d) over and the activity approved by the Department.

9.2.5.1. School Excursions – Day excursions (Bands 2–3)

Departmental approval for one-day excursions are only required for UAMs and IGOC minors where it involves a risky activity or interstate travel.

1. Seek approval from the Department for day school excursions that involve a risky activity/interstate travel by submitting an **SP Portal 'Additional Services – Other'** task, attaching the excursion note, to the SRSS Operations and Support Manager.

9.2.5.2. School Excursions – Overnight excursions, no cost sought (Bands 2–3)

Overnight excursions must be treated like overnight stays for children in Bands 2–3. They must be approved by the Department prior to the excursion taking place.

For IGOC minors, approval will be required from the IGOC delegate.

1. Complete a *Temporary Stay Request* and submit it via an **SP Portal 'Movement - Temporary'** task. Submit the task to the SRSS Operations and Support Manager, prior to the excursion taking place, and no earlier than six weeks prior to the excursion taking place. If applicable, evidence of parental/guardian consent should be included with the request.

9.2.5.3. School Excursions – Overnight, cost sought (Bands 2–3)

1. Submit a Temporary Stay Request via an **SP Portal 'Additional Services – Other'** task to the SRSS Operations and Support Manager, prior to the excursion taking place, and no earlier than six weeks prior to the excursion taking place.
2. For funding, submit an **SP Portal 'Payment Request – Extra Funds'** task to SRSS Operations and Support Manager and attach a completed Payment Request. The Payment Request should detail the total costs of the activity and attach supporting documentation from the school (for example, the excursion note/letter) outlining the purpose of the activity and how the activity links to the standard curriculum.
3. Where parental/guardian consent is required, submit an **SP Portal 'Payment Request'** task to the SRSS Operations and Support Manager.

9.2.6. Early childhood education programs (Band 3)

Children in Band 3 who are 4–5 years of age (that is, prior to compulsory schooling) may be able to participate in early childhood education programs (such as pre-school or kindergarten) one year prior to compulsory schooling commencing.

Children may be able to attend without any costs. SRSS Providers should liaise with the school and parents/guardian to determine whether the school will accept enrolment.

The Department may approve funding for children to attend up to two full-time days or three part-time days per week, up to a maximum of 15 hours per week.

1. Submit an **SP Portal 'Payment Request – Early Childhood Education'** to SRSS Operations and Support Manager for the costs of the program if the school will accept enrolment. The details of the arrangement must be outlined in the Payment Request. The SRSS Provider must wait for a response before the child can be enrolled.

9.3. Income Support (Bands 2–3)

See '[Income Support](#)' section.

9.3.1. Income Support cessation

1. Advise the Department via an **SP Portal 'Escalation - Issue'** activity where the recipient:
 - is not contactable
 - fails to report on a change in their financial circumstances
 - fails to attend an immigration appointment
 - fails to participate in a financial assessment without adequate notification/reason or where alternative arrangements have not been made.

9.3.2. Recipient rental contributions

While accommodated in Provided Accommodation, recipients will be expected to make a contribution toward the cost of their accommodation out of any Income Support.

Where recipients are provided with accommodation assistance in exceptional circumstances, there is an expectation that they will move to their own longer-term accommodation as soon as practicable.

9.4. Meaningful Engagement Allowance (Band 2)

Approved activities include those that provide an educational, physical or social benefit over a period of time to promote life skills. As a guide, one sporting activity and one other activity per week should generally be sufficient for each recipient.

All activities must:

- have adequate supervision for recipients at all times
- not unduly interfere with education commitments such as homework
- be requested through the Case Plan or an SP Portal 'Additional Services - Meaningful Engagement'
- be approved by the Department
- have relevant documentation retained on the recipient's file.

Appropriate activities may include:

- organised local sporting teams, such as soccer, rugby, netball, basketball
- creative-based activities whether in a class/group or pursued at home, such as art, music, singing, dance, drama classes
- organised group activities, such as Scouts, Youth groups
- swimming classes or surf life-saving courses
- individual classes that are educational, physical or contain social benefit, or promote life skills.

No new activities will be approved in the four weeks prior to recipient turning 18 or, where the Recipient is already 18, or during the transition out period, although they are able to continue with previously approved activities until such time as they exit the program.

The Meaningful Engagement Allowance can be used to assist Band 2 recipients doing Meaningful Engagement activities, s. 47E(d). The Meaningful Engagement Allowance is not an entitlement, and cannot be accumulated, nor can any 'remaining funds' be accessed if the recipient transfers out of Band 2.

Costs that can be covered include:

- sporting equipment – where specific equipment is a prerequisite for participation in a sporting activity (for example, soccer boots or uniforms, safety equipment and balls, but not gym clothing or shoes)
- cost of classes, activities/materials
- cost of memberships associated with the activity, where a casual membership or access is not available
- hiring of musical instruments (or purchase of a second-hand instrument where it has been demonstrated value for money)
- cost of public transport to attend the activity.

Activities that will not be considered are:

- those that provide a purely 'one-off' entertainment value, such as trips to the zoo, aquarium, amusement parks, movie theatre, sporting events, concerts
- those that involve the purchase of an asset, such as a bike or sewing machine, where there is no activity scheduled
- unsupervised or independent activities, as the intention is that recipients will participate in activities in a group environment, for example, driving lessons.

Where a membership is required for the activity, the following membership periods should be purchased, in order of priority:

1. fortnightly or month-by-month
2. three months at a time
3. transferable twelve month memberships that can be suspended.

Where the Meaningful Engagement Allowance will be spent on high risk activities, approval from the Department will be required before the activity is undertaken. Some high risk activities include:

- physical impact sports, such as boxing, rugby league and martial arts
- water-based activities (other than at a supervised public swimming pool),
- abseiling, parachuting, hang gliding, bungee jumping, go karts and motorbikes.

9.4.1. Meaningful Engagement Allowance – Request

1. Submit an **SP Portal 'Additional Services – Meaningful Engagement'** activity to the SRSS Operations and Support Manager. The request should include amounts spent previously in the quarter, otherwise the request will not be considered.
Where the activity is high risk (activities that may pose a high level of inherent danger), address the following aspects:
 - the type of organisation providing the service
 - precautions in place to mitigate risk (for instance, safety measures, training provided).
2. The Case Plan must be updated with the details of the activity.

9.4.2. Meaningful Engagement Allowance – Recording expenditure

1. Record the Meaningful Engagement Allowance expenditure, within the prescribed threshold, as an **SP Portal 'Payment Confirmation – Meaningful Engagement'**, ensuring the activity has been approved by the SRSS Operations and Support Manager.

9.5. UAM clothing allowance (Band 2)

A UAM clothing allowance is available to Band 2 recipients. Clothing purchased using this allowance is for essential, seasonal use only. s. 47E(d)

SRSS Providers are required to purchase essential clothing for Band 2 recipients, such as jackets and long pants for winter, and t-shirts and shorts for summer.

s. 47E(d)

The UAM clothing allowance is not available to recipients who are soon to turn 18 or have recently turned 18 years of age and remain living in a Band 2 Supported Accommodation.

9.5.1. UAM clothing allowance – Under cap (Band 2)

1. Compile a list of all items purchased, the date/s of purchase and costs for the item/s.
2. Notify the Department by submitting an **SP Portal 'Payment Confirmation – Small Allowance'** activity to the SRSS Provider and enter in the 'Comments' field which season the clothing was for.
3. The SRSS Provider must finalise this activity and set this activity to 'Complete'.

9.6. Department-initiated travel (Band 2–3)

The Department will fund travel by a recipient where the Department requires them recipient to travel in the same state or interstate to attend an appointment as part of their Status Resolution process.

9.7. Baby Items Package (Band 3)

It is capped s. 47E(d), and should be installed:

- prior to a family's arrival in the Provided Accommodation (along with the Standard BHG Items), or
- where a baby is born to a parent in Band 3, the package should be provided up to six weeks prior to the baby's due date.

SRSS Providers must ensure goods are fit for purpose and comply with relevant safety standards. SRSS Providers should consider value for money. Linen must be new, but all other items may be second hand. Items that are approved for purchase as part of the Baby Items Package are outlined below.

Table 18: List of items in BHG Baby Items Package

Baby Items Package
<ul style="list-style-type: none"> - high chair - cot, mattress per child - pram/stroller - baby bath - baby towels per child (3) - mattress protector per child (2) - change mat per child (2) - sheets and blanket (no pillow) per child (3)

The following items from the Baby Items Package can be taken by recipients when they depart Provided Accommodation:

- pram/stroller
- baby bath
- baby towels per child (3)
- mattress protector per child (2)
- change mat per child (2)
- sheets and blanket (no pillow) per child (3).

9.7.1. Baby Items Package – Purchase

1. Record all Baby Items Package purchases as an **SP Portal ‘Payment Confirmation – Small Allowance’**.

9.8. Registering birth of baby and birth certificate (Bands 2–3)

SRSS Providers are required to assist the parents to register the baby's birth and to obtain a birth certificate.

The Department will cover the cost of the birth registration and an official birth certificate (not ceremonial or commemorative versions). ^{s. 47E(d)}

The baby will remain with the parents throughout this process.

The baby will only be eligible for DHSP services and receive a DHSP card once the baby appears on departmental systems ^{s. 47E(d)} health checks required prior to the baby's DHSP card being issued will be covered by the parent's DHSP card. SRSS Providers should contact the DHSP Community Detention Team (CDT) if assistance is required at any DHSP Health Provider.

Additionally SRSS Providers may be required to assist the mother to attend her GP to arrange for a post-partum x-ray, where one was not previously completed due to the pregnancy. In some instances, SRSS Providers may also need to assist parents to take the baby to the GP for a health check in relation to their immigration status resolution.

1. Ensure the recipient has notified DHS, where the change may affect their income support payments.
2. Update the Case Plan with the relevant information.
3. Submit an **SP Portal ‘Payment Request – Extra Funds’** activity to SRSS Operations and Support Manager, along with the completed Payment or Movement Request form attached and relevant supporting documentation.

9.9. Transit Assistance Allowance (Bands 2–3)

SRSS Providers may be required to provide recipients with a small Transit Assistance Allowance to allow for the purchase of a meal during travel to/from Provided Accommodation. ^{s. 47E(d)}

^{s. 47E(d)} would be expected that such assistance would be in the form of a voucher or other ‘in-kind’ form, and would depend on the length of time the travel was expected to take.

9.10. Form Filling Assistance (Bands 2–3)

Where an individual requires assistance completing forms or other documents that are related to status resolution, limited support may be provided. The support provided will be tailored to the individual's needs and should be detailed in the Payment Request, with relevant supporting documentation provided.

1. Submit an **SP Portal 'Payment Request – Extra Funds'** activity to the SRSS Operations and Support Manager.

9.11. Visa-related health checks (Bands 2–3)

The Department will reimburse the SRSS Provider for visa-related health checks. Recipients who require visa-related health checks as part of their immigration status resolution should be referred to the contracted health provider as directed by the Department (this includes Temporary Protection and Safe Haven Enterprise visa applications). SRSS Providers should assist the recipient, by making an appointment on the recipients' behalf and providing the recipient with a supporting letter for their scheduled appointment.

1. Record that the recipient has received the visa-related health check service in the recipient's Case Plan.
2. Record an **SP Portal 'Payment Confirmation – small allowance'** activity with a brief comment included in the description field of the service provided, for example, Health check for TPV.

9.12. Torture & Trauma counselling services (Bands 2–3)

Before entering the SRSS Program, recipients who have been exposed to torture and trauma may have been accessing T&T counselling services. Where possible, and where the recipient consents, relevant recipient information may be transferred from the existing counsellor to the new counsellor in the community by the CDT. These recipients do not require a formal referral from their GP in order to start accessing services from the new provider; however, SRSS Providers should inform the CDT in the first instance.

If recipients disclose a history of torture and trauma to their SRSS Provider that has not already been disclosed, or the SRSS Provider believes a referral for T&T services is required, the SRSS Provider must organise an appointment with the recipient's preferred GP.

After the initial six sessions, the T&T treating agency to review and evaluate the effectiveness of sessions for each recipient. This occurs after each block of six counselling sessions is completed, with a maximum of 18 sessions per calendar year.

If SRSS Providers require clarification on the referral process, contact the CDT.

9.12.1. Torture & Trauma – Referral (Bands 2–3)

1. Send the recipient's medical treatment plan to CDT in order to refer a recipient to torture and trauma counselling. This will ensure an understanding of the recipient's overall wellbeing and services being accessed. Recipients requiring other mental health or psychological services should be referred to their GP in the first instance so that an assessment of their needs can be made.

SRSS Providers should arrange to have any translating and interpreting costs incurred during torture and trauma counselling sessions invoiced to the Department (as per the [Direct Recipient Costs Table](#)).

10. Recipient Management – Transitional Services (approval required)

Transitional support services are designed to meet the short-term needs of recipients as they exit held detention to integrate into the Australian community where they have never previously lived in the Australian community.

Table 19: List of Transitional Services

Transitional Services	Caps or approval
Transitional accommodation (Band 4)	As approved by the Department
Transitional Travel Arrangements (Bands 3–4)	As approved by the Department

10.1. Transitional Accommodation (Band 4)

The cost of providing Band 4 Transitional Accommodation is covered by SRSS Providers under the Recipient Management Fee. There are four types of Transitional Accommodation that SRSS Providers may need to source. They should be sourced in the following order:

1. **Community Contacts** – Where family, friends, religious and other community groups are identified that can appropriately accommodate the recipient, this option must be used.
2. **Band 3 properties no longer required** – Band 3 Provided Accommodation that is no longer being used may be used for Transitional Accommodation (for up to six weeks). In this situation, the Department will not provide funding for the property, including costs for any repairs, maintenance or cleaning unless otherwise agreed by the Department. Costs associated with Transitional Accommodation for the prescribed period (six weeks) will be payable under the Band 4 Recipient Management Fee.
3. **Boarding houses, rooming houses, hostels, backpackers and similar** – While this type of accommodation is not considered suitable for families, other recipients may be placed here, as required. Recipients should be aware that there is a requirement to share rooms or dorms, where appropriate. If a recipient is unwilling to share a room, the SRSS Provider should discuss alternative arrangements with the recipient and explain that he/she will have to be accommodated at their own expense.
4. **Budget accommodation such as motels and hotels, capped at 3 stars (this option should be used as a last resort)** – A recipient who cannot be in the above accommodation types, may be accommodated in budget motel/hotel rooms. If recipients are booked into hotel/motel accommodation, they will be expected to share twin-rooms. If a recipient is unwilling to share a room, the SRSS Provider should discuss alternative arrangements with the recipient and explain that he/she will have to be accommodated at their own expense.

s. 47E(d)

10.1.1. Transitional Accommodation timeframes

Recipients remaining in Transitional Accommodation up to the approved period, and where an extension has not been approved by the Department, will be responsible for 100 per cent of the cost of the accommodation. In these cases the recipient may negotiate directly with an accommodation provider (and the SRSS Provider, if necessary) to stay in the property, paying the provider directly at a rate set by that provider.

10.2. Transitional Travel Arrangements (Bands 3–4)

The Department will make and fund travel arrangements, including interstate transfers, for substantive visa holders who have been released from held detention or have been subject to a residence determination.

Substantive visa holders who decide to change their preferred location in the later part of the transition out period (that is, after week 2), are expected to organise and fund their transport, accommodation and link with mainstream services at the new location themselves.

1. Submit an **SP Portal 'Movement – Location'** activity to the SRSS Operations and Support team within two weeks of substantive visa grant to request funding for travel arrangements.

11. Recipient Management – Additional Services (approval required)

Additional Services are expected to be temporary or for a fixed period, and reviewed after the period outlined in the approval. No Additional Services are pre-approved for any recipient.

For Band 2–3 recipients, SRSS Providers will need to ensure they clearly explain the requirement for the Additional Service, what alternatives have/have not been tried, and why it is unreasonable to expect the recipient to make arrangements using their Income Support.

For Band 4–6 recipients, the provision of Additional Services is based on identifying barriers to the individual's status resolution or ability to work, and providing assistance in removing the identified barriers. Where individuals apply for the SRSS Program, they are agreeing to their responsibilities, including engaging with the Department in meeting set milestones to progress their status resolution.

Where the Department approves an Additional Service, it is expected that the Additional Service is provided to recipients as outlined in the approval. It is expected that regular reviews will be undertaken to ensure Program Services remain relevant.

For Band 1 recipients, it is expected that the FDSP and DHSP would provide assistance in the first instance.

There may be Additional Services available to recipients that are not prescribed in this section, or in this OPM. For example, Visa-related health checks (covered under Supported Living Services) may be requested as an Additional Service for Band 4–6 recipients, as long as it can be shown that it relates to removing a barrier/s to the individual's status resolution or ability to work.

Table 20: List of Additional Services

s. 47E(d)

11.1. Additional Services – Request (Bands 2–4)

1. When requesting any Additional Service for Band 2–4 recipients, complete the *Payment or Movement Request* template. Ensure the following is addressed:
 - explain the reason for the request (including compelling circumstances or details of crisis), what alternatives have/have not been tried, and why it is unreasonable to expect the recipient to make arrangements using their Income Support
 - provide supporting documentation as relevant, such as quotes, GP referral/s, budgeting evidence, value for money statement (if relevant).
2. Submit the *Payment or Movement Request* template and relevant supporting documentation via the appropriate SP Portal request to the SRSS Operations and Support Manager.

If the request is considered an emergency, submit an **SP Portal 'Escalation – Issue'** or contact the Incident Reporting Hotline.

11.1.1. Summary of SP Portal activities for Additional Service request (Bands 2–4)

Table 21: Summary of SP Portal activities for Additional Services requests for Bands 2–4

SP Portal	Situation / circumstances
Payment Request – Transport	Transport for compelling circumstances.
Payment Request – Childcare Assistance	Childcare where all other avenues have been considered.
Payment Request – Financial Hardship Assistance	<ul style="list-style-type: none"> - Initial Financial Hardship Assistance (in-kind support) request for Bands 2–3 & 5–6. - Financial Hardship Assistance Loan: Additional request for Bands 2–4.
Movement – Emergency	<ul style="list-style-type: none"> - Urgent Accommodation (Bands 2–3): Contact SRSS Placements Bands 2–3 for potential suitable housing). - Urgent Accommodation (Band 4)
Payment Request – Pharma – Above Threshold	Any health and medical expenses for which a recipient has not been approved.
Payment Request – T&T above threshold	Torture and Trauma counselling sessions beyond what has been approved.
Payment Request – Mental Health	General psychological services
Escalation – Issue	Emergency Support.

11.2. Additional Services – Request (Bands 5–6)

- When requesting any Additional Service for Band 5–6 recipients, complete the *SRSS Additional Services Request* template. Ensure the following is addressed:
 - identify the barrier/s to the individual's status resolution or ability to work and how the Additional Service will assist in removing the barrier/s, what alternatives have/have not been tried, the reason for the request (including compelling circumstances or details of a crisis)
 - provide supporting documentation as relevant, such as quotes, GP referral/s, budgeting evidence, value for money statement (if relevant).
- Submit the *SRSS Additional Services Request* template and relevant supporting documentation via the **SP Portal 'Application'** tab, with the Application Category as 'Additional Services' and using the 'SRSS Services' Application Type.
- Send to the SRSS Assessments Manager.

If the request is considered an emergency, submit an **SP Portal 'Escalation – Issue'** or contact the Incident Reporting Hotline.

11.3. Additional Services – Urgent and Emergency Accommodation

If an SRSS Provider identifies a need for Urgent or Emergency Accommodation (such as family breakdown or unliveable property) the SRSS Provider should immediately contact the Department for a decision before arranging the alternative accommodation.

The below forms of accommodation should be explored in emergencies, using the following priority order:

1. **Community Links** – such as family, friends, religious and other community groups. Where Community Links that can appropriately accommodate a recipient (temporarily) are identified, this option must be used.
2. **Vacant Service Provider leased properties.** SRSS Providers may have a vacant property close by which can be used as urgent or emergency accommodation.
3. **Budget accommodation such as motels and hotels (capped at 3 stars)** – As a guide, s. 47E(d)

This option should be used as a last resort and approval should be obtained from SRSS Operations prior to arrangements being finalised.

s. 47E(d)

Extensions beyond the initial period should note that the previous request was approved by the Department and contributions to the accommodation costs by the recipient will commence. Supporting documentation must be included to demonstrate the steps that are being taken to source alternative accommodation.

11.4. Additional Services – Emergency Support

At any time, a recipient may require urgent or emergency support. Emergency support is only available for people requiring an immediate resolution to presenting issues and where there are no other options immediately available. The need for emergency support may be identified by either the SRSS Provider, or the Department.

On approval from the Department, the SRSS Provider will need to arrange the emergency support, such as care for minors where adult family members are temporarily unable to provide care. General costs of such support must be agreed between the Department and the SRSS Provider prior to such arrangements being finalised by the SRSS Provider.

11.5. Additional Services – Carer Support

Occasionally, there may be vulnerable people who require the support of a full or part time Carer, for short periods of time or on an ongoing basis. When requested, SRSS Providers are required to organise Carers as directed. The need for a Carer will be assessed and reviewed regularly by the Department in consultation with the DHSP or other medical/health professionals.

Where a recipient has been allocated a Carer, the SRSS Provider must work closely with that Carer to deliver services to the recipient/s.

11.6. Additional Services – Financial Hardship Assistance

Financial Hardship Assistance can be provided to assist in resolving an unforeseen crisis. Requests for assistance for recipients are expected to be in exceptional circumstances only, and only for a short period of time. Examples of crises where financial hardship assistance may be required, include events such as:

- house fire
- domestic violence
- critically ill family members.

The Department must approve all requests for financial hardship assistance. No form of financial hardship assistance is pre-approved and the Department must approve all requests for Financial Hardship Assistance.

Prior to requesting the provision of financial hardship assistance, SRSS Providers must be satisfied the recipients have demonstrated careful budgeting practices and all efforts to redistribute funds from their current Income Support have been exhausted. SRSS Providers should engage regularly with recipients to minimise reliance on financial hardship assistance by providing comprehensive guidance around budgeting and income management.

SRSS Providers should not refer recipients to charity organisations for food vouchers or support as these services must be left available for the Australian community. The following situations are not to be considered unforeseen crises:

- the birth of a baby, as the family has had many months to plan and save for items that are associated with the birth of the child
- a child/children starting school, as the family has had many months to plan and save for items
- utility bills or infringement notices, as arrangements can be made to pay in instalments, payment plans or through weekly/fortnightly/monthly direct debit arrangements
- costs associated with funerals or ambulances.

11.6.1. In-Kind Support for families requests (Bands 2–3, 5–6)

Vouchers or material aid are available when a family unit experiences a crisis, such as inability to afford food or essential items, despite budgeting carefully. The amount of vouchers and/or material aid provided will depend on the crisis circumstance and supporting documentation. Approvals will be given on a case-by-case basis.

Vouchers or material aid must be used to resolve a crisis in the first instance, before requesting any access to a Financial Hardship Assistance Loan.

11.7. Additional Services – Financial Hardship Assistance Loan

Where recipients require assistance in resolving a crisis, they may apply for a Financial Hardship Assistance Loan. The amount provided by the Department will depend on the circumstances of the recipient and the supporting documentation that supports the need for the loan. s. 47E(d)

For Bands 2–3 and 5–6, loans will only be approved where:

- the recipient can demonstrate that they have budgeted appropriately
- s. 47E(d)

Evidence and supporting documentation must be provided for Financial Hardship Assistance Loans, such as:

- evidence of financial hardship and, if material aid has been used, how much and what it has been spent on
- evidence of a budget or money management plan on how the money will be spent to resolve a crisis.

For Bands 4–6, the loan may be used for rent and/or bond loans when applying for private properties within a six month period after release from detention. Supporting documentation may include a tenancy agreement.

11.8. Additional Services – Income Support (Bands 4–6)

To be approved to receive Income Support, individuals must have a demonstrated barrier preventing them from working to support themselves and provide evidence of this.

11.9. Additional Services – Torture and Trauma counselling services (Bands 4–6)

Torture and Trauma counselling services may be funded by the Department where the recipient can demonstrate that it is a barrier to their status resolution or ability to work. All Torture and Trauma counselling services for Bands 4–6 must be approved by the Department. The recipient must have a referral to a T&T treating agency before the Department will consider a request to fund this Additional Service.

A common way for the Department to approve Torture and Trauma counselling services is through the '6+6+6' model. This is where the recipient is allocated six T&T counselling sessions at a time, with a maximum of 18 T&T counselling services over a calendar year. In some cases, T&T counselling services will be counted over 12-month period (as advised by the Department).

Departmental approval is required for each block of six sessions as no Torture and Trauma counselling sessions are pre-approved.

The '6+6+6' model requires the T&T treating agency to review and evaluate the effectiveness of sessions for each recipient after each block of six counselling sessions is completed. Recipients may be eligible for T&T where they can demonstrate that it is a barrier to their status resolution or ability to work and:

- they are referred for T&T counselling by a GP, or
- they have been recently released from detention (held on a Residence Determination) and their health discharge assessment indicates that they have been receiving T&T counselling.

In all instances, the request and type of referral should be appropriately indicated and evidenced in the SP Portal. The following should be uploaded to the SP Portal as evidence of a referral:

- letter or email from the recipient's GP referring them to a T&T treating agency for counselling
- Health Discharge Assessment indicating that they have been receiving T&T counselling.

The '6+6+6' model for approved recipients is outlined below.

1. An initial allocation of six, two-hour counselling sessions within a certain period is approved. A review is done by the T&T treating agency after the initial six counselling sessions.
2. After the initial period, if further sessions are required, the request and type of referral must be appropriate to the recipient's assessed needs, be evidenced with reference to the recipient's treatment plan and include the T&T agency's review. The recipient may be approved for a further six, two-hour sessions within a certain period. A subsequent review is done at the completion of the twelve sessions.
3. After the second period of six sessions, if further sessions are required, the recipient may be approved for an additional six sessions (to a total maximum of 18 sessions in a calendar year).
4. A review is done by the T&T treating agency after the 18 counselling sessions.

For sessions that are required over the initial six, the review requires the T&T counselling agency to provide written evidence to support any continuation of service and outline the specific interventions required. Attendance dates must also be included in this written evidence. This evidence may be prepared by the treating counsellor, but the Department requires that this evidence be reviewed and endorsed by a senior member of the same treating agency.

Depending on when the sessions are required, a *Continued Eligibility Review* template or an *SRSS Additional Services Request* template will need to be completed. The following supporting documentation must be provided before the recipient accesses any additional T&T counselling services:

- Evidence of the need for continuation of service from a senior member of the treating agency.
- The dates of the sessions already attended and dates of those sessions not attended, including late cancellations for which the SRSS Provider has or will be invoiced a fee. This information must be included in the Counsellor's Treatment Summary.

As outlined above, the evidence supporting the additional sessions should be referenced to the specific type of intervention required. The specific type of intervention for which additional sessions are being requested should be referenced to those interventions identified by the Australasian Centre for Post-Traumatic Mental Health (Phoenix).



Further information on specific intervention types can be found on the [Phoenix Australia](#) website.

Where the Department has approved T&T counselling services, the approval will be forwarded to the recipient's SRSS Provider in the first instance, who should then make the request for counselling to the T&T treating agency on the recipient's behalf. The recipient and the T&T counsellor should endeavour to ensure that any counselling or other health or medical intervention provided under Medicare is co-ordinated with the additional T&T counselling sessions.

Where it is determined that the recipient no longer requires T&T services as all pre-determined therapeutic goals have been met, T&T services will cease. SRSS Providers should advise the Department as soon as possible when the T&T treating agency determines that the recipient's therapeutic goals have been met.

Invoices for T&T services that have not been approved, including those booked by the recipient directly without any referral, will not be paid by the Department.

11.9.1. Session times

Each session should not exceed two hours. Where a counselling session exceeds two hours in duration, the additional time above the two hours should be recorded as an extra session.

11.9.2. Cancellation of counselling

In the event that a recipient no longer wishes to continue counselling, the treating agency should be notified as soon as possible and all pending appointments cancelled to avoid unnecessary cost to the Department. The Department must also be notified.

11.9.3. Late cancellations or non-attendance

Non-attendance at T&T appointments, or late cancellations where the SRSS Provider is invoiced a fee, will count towards the pre-approved sessions annual cap. After two consecutive reports of non-attendance, SRSS Providers are required to reconsider the appropriateness of a referral.

The reason/s for the non-attendance at sessions should be detailed in the CER and Case Plan.

11.10. Additional Services – Health and Medical (Bands 4–6)

If health and/or medical issues are the barrier for an individual in resolving their immigration status or ability to work, the Department will consider funding certain health and/or medical support to address the barrier. This may mean facilitating access to physical and mental health care. As circumstances and health and medical support can vary, the Department will assess requests on a case-by-case basis.

Details of approved Additional Services will be provided by the Department. Where the Department approves Additional Services relating to health and medical services, details for services will be similar to what is provided in the Australian community to Australian citizens and residents.



Further information or access to the most recent Medicare Benefit Schedule can be found on the [Department of Health MBS Online](#) website.

11.10.1. Additional Services – Health and Medical (Bands 4–6) (Medicare eligible, Category One recipients)

SRSS Program Health and Medical support is only available to Bands 4–6 where approval has been given by the Department. Recipients who are eligible for Medicare must access health and medical services provided by the public health system. Recipients who are Medicare eligible (Category One recipients) are expected to pay any 'gap' incurred and so should be encouraged to access bulk billing health and medical services where available.

The Department will not provide funding for Medicare-funded services or gap payments.

Medicare provides access to medical and hospital services for all eligible Australian citizens and residents in Australia. DHS administers Medicare and the payment of Medicare benefits. Some of the major elements of Medicare include:

- Medicare-funded treatment for public patients in public hospitals
- the payment of benefits or rebates for professional services listed in the Medicare Benefits Schedule (MBS) (in general, the Medicare Benefit is 85 per cent of the Schedule fee unless otherwise stated).

The Department may consider funding some health and medical services for Band 4–6 Medicare eligible recipients in exceptional circumstances, such as:

- Psychological services where there has been a significant change in the recipient's clinical condition or care circumstances which necessitates a further referral for services.
- Mental health sessions where this requirement is outlined in the recipient's Mental Health Plan.
- Dental for children aged between 2–17 years, in line with what is provided under the Child Dental Benefits Schedule, such as examinations, x-rays, fillings, cleaning, fissure sealing, root canals, extractions. Orthodontic or cosmetic dental work will not be covered under SRSS, as this is not covered by the Child Dental Benefits Schedule. Other dental procedures that are undertaken at the same time as orthodontic work will not be covered by the Department (for example, an extraction).



Further information on the Child Dental Benefits Schedule can be found on the [Department of Human Services Medicare](#) website.

11.10.2. Additional Services – Health and Medical (Bands 4–6) (Medicare ineligible, Category Two recipients)

SRSS Program Health and Medical support is only available to Bands 4–6 where approval has been given by the Department. It is important that recipients receive Program Services for which they are eligible and that approval is sought from the Department for anything outside of the guidelines. Documentation must be maintained to contribute to accurate record keeping.

The Department may fund general health and medical services equivalent to what an Australian citizen or permanent resident would receive under Medicare for recipients who are Medicare ineligible (Category Two recipients). The Department will specify what health/medical services have been approved.

Recipients who are Medicare ineligible should still be charged the local rate at hospitals and other health services. Medicare ineligible recipients are expected to pay the equivalent to the Medicare gap when accessing health and medical services.

The Department will not provide funding for Medicare gap payments.

11.10.2.1. General health and medical model (Bands 4–6) (Medicare ineligible)

Where the Department approves the general health and medical model, the below caps are usually applied where there is no 'Medicare gap'.

Table 22: General health and medical model (Medicare ineligible Band 4–6 recipients)

Health service	SRSS Provider approval cap for Category Two
General Practitioner	s. 47E(d)
Specialist (as referred by a GP) including: - diagnostic imaging - surgical or therapeutic procedures <i>Note: physiotherapy is not considered a specialist service unless there is a referral by a GP as part of a chronic illness management plan</i>	
Pathology	
Hospital visit (admission or accident and emergency visit)	
Optometry (Purchasing spectacles)	
General Psychological Services	
Dental (general check-up and emergency)	
Pharmaceuticals	

Where a recipient in Band 4–6 has been approved by the Department to receive additional services using the general health and medical model, SRSS Providers can approve the above health and medical services for these recipients, as long as they fall below the caps outlined in the table above. The recipient must pay for any 'gap' payment.

1. SRSS Provider can approve health and medical services for recipients below caps outlined in the General health and medical model table, where the recipient has been approved for the model (with the recipient paying the 'gap', in line with Medicare Benefits Schedule).
2. Any provision of health medical services must be recorded in the SP Portal as:
 - **'Payment Confirmation – [relevant health service] – Below Threshold'**.
 The Payment Confirmation activity must include:
 - a detailed overview of treatment provided (including all MBS Item Numbers)
 - the reasons for accessing such services or treatment
 - supporting documentation such as GP referrals must be attached to the Portal activity, where appropriate.

SRSS Providers are not required to attach invoices to the SP Portal but all invoices must be retained on file for audit purposes.

Where no MBS number is provided or available, this should be recorded as an **SP Portal 'Payment Request – [relevant health service] – Above Threshold'** activity with supporting documentation such as GP referrals or a relevant invoice attached. This does not override existing or other processes.

Dental Services (Bands 4–6) (Category Two, Medicare ineligible)

Where approved by the Department will fund up to s. 47E(d) calendar year for general check-up and emergency dental services s. 47E(d) years for children aged 2–17 years), as per the general health and medical model table above.

Emergency dental care is defined as a recipient experiencing severe and chronic pain as a result of a dental problem, for example, a broken tooth or abscess, that requires a tooth extraction and impacts significantly on the recipient's physical health.

1. Record the dental treatment below the prescribed threshold for an approved recipient as an **SP Portal 'Payment Confirmation – Dental – Below threshold'**.

Optometrist Services (Bands 4–6) (Category Two, Medicare ineligible)

The Department will assist with the cost of optical assessments (an eye test once every two calendar years), equivalent to what an Australian citizen or permanent resident would receive under Medicare for Medicare ineligible recipients.

1. Record an **SP Portal 'Payment Confirmation – Optical – Below threshold'** for provision of optometrist services to approved recipients.

Prescription spectacles (Bands 4–6) (Category Two, Medicare ineligible)

To assist in purchasing low cost, basic prescription spectacles the Department will fund up to the value of s. 47E(d) year, as per the table above, for approved recipients. This amount can be approved by the SRSS Provider and costs will be reimbursed to the SRSS Provider as a 'Direct Recipient Cost'. The SRSS Provider should obtain evidence of the clinical need for spectacles and the associated costs and attach this to the SP Portal.

Recipients are able to upgrade frames or lenses at their own costs (should this be more than the s. 47E(d) capped limit). The Department will not fund the purchase of non-prescription eyewear or eye care.

General Psychological Services – Bands 4–6

Where psychological issues are the barrier for an individual in resolving their immigration status or ability to work, the Department will consider funding certain support to address the barrier. Evidence that should accompany any request for general psychological services should be a mental health treatment plan by the specialist and a referral.

A referral from a GP for general counselling with an appropriate community mental health service, must be forwarded to the recipient's SRSS Provider in the first instance, who should then make the request for Additional Services.

Recipients may experience general psychological distress while in the SRSS Program, which may not be related to torture and trauma experiences. These symptoms may be due to a variety of stressors or pre-existing conditions. Stressors may include their immigration status resolution, family members remaining in their home country, uncertainty about their future, and adjusting to life in a new country. General counselling can include marriage and relationship counselling or drug and/or alcohol counselling.

SRSS Providers are required to encourage recipients with mental health concerns to attend their GP for appropriate treatment.

Where a recipient is not eligible for Medicare, the Department may agree to fund up to 10 sessions per year, in line with what is available through Medicare.

1. Record general psychological services below the prescribed threshold for an approved recipient as an **SP Portal 'Payment Confirmation – [relevant health service] – Below Threshold'**.

Exceptional circumstances apply if there has been a significant change in the recipient's clinical condition or care circumstances which necessitates a further referral for additional sessions. Advice should be sought from the GP as to the recipient's need for further services. The Department may approve an additional six mental health sessions where this requirement is stipulated in the recipient's Mental Health Plan.

1. Submit a request for additional general psychological services for an approved recipient as an **SP Portal 'Payment Confirmation – [relevant health service] – Above Threshold'** to:
 - The recipients SRO (Bands 4–5)
 - The SRSS Operations and Support Manager (Band 6).

11.10.2.2. Pharmaceuticals Benefit Scheme Schedule Model (Bands 4–6)

A common way for the Department to approve pharmaceutical support for Band 4–6 recipients is to use the Pharmaceuticals Benefit Scheme (PBS) Schedule model. This is where prescription medications can be purchased by Band 4–6 recipients in line with what is provided to Australian citizens or permanent resident concession card holders – the PBS Schedule rate.

Where a recipient is approved by the Department for the PBS Schedule model for pharmaceuticals:

- For the cost of each medication, the recipient pays the co-payment (the amount a concession card holder would pay towards the cost of the PBS medicine), and the SRSS Provider is invoiced the remaining amount.
- The SRSS Provider may approve purchases of PBS medications up to the **s. 47E(d)** item cap (with the co-payment per medication deducted).
- Where more than one brand of medication is available, the cheapest option must be purchased.
- Once recipient's total applicable co-payment reaches the concessional safety net threshold, any additional prescription medications will be free for the remainder of the calendar year.
- Recipients need to keep a record of PBS medications on a Prescription Record Form, which is available from pharmacists. If Band 4–6 recipients go to the same pharmacist for all PBS medications, that pharmacist can keep a computer record.

Families can ask the pharmacist about combining the amounts for all eligible family members. For the purpose of PBS, a family comprises:

- a couple legally married and not separated, or a couple in a de facto relationship, with or without dependent children
- a single person with dependent children.

The SRSS Provider should ensure all Band 4–6 recipients understand that non-PBS prescriptions do not count towards the PBS Safety Net threshold and the full price must be paid for these medicines. As such, any medications/products on prescription not supported by the PBS should not be considered for payment under the SRSS Program.

Table 23: PBS Co-payment and Safety Net Threshold

Rates for 2019* Concession card holders	
PBS Co-payment	s. 47E(d)
PBS Safety Net threshold	
When PBS Safety Net threshold is reached	Free

* The amount of co-payment is adjusted on 1 January each year in line with the Consumer Price Index.



The most recent Pharmaceutical Benefits Scheme can be found on the [Department of Health PBS website](#).

- Where recipients are approved for the PBS model, SRSS Providers can approve purchases of PBS medications up to the s. 47E(d) item cap (with s. 47E(d) -payment per medication deducted). Where more than one brand of medication is available, the cheapest option must be purchased, ensuring value for money is achieved.

11.10.2.3. Compulsory vaccinations model (Bands 4–6) (Category Two, Medicare ineligible)

Where Band 4–6 recipients who are not eligible for Medicare are approved for vaccinations, the costs associated with vaccinations may be aligned with what is available to Australian citizens and permanent residents in the Australian community. Therefore, only compulsory vaccinations would be approved.

11.10.2.4. Retrospective approvals above threshold (Category Two, Medicare ineligible)

Retrospective payment for above threshold medical expenses will only be considered in emergencies. The SRSS Provider must clearly demonstrate that expenses were incurred in emergency circumstances and there was no opportunity to submit a request prior to incurring the expense may be considered.

SRSS Providers must submit a 'Payment Request' with a completed *Payment or Movement Request* template via the Service Provider Portal to SRSS Operations and Support team for consideration. The request must include supporting documentation, such as the invoice for any emergency health or medical assistance provided to the Recipient, and submitted within three months of the date the treatment was received (appointment).

All costs must be in line with health and medical costs listed in the Direct Recipient Costs table. Costs associated with emergency health or medical treatment not listed in the Direct Recipient Costs table must be forwarded to SRSS Contract Management for consideration.

11.10.2.5. Items or services in excess of the cap amount, outside the approval or to cover 'gap payment'

Recipients are expected to cover items/services in excess of cap amounts, outside the approval and cover gap payments, just like Australian citizens and residents.

Items/services in excess of the cap amount, outside the approval, or to cover health or medical services beyond what would be covered by Medicare will only be considered in exceptional circumstances, and on a case-by-case basis.

In particular, a 'gap payment' will not be covered in the following circumstances:

- the recipient requests medical treatment for a non-urgent condition or an elective treatment
- there is no documentation to demonstrate that the SRSS Provider has advocated on behalf of the Recipient to have services charged at the MBS rate
- a bulk billing provider was not utilised when one was available
- the recipient has already paid for the treatment/service.

- Submit an **SP Portal 'Payment Request – Above threshold'** request to the SRSS Operations and Support Manager, including for :

- a purchase in excess of the PBS medications cap amount of s. 47E(d) item (with s. 47E(d) payment per medication deducted), or outside the policy
- dental services above the cap (a corresponding dental plan (from the dentist that provided the original consultation must be included).
- Requests for gap payments.

- Include a completed *Payment or Movement Request* template detailing any other information, such as:

- A reason for the Department covering the payment, clearly explaining the exceptional circumstances and why it is unreasonable to expect the recipient to pay the amount.
- a referral from a Medicare registered GP or health professional.

11.11. Additional Services – Transport for compelling circumstances

There may be compelling circumstances where the Department will cover the cost of transport, or make a contribution, such as long distance trips.

11.12. Additional Services – Childcare

There is an expectation that:

- if there are two parents, childcare is not required as one parent can mind the child/children
- if other adults are in the house or informal childcare/babysitting arrangements (such as Community Links, friends or family) are available, these may be a suitable option.

SRSS Providers must clearly explain why childcare is required and demonstrate that all alternative arrangements have been explored by the parent in the first instance.

12. Transition Out and Exit

Recipients will exit the SRSS Program for a number of reasons, including when the recipient is deemed to no longer need their required support services, as determined by the Department, or granted a substantive visa.

Transition out refers to the move into the Australian community from held detention. This generally occurs from Bands 1–3, although occasionally adults may move into the Australian community from immigration detention.

The role of the SRSS Provider during the transition out period is to prepare the recipient to ensure a smooth transition from detention into the community, including departing any Provided Accommodation (where required). For transition out and exit, it is expected SRSS Provider will ensure recipients are:

- disengaged from relevant Program Services, including ensuring the DHSP is notified that the recipient is ineligible for continued expenses
- linked to relevant services in the community while exiting the SRSS Program, such financial, medical, *jobactive*, as appropriate
- aware of their options in departing Australia and returning to their country of origin (or to a third country) if their status is still unresolved and they are deemed to be finally determined, such as being linked with RRAP service providers.

The Department will advise SRSS Providers of exit/transition out dates via an SP Provider 'Transition Out Referral'. The referral will detail:

- the planned exit date
- whether a Transition Out Plan and/or SRSS Exit Checklist is required
- which Essential Registrations are required.

For recipients who transition out of the SRSS Program, recipients will remain in their current Band, if an adult is transitioning from detention, they will be placed in Band 4. If a Band 2–3 recipient requires Additional Services after the transition out period, they may move to Band 4, upon notification from the Department.

SRSS Providers are expected to assist any recipient with transitioning to mainstream services as needed.



Templates required in this section:

- *SRSS Exit Checklist*
- *Transition Out Plan* template

12.1. Transition Out – Band 1 recipients

A minor may transition out when they are granted a substantive visa. During the transition out period, support for Band 1 recipients should cease once they exit the APOD, or once the SRSS Provider has provided Transit Support to a placement other than an APOD (if required).

Regardless of why a Band 1 recipient exits the SRSS Program, instructions for the SRSS Provider will be provided in the SP Portal 'Transition Out Referral'.

1. Undertake the actions specified in the SP Portal 'Transition Out Referral'. These may include:
 - completing a Transition Out Plan (as instructed)
 - providing Transit Support to a placement other than an APOD
 - liaising with the UHM service provider or FDSP
 - undertaking Essential Registrations.

12.2. Transition Out – Band 2–4 recipients

1. Undertake the actions specified in the SP Portal 'Transition Out Referral'. These may include:
 - completing a Transition Out Plan (as instructed)
 - arranging exit from Provided Accommodation and filling in an *SRSS Exit Checklist* (for Bands 2–3)
 - arranging Transitional Accommodation
 - registering the recipient with Centrelink and Medicare, as required.

12.2.1. Substantive visa grant – Registering with mainstream services (Bands 2–3)

When a recipient is granted a substantive visa, any Income Support they may be receiving from DHS is ceased as at the date of the visa grant. The Department does not notify individuals that their living allowance has ceased following grant of a substantive visa.

SRSS Providers must assist recipients who have been granted a substantive visa with registering and engaging with mainstream services as soon as possible after the visa grant. This includes:

- Centrelink
- Medicare.

1. Assist the recipient with registering with Centrelink by:
 - submitting an 'intent to claim' with Centrelink as soon as possible, to minimise potential delays in Special Benefits payments, then
 - lodging a Special Benefits application within 14 days of the 'intent to claim', to have their payments backdated to their 'intent to claim' lodgement date.

If an individual does not engage with Centrelink within 14 days from the date of the registered 'intent to claim', the individual's payments will only be backdated to the date that they lodge their Special Benefits application.
2. Assist the recipient in enrolling to get a Medicare card in order to claim Medicare benefits.

12.2.2. Substantive visa grant – Access to Direct Recipient Costs (Bands 3–6)

SRSS providers must seek departmental pre-approval for Direct Recipient Costs relating to recipients during the transition out period following the grant of a substantive visa.

12.2.3. Substantive visa grant – Travel Arrangements (Band 3)

The Department will make and fund travel arrangements (including interstate transfers) for recipients who are being released from held detention, or who are no longer under a residence determination, because of a substantive visa grant.

12.2.4. Substantive visa grant – Travel arrangements (Band 4)

Substantive visa holders in transition out from Band 3 will have their travel arrangements made and funded by the Department if enough notice is given. The Department will not fund travel arrangements where a recipient changes their preferred location in the later part of the transition out period (after week 2).

12.3. Exit – Band 1 recipients

When a recipient is approaching the age of 18, the SRSS Provider should engage the recipient in discussions about where they are likely to be placed after they turn 18 and how to prepare for this. Where the recipient is no longer considered a minor, and their immigration status has not changed, they will exit the SRSS Program and be transferred to an IDF.

12.4. Exit – Band 4–6 recipients

1. Undertake the actions specified in the **SP Portal 'Transition Out Referral'**. These may include:
 - completing a Transition Out Plan
 - registering the recipient with Centrelink and Medicare, as required.

12.4.1. Following a negative substantive visa decision

Recipients who receive a Protection visa refusal decision at the primary stage and who have not lodged an application for review with the AAT within 28 calendar days of that decision, will be exited from the SRSS Program.

Recipients who have lodged an application for review with the AAT within 28 calendar days of the initial decision are eligible to remain in the SRSS Program until a decision has been made.

Recipients who have received a Protection visa refusal decision at the primary stage and who received a negative review of that decision from the AAT, will be transitioned out of the SRSS Program. The transition out process will commence from the date of the merits review decision.

Most IMAs who are fast track applicants who have had a Protection visa refusal decision will be automatically referred to the Immigration Assessment Authority (IAA) for review. If the decision is affirmed by the IAA, the recipient must be transitioned out of the SRSS Program within seven business days. Fast track applicants who have had a Protection visa refusal decision and are excluded from referral to the IAA (also known as excluded fast track review applicants) have no access to merits review.

Table 24: Transition out/exit timeframes following a negative substantive visa decision

Recipient	Exit / Transition out timeframe
Band 1–2 recipient who is under 18 and granted a substantive visa	Transition out of SRSS Program within 30 business days from notification to the SRSS Provider as an extension of Band 1–2 Program Services. Where a UAM is referred to the UHM Program, the UHM Program will also provide a transitional allowance to minors transitioning from SRSS into the UHM Program (as Income Support is ceased from the date of visa grant).
Band 3 recipient granted a substantive visa	Receives Band 4 Transitional Services for 20 business days. Individuals are not eligible for Income Support, including rent and bond loans.
Band 5–6 recipient granted a substantive visa	Exit SRSS Program within 10 business days of notification (by the Department) of visa grant. The recipient will remain in their existing band during the transition timeframe. Individuals are not eligible for Income Support, including rent and bond loans.
Individuals in held detention or residents in Residence Determination who are granted a final departure BVE	Three weeks of Transitional Services, with no Income Support. Nuclear families, with children under 18 years of age, will receive up to six weeks of Transitional Services, with Income Support (as approved by the Department).
IMAs who are fast track applicants, who have had a protection visa refusal decision and the decision is affirmed by the IAA	The recipient must be exited out of the SRSS Program within seven business days.

Those who apply for a judicial review of their visa decision made by the AAT, are generally not eligible to receive support through SRSS. Individuals may be eligible to receive limited support if they meet the eligibility criteria for Band 5 and are actively engaging with the Department to depart Australia.

Individuals who have received a negative visa decision and are classified as 'finally determined' do not qualify for any income support payments through the SRSS Program. Nuclear families with children under 18 years of age may receive income support during the transition timeframe.

12.5. Health and wellbeing – Cessation of Services following a visa grant (Bands 1–3)

Eligibility for health care and torture and trauma counselling under the DHSP ceases on the day of visa grant for Band 1–3 recipients. This includes any upcoming specialist appointments, surgery and/or dental work beyond the date of the visa grant. These services would instead need to be covered by Medicare (if applicable) or the recipient.

In some extenuating and compassionate circumstances the Department may consider approving finalisation of a recipient's health care services beyond the date of the visa grant. SRSS Providers will need to raise any individual cases with Health Services and Policy Division for consideration ^{s. 47E(d)}

1. Ensure the IHMS Healthcare Card is handed to the Case Worker, who is then required to return it to the DHSP and record this as an **SP Portal 'Confirmation – Health Services Card'**.

This is critical to ensure appropriate access to DHSP services only during the eligibility period.

12.6. Transition Out Plan

Where the recipient is transitioning out or exiting the SRSS Program, SRSS Providers may be required to complete a Transition Out Plan. The Department will advise SRSS Providers of the requirement for a 'Transition Out Plan' via the SP Portal referral.

1. Using the Transition Out Plan template, complete a Transition Out Plan, including the following:
 - the expected date the recipient will depart any Provided Accommodation
 - the last dates of their transition period
 - service provision, engagement strategies and identified responsibilities to disengage a recipient from their SRSS, if required
 - for UAMs, as much detail as possible on their history and ongoing needs to assist the UHM service provider – it is also expected that SRSS Providers make themselves available to the UHM service provider.
2. In the case of visa grant, the Transition Out Plan should be uploaded as an **SP Portal 'Transition Out Plan'** activity within five business days of visa grant notification for approval to:
 - SRSS Operations and Support Manager (Bands 1–3)
 - the recipient's SRO (Bands 4–5).

12.7. Transition out timeframes

SRSS Providers will be advised of specific dates for transition out by the Department via the SP Portal Referral. The SP Portal Referral will specify the date SRSS Provider must cease Transition Out.

12.8. Transition out following substantive visa grant (Bands 1–3)

Recipients granted a substantive visa will be expected to transition out of the SRSS Program. They will receive Transitional Services from the date of visa grant.

The Department will advise SRSS Providers when a recipient is required to transition out of the SRSS Program, via an SP Portal referral, which will specify the date services must cease.

Table 25: Departure from Ongoing Supported / Provided Accommodation timeframes following a substantive visa grant

Recipient	Time to exit Ongoing Supported / Provided Accommodation
Band 1–2 UAM recipient granted a substantive visa	Within 30 business days, with no Income Support provided from date of visa grant.
Band 3 recipient granted a substantive visa	Within 20 business days, as Transitional Services (Band 4), with no Income Support provided from date of visa grant.

12.8.1. Transition out – Extension requests (Bands 2–4)

In some cases, the SRSS Provider may believe that the transition out of a recipient will not be done within the specified timeframe and there are compelling and compassionate circumstances as to why. If this is the case, SRSS Providers should submit an extension request.

1. SRSS Provider should submit an **SP Portal 'Accommodation Extension Request'** at least five business days prior to the end of the initial transition period. The request must clearly outline:
 - the reason for the extension,
 - the additional time required
 - how the SRSS Provider intends for the recipient to meet the new deadline.
2. The **SP Portal 'Accommodation Extension Request'** must be submitted to the SRSS Operations and Support team.

12.9. Additional Services required after transition out period

In some cases, SRSS Providers may identify a Band 4 recipient who will require Additional Services after the transition period. SRSS Providers can assist recipients with filling in an SRSS Application for SRSS 10 business days before the recipient's exit date from Band 4. See 'Pre-entry' section.

12.10. Transition Out or exit Issues

Where there are issues in the transition out or exit process, the SRSS Provider must immediately notify the Department.

1. Submit an **SP Portal 'Escalation – Issue'** activity to SRSS Operational Coordination.
2. Update the Case Plan with the relevant information. The Case Plan must include a description of the issue and what the SRSS Provider is doing to resolve the issue (including whether legal action will be taken).

12.11. Departing Provided Accommodation following substantive visa grant (Bands 2–3)

There are set timeframes for departing from Provided Accommodation for recipients in Bands 2–3 who have been granted a substantive visa. SRSS Providers must assist those previously covered by a Residence Determination to exit Provided Accommodation within these timeframes outlined below. SRSS Providers will be advised via the SP Portal, when a recipient is required to transition out of the SRSS Program, and will specify the date when Program Services must cease.

The Department will not pay SRSS Providers for Provided Accommodation costs associated with recipients who have been granted a visa after their accommodation exit period. As such, no new services should be provided to recipients during this time.

12.12. Departing Provided Accommodation following bridging visa grant

Table 26: *Departure from Provided Accommodation timeframes following a Bridging visa grant*

Recipient	Time to exit Ongoing Supported / Provided Accommodation
Band 1–2 UAM recipient granted a bridging visa	15 business days
Band 3 recipient granted a standard BVE	10 business days
Single adult granted a final departure BVE	15 business days
Nuclear families (with children under 18 years old) granted a final departure BVE	30 business days

12.12.1. Band 3 properties following visa grant of recipients

In most cases, when a Band 3 property will become vacant following a recipient's visa grant, the property will no longer be required by the Department. The Band 2–3 Placements team will notify the SRSS Provider, providing 10 business days' notice, that the property is no longer required and advising the date that Band 3 funding for the property will cease (generally at the end of the 10 business-day exit timeframe).

Where appropriate, the property may be used for Band 4 Transitional Accommodation while the recipient is receiving Band 4 services (for up to six weeks). If this is the case, and the recipient remains in the property at the end of the Band 3 exit timeframe, the SRSS Provider must ensure:

- that all costs associated with Band 3 have been finalised.
- the property is recorded in the SP Portal as a Band 4 Transitional Accommodation property.

Recording the property as a Band 4 Transitional Accommodation property will ensure the recipient's SRSS Payments accurately reflect their status.

Costs for the Band 4 transitional Accommodation property, such as cleaning, repairs and maintenance associated with the property cannot be passed through to the Department. These costs are included in SRSS Providers ongoing Recipient Management Fees.

The recipient may be willing/able to retain the lease on the Band 4 property, as Independent Accommodation after they exit the SRSS Program. If this is the case, the property lease may be transferred into the recipient's name.

1. Amend the **SP Portal Accommodation Detail 'Category'** to **'Privately Leased'** where a Band 4 recipient exits the program and transfers an Ongoing Provided Accommodation property lease into their name.

Where a recipient cannot retain the lease or the SRSS Provider no longer requires the property and needs to break the lease, costs associated with breaking the lease may be recovered from the Department if there are no other options. Providers must notify the Department of these arrangements prior to the date Band 3 funding is to cease, as the Department will not cover costs associated with breaking/terminating leases for Band 4 properties.

12.13. Provided Accommodation – Requests for extension to depart accommodation

Extensions beyond the specified timeframes will only be considered in compelling and compassionate circumstances. Where an extension is approved, it will not be for longer than 10 business days following a Bridging visa grant, or 20 business days following a substantive visa grant.

If an extension to remain in the property is approved, former Band 2–3 recipients are expected to contribute to accommodation expenses.

1. Submit an **SP Portal 'Accommodation Extension Request'** to the SRSS Operations and Support Manager at least five business days prior to the end of the initial transition period. The request must clearly outline:
 - the reason for the extension, including the compelling and compassionate circumstances
 - the additional time required
 - how the SRSS Provider intends for the recipient to meet the new deadline.

12.14. Departing Provided Accommodation

It is the recipient's responsibility to leave any Provided Accommodation in a clean and tidy state prior to their departure from the property. The SRSS Provider should discuss the cleaning requirements with the recipient, using an 'end-of-tenancy cleaning form' as an example.

Any cleaning or gardening needs, or damage that requires repair, should be identified and raised with the departing recipient. This means it can be addressed with them before they depart the property (for example, bathroom not cleaned properly, garden needs weeding).

SRSS Providers are advised when recipients should be exiting Provided Accommodation, via the SP Portal, when they are required to assist recipients out of Provided Accommodation.

The SRSS Providers role during the transition out period is to prepare the recipient to depart from the Provided Accommodation to Transitional or Independent Accommodation.

The SRSS Providers' role does not involve approving transition to a new property. SRSS Providers should work to ensure recipients are engaged with their new contracted departmental SRSS Provider (where applicable) or UHM Service Provider.

1. Confirm that the recipient has departed the Provided Accommodation property by end-dating the **SP Portal 'Accommodation details'** on the day the recipient departs the property. This will notify the Department that the recipient has departed the property.
2. The recipient's Case Plan should be updated with the date of exit and any items they have taken with them, such as linen and baby items.

12.14.1. Ongoing Provided Accommodation – Condition report

As per the Schedule of Services, the SRSS Provider must assist the recipient to complete a property condition report on exit from the property. The SRSS Provider should compare the outgoing condition report to the initial property condition report that is retained on the recipient's file. This will establish what damage may have occurred at the property during the tenancy and what costs the recipient may be responsible for to repair any damages.

If the required entry/exit property condition reports have not been completed, and cannot be supplied on request, and repairs and/or maintenance are required at the property, the Department may not cover the costs associated with any repairs if the recipient has already departed the provided property. The SRSS Provider may then be responsible for covering the costs associated with repairs or maintenance at the property.

12.14.2. Provided Accommodation – End of lease cleaning

Where the Department notifies the SRSS Provider that a property is no longer required, SRSS Providers should ensure the property has been vacated and cleaned within 30 calendar days and that the property is returned as outlined in the notice.

1. Where end of lease steam cleaning of carpets is required, the SRSS Provider may submit a request to the SRSS Operations and Support Manager, via email, for consideration of the cost, including supporting documentation, such as quotes.

12.14.3. Mobile phone handset return (Band 2 only)

1. Ensure the mobile phone handset is returned prior to the Band 2 recipient leaving Ongoing Supported Accommodation household.
2. Record the return of the mobile phone handset must be recorded in the *SRSS Exit Checklist*.

The SRSS Provider must keep returned handset, ensuring the phone is cleared of any data, until another Band 2 recipient enters the Band and requires a handset.

12.14.4. Baby Items Package – Recipient departs Provided Accommodation

Recipients may take the pram/stroller, change mat, baby bath, baby linen from the Baby Items Package when they depart Provided Accommodation.

1. Record in the Case Plan and *Exit Checklist* when the recipient takes the following items from the Baby Items Package: pram/stroller, change mat, baby bath, baby linen.

12.14.5. Linen Package - Exit

Upon departure from Ongoing Supported/Provided Accommodation, the recipient may take the Linen Package with them. They may only take with them the blankets assigned to them from the Linen Package, and not any blankets purchased by the SRSS Provider for the BHG Package.

1. Record in the Case Plan and *Exit Checklist* that the Linen Package items have been taken by the recipient.

12.14.6. SRSS Exit Checklist

1. When a recipient is departing Provided Accommodation, the SRSS Provider must complete an *SRSS Exit Checklist*, using the template provided by the Department prior to the recipient departing the Band 2 or 3 Provided Accommodation.
2. The SRSS Provider must upload the completed *SRSS Exit Checklist* via an **SP Portal 'Confirmation - Exit Checklist'** five business days prior to the recipient's exit date.

12.14.7. Transitional Accommodation – Departing

Recipients must exit Transitional Accommodation prior to the end of the applicable transition out period.

12.14.8. Transitional Accommodation – Extension

1. Submit an **SP Portal 'Accommodation Extension Request'** to SRSS Operations and Support team to request an extension of Band 4 services for any recipient wishing to remain in Provided Accommodation beyond this time.

12.14.9. Cleaning

On departure from the property, recipients are also expected to thoroughly clean the property to the standard expected in the lease. Particulars such as windows, ovens, walls and hard floors (such as tiles) should all be left in a clean state. All carpeted areas should be vacuumed and any significant stains removed at the recipient's expense.

12.14.10. Provided Accommodation – Costs associated with departure

On occasion, instances of damage to goods or property after the final inspection may come to the attention of the SRSS Provider after the Band 2–3 recipient has departed the property.

12.14.11. Recovery of costs – Recipient exited SRSS Program

1. As soon as possible, email the SRSS Operations and Support team to determine the best means of addressing this issue. SRSS Providers may be directed to submit an **SP Portal 'Payment Request – Extra Funds'** activity upon receiving advice from SRSS Operations and Support team.

12.14.12. Recovery of costs – Recipient still supported by SRSS Program

See '[Payment Deductions](#)' section.

12.15. Removal from Australia

It is important that any recipient who is being removed from Australia has access to all their belongings and medical records.

1. The SRSS Provider must assist the recipient to:
 - pack belongings
 - collect health documentation from DHSP health providers (Bands 2–3) or their GP (Bands 4–6)
 - disengage the recipient from any activities.

In some cases, the SRSS Provider may need to arrange for this to occur, as the recipient may not be present.

12.16. Health Discharge Summary (HDS) (Bands 1–3)

12.16.1. Leaving detention

Prior to leaving detention arrangements, including Band 1, individuals will receive a written Health Discharge Summary (HDS) from the DHSP provider. The HDS provides a summary of the recipient's health status at the time of leaving detention. The HDS is placed in a specially labelled A4 envelope, along with up to 28 days' supply of any medications the recipient may need on discharge from detention. The HDS package also includes the recipient's details and a translated copy of the HDS.

The recipient is given the HDS package (generally via post so a forwarding address must be provided to the DHSP) and instructed to take this to their first GP consultation. In exceptional cases, where the transfer happens quickly or there are other pressures, the DHSP may provide the HDS to the recipient or their preferred GP after the transfer to another Band occurs.


To maintain each recipient's full medical history, the DHSP receives clinical notes from each Band 2 and 3 recipient's preferred GP. This is part of the reason why SRSS Providers must ensure Band 2 and 3 recipients only attend their preferred DHSP network provider GP, in order to assist with Continuity of Care.

If the recipient is eligible for Medicare they will be able to provide the HDS to any GP in the community. They will also be able to request a new GP to directly transfer medical information from the old GP as per Australian community standards.

12.16.2. Substantive visa grant – Arranging a HDS (Bands 2–3)

1. When a recipient transfers out of Bands 2–3 following the grant of a visa, the SRSS Provider is responsible for organising an appointment with the recipient's preferred GP. The GP will then review the recipient, and complete the HDS. The GP will provide the HDS, following a request from CDT.

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12.17. Record keeping – Management of recipient records

Records must be archived or destroyed as per the Contract Requirements.

1. Once the recipient is transitioned out, the SRSS Provider must follow the instructions in the *SRSS Records Management Guide*.

Appendix A – Band 5–6 Program Services

Implementation of OPM version 8

Band 5–6 recipients who are on program before the implementation date of this OPM will have access to the Band 5–6 Program Services in the table below. They will have access to these Program Services until their first CER is undertaken either on, or after, the implementation date of this OPM. This CER will be used to confirm specific Program Services available to the recipient.

Once a CER has been completed for current Band 5–6 recipients, they will only have available the Program Services that have been approved by the Department through the CER. The 'Continued Eligibility Review' and 'Additional Services – Requests' sections outline the process for any Additional Services require outside of the CER review period.

Table 27: Program Services available to current Band 5–6 recipients until CER is completed

Recipient	Band 5–6 Program Service	Details
Band 5–6 recipients who were on program before the OPM v8 implementation date	Schooling Requirements Package	Continued access only where this has been used before the implementation date of this OPM. See <u>'Schooling Requirements Package'</u> section.
Band 5–6 recipients who were on program before the OPM v8 implementation date	Torture and Trauma	Continued where a six-session block has been started (for initial six sessions) or approved before the implementation date of this OPM.
Band 5–6 recipients who were on program before the OPM v8 implementation date	Income Support	Continued at current rate, unless there is a change of circumstance.
Band 5–6 recipients who were on program before the OPM v8 implementation date (Category Two, Medicare ineligible only)	Health and Medical Support	Continued access as outlined in <u>'General health and medical model'</u> section.
Band 5–6 recipients who were on program before the OPM v8 implementation date (Category One, Medicare eligible only)	Health and Medical Support	No pre-approved Health and Medical. See <u>'Additional Services – Health and Medical (Bands 4–6) (Medicare eligible, Category One recipients)'</u> section for current health and medical support

New Band 5–6 recipients


Individuals who are approved through the SRSS Application Process on or after the implementation date of this OPM, will be subject to the approvals in their SRSS Application. The 'Continued Eligibility Review' and 'Recipient Management – Additional Services' sections provide more information where Additional Services are required after an SRSS Application is approved.

Appendix B – Direct Recipient Cost table


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