



## **1. Local Coordination**

### **(Developmental Service Delivery Component *One*)**

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A quality service provider employs coordinators to assist in the process of coordinating service delivery to the participant.

All providers must provide “service” coordination. The coordination of the service refers to the coordination of staff and the home. This is a minor component of the coordination role; making sure staff have the information about their role, and support the participant with any issues they may be experiencing with their property is effectively and efficiently resolved.

By far the more important aspect of “local coordination” is the value brought to the coordination of supports. As most people understand the National Disability Insurance Scheme (NDIS) system, coordination is performed by a second provider external to the first provider delivering the core supports. This is an important part of the NDIS legislation to ensure conflict of interest issues do not arise by having the provider of core supports being the same organisation providing the service coordination.

However with complex clients living in supported independent living, there are often many coordination tasks that need to be attended to which is simply beyond the number of allocated hours provided the external coordinator or (specialist) support coordinator. This is where the “local” coordination (equivalent to level 2 Support Coordination) comes into play. This is by no means a “doubling up” of supports. It is more about a recognition that;

1. Specialist support coordination funding is limited, and even at 50-60 hours per year, this time can be quickly used up when due to certain client complexities (homelessness, review or change of circumstance requests, criminal justice involvement, mental health concerns, high and complex physical health support needs),
2. There are many lessor coordination functions that can improve the quality of life of the participant while reducing the functional impact of their disability, tasks such as chasing up with Services SA to obtain proof of ID, companion card referrals, replacement of concession cards with Centrelink, activity and/pr program referrals, liaise with the public trustee, assistance with GP and other health referrals (especially if the participant has some barriers to engagement).

These “lessor” coordination functions are important, but have the potential to eat into valuable specialist support coordination time. Having level two coordination with the provider (local coordination) has other added benefits, mainly, they know and can share information with both the disability support workers, and the participant.



The local coordinator being a staff member of the provider is able to direct disability support workers to confirm and clarify their role including expected outcomes of any given shift. External providers, owing to legal factors relating to workplace contracts and confidentiality *cannot* direct the staff of another organisation. All directions to disability support workers *must* come from an employee of the same organisation. Similarly the local coordinator being a staff member of the provider and covered by the same service agreement and consent to share information forms, is able to liaise with other government and non-government agencies in support of participant goals.

Local coordination, especially for people with complex needs, is essential. A simple referral and follow-up can be made complex when supporting people who are difficult to engage and who have social anxiety and other potentially complicating factors. Local coordinators get to develop necessary relationships essential to positive and productive engagement, which is in turn fundamental to supporting individuals to realise and build their potential for physical, social, emotional and intellectual development (NDIS 2013).