Support Planning and Service Agreement Collaboration Policy

Contents

Policy Intention

Hand in Hand Home and Community Care (VIC)'s aim is to work with participants, families, advocates, communities and other providers to achieve the best outcome for the participant. This communication will allow all parties to share ideas and knowledge to ensure that the supports are relevant, appropriate and in line with the service agreement.

Scope

Hand in Hand Home and Community Care (VIC) is committed to ensuring that the Worker understand the beneficial aspects of a collaborative approach to the participant.

Policy

This collaborative approach requires Worker to work with relevant parties when:

- Working with other providers in the supply of supports or services.
- Assisting the participant in transitioning and exiting the service.
- Building the participant's capacity.
- Planning with supports for the participant.

Worker must cooperate with other agencies in the delivery of service. This collaboration may include initial contact, sharing ideas and input from participants, families and advocates following through on ideas of provider, and actively listening to discussions.

We will collaborate with all relevant parties to provide participants with the opportunity to access a service network that meets the full range of their needs.

The Director/Manager will contact and establish communication with the relevant service provider so our organisation can maintain collaborative relationships and protocols and participate in networks with relevant agencies.

Information, knowledge and skills are communicated and shared between the participant, family, advocate, the provider, and other collaborating providers.

Hand in Hand Home and Community Care (VIC) will work with the participant and their family and advocate to ensure that the participant maintains the functionality.

Procedure

Worker

Participants and families may require assistance to locate the right person for the participant, so our team will undertake the following process:

- Discuss the participant's requirements with participant, family and advocate.
- Gain formal written consent to share and gather information with other providers.
- Contact other service providers working with the participant to collaborate and determine the criterion.
- If direct supports are being delivered the participant, family and other services will have contact with Human Resources Manager.
- Inform the participant, family and advocate of the identified person to allow them to select.
- Record the process undertaken and the results in the participant’s service agreement.

Collaborating with Other Providers

Director or their delegate will make initial contact with other providers, after gaining consent from the participant, family and advocate. Various methods will be used to maintain contacts such as email, phone and networking. All records of contact are kept in the participant's service agreement.

Transition and Exit

The participant's needs, interests or aspirations may change during the delivery of their supports. These changes may lead to a need to transition to or exit from their current service. If this occurs, then we will, with the consent of a participant, contact the relevant service provider to:

- Collaborate with providers and participant to develop a plan of action.
- Send or request documents relevant to the participant.
- Communicate current supports, practices and needs to enable the participant to transfer or exit smoothly
- Identify risks and develop a Risk Management Plan.
- Develop a process for each participant - communicate the details to the participant, work with the participant during the process and review after the transition.
- Document the process in the Participant's Support Plan.

Risks associated with each transition to or from Hand in Hand Home and Community Care (VIC) are identified, documented and responded to. (See Transition and Exit Policy and Risk Management Policy)

Capacity building

The participant's capacity building process is designed to improve and retain their skills and knowledge, so they can maintain and improve their functionality.

To build and support the participant's functional capacity Hand in Hand Home and Community Care (VIC) will collaborate with:

- The participant, their family and advocate to affirm, challenge, and support.
- Other providers to further develop participant's skills and to improve practice and relationships.

Participant Outcomes

Collaboration with participant, family and advocate is the basis ensuring functional outcomes are based on the participant's needs, priorities, and their skills. The collaboration is to be recorded in the service agreement.

Support Planning

During the assessment and support planning process, collaboration is undertaken with participant, family and/or advocate:

- Complete a risk assessment.
- Document a risk assessment.
- Plan appropriate strategies to treat known risks.
- Implement appropriate strategies to treat known risks.
- Review annually or earlier according to their changing needs or circumstances.

Service Agreements

Hand in Hand Home and Community Care (VIC) will collaborate with the participant to develop a service agreement which establishes:

- Expectations,
- Explains the supports to be delivered, and

- Specifies any conditions attached to the delivery of supports, including why these conditions are attached.

With the consent or direction from the participant Hand in Hand Home and Community Care (VIC) collaborates in the development of the support plan, with other providers to:

- Develop links
- Maintain links
- Share information
- Meet participant's needs

Related Documents

- Support Plan
- Consent Form
- Service Agreements
- Transition and Exit Policy and Procedure
- Risk Management Policy and Procedure

References

- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)