Halton Service Coordination Guidelines

Your Circle of Support

Adapted from Halton Healthy Babies Healthy Children Coordination Guidelines
Revised March 2018
Acknowledgments

The original Service Coordination Guidelines were developed through Halton Healthy Babies Healthy Children in collaboration with multiple service providers in April 2011.

We would like to thank those services for their work and to thank the Service Coordination Steering and Training Committees for their time and energy in developing the New Edition of the Halton Service Coordination Guidelines, revised March 2018.

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Service Coordination in Halton

Halton has been fortunate to have the Halton Service Coordination Model which was originally developed through Halton Healthy Babies Healthy Children in collaboration with multiple service providers in April 2011. The guidelines and training have been revised and updated with the collaboration of many community partners invested and committed to the Service Coordination process.

In 2018, it was decided that the Halton Service Coordination model formally supported by Our Kids Network would align with the Coordinated Service Planning (CSP) initiative and be moved to ROCK Reach Out Centre for Kids, the Lead Agency for CSP in Halton.

Coordinated Service Planning in Halton

In 2014, the Ministry of Children and Youth Services, Ministry of Community and Social Services, Ministry of Education and the Ministry of Health and Long Term Care unveiled the Ontario Special Needs Strategy initiative to improve services for children and youth with special needs. Coordinated Service Planning is one of the initiatives in this strategy. Coordinated Service Planning will provide children and youth with multiple and/or complex special needs and their families with seamless and family-centred service, centred around coordinating services.

As a result of Coordinated Service Planning, families and children/youth with multiple and/or complex special needs will:

- Have a clear point of contact for Coordinated Service Planning and have an assigned worker
- Not have to repeat their stories and goals to multiple providers. This means one family, one story, one plan
- Have a single Coordinated Service Plan that is responsive to their child/youth’s goals, strengths, and needs. Coordinated Service Planning will provide more intensive service coordination for families that require this degree of intervention

The Halton Service Coordination model formally supported by Our Kids Network is now aligned with the Coordinated Service Planning (CSP) initiative and supported by ROCK Reach Out Centre for Kids, the lead agency for CSP in Halton.
Community organizations across multiple sectors, school boards, provincial schools, family physicians, pediatricians, and family representatives make up our CSP Collaborative to support and deliver child, youth and family-centred care across Halton.
Introduction

What is Service Coordination?

Service Coordination is both a philosophy and a process. It is aimed at supporting family-centred, strength-based service planning for families who have children/youth with special or complex needs. Service Coordination enables families to achieve and maintain a quality of life consistent with their values, priorities, strengths and preferences.

The process is individualized, responsive and inclusive of both formal and natural supports for families in their community.

Core to Service Coordination is the relationship with the family, based on trust and respect. Through outreach and the genuine expression of care and interest, families are more likely to engage in the process of Service Coordination and move toward successful outcomes.

Who can Benefit from Service Coordination?

Service Coordination is offered to families when one or more of the following are present:

- Family (or child/youth) is involved with or requires more than one service.
- Family (or child/youth) requires assistance accessing services and coordinating goals.
- Family (or child/youth) is open to participate in Service Coordination.
- The Vision for Service Coordination is to create circles of support as needed around each child or youth and their family to promote health child development. The community goal is to ensure children and youth will have access to effective, formal integrated services and natural supports.

Key Elements

1. Team composed of parent and family, natural supports and professionals from community agencies.
2. Formal communication through regularly scheduled Service Coordination meetings.
3. One family centred plan (Family Service Plan).
4. A Service Coordinator - a team member coordinating the plan.
5. Service providers who support the family and are responsible for the part of the plan that relates to their role.

Anticipated Outcomes of Service Coordination

- Improved child health and development.
- Increased parenting confidence and knowledge.
- Decreased parental stress.
- Increased parental support.
- Increased family integration into the community.

Goals of Service Coordination

- With family involvement, strengths, needs and resources are recognized and built upon.
- Services and supports match the needs of the family.
- Increased clarity of who is involved and why.
- Decreased duplication in service provision.
- Increased effectiveness of services and supports, through the development of one comprehensive Family Service Plan.
- Family has decreased need for formal supports as they gain strength in their ability to advocate for themselves and connect with natural supports.
Principles

Principles are the fundamental beliefs that guide the process.

Halton Service Coordination is:

1. Family-Centred
   Team members are committed to putting families at the centre of the service planning. Families are encouraged to use their strengths to identify and achieve goals and to direct their own lives. Team members also adapt services to fit the family’s needs.

2. Strength-Based
   Team members focus on identifying, utilizing and increasing family assets versus eliminating family deficits. Building on family strengths and successes helps to create a foundation for more lasting changes. As well, positive approaches make it easier for the family to stay committed to the process.

3. Culturally-Competent
   The Service Coordination process acknowledges diversity by demonstrating respect for and building on the values, preferences, beliefs, culture and identity of the child, family, and their community. Cultural competency ensures the plan is individualized and uniquely tailored to fit the child/family.

4. Advocacy-Based
   Service Coordination provides families with an opportunity to participate in making decisions that affect their lives. Team members (formal and natural supports) advocate for families by ensuring the families are aware of their rights, are fully informed and have a voice (i.e. their views are listed and considered).

5. Collaborative
   Service Coordination is team based. It brings together formal, natural and community supports and services agreed upon by the family. All team members have varied talents, perspectives, knowledge and experiences that they share in order to ensure the optimal outcome for the family. The Family Service Plan should reflect a blending of all team members’ perspectives, mandates, and resources. This process requires full participation and the investment of time on behalf of all participants. It encourages everybody to grow and learn together.
Requirements

1. Accountability
The Service Coordinator and formal supports/community professionals are accountable to the client and act in the interest of the client at all times. They are also responsible for ensuring they support and uphold the principles of Service Coordination and perform tasks and activities associated with the Service Coordination roles.

2. Maintenance of Confidentiality
In all situations, clients must provide informed consent regarding their participation in the Service Coordination process. Their involvement is voluntary. They also have the right to be informed as to the limits of confidentiality as per relevant legislation e.g. MFFPA, PHIPA and CFSA. Prior to contact or referral to services/supports, appropriate consents for release and exchange of information must be obtained.

3. Responsibility for Safety
All involved are expected to:
- Comply with Duty to Report CFSA Section 72
- Communicate any risks or safety concerns to family team members
- Develop safety and crisis plans with the family, ensuring resources are in place when the family is unable to reach a service provider or Service Coordinator
- Create an environment in which the family feels safe to engage in the Service Coordination process (e.g. to share concerns, express feelings)

4. Effective Communication
Regular and timely communication and clear documentation helps facilitate the Service Coordination process. This includes ongoing communication regarding team member involvement set out in the Family Service Plan (FSPs), changes in FSPs, and written confirmation when a family has completed or is withdrawing from the Service Coordination process.

5. Commitment to a Conflict Resolution Process
At the outset of any service/support becoming involved, the Service Coordinator is responsible for ensuring the individuals are aware of the direction and expectations regarding their involvement. They are committed to the process of conflict resolution should it occur.

To prevent conflict, participants should be aware of the principles of Service Coordination, the purpose of each meeting (agenda), and the ground rules for participation.

When conflict occurs during a Service Coordination meeting, the goals and wishes of the family must be revisited to inform the direction of the plan. The Service Coordinator will redirect to the meeting agenda and the family goals. Conflict between service providers should be dealt with outside of the Service Coordination meeting. When differences remain unresolved, service providers defer to their agency protocol.
For the Family

The Service Coordination Process:

1. Facilitates a holistic view of child and family by identifying and building on strengths and recognizing diversity.
2. Reduces the time burden on families by decreasing the number of home visits and meetings.
3. Increases the likelihood of positive outcomes because the family participates in the entire process and identifies their priorities.
4. Decreases confusion by reducing contradictory or competing assessments and intervention priorities.
5. Creates opportunities for empowerment - the family feels a sense of control because value is placed on their choices.

For the Service Provider

The Service Coordination Process:

1. Promotes shared responsibility, accountability and decision making by decreasing role strain and reducing practitioners’ sense of isolation when working with complex families.
2. Reduces costs through improved coordination and decreased duplication of services.
3. Reduces workload through efficient communication and accurate problem identification.
4. Facilitates competency by providing opportunities for pooling and integration of members’ expertise, cross-discipline exchange and mentoring. As a result, professionals have an opportunity to share their knowledge, skills, and perspectives, and increase their understanding of one another’s work.
5. Enhances practitioners’ appreciation of clients’ strengths and capacities – professionals obtain a more comprehensive view of the what's going on in the families’ lives.
Roles and Responsibilities

Service Coordinator

The Service Coordinator is directly responsible for the planning and coordination of services in collaboration with the family and other service and support team members. The Service Coordinator role can be taken on by any member of the “family team” (including the family). Initially, however, the ongoing Service Coordinator may be the service provider who:

- Is a paid professional, accountable to their employer and trained to provide Service Coordination
- May have the longest ongoing involvement with the family
- Is requested by the family to take on the role

The Role of the Service Coordinator is to:

- Assess, identify, and review with the family their strengths, needs and resources
- Coordinate the services/supports making up the family team
- Facilitate the meeting and overall Service Coordination process
- Facilitate the communication process between family team members in order to minimize duplication, increase role clarity, and respond to crisis
- Review/monitor the progress of the Family Service Plan and identify need for revisions
- Remain involved until a transfer of the Service Coordinator role is determined or when the family is no longer requiring or requesting Service Coordination

The Family

- Is at the centre of the team and determines their own role in the Service Coordination process
- Identifies who they want as a Service Coordinator, who will participate in Service Coordination meetings, and what will be shared at the meeting.
- Shares their perspectives, prioritizes their needs, determines their goals, chooses their own strategies, builds on their strengths, and updates the team about their progress

Formal Supports

Formal supports (community professionals or service providers) participate in the Service Coordination Process and:

- Attend Service Coordination meetings
- Share information about their role and involvement with the family
- Actively support the family to define goals and develop creative strategies
- Communicate with the Service Coordinator any progress, barriers and changes to Family Service Plan
- Provide documentation of completion of service to the Service Coordinator

Natural Supports: (Family, Friends, Neighbours, Community Members)

The Role of Natural Supports is to:

- Attend Service Coordination meetings
- Encourage and advocate for the family
- Highlight and build on family strengths
- Consider and share the type of support that can be offered to the family
Family Team Members Should Be Aware Of The Steps That Make Up The Service Coordination Process

1. Identification

Often, programs or agencies have their own risk assessment that helps them to identify families that have multiple and complex needs and who could benefit from service coordination. The person who identifies the need, initially assumes the role of Service Coordinator.

Service coordination is offered to families when one or more of the following are present:

- Family (or child/youth) has complex and/or unique needs
- Family (or child/youth) is involved with or requires several supports & services
- Family is experiencing stress or confusion being involved with multiple agencies and wants help with the coordination of agency roles
- Families are involved in intensive service provision (e.g. CAS)
- Link between formal services and natural supports could be useful
- Family is open to participate in Service Coordination

2. Engagement

During this phase, the service provider engages the family in the Service Coordination process. They do this by:

- Establishing a foundation of trust with the family and beginning to build a relationship
- Orienting the family to the Service Coordination process
- Stabilizing any crises (address the pressing needs and concerns so the family and team can give their attention to the Service Coordination process)
- Facilitating conversations with the family about their strengths, needs, culture, and vision
- Obtaining informed consent from the family to participate in the Service Coordination process. This includes a discussion about confidentiality, consent and duty to report

3. Build Family Team

The team consists of the family, their natural supports and formal supports. Each brings diverse skills and experience and can make a positive contribution to the family’s achievement of goals. Supported by the Service Coordinator, the family selects the team. The Service Coordinator obtains written consent from the family to share information and invites team members to the meeting. The Service Coordinator may complete a Family Contact List (a team list with members names and contact information) that the Service Coordinator will distribute to the team (see Appendix B).

4. Meeting Preparation

Prior to the Service Coordination meeting, the Service Coordinator will plan a visit with the family to ensure the family is prepared for the Service Coordination meeting (see Appendix A). In collaboration with the family, the Service Coordinator will:

- Create the Service Coordination meeting agenda (define the purpose of the meeting, establish ground rules, confirm family’s strengths and needs, identify initial goals).
- Identify a meeting time and a location that is accessible and comfortable.
- Explore and problem solve barriers to family participation (worries and concerns about the meeting, childcare, transportation)
- Confirm attendance of family team members.
- Brief team on the purpose of Service Coordination and the meeting process
5. Service Coordination Meeting

The Service Coordination meeting with the family team provides a forum to develop a creative, comprehensive, collaborative, strength-based Family Service Plan (see Appendix D). During the Service Coordination meeting, the family identifies their priority needs and their goals related to those needs.

The family team brainstorms options based on the family’s strengths, assets and the team members’ resources. Together the team develops a specific action plan (who will do what, by when, and outcomes) based on the family’s preferences for each prioritized need.

The Service Coordination meeting also provides an opportunity to identify potential problems or crisis and create a safety plan. During the Service Coordination meeting, the team should identify the ongoing Service Coordinator. Often, the Service Provider who initially identified a family for Service Coordination may not be in the best position to be the ongoing Service Coordinator. In addition, over time, the roles within the family team may change.

Transfer of Service Coordination should be negotiated with the family and the team. This might occur when an agency is phasing out and the service is no longer required, the family requests a change, or another participant is in a better position to take on the role of Service Coordinator. Finally, the Family Team sets the next meeting, date, time, and location. (See Appendix B)

6. Implementation of the Family Service Plan

During the implementation phase, each member of the family team is responsible for carrying out their commitments to the plan and assisting the family to access the necessary resources. The Service Coordinator monitors the progress toward the plan. The Service Coordinator evaluates the success of strategies and identifies the needs to brainstorm new options and strategies.

7. Subsequent Service Coordination Meetings

The frequency of Service Coordination meetings should be consistent with the needs of the family; therefore, they may increase or decrease, depending on service intensity and level of risk. The family team meets regularly to:

- Revisit and update the Family Service Plan
- Brainstorm new options when current strategies are not resulting in adequate progress
- Explore why action steps are not completed.
- Identify new areas of need and plan to address them

The family team plans a purposeful transition out of formal Service Coordination that supports the family to maintain the positive outcomes achieved in the Service Coordination process. During this phase, family team members participate in a final service coordination meeting to:

- Celebrate successes
- Collaborate with team members to identify possible family needs to be addressed after closure of Service Coordination
- Determine the need for a plan to support the family’s transition (e.g. identify services and supports including natural supports, and ensure family knows how to access them)
- The Service Coordinator distributes the final Family Service Plan to the team members
Family Service Plan

Guidelines for Completion

Purpose
This is a family friendly tool which allows the Service Coordinator and/or family member to document and communicate the Family Service Plan (up-to-date goals, activities, who is doing what) to the family and the family team (formal and natural supports).

It supports the communication process within the family team. This tool supports the family to share their perspective, helps in setting priorities, and gives future direction for service provision.

Roles & Responsibilities
It is initiated by the Service Coordinator during Service Coordination meetings.

The Service Coordinator uses the form at every service coordination meeting and provides a copy of the Family Service Plan to the family and members of the family team.
## Preparation for Service Coordination Checklist

<table>
<thead>
<tr>
<th>GOAL</th>
<th>ACTIVITY</th>
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| **1. Orient Family to Service Coordination Process** | ☐ Provide information about Service Coordination process  
☐ Explain roles (Service Coordinator, family, formal and natural supports)  
☐ Obtain informed consent to participate in Service Coordination process  
☐ Discuss Confidentiality and Duty to Report |
| **2. Explore Family Strengths, Needs, Culture and Vision** | ☐ Identify family assets (e.g. values, social competence and connectedness, expertise, skills, knowledge, resources)  
☐ Identify family needs (e.g. things that they would like to be different, needs that must be met to reach the long range vision)  
☐ Explore with the family how they are feeling about different aspects of their life  
☐ Dialogue about initial goals |
| **3. Build Family Team** | Explore current supports and resources:  
☐ Natural supports  
☐ Involvement with formal supports (current or on wait list)  
☐ Obtain written consents |
| **4. Create an Agenda** | ☐ Define purpose of the meeting  
☐ Establish ground rules  
☐ Confirm, with the family, the needs they want to see addressed  
☐ Identify initial goals |
| **5. Make Meeting Arrangements** | ☐ Identify a meeting time and a location that is accessible & comfortable  
☐ Explore and problem solve barriers to family participation (concerns about the meeting, childcare, transportation)  
☐ Prepare material for distribution prior to or at the Service Coordination meeting |
| **6. Engage Other Team Members** | ☐ Confirm with the family who will be on the team (natural, formal supports) and who will invite them to participate  
☐ Approach potential team members, ensure that they are oriented to Service Coordination process, obtain information about their role |
## Family Contact List

### WHO IS INVOLVED?

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Agency</th>
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<tr>
<td>Service Coordinator</td>
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### TEAM MEMBERS

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<tr>
<th>Name</th>
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<td>GOAL</td>
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<tr>
<td>1. Welcome &amp; Introductions</td>
<td>- Participants introduce themselves and briefly identify their role&lt;br&gt;- Explain process, structure, review agenda&lt;br&gt;- Develop ground rules&lt;br&gt;- Assign timekeeper&lt;br&gt;- Assign recorder&lt;br&gt;- Review/complete Family Team Contact List</td>
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<tr>
<td>2. Review Strengths &amp; Assets</td>
<td>- Review, discuss and add to family strengths</td>
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<td>3. Review Needs &amp; Concerns</td>
<td>- Review, discuss and add to family needs&lt;br&gt;- Prioritize family needs</td>
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<td>4. Identify Family’s Vision</td>
<td>- Define what the family is asking their team to help them achieve&lt;br&gt;- Determine specific and measurable goals for the top 2 or 3 prioritized needs&lt;br&gt;- Develop methods for evaluating progress towards goals</td>
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<td>5. Build Action Plan Strategies</td>
<td>- Brainstorm options for action plan&lt;br&gt;- Support family to select best options&lt;br&gt;- Ensure action plan defines who will do what, when, and how often&lt;br&gt;- Determine if other resources are required to implement action plan</td>
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<td>6. Complete Documentation &amp; Logistics</td>
<td>- Complete Family Service Plan&lt;br&gt;- Arrange for Family Service Plan distribution&lt;br&gt;- Discuss Service Coordination Meeting frequency&lt;br&gt;- Set date for future meeting</td>
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<td>7. Close Meeting</td>
<td>- Summarize Family Service Plan, ensure consensus&lt;br&gt;- Explore meeting feedback (what worked well, what didn’t, positive results)&lt;br&gt;- Provide family with opportunity to debrief</td>
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Completing the Form (Next three pages):

1. **Contact Information**

2. **Updates**: Provide any important updates that the family wishes to share prior to moving into the action portion of the meeting and goals.

3. **Family Strengths**: Always begin your meeting with strengths gaining input from the others around the table, capture this in the section provided on the form.

4. **Priority Goal Section**: The goals for the meeting should be identified from the family prior to the meeting. There should not be any surprises for the family about what the goals are as they are set by them only. This portion of the plan is direct and action focused on how (who) is going to support the family to address the goal.

5. **Service Coordinators contact information**: If the family is running the meeting they would put their information in this section otherwise, the professional that has taken on the role of Service Coordinator and has organized and facilitated the meeting will provide their information here.

6. **Next steps section**: It is important to always set the date for another meeting in order to ensure that follow up is happening for the action items set out in this meeting.

7. **Attendance**: You can have the providers present fill out the attendance section or you may add their information after using your own sign in attendance sheet. This section is key for the family and other providers that receive the plan. It provides contact information for the other team members, and record of who was present for these important conversations.
# Halton Service Coordination Family Service Plan

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<tr>
<th>Client Name:</th>
<th>Meeting Date:</th>
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<th>Lead Professional (Service Coordinator) Contact Information:</th>
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<th>Updates:</th>
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<tr>
<th>Family Strengths:</th>
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# Child/Youth/Family Priorities

<table>
<thead>
<tr>
<th>Priority/Goal</th>
<th>Action Required</th>
<th>Responsibility</th>
<th>Timeline</th>
<th>Potential Barrier(s)</th>
<th>Status</th>
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## Coordinated Service Plan Next Steps

Follow up date: 

Next meeting date: 

## Attendance:

<table>
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<th>Name:</th>
<th>Contact information</th>
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