

CS4.4 Support Coordination

Purpose

1. To outline SAVVY's processes and procedures for providing effective support coordination to participants inline with their goals and needs.

Alignment with Practice Standards

1. Module 3: Provision of supports

Legislative Alignment

1. National Disability Insurance Scheme Act 2013

Key Responsible Executive

Chief Executive Officer

For More Support

Your People Manager

Policy Statement

1. SAVVY is committed to strengths based, person centred support that respects participants rights to privacy, dignity, independence, choice and fulfilment. The organisation recognises that the participants' situations and needs change over time and as such is committed to providing a flexible, empowering and supportive environment for participants that require plan management or coordination.
2. SAVVY is committed to increasing the capability and independence of all participants to be in control of their life and will focus on educating and developing a participant's ability to self direct their support plan.

Definitions

1. Assessment - the process of gathering information from and about the service user in order to develop an understanding of their needs and to determine suitable options and support planning.
2. Support Coordination - Support coordination is a collaborative, person-centred process. It aims to ensure access to multiple support systems and services at key life stages to achieve optimal wellbeing and social participation.

3. Person centred planning – a process of continually listening and learning, focused on what is important to someone now and for the future, and acting on this in alliance with their family, carers, friends and substitute decision makers.
4. Intake - the systematic process of gathering information about people's current situation in order to facilitate their access to services and assist them to make informed decisions about the needed service.
5. Referral - a request for a specialist consultation or service that occurs when an organisation is not able to meet the service user's needs or has insufficient resources to manage the service user's situation.

Delegations

Roles	Responsibilities
Board of Directors	<ul style="list-style-type: none"> ● Endorse and ensure compliance with the Support Coordination Policy and Procedure ● Be familiar with legislative requirements of this policy
CEO	<ul style="list-style-type: none"> ● Manage and monitor compliance with this policy ● Support staff competence and compliance with this policy and procedure, and ensure staff receive appropriate training, supervision and debriefing to comply with this policy ● Collate report information on adverse service user events as required ● Review Feedback, Complaint and Incident reports for insights into the effectiveness of the policy and take action where necessary ● Ensure operational decision making is informed by this policy and the Conflicts of Interest Policy
Management	<ul style="list-style-type: none"> ● Support staff competence and compliance with this policy and procedure, and ensure staff receive appropriate training, supervision and debriefing to comply with this policy ● Collate report information on adverse service user events as required ● Act on feedback, complaints and incidents that relate to a participants support coordination. ● Provide regular practice supervision ● Ensure operational decision making is informed by this policy ● Support the review of clinical processes
Staff, volunteers, contractors and students	<ul style="list-style-type: none"> ● Comply with the Support Coordination Policy and Procedure ● Maintain knowledge of the current evidence-based interventions available to participants ● Participate in regular practice supervision

	<ul style="list-style-type: none">● Maintain registration with relevant associations and/or peak bodies, where appropriate
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Procedures

1. The primary role of a Support Coordinator is to:
 - a. Help the participant to understand how to use their NDIS plan to meet their goals
 - b. Work with other people in the participant's circle of support (family, friends, service providers, therapists and community and mainstream supports such as doctors) in order to meet the goals of their unique NDIS plan,
 - c. Teach the participant how to access the NDIS portal so the participant can monitor how their funds are spent,
 - d. Monitor the progress and outcomes of achieving the goals in the plan,
 - e. Assist the participant in preparing for their next NDIS meeting and attending the NDIS scheduled review meeting if requested,
 - f. Coordinate the implementation of all supports in the plan, including informal, mainstream and community, as well as funded supports,
 - g. Strengthen and enhance the participant's abilities to coordinate supports and participate in the community,
 - h. Ensure mainstream generic services meet their obligations (i.e. housing, education, justice, health etc.),
 - i. Build the capacity of the participant to achieve greater independence towards self-directing services and supports in the longer term,
 - j. Provide the NDIA with reports on outcomes and success indicators within the agreed reporting frequency.
2. Clarifying roles and responsibilities
 - a. Effective support coordination is collaborative, planned, transparent and confidential. For that reason support coordination staff work with service providers to bring together the various components of the care plan by clarifying everyone's roles and responsibilities and to achieve the best fit between participants' identified needs, goals and available support and services.
 - b. The support coordinator will take responsibility for engaging the participant in the coordination process and support them in exercising their choice and control. If in dual roles with SAVVY, they will ensure transparency at all times between the two roles to ensure no conflict of interest.
3. Managing Conflicts of Interest
 - a. When SAVVY Support Coordinators are supporting participants, there are potential conflicts of interest with SAVVY as a service provider. These conflicts could occur in a number of ways, but most likely by:
 - i. Service coordinators encouraging participants to use SAVVY over some other providers,,
 - ii. Not providing participants with unbiased information on the range of service providers who could support them,
 - iii. Encouraging participants to continue using SAVVY services when they might not want to continue. SAVVY might not be the best fit or SAVVY might not be adequately providing the service,
 - iv. Providing SAVVY information as preferential, making it appear the best choice,
 - v. Signing the SAVVY Service Agreement with the participant.
 - b. Support Coordinators will develop a Coordination of Services Contract with the participant. This is separate to any other Service Agreement they might have with SAVVY.

- c. The Support Coordinator should discuss this in a transparent way, but ensure participants know that you are focused on their needs and are not there as a representative of SAVVY. You should assure them that you will talk to them about a range of services and if SAVVY is an appropriate service for their needs you will include SAVVY.
 - d. The Support Coordinator will gain an understanding of the informal, mainstream, community, and funded providers used by the participants – how they use them, how satisfied they are with the services and their goals for future service use.
 - e. Consent to exchange information will be completed and any limitations they wish to put on this will be considered.
4. Existing Service Provider Relationships
- a. Some participants will have an existing relationship with a service provider/s. If they are happy with this relationship and it is able to meet their needs, there is no need to test the market for additional service providers unless change is directed by the participant.
5. Seeking a Service Provider Response
- a. When approaching service providers on behalf of a participant, Support Coordinators should connect with them in the same way that they would approach a quote for any service provision, meeting the reasonable and necessary criteria.
 - b. Support Coordinators should approach these offers with transparency, honesty and fairness. Key points for seeking an offer are:
 - i. Use knowledge of the participant's needs and interests and understanding of the skills and abilities of service providers to construct a short list. This short list should be made up of the services you believe will best meet the needs of the participant. Seek the participant's input in the development of this list.
 - ii. Do not exclude providers based on the Support Coordinator's perception of their availability unless they have specifically asked to be excluded for a period of time
 - iii. Where possible, you should always ask a minimum of three services for a response. If you are asking SAVVY they should be added to the three making the minimum four.
 - iv. A standard request for service provision should be emailed to all services that are on the short list. This will contain de-identified material about the participants, their needs and what they want.
 - v. No service provider should know the identity of the other short-listed service providers.
 - vi. If service providers ask questions that generate new information, this information should be provided to all service providers. Before answering, the Support Coordinator should let the service provider know that your answer will be communicated to other parties.
 - vii. Allow at least five working days to respond, unless the matter is urgent, in which case allow as much time as possible.
6. Supporting a Participant's Decision Making and Choice
- a. The decision to choose a provider is the participant's choice. The Support Coordinator may help them consider the options, but their role is not to influence them toward one outcome or another. The Support Coordinator should build the capacity of the participant and their informal supports to make effective decisions.
 - b. All service provider responses should be presented to the participant, including any non-responses or declined responses. The Support Coordinator can use decision support tools to help participants evaluate services.
 - c. The participant might want to meet with services prior to making a decision. If they do, the Support Coordinator can facilitate these meetings. If they want to meet with SAVVY the Support Coordinator will not to 'represent' SAVVY, but rather invite an appropriate person to meet with them. The Support Coordinator can facilitate this meeting in the same manner you would for other providers.
 - d. The Support Coordinator can support the participant to define and quantify the services they want to obtain from the provider.

7. Supporting a Participant to Obtain Quality Outcomes
 - a. The Support Coordinator will monitor outcomes and success indicators on a regular basis for the NDIS. This should be done collaboratively with the participant and they should help them document what services they have received and their level of satisfaction.
 - b. Encouragement is provided to participants to have expectations and support their capacity to direct the service provider in a way that gets them the best service and outcome. Services should offer value for money and be delivered in a timely and effective manner.
 - c. With the participant's permission, the Support Coordinator can work directly with service providers to monitor and improve the service being delivered. If services do not meet the standard and satisfaction level required by the participant, they can support them to seek alternate providers.
 - d. If a breach of Service Standards is identified, there is an obligation to work proactively with the participant to put in place a complaint or report to the relevant authority.

8. Satisfaction with Support Coordinator
 - a. Participants can make a comment, complaint or compliment about the support coordination service they obtain from SAVVY. The standard process as outlined in SAVVY policy CS 2.4 - Feedback and Complaints, should be followed.
 - b. Ultimately, participants can change their Support Coordinator just as they can change service providers. No impediment should be placed in the way of this decision.

9. Risk Management
 - a. Throughout the planning and coordination process, the participant will be engaged in identifying risks inherent in their needs and plan, considering the impacts of those risks, planning on how to reduce, avoid or work with the risk.
 - b. Each service provider engaged through the coordination process will be required to do a risk assessment for the participant in receiving their services, however SAVVY will, with the participants permission, share their risk assessment to reduce administration and improve participant safety and care.
 - c. SAVVY will use its care and health assessments which include both personal risk assessments and environmental risk assessments as part of the participant onboarding process.

10. Support Coordination Records
 - a. An individual record will be prepared by the participants Support Coordinator for each service user receiving support coordination services. The record will contain (where relevant) the participant's referral, care assessment, care plan, relevant consent forms, any care coordination meeting minutes and care notes. (Refer to the participant Record Management Policy)
 - b. The care coordination plan will include the participants goals, strategies for achieving goals, other agencies involved in service provision, other agencies service agreements and schedules of support where relevant, schedule of services and formal and informal support strategies.
 - c. The service user's record will be updated and made available to the service user for review at any time.
 - d. The TurnPoint note type of "Support Coordination" will record actions undertaken by the Support Coordinator, including correspondence with all stakeholders.

References to other SAVVY policies and external sources

1. WHS2.1 Working Safely with Participants
2. CS1.3 Decision Making and Choice
3. CS2.1 Person Centred Practices
4. CS3.1 Participant Care
5. CS3.5 Participant Record Management
6. CS4.1 Responsive Support Provision
7. CS5.1 Restrictive Practices and Behaviour Support
8. CS6.1 High Intensity Care

Summary of attachments

1. Nil

Version Control

1. 1 April 2023 - New Policy Creation