Student Support Services Consultation Refined Referral Process

Summary of Combined Themes from Support Services Staff and Broader Department Consultation Processes

This document is a combined summary of the feedback about the proposed refined referral process provided by staff through a survey monkey process and provided by the broader Department during the consultation process. There was reasonable level of consistency across the two processes regarding the areas of feedback.

General

In general there was strong feedback that the proposed refined referral process

- Seems streamlined
- Reduces documentation
- Was valuing of Service Provider to work with site

However there were a small number of staff who did not share this view.

The proposal to have one contact person was seen as valuable and would assist coordination with schools and preschools and communication and involvement of parents/ carers.
There was strong support for the combining of form and proposed ICT solutions to make the system more efficient.

Service Response Panel

There were mixed views about the proposal to no longer have the service response panel that coordinates allocation of referrals. The views ranged from it would allow greater service provider autonomy and would ensure a more timely service to no longer having the SRP would reduce equity and efficiency. The proposed Senior meeting to manager allocation of complex referrals and oversee priority consistency and waiting list had similar mixed views with some not seeing the need while others seeing value in the process. The senior group strongly articulated the need for a process that enabled them to efficiently administer and oversee the process was required.

Priority

Feedback suggested that the priorities provided clarity however polarised views on who does the priority including it needs to be done by school as they know students and needs to **not** be done by school as school always thinks their issues most important and this might result in sites putting pressure on SP to prioritise higher regardless of priority system.

There were a range of questions regarding detailed specifics of the priority system that will need to be worked through.

Involving additional service providers

Feedback regarding process to bring additional SP included the need for further clarity regarding the process and documentation to involve another SP
Aboriginal services in title but not included elsewhere
There were polar views from like that SP negotiate with other SP vs not reasonable SP has to get another SP involved

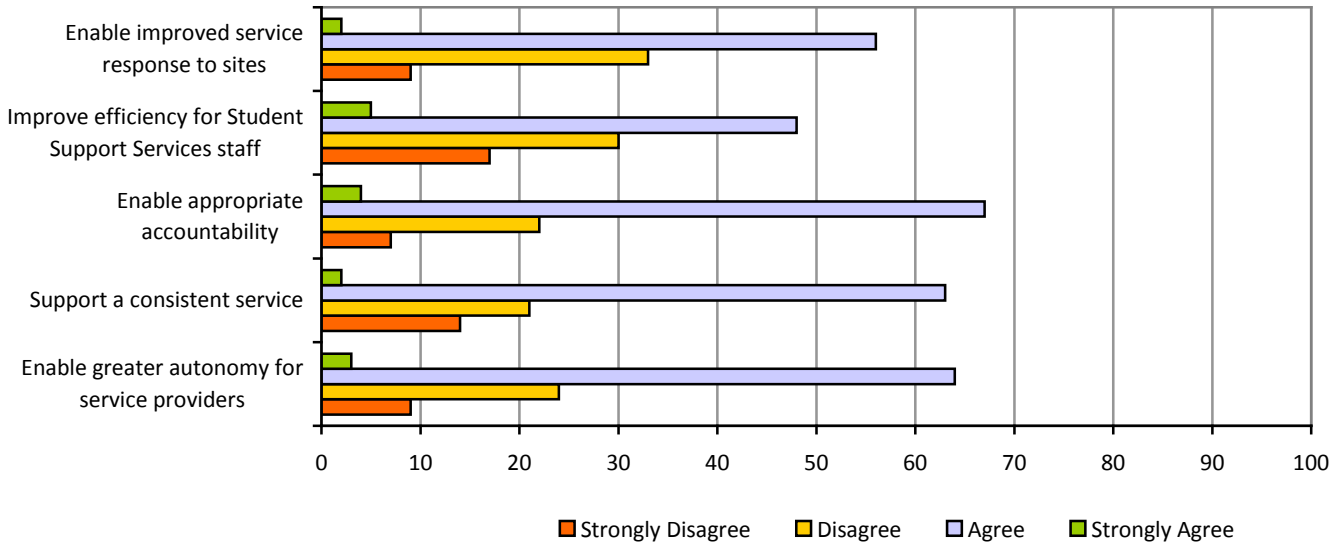
Consent

Timing of consent process needs to be clarified.

There was a large amount of feedback that was comment on specific elements of the process and generally seeking detail that would be developed post confirmation of the general direction.

Question 1 – Does the refined service request process

	Respondents	Strongly Agree	Agree	Disagree	Strongly Disagree
Enable improved service response for sites?	57	2%	56%	33%	9%
Improve efficiency for Student Support Services staff?	58	5%	48%	30%	17%
Enable appropriate accountability?	54	4%	67%	22%	7%
Support a consistent service?	56	2%	63%	21%	14%
Enable greater autonomy for service providers?	58	3%	64%	24%	9%



Question 2 – Please describe any AREAS OF STRENGTH with the proposed process

Summary:

- 53 Responses
- More efficient with regards to documentation (18 respondents)
- More efficient process (10 respondents)
- Autonomy/ empowerment of Service Providers (8 respondents)
- Is good that there is no longer an SRP (5 respondents)
- Is good that there is still a senior meeting (5 respondents)
- Referrals to the team managed by senior (3 respondents)
- Process will be more consistent (3 respondents)
- No difference to the previous process (2 respondents)
- Documentation was very clear(1 respondent)
- consultation has been good (1 respondent)

Selected comments:

- Caseloads have reduced with those that are inactive closed more readily
- Increased autonomy in terms of allocation of priority and identification of the service required.
- Empower service providers to utilise their extensive skills and knowledge to use professional judgement during consults.
- Simple – less boxes to input.
- I like the proposed Request for Service form. It has potential to capture the essential information required from sites that will assist with determining services are required.
- It has all the information required for a referral.
- I think the process of seniors deciding allocations in consultations with service providers is a good change.
- This new process appears less cumbersome.
- This new form captures the important information.
- The flowchart is very clear.
- The amalgamation of the ROC and RAS
- Allows for schools to approach the service that they consider meets the need. Service providers are able to use their professional expertise.
- The process has not changed. The changes are marginal at best. It is unlikely to change the admin burden to a level where 'closer to the classroom' actually occurs.
- Less need to complete sections of a referral form which are inappropriate for our service, eg. seems to have more focus on education, possibly more readable.
- Hopefully one form not two for admin to match up and collate which will be more efficient.
- Briefer documentation – less time consuming a plus.
- Enables service providers to feel greater autonomy.
- The matrix is a useful tool.
- Sense of increased autonomy and responsibility for those field staff who want it. I am very pleased that allocations will still be managed by senior staff who can ensure workload management and equity of workout.
- It is great there has been broad consultation.
- The service delivery models are a long awaited document that is useful in describing to new staff sites and families what can be expected from each discipline.
- I am pleased to see the weekly Senior meeting is there, as it provides the Seniors to be able to have a broader view of the overall picture for all service providers, the team and individual service providers.

Question 3 – Please describe any POTENTIAL ISSUES with the proposed process

Summary:

- 54 Responses
- Loss of SRP is a negative and process leading to lack of consistency (8 respondents)
- Queries around priorities and need for process to ensure consistency prioritisation (7 respondents)
- Lead to lack of multi-D collaboration (3 respondents)
- The majority of comments were querying clarity exact processes – explicit administrative questions or clarifications.

Selected comments:

- Loss of the SRP will result in wider inconsistency across the state and will see a loss of multi-disciplinary input.
- The potential new form does not allow for the common approach prompts to be on there and this may decrease the likelihood of broader questioning at the consultation phase.
- There is the potential for a loss multi-disciplinary collaboration with the approach.
- Is it a referral or a request?
- The electronic referral form needs to be accessible to service providers while at sites (portable device) and they need to have the capacity to upload while at sites (particularly in country areas). This would create a far more effective use of time.
- The process considered escalation of need but not de-escalation of need.
- The new referral form is just the old form in a different format.
- Suggestion to change the section 'Summary of concerns and strategies / interventions in place or tried' to 'Strategies / Interventions in place, tried or recommended'
- How is a consult only to be recorded in the name / EDID is not added?
- ATSI and GOM are a statewide priority for all. Priority level 1. Why not just say they are Level 1.
- Information about the process that was circulated has very little detail on how the process will actually work. For example – How will the site 'forward' the referral to SSS?
- Requests for support requiring the involvement of multiple disciplines. More work is required to clarify what process should be followed regarding requests for support where multiple issues are identified that require support from multiple disciplines.
- It may be identified that more than one service provider is required to support. The information circulated doesn't clearly explain or step out what process is to be followed.
- Where a provider completes a consultation and two services are identified as required, will the service provider for one discipline then have to determine the priority for service for the other discipline too?
- Although going back to a process where the site have to connect and have consultations with each provider for each of the disciplines they require a service from is not the ideal, it still may be a better (and cleaner) process than the idea that you can consult with one service provider. The lesser of 2 evils.
- After the initial referral to 1 or maybe 2 services, how will other additional services be engaged? This needs to be worked through so it's clear for all involved – sites, service providers and SSDS admin.
- Does it need to be at the request of the site or can it be one discipline talking to the other and deciding themselves to involve the other discipline?
- The form also only has 1 box for the priority, so am not sure what needs to happen when 2 services are listed as required.
- Additional workload for seniors if allocating outside of an panel process and staff will approach ad hoc with no structure re requests for allocation - Service providers able to nominate other service providers which discipline will be primary service provider – how will they know capacity of other disciplines?
- Will a new form be developed to inform Parents about the role of SSS and to gain consent. How will the consent be forwarded to SSS? Where will that be stored?
- Concerns about service providers assigning priorities as the consistency we have now gained will again, be lost.

- Consent. Sites should ask for verbal consent before initial discussion
- An issue for psychologists is that a condition of our professional registration is that we must have informed consent from parents before we can provide psychology services.
- The proposed process will significantly weaken the goal of working towards the equity and consistency of service provision because the priorities are not explicit enough and there is not enough detail about how staff will be considering the overall needs of the child/student/site before determining what service provision will/won't be provided.
- The individual service provider allocating a priority rating could raise an issue re: consistency in priority allocation among 100s of individual service providers.
- Psychology does not define what is meant by 'very significant', 'significant' and 'moderate'. Could be interpreted in many different ways by many different service providers.
- What if there is disagreement between senior and service provider as to the assigned priority? Can the Senior 'override' service provider?
- Does not resolve or mitigate workload issues. Service providers still have to record the consult.
- I am concerned that without the overview of the SRP that consultations will become rushed and critical steps such as checking the file for previous assessment information will be more commonly overlooked, and lead to poor decision making and wasted service delivery.
- Difficult for service providers to provide priority rating at the site- all schools see themselves as the highest priority. Service providers report they like the current model as it supports tricky conversations at the school about priority rating. The referral form is such a huge step backwards. All the work we have done with the levels of intervention and the common approach has the potential to be lost.

Question 4 – Please outline any areas requiring FURTHER CLARIFICAITON

Summary:

- 52 Responses
- Clarity required re: detail of processes
- Priorities both consistency and further information required to make explicit
- 1 comment that it was badly written

Selected comments:

- Suggested wording changes: - re: Allocation process 'Where the referral is inappropriate or more information is required the service provider who did the consultation will contact the preschool / school'. Re: 'Transfers' 'Upon allocation the new service provider contacts the preschool / school to negotiate new service plan.
- Also just being able to complete a form without it having to be sent off at all to a site would be helpful.
- Flow chart says that after consultation site will submit referral. How does this work if support services are the ones who record the consultation and keep it?
- Consistency around language used in ROCs and how this is interpreted by SRPs
- What is the expected time frame for this to take effect and how will this change be communicated with sites?

Question 5 – Please include any OTHER COMMENTS

Summary:

- 41 Responses
- SRP process is valued (5 respondents) plus another 2 saying the senior meeting is the SRP in another name
- Numerous commenting on specific detail required regarding processes
- Not addressed the issues identified with process (3 respondents)

Selected comments:

- I still value the SRP process...to provide consistency and equity.
- SRP role is valued. Please keep.
- Weekly SRP meetings with Seniors are highly valued and needed.
- Request form: NGO needs a space for identifying which NGOs
- Will the new form be on SSDS electronically. The new process suggested will save a lot of unnecessary 'hours' at SRP when the request is a straightforward one. Complex ones can still be discussed with appropriate seniors.
- Agreement determines that the required actions will be implemented by the preschool / school with no additional SSS involvement required to do so.
- Can the student details (e.g. name, EDID, year level etc) be moved higher up on the document?

Summary of Feedback Themes from Consultation with Parents/Carers, Schools, Preschools and Partnerships

Proposed Refined Referral Process

September 2018

Feedback was received following an article appearing in LinkEd regarding the Student Support Services Service Delivery Model, Discipline Catalogue of Services, and proposed refined referral process.

In addition, Student Support Services Channel Managers facilitated feedback processes with a range of Education Directors and Partnership's.

There were a number of consultations undertaken with parent/ carers seeking feedback on the proposed documents and process.

This document deals with the feedback regarding the proposed refined referral process. The feedback regarding the Service Delivery Model and Catalogue of services has been dealt with separately.

The themes from the feedback have been identified and are articulated below. The broad feedback is attached as in appendix 1.

Themes from the feedback

The themes from the feedback have been grouped into the following categories with the detailed feedback in appendix 1:

- General feedback
- Data System
- Form
- Service Response Panel (SRP) / Senior meeting
- Priority
- Consent
- More than one service provider / service needed
- Flow Chart

General feedback

The proposed refined referral process

- Seems streamlined
- Reduces documentation
- Valuing of Service Provider to work with site

The proposal to have one contact person was seen as valuable and would assist coordination with schools and preschools and communication and involvement of parents/ carers.
Communication generally was highlighted particularly with regard to assisting parents, waiting lists and timeframes for service delivery.

There was some general concern about access to SSS services and lack of Resources

Form
There was significant positive feedback that proposal to combine documentation to have one Form was a good idea, that allowed process to be streamlined and simplified and reduce reduce duplication

There was a range of specific feedback about inclusions or amendments to the proposed form/ screen including

- Challenges with not identifying child prior to referral
- Range suggestions to include /change eg. Range external providers
- Contact (email) back to school / preschool / needs to go to person involved in consultation as well as site leadership
- Ways to electronically provide information when alternate SP to do consult

Data System

- The feedback highlighted the importance of IT systems that work across both SSS and schools and preschools to allow shared information and access.
- The system will require a way for referrals and information on EDSAS.
- SSS using EMS was highlighted as required going forward.

Service Response Panel (SRP) / Senior meeting
Feedback suggested that SRP process was beneficial and there were issues with no longer having the SRP including

- That it supports equity and efficiency
- May lead to delay
- Provides factual data to partnership

While one person said they would like not having SRP
There was considerable feedback re proposal for seniors to allocate and for there to be a senior meeting including:

- Some concern senior's ability to allocate given their workload
- How will it work? Need greater clarification/ detail
- With no SRP – How will support work with Aboriginal Ed staff

Feedback queried the waitlist – who holds this?

Priority
Feedback on the priority document included:

- Provides clarity
- Needs more specific information for each discipline
- Needs to be done by school as they know students
- Needs to **not** be done by school as school always thinks their issues most important
- What is the ability to change priority – with more information
- Concern pressure sites might put on SP to prioritise higher regardless of priority system
- If there is more than one SP? Different priorities for each discipline – how is this managed

Consent
Important to get clarity re consent – AHPRA.
There was some feedback that care needed re SP contacting families as schools should do this.
Query whether all SP need to contact parents.
Parents need to be included from the beginning.
Consent should be obtained before school speaks to SP.

More than one service provider / service needed
Need further clarity process and documentation to involve another SP
Aboriginal services in title but not included elsewhere
Like SP negotiate with other SP
Not reasonable SP has to get another SP involved

Flow Chart
Some feedback that flow chart was clear and logical and others that it was too long.
Range of suggestions re flow chart to make it more explicit, logical and inclusive – see attachment 1

Appendix 1

Feedback received regarding proposed refined referral process

General

- Less work!
- More timely and efficient
- Sounds much more streamlined
- Speed up process – NOT slow down
- Ultimately the process request is for efficiency, transparency and consistency. I'm not sure how the process works from support service perspective but from a school perspective we seek the process to be streamlined and limit double handling
- Like the one contact advantage know who you are talking to.
- Quick feedback by connecting with only one person and they will get to know the site intimately, by aligning and supporting each other's roles by establishing positive working relationships.
- When engaging in consultations about students, how is that an agreed upon service response is developed when there are competing ideas in regard to role of SSS, especially in the context of the current funding model where SSS are bankers and brokers
- Allows professionals to use their expertise to advise schools on the best fit for service as evidences in the priority matrix., Appreciate valuing of service provider to work collaboratively with the site to determine need, however, concern around risk being put back onto service providers not sitting at a senior level.
- Responsibility for referrals put back onto SSS and need to put responsibility back onto sites by aligning the referral with the catalogue of services to help schools/preschools to know what they need to do before they engage in a referral process with SSS.
- The role of key contacts for sites will be lost and concern sites will call al SSS staff supporting an area as a 'scatter' approach to engage someone in the service to support the student. Need more clarity so sites know who the right service is at the right time.
- Seeing parental involvement from the start is essential
- Communication is a big gap in parents/carers needing to be aware of where and how information is being used to ensure accountability in the process
- Need to invest in the proactive work to support students
- Need to use the parent/carer resources to understand who is the child and what are their needs when developing plans/recommendations in supporting the child
- Supportive of one person to connect with in regard to the referral as this will provide clarity about what services are need to support the site/student
- Have one 'key' person for everyone to connect with to support communication is essential, as special education is a "maze and you get a lot of contradictory information".
- Current process time consuming with too much paperwork
- How quickly children get support is the concern. They wait for support after initial consultation
- Improved consultation process
- Referral process is not child centred
- It will enable efficiency for SSS and enable improved service response to sites
- Firstly the whole document is far too long to be helpful to leaders in schools.
- Flow chart makes this easy to follow step by step
- Teachers can make referral but need to go through leadership to support consistency, and also for them to understand the process

- Supportive of it being more streamlined and consistency across partnership referrals with priority system supporting teacher's understanding of levels of priority
- Like the one contact advantage know who you are talking to.
- The referral process in the flow chart needs extreme simplification and absolute transparency with sites ie. Not a pre roc, ROC and finally a RAS. The RAS be enough if it had all the details of the other. Sites are tired of Support Staff, who are supposed to be supporting us being the gate-keepers of who we can or cannot refer. This process is cumbersome and an extreme waste of time for teachers and leaders who are trying to actually improve the learning of students who are struggling in one way or another.
- The endless meetings that Support Services engage in with sites (6 people sitting around a table for 1-2 hours) that the time could have been attributed to assessing, observing, providing PD and working with teachers to SUPPORT us in doing this work better rather than asking us to provide more and more information and we end up supporting support services. It is totally counter-productive. The paper work alone can be hours of time detracting from a leader or teacher actually supporting a child. The stress of finding out a student is not going to be eligible because support services have quotas is nonsense and amplifies the frustration in the process.
- Refining a delivery model with more paper work is also a waste of time that could have been applied to actually providing the service needed to sites. Having just moved partnerships I find that it is no different in the new partnership; probably just more paper work with minimal support for young children in particular who desperately need early intervention. Early intervention is the department's mantra but we let not having a particular support person in their role for 6 – 12months mean a child misses out. This is very inequitable and concerning.
- Furthermore being told we can wait until next year for the MAPA training is actually very concerning. If we are requesting this training it means we have an immediate WHS issue around children behaving dangerously towards adults that needs addressing and telling us to wait is actually very irresponsible of department employees. This is just the tip of the iceberg. I am finding more and more teachers and leaders are not bothering to refer children because of the huge workload that this brings. This is an awful place to be in for students who obviously need support to engage successfully in learning.
- Documentation is streamlined to minimise duplication of paper work
- Simplified request process with omission of ROC then RAS to one process is more beneficial
- Emphasis on documents is around GOM and Aboriginal students but how that being prioritised and supported in the service delivery model is; Aboriginal Education Officers need to be part of SSS
- How can equity of access occur when there are significant vacancies in certain locations?
- The proposed process does appear to reduce duplication of paperwork, as intended.
- Reduction of duplication has potential to increase clarity of communications, and increase efficiency of service allocation and implementation.
- The new referral process seems to be good in regards to documentation. It should enable schools and Support Services to be able to track support from the moment of consultation.
- My reservation is still in how quickly students will receive any support. We currently have a speech pathologist and psychologist who work only part time at our site and so students are still waiting for support (in the case of speech pathology for quite some time) after an initial consultation.
- I would like to say that most of our service providers (including our speech pathologist) are extremely hard working but they either work at other sites or work only part time hours
- I think this refined system is a major step forward to address some of the workload issues that have resulted in the AEU student support services dispute and resultant bans.

- Does not identify the preschools/school needs – no real triage – needs to be broader for a child or whole class – make request known clearly up front. Not clear if the identified needs is regarding an individual student. This process is more about an individual child referral.
- Confusing……..what is the change? This is already occurring, is this just a refinement. Are we talking about something new? Is this stating of new rather than strengthening?
- Need to invest in the proactive work to support students
  Need to use the parent/carer resources to understand who is the child and what are their needs when developing plans/recommendations in supporting the child
  Need to have a middle person to support between parents/carers and site to communicate.
  Need to look at the options of up skilling Lived Experience Consultants within the system and specific SSS team to support educational staff (SSO, Teachers and Site leadership) within the site to be able to work with the parent/ carer view and filter it into educational speak with parent/carer in the room to ensure information provided is correct
- Communication mechanism needed between SSS, the site, Flinders Street and Parents/Carers; similar analogy to e-bay, letting people know where things are at..
  Need to value the SSO role and the responsibility they have, SSS need to support them to be able to work with the child. SSO need to be released.
  SSO needs certainty in employment to provide continuity of care
  Relationships are essential to support our students to flourish, working with the staff and parents/carers that trust and know the students is essential.
  Students work with a range of different people, need to support schools to be able to use that resource effectively and welcome their understandings/perspectives of the child.
  Capacity building for parents/carers to be part of the referral process
- Need time frame for when we could expect a response Communication with preschools / schools is a key to know where the referrals is at
- Need KPI as to what is our target in timing to providing direct service delivery to a student
- Need to communicate when/if there will be a response so can keep the connection with parents/carers
- Ethically supportive and process clear
- Need a central number; like SWISS so when you call you know you are going to get someone on the rest of the line
- Seeking a communication mechanism to ensure sites know where their information has gone, how it is being processes and timing in accessing a direct service.
- The extreme events are the focus and high-end to serious are not being addressed but instead SSS are keen to close with sites not feeling like that have been given any support
- Experience has shown that many SSS staff are constantly in meetings with extreme cases; therefore missing the 'serious' cases; there needs to be a 'back up plan' for supporting the extreme cases as they consume the time and energy of SSS staff but also addressing students with significant need.
- Seeking timelines to be embedded into the catalogue of services so know the expected service delivery for each priority area
- Need to ensure time is quarantined for staff to access the proactive approaches with the catalogue
- Keen for the new proposed referral process to commence where the site no longer needs to do a RAS but activates the referral after parent/carer consent.

Data System

- Data sharing needs to be addressed especially how schools can access referral form when documented by SSS staff member

- Use of an mutual online system would be beneficial; questioned the new data base system EMS could have a role
- School staff need to be able to see the referral history on EDSAS so can this be built into the new system?
- Site leaders would like to be able to generate reports from EDSAS but if that isn't possible then would like regular reports (termly) to be sent using SSDS information.
- Please keep EMS in mind within this process
- Need to support referral form to be included into site's data base, EDSAS – SSS could email feral for site to upload
- site leaders were supportive to allow SSS staff to access their network after explaining the current constraints around IT and understood that this would make admin tasks more efficient

Form general

- Really like the idea of one form
- One form for request for services instead of ROC and RAS – BRILLIANT
- ROC/RAS rolled together is a great idea
- Reduction in site paperwork
- Consistent use of ONE ROC and RAS
- The streamlining of the process into one form is good.
- Simplified request process with omission of ROC then RAS to one process is more beneficial
- Documentation is streamlined to minimise duplication of paper work
- Documentation: what is documented before a referral is made in section 2 of the flow chart- before the child is named?
- One form for more efficiency
    - Streamlined
    - Simplified
    - Reduced duplication
- Can there be an automatic alert if a form waiting for parent consent hasn't been actioned within a certain period of time (eg 2 weeks) to prompt the site leader to follow up again?
- My major concern is that the initial discussion of an individual child referral will not identify the child's name.
- This is just not workable. The child's name and setting events including family background is required before a decision is made.
- When filling out the request for student support services document the name of the child can be left out but the EDSAS ED ID number only is needed.

Form Specific

- Request form: instead of "summary of concerns/intervention in place or tried" change to needs based language. Site should already be providing documentation as required in the catalogue of services
- Need child's name / identification up the top
- Outlay of form needs to match up with the data based system to support date entry
- External agencies need to be reviewed- CAMHS is not solely mental health provider
- No reference to Aboriginal Services within Education as has Child Wellbeing Practitioners
- Clarity however is needed re - at what point on the process is the request for service form completed and who completes this?

- The difference in referral process for an individual child and a group or pd isn't made explicitly clear through the process. For example – consent would not be required for a pd request?
- Need to be able to direct records of consult to contact person not site leader
- Not identify child's name during consultation isn't workable. Need detail about child to make a decision re referral
    - Helps with checking previous SSS involvement
- Can record of consult be forwarded to new service provider to complete if it becomes apparent that different service is required?
- Finalise electronic referral form
- On the form external providers should include health providers/disciplines as a drop down box plus multiple additions (e.g. Sp, OT, SW, psych.)
- Include/support parent/carer involvement from the start
- Need to support referral form to be included into site's data base, EDSAS – SSS could email feral for site to upload
- Need child's name / identification up the top
- Outlay of form needs to match up with the data based system to support date entry
- External agencies need to be reviewed- CAMHS is not solely mental health provider
- No reference to Aboriginal Services within Education as has Child Wellbeing Practitioners
- The form needs to make it clear for sites which ones are consult only and which ones require parent consent
- Can the email address of the site person involved in the consultation be included on the form and the record of the consultation goes to that person?
- Identification of children's name (in conversation, perhaps if not in writing) is required to access our (SS) previous involvement, as sites as sometimes unaware of previous input
- Option to CC in site contact on form, as leadership is not always SS contact/do not pass on information to relevant person
- Need an option to distinguish 'consult only' from' referral form', following that we are continuing to document consult only discussions
- The Common Approach level discussion that needs to occur as part of the initial discussion between site and service provider needs to be included somewhere.
- I have concerns with the comment "If the identified need is regarding an individual child the discussion will not identify child's name". We need to be able to discuss the child's name during the initial discussion as this often leads to further discussion relating to previous supports, background knowledge or information form SSDS/other sites to be included. The child's name does not need to be documented anywhere but it is an important part of the discussion (e.g. to find out OLP data from their kindy year).
- On the referral form –
    - can there be a box made so that the referral can be cc'd in to a desired contact, e.g. site contact (if site contact is not the principal/Director).
    - In the "support services staff" box can there be room for SP 1 and SP 2 in the case where more than one SP is involved in the referral process.
    - There is no indication on the current form of "Common Approach" discussion having been held.
- How are referrals flagged to sites to easily see a difference between a consult only referral and an actual referral? I suggest headings that easily distinguish between the two be added. Sites do need both versions as with 'consult only referrals' there is a list of agreed actions sites need to action, and it would be simplest to only write these out once to save reduplication of work.
- what is documented before a referral is made in section 2 of the flow chart- before the child is named?

- Request for Service – check a box for 'informed consent sought' with hyperlink to Parent consent form
- Will we receive electronic notification that the ROC/RAS has been lodged?
- It is difficult to appreciate from the hard copy version how the form works online, including how a service provider finds the form from a consultation to add more information
- Does a consult build for the child around all issues or does a new trail start around separate issues?
- The form needs to make it clear for sites which ones are consult only and which ones require parent consent
- Can there be an automatic alert if a form waiting for parent consent hasn't been actioned within a certain period of time (eg 2 weeks) to prompt the site leader to follow up again?
- Request form – instead of "summary of concerns/ interventions tried" use needs based language

SRP/ Senior

- Believe SRP is a beneficial process, would not like to remove this
- SRP Panel response service (equitable service) – feedback from management to Partnerships provides factual, honest data
- Allocation at a general meeting of leaders is really important for equity
- Who is best to allocate students? What about multiple referrals?
- Will there be a delay in case allocation having no SRP?
- Support for less confident service provider to challenge site/not feel intimidated by site leaders
- The team need an allocated date/time like the SRP process currently supports.
- Panel needs to meet to ensure allocations are done promptly
- Concern raised that students will be missed and the timeliness of seniors being able to respond if they have competing demands in the context of their own case load if referral process sits with the senior and SSS staff member. Concern around time - to have 1:1 conversations with all the service providers about each case, this will result in more moderation of cases. Seniors will need to define times for allocation and align with administration Service response decisions need more clarity around thresholds and how to support a more multi-disciplinary approach if there is no SRP. The team believe there will still need to have an SRP to support allocation of services. That risk will now be held by individual team members as new system is going 'backwards'
- Could tick every service discipline / areas of concern; need to support an escalation process for students that fit with multiple needs to ensure a coordinated approach to need is provided in the context of not having an SRP
- If no SRP, how do we collate and support the work with our Aboriginal Education staff."
- Will there be a delay in allocation with no SRP?
    - Panel needed so allocation done promptly
- How do Seniors connect with administration re allocations?
- Is this going backwards to individual service providers carrying the risk?
- Who is best to allocate?
    - What about multiple Service Provider referrals?
- If no SRP then how is multidiscipline work done?
- Concern that Seniors may not have the time to do allocations and meet with every SSS team member
- Allocations at a general meeting of leaders is really important for equity
- When 2 services are added how are services allocated without the SRP?
- Multi-disciplinary meeting can maybe hold each fortnight.

- It is not clear how the decision will be made that a case needs to be discussed at management/senior level. What will the process be to identify these cases?
- Concern re different panels refusing to accept ROCs (consults) How often does the referral go to the senior for allocation? Is it systematic? It is just as they come in?
- When it says “referral held by SSS Team” who’s this?
- Who holds the waitlist? (i.e. with senior but not allocated)
- Panel/referral form needs to include parent/carer input
- SRP check out Elizabeth South Office’s process it’s awesome
- SRP make it electronic
- Like not having SRP. Complex case discussion could be done by flagging this via email and if seniors have a common time to meet. Flowchart – concern with consent (sites might tick consent to fast track a referral)
- Maintain seniors meeting for case discussion
- Easy quick win with waiting list to sit with seniors electronically and allocated as appropriate
- Team managers not required to chair senior meetings
- Believe SRP is a beneficial process, would not like to remove this
- SRP Panel response service (equitable service) – feedback from management to Partnerships provides factual, honest data
- Allocation at a general meeting of leaders is really important for equity
- In practice factors other than priority and chronology are determining allocation of cases by seniors to ensure effective and efficient use of resources and timeliness of response. Documenting this would be beneficial to support consistency.
- The waitlist is one of many influencers on service and if we have one we need to know how we are managing it. The waitlist may be both an aid and a barrier to the service principal of ‘Right Service at the Right Time’.
- Please clarify – Does the meeting manage all referrals other than individual cases? Does it always need to?
- The team need an allocated date/time like the SRP process currently supports.

Priority general

- Knowing level of priority assigned provides greater clarity
- Priority agreed by those who know the case
- What happens for sites ‘new’ to Special Education and Behaviour processes and not having scope of what priorities are! If sites are well rehearsed they will be fluent in this, however does this give them more scope to refer more? Will need Special Educators open/fair support to guide
- The school should decide the level of priority for each referral. Clear to understand level 1,2&3
- Clear
- Clear and concise go to document
- Emphasis on documents is around GOM and Aboriginal students but how that being prioritised and supported in the service delivery model is; Aboriginal Education Officers need to be part of SSS
- Need more specific information around the priorities, e.g. psychology what does significant / moderate mean in practise. Clear understanding of the priority will help tailor referral process from a site’s perspective.
- Early intervention needs to be defined in the context of critical transition points, not just age, e.g. transition from year 6/7 to year 8, to commencing preschool/school to also leaving school and entering vocational/educational trajectories.

- Finding a balance is essential between subjective and objective information in describing the priority matrix; but need to be able to measure the risk and whe3ther the role of screening tools by sites could help this.
- Further work on the priority matrix to make prioritisation straight forward
- Service provider only suggests level of priority – discussion is with the senior.
- If the student is ATSI and/or under GOM I assume they will still be given a high priority as they are at present.
- Supportive of it being more streamlined and consistency across partnership referrals with priority system supporting teacher's understanding of levels of priority
- Need to be allocated and prioritised outside of the school, at school we will always be the most important, is that really the case?
- Decision of priority of child/student at consultation potentially may result in some schools having more children/students higher priority as undue influence/pressure can be put on the service provider
- It would make more sense if the numbers aligned with the levels of intervention
- It's too confusing having waves of intervention and then different numbers for priorities
- It would be good to have the ability to change a priority on SSDS following initial involvement according to information gained/assessment results. This would help to manage the ongoing casework. Need Clarification re how are we going to achieve consistency in assigning priorities among different service providers.
- Concern about priority rating as often made without all the info
    - Priority may alter – how does this get recorded?
- How do we prioritise proactive work?
- When adding another service – when is a priority rating given for that service?
    - Does multidisciplinary work take precedence?
- Process details what happens if priority escalates but what happens if it resolves
- Will site put undue pressure on service provider when allocating priority?
- Allocation and prioritisation has to happen out of school – In school each of their referrals is most important
- Priority agreed by those who know the case is good
- Priorities are still unclear
- Comment that speech negotiates priority in the consultation with site contact. Does this mean they negotiate priority in the context of their site or purely looking at SSS priorities?
- Priority ratings need clear specific detail to inform priorities across disciplines
- Is 'priory matrix' still the appropriate term? Should it be something like 'priority table' or similar?
- Most of the priorities are for individual cases yet the SDM and catalogues talk about other aspects to the work including proactive services. How are these other types of work prioritized and managed?
- At the bottom, 'catalogue of interventions' or 'catalogue of services'?
- Concern about allocation of priority – this is often a judgement made without depth of information. The priority may alter as further information is collected after consent. We agree that the quality of consultation will inform the priority, but we are not sure that we see the benefit of schools / preschools knowing the priority.
- Supportive or priority matrix having a focus on the function as opposed to 'labels' as often the students that don't fit a 'type' are the hardest for not only the teacher but the whole school community.
- liked the priorities clearly outlined and the role of a preschool and school prior to contacting SSS

Consent

- Response from AHPRA re consent will help plan moving forward
- Issue for the informed consent decision to be made between site and provider. This does not allow for objectivity
- Request for Service – check a box for 'informed consent sought' with hyperlink to Parent consent form
- Be careful with Service provider contacting families – often school is better placed to do this (have had families pull out because of this).
- I would prefer that the school contact parents not service providers
- Parental consent needs to be informed – a range of information that was contained in the previous process (required by legal) appears to have been omitted. Can a student consent and under what conditions. ISG and data use also need to be explicit to meet the requirements of "informed consent"
- In step 1, add in that site talks to family about concern
- Is it necessary for all disciplines to contact parents when consent has already been gained?
- Be careful re Service Providers contacting families
    - Often school better placed to do this
    - Would prefer school to contact
- Please align Parent/carer voice with psychologists' concern re lack of initial informed consent.
- Identification of child's name in/during initial contact – this is problematic for ethics prior to consent.
- Consent from parents should be gained before pre/schools speak to SSS
- Need a mechanism for Speech staff to sight informed consent and parent choice of exclusionary consent
- Flow chart. SSS referral is required when parent carer consent received
- How long does the consent remain active when adding another service provider e.g. 1st person allocated in Feb, 2nd person added 6 months later. Does consent remain valid?
- Need some form of checking mechanism but not wanting to duplicate processes? If email is generated with consultation information to the site then site can email to confirm consent.
- Attendance is not applied. Make it clear why not mentioning child's name. Has legal advice been obtained about the nature of the preferable discussion and the recording to what degree without parental consent. SSS referral is required – under section 33 of SAFETY Act – overall rider – the implications of this Act needs to be referenced. How is it going to work if we do an assessment without parents' consent. Needs to be resolved. Don't have the power without legislation. Parental consents are for the speech pathologist, only acceptance is for attendance. Not clear who is eligible for service in the beginning. Not connected to key acts, policies and frameworks – not connected to the services. What about other services, only focuses on Aboriginal children

Admin

Need to streamline the process as it could result in haphazard connections with seniors and admin

Process more than one person/ service

- Where are the entry and exit points for aboriginal services as this is mentioned on the request form but accessing aboriginal services is not mentioned in the service delivery model.

- It is unclear what the process is where more than one discipline is involved either at referral or cross referral at later stage
- The allocation process described at the bottom of the flowchart does not describe an integrated multi-disciplinary approach – believe this is a missed opportunity. Seems very administrative rather than value adding
- Aboriginal services in title but nowhere else
- Like that SSS staff negotiate with other SSS staff to support continuity of care
- Staff within SSS can negotiate readily with other SSS staff to support continuity of care.
- Referral form being the responsibility of SSS staff member to ensure another service provider follows up is not 'doable' this is an unreasonable expectation.
- Not reasonable for one service provider to follow up with another if site ticks a number of areas of concern
- Clarification regarding process for adding additional service provider
- How does additional service get added at a later date? Process? New form?
- Aboriginal Education Managers Where are they if no SRP? Critical to have them as partners.
- How is an additional service request documented? On the request form?
- When other services are added what priority is allocated? Presume this is as per the 'priority matrix'. Is case allocation / priority / timeliness of response impacted by the needs of the other service provider/s or needing a multi-D approach?
- This doesn't seem to reflect a multi-D team approach as per the SDM. - Where identified later in process the primary service provider will discuss with family and relevant service providers, identify on online form required discipline and allocation will occur as per usual process, in context of team demands and priorities.
- Staff within SSS can negotiate readily with other SSS staff to support continuity of care.
- Where there are multiple providers can they ascribe a different priority level? How is a priority level changed?
- If the record of consultation is started with one service provider and they have completed some of the form before realising it needs to go to a different service provider, can the form be electronically transferred to that person to complete? Is there a way that the first service provider can be notified when the second one takes on the completing of the form?
- What are the options to ensure initial service provider provides form to better suited service provider e.g. email read receipt with detailed/half-filled in referral form
- If SP (service provider) 1 decides that SP 2 is best fit for the referral, when does SP 1 relinquish responsibility for the referral and hand this over the SP 2 completely? So SP's 1 and 2 both complete the referral together or does SP 1 start the referral and hand it over the SP 2 electronically? Does SP 1 need to stay in touch with SP 2 to ensure that SP 2 completes the referral? Can this be made clear on the flowchart? Can SP 1 simply discuss and email the document to SP 2 with a read receipt and have the responsibility handed over at this point?

Equity

- Need to be consistent in how waiting lists are managed
- 'Waiting' rating on referral progress email as don't know how long waiting for
- Can equity of access occur when there are some locations with significant vacancies

Flow chart

- In flow chart – arrow down from "consultation" to "referral received" shouldn't be there if sites do not put in a referral after "consult only" should be a side arrow saying "send back to site" consult only.

- In the allocation process section (flowchart) “where the referral is inappropriate….”It shouldn’t reach that stage to be allocated.
- Move the box with SS involvement recommended and the other boxes up to under the first box where you tick individual child etc.
- People still not clear about who consults with whom. Is it consult with key service provider? What happens when additional service required? What about service provider to service provider consult - is this the old cross referral process?
- Referral process – consult only should not go to referral received. Arrow should go back up.
- Request for service or referral use consistent language (preference is request) x2
- Summary of concerns box should include a reference about the common approach domains
- Areas of concern should include cultural issues in a box to cover ATSI cases
- Suggest that this step also include the conversation the preschool/school has with families about their concerns.
- The flow chart doesn't include the steps the preschool/school may do prior to engaging SSS to address the needs. Wondering if it should reflect this expectation which is in the catalogue of services and the SDM.
- This sentence belongs in the next box as it’s about the conversation with the service provider - If the identified need is regarding an individual child the discussion will not identify child’s name.
- There is an arrow from this box to the ‘Referral received’ box. While it may be that something that was an apparent ‘consult only’ is raised again and then becomes a ‘referral’ there would be steps in between that are not reflected in the arrow. Rather should the arrow go back up to either the box re identify need or contact SSS to show these steps? As it is at present it doesn’t seem logical to have a consult only then going to referral.
- Suggested edits: ‘Where the referral is inappropriate or more information is required the service provider initially consulted contacts the school/preschool.’ – Also, wondering how a referral comes in that is not appropriate and whether this is the right place in the information to put what happens if more information is required? Who identifies this? The Senior?
- Suggested edits: Upon allocation the service provider contacts the parent/guardian to provide specific information about the proposed involvement to gain informed consent.
- Use preschool/school consistently throughout (‘School/preschool’ appears in the first point and elsewhere in the flowchart).
- The acronym ‘SSDS’ needs defining.
- Clarify who is responsible for documenting the summary in the case file.
- Aboriginal services are in the title but nowhere else
- Preschool/School identifies need (first box)
- Add 2nd sentence: ‘Preschool / school discusses concern with parent / caregiver (needs to be made explicit)
- 2nd sentence: ‘If the identified need is regarding etc’ should be in the next box Preschool/School contacts SSS
- Preschool/School contacts (second box)
- Add into the title ‘and/or Aboriginal Services’
- SSS service provider documents discussion (third box)
- The service provider will document the discussion ‘on online continuous document’
- Consultation only (fourth box)
- Should have an arrow that goes back up to the Preschool/School contacts SSS and/or Aboriginal Services, to show that this can occur if further consultation is required down the track
- SSS referral is required (fifth box)

- Preschool/school activates referral (should state how ie. return email??)
- Referral received (sixth box)
    - What does this box actually mean?
- Allocation process (seventh box)
    - 4th sentence: '….is required the service provider initially consulted will contact the school/preschool'
- Some service providers wondered if it was appropriate for all disciplines to contact parents, since consent has already been gained.
- Transfers (eighth box)
    - This needs clarification. Reads as if the service provider will follow the child.
    - The second paragraph "if not possible etc" This information should be on SSDS.
- Great to have this flow chart to help us all understand the steps involved with the SSS referral process.
- A suggestion from a school site perspective:
    - For the flowchart, in the area of SSS Referral Is Required – include 'Schools: submit EDSAS referral'
    - This will make it clear the requirement of school sites for the referral process to proceed.
- Output and case closure not exceeding our input, therefore concern raised about children being on the list. When there is a wait list where will it sit? Will it sit with seniors?
- Need to quarantine proactive time so we can support other approaches for students that might have historically sat on the wait list.

Urgent referrals

- Where a preschool/school requires urgent support they can contact the Student Support Services Team Manager to discuss their needs.
- The process allows for consideration of escalation of need/concern. How can the reverse be addressed, i.e. the issue was resolved or addressed in another way (e.g. the child is now seeing a private provider and the preschool/school does not need SSS support)?