Appendix D- Brokerage, Navigation and Support Coordination Requirements

Purpose

The Provider shall deliver a countywide Brokerage, Navigation and Support Coordination function that ensures carers can access the right support, at the right time, through the most appropriate pathway.

The purpose of this function is to remove barriers to accessing support, reduce complexity for carers, coordinate interventions across organisations and ensure that support identified through assessment is translated into meaningful outcomes.

The Provider shall act as the primary navigation and coordination service for carers requiring ongoing support and shall ensure carers do not experience fragmented or disconnected services.

The Provider shall operate on the principle that carers should not be expected to navigate complex statutory, health and community systems independently where additional support is required.

Navigation and Support Planning

The Provider shall support carers to understand and access services available to them.

This shall include:

1. Personalised information and guidance.
2. Navigation of statutory services.
3. Navigation of community and voluntary sector services.
4. Support to understand available options and pathways.
5. Identification of barriers preventing access to support.
6. Development of personalised support pathways.
7. Support to access approved digital tools, resources and platforms where these contribute to improved outcomes for carers.
8. Assistance to access relevant services and interventions.
9. Follow-up activity where required to ensure support has been accessed successfully.

The Provider shall ensure that support plans developed through assessment are translated into practical actions and outcomes.

Community Asset-Based Support

The Provider shall adopt an asset-based approach to brokerage and support coordination, ensuring carers are supported to access opportunities available within their local communities wherever appropriate.

This shall include, and is not limited to:

- Identification of community assets and informal support networks.
- Connecting carers to peer support opportunities.
- Facilitating access to community groups, activities and local resources.
- Supporting carers to build social connections and community resilience.
- Strengthening links between carers and neighbourhood-based support.
- Promoting preventative and community-led solutions alongside formal service provision.

The Provider shall seek to maximise the use of community resources and support opportunities that contribute to improved wellbeing, resilience and caring sustainability.

Brokerage and Managed Referrals

The Provider shall undertake active brokerage on behalf of carers where appropriate.

This shall include:

1. Managed referrals to community organisations and support services.
2. Warm handovers between organisations.
3. Coordination of support across multiple agencies.
4. Liaison with statutory services where required.
5. Facilitation of access to specialist services.
6. Monitoring referral outcomes.
7. Escalation where services are unavailable or inaccessible.

The Provider shall maintain oversight of all active referrals and ensure that carers are not lost within the system.

Multi-Agency Coordination

The Provider shall coordinate support across health, social care and community services where carers require support from multiple organisations.

This shall include:

1. Collaborative working with Adult Social Care.
2. Collaborative working with health services.
3. Liaison with Primary Care Networks.
4. Partnership working with community organisations.
5. Engagement with VCFSE providers.
6. Joint working around complex cases.
7. Coordination of interventions where multiple organisations are involved.
8. Liaison with housing, education, employment and wider community partners where relevant to the carer's circumstances.

The Provider shall ensure carers experience a seamless pathway regardless of the number of organisations involved in delivery.

Respite Access and Support

The Provider shall play an active role in supporting carers to understand and access a range of opportunities that provide a break from caring, improve wellbeing and support the sustainability of the caring role.

This may include statutory respite provision, community-based opportunities, preventative support, short break initiatives and other local, regional or national opportunities available to carers.

This shall include:

1. Information regarding available respite options.
2. Support to understand eligibility criteria.
3. Support to navigate access pathways.
4. Assistance with referral processes where appropriate.
5. Liaison with relevant Lancashire County Council services.
6. Identification of barriers preventing access to respite.
7. Promotion of respite planning and uptake.

The Provider shall work collaboratively with Lancashire County Council to improve awareness, access and utilisation of respite support across Lancashire.

Crisis Prevention and Caring Breakdown

The Provider shall identify carers who may be at risk of crisis or caring breakdown and intervene proactively wherever possible.

This shall include:

1. Monitoring identified risks.
2. Early intervention activity.
3. Practical problem-solving support.
4. Regular review of high-risk situations.
5. Escalation to statutory services where required.
6. Coordination of urgent support.
7. Support to develop contingency arrangements.

The Provider shall work to prevent avoidable crisis and maintain sustainable caring relationships wherever possible.

Emergency Planning

The Provider shall support carers to develop emergency and contingency plans.

This shall include:

1. Identification of emergency contacts.
2. Consideration of alternative arrangements.
3. Development of contingency plans.
4. Review of emergency arrangements as circumstances change.
5. Support during periods of sudden change or instability.

Emergency planning should be promoted as a routine element of support rather than solely in response to crisis.

Expected Outcomes

Through delivery of the Brokerage, Navigation and Support Coordination function, the Provider shall ensure carers are better able to access support, navigate services, overcome barriers, develop resilience and achieve the outcomes identified through assessment and support planning.

This function should contribute to improved wellbeing, reduced isolation, increased confidence, sustainable caring relationships and a reduced risk of crisis or caring breakdown.