
DISABILITY INTERMEDIARIES AUSTRALIA LIMITED

NDIA SUPPORT COORDINATION DISCUSSION PAPER
SUBMISSION

SEPTEMBER 2020

ACKNOWLEDGEMENT OF COUNTRY

Disability Intermediaries Australia respectfully acknowledges Australia's Aboriginal and Torres Strait Islander communities and their rich culture and pays respect to their Elders past, present and emerging. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal and Torres Strait Islander peoples and communities to Australian life and how this enriches us. We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

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FORWARD

Disability Intermediaries Australia (DIA) welcomes this opportunity to provide information and respond to the Support Coordination Discussion Paper released by the National Disability Insurance Agency (NDIA). Our response is evidenced based, drawing on market led insights from our extensive member network and market driven research.

A well-functioning market of supports and services is one of the foundational pillars of the NDIS. It is critical to realising the vision of the Scheme, whereby people with disability are living independent yet connected lives and empowered through having choice and control over the supports they engage.

DIA are thought leaders in understanding and building Intermediaries (Support Coordination and Plan Management) role and function within the market. At their core, Intermediaries support participants to navigate, guide, capacity build and make self-directed decisions whilst overseeing and monitoring Participant service providers.

DIA acknowledges the considerable work to date undertaken by the Department of Social Services (DSS), the NDIS Quality and Safeguards Commission (NDIS Commission) and the NDIA to support the development of the market.

ABOUT DISABILITY INTERMEDIARIES AUSTRALIA

Formed in late 2018, DIA is Australia's peak body for non-government disability intermediary service organisations and practitioners. Collectively, DIA members deliver Support Coordination and Plan Management services for Australians with all types of disability.

DIA members (providers) deliver Support Coordination and Plan Management services to over 105,000 NDIS participants across Australia, or 1 in 4 NDIS Participants. DIA members represent more than 68 per cent market share of the Support Coordination and Plan Management markets. As the NDIS continues to make intermediary services better suited to the self-determination goals of people with disability, DIA will be an active voice for support and reform to intermediary products so that they are more reputable, resilient and viable.

SUPPORT FOR THIS SUBMISSION

This submission has been reviewed and contributed to by the DIA membership and is made on behalf of providers who deliver Support Coordination and Plan Management services to over 105,000 NDIS participants across Australia, or 1 in 4 NDIS Participants.

Further, the below organisations have requested to be recognised as expressing their full support and weight behind this submission.

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RECOGNISING THE CHALLENGES

The scope, scale and timeframe for establishment of the NDIS market has made its development particularly complicated. This broad market of supports must cover all types of disability and enormous geographical spread, as well as other types of diversity (e.g. culturally and linguistically diverse communities and people experiencing poverty).

These challenges in the broad NDIS market are becoming more evident as the NDIS is nearing its full implementation, with the NDIS Commission expected to be operational in each state at the end of 2020, and the NDIA seeing the last 20 per cent of participants to transition/ join the NDIS. The NDIS has come a long way, recent improvements have been welcomed, however many participants and their families are still reporting they are experiencing challenges accessing the NDIS, implementing their plan, maintaining and/or building capacity and are struggling to navigate the Scheme (*JSC, 2018; DIA, 2020; IAC, Jul 2019*).

Providers in many areas of the NDIS report they continue to struggle to: keep up with NDIS change cycle, maintain financial viability and meet administrative requirements all while delivering quality services. This has led to market segment volatility and a steady pace of market exit for certain services (*Mathys & Randall, 2019; DIA, 2020; IAC, Oct 2019*).

Some of these challenges are due to less than ideal implementation and/or transition of the Scheme, which is not unsurprising given the scale of this reform. However, DIA contends that many of the challenges outlined in the Discussion Paper are arising because NDIA's narrow view of Support Coordination has not evolved with the service provision offered by the market. This view is grounded in evidence from Australia and overseas, as well as our own market view and experience.

Across the spectrum of market-based social insurance schemes and human services (e.g. VET, Worksafe, Transport and Accident Insurance and Aged Care) it is evident that for people with multiple and often overlapping needs, who require integrated service responses, a markets based approach without a trusted and skilled Service / Support Coordinator working for and on behalf of a participant, is neither an effective nor an efficient means of service delivery (*Muir & Salignac, 2017; Olney, 2016; Slasberg & Beresford, 2016; Yu & Oliver, 2015; Considine, et al., 2011; Carey, et al., 2017*).

For many people, the complexity of navigating and negotiating their way to quality services can be an overwhelming burden (*Dommers, et al., 2017; Needham, 2018*). Yet despite this, public policy continues to overestimate

the capabilities that people possess to navigate markets, and underestimate the capability required of both government and providers, to ensure markets truly address the needs of all people.

Predictably, this pattern is playing out in the NDIS: many people with more complex support needs, culturally and linguistically diverse community and those from low socioeconomic background are disproportionately struggling to have their needs met in the NDIS marketplace when not funded with Support Coordination (*Hui, et al., 2018; JSC, 2018; Productivity Commission, 2017; DIA, 2020*).

The NDIS has all of the necessary elements to be successful, but at present there is a risk of continuing the status quo: if the only supports and services available to purchase are the same ones that people and families have criticised for being inadequate and not person-centred, then no amount of resourcing will make a meaningful difference to the quality of a person's life and/or social and economic participation.

“Consultation feedback also suggests that funded support coordination in plans is critical to help participants reduce the burden of managing their plan and enable them to maximise the benefits of their funding. In some cases, it was suggested the NDIA should fund this support more generally for NDIS participants.” (Tune, 2019)

MEETING THE CHALLENGES

Within the scope provided by the Support Coordination Discussion Paper, our submission provides guidance on how the government can meet these challenges. DIA does so against each of the six response areas proposed in the paper: Inclusion of support coordination; Understanding the role of a support coordinator; Quality of service and value for money; Capacity building for decision making; Conflict of interest and General Submission Questions.

Our conclusions can be summarised as follows:

1. Effective market facilitation requires investment in independent intermediary services that support people to navigate and gain the most from the market. This holds true for the majority of participants, not just the most disadvantaged.
2. Funded practitioner collaborations, conferencing and supervision are critical to the development of a quality focused service delivery market.
3. Information and provider connection alone cannot drive nor ensure the quality participant outcomes; it must be coupled with support for

participants to build and/or maintain capacity over the long term to develop and improve effective social, community and economic participation.

4. Addressing workforce issues requires investment not only in the content, quality and accessibility of training to increase the supply of skilled workers, but also in improving the conditions of those employed in the sector.
5. Price regulation can be important to protect people from predatory pricing; however, price limits must not be a barrier to quality, flexible, innovative and responsive services. I.e. pilots or small examples of innovation does not indicate broad ability for a market driven quality and innovative service.
6. A focus on Support Coordination alone will not solve all challenges in the market. These require a broader response, which includes comprehensive and effective market stewardship.

The social and economic benefits expected by the Productivity Commission in its foundational blueprint for the Scheme will not be realised unless all participants are able to access the supports they need to live an ordinary life, regardless of their disability or background (*Productivity Commission, 2011*).

DIA recognises that developing a robust, innovative and quality focused Support Coordination market is a formidable task. Noting that responsibility for action is not held by the public sector alone. The aim of Support Coordination will not be fully realised unless it is embedded within a broader market quality and innovation improvement strategy that draws on the perspectives and expertise of all sectors – public, private, not-for-profit, community and participants to co-design the most effective response.

RESPONSES

SECTION ONE: INCLUSION OF SUPPORT COORDINATION IN PLANS

1. What factors should be considered when determining if, when and for how long support coordination should be funded in an NDIS participant's plan?

1.1. Legislative Considerations

(General Principles guiding action under the NDIS Act 2013)

Ch1, s 4(4):

"People with disability should be supported to exercise choice, including in relation to taking reasonable risks, in the pursuit of their goals and the planning and delivery of their supports."

For many participants it should be reasonable to expect that they will require and request funding for support to exercise this choice and risk consideration. This should be supported and encouraged through planning and delivery of their funded formal and unfunded informal supports.

Exercising choice is more than providing a list of local and available supports to a participant to review. It is a nuanced understanding of the participant including:

- Their needs;
- Their environment;
- Their circumstances;
- The way they want support;
- What risk in service design they are comfortable to take (i.e. trying new and innovative supports);
- Working with the participant to procure the services that will support them (i.e. connect with and establish the service); and
- Monitor the service, check-in on the participant and review / recommend service consideration for next plan.

Support Coordinators, where appropriately funded, undertake this role and function, this is beyond the scope, function and skill set of other funded, contracted or commissioned supports.

Ch1, s 4(5)

"People with disability should be supported to receive reasonable and necessary supports, including early intervention supports."

For a person with a disability this must be determined on their individual circumstance and not arbitrarily setting plan budgets based on streaming

and Typical Support Packages (TSPs) and short-guided planning question process; rather through evidence-based decision-making process that takes into consideration long term support and insurance principles.

Ch1, s 4(8)

“People with disability have the same right as other members of Australian society to be able to determine their own best interests, including the right to exercise choice and control, and to engage as equal partners in decisions that will affect their lives, to the full extent of their capacity.”

Participants must be empowered, supported, listened to and understood as an equal partner in the planning decisions. Far too often participants’ views, requests for support funds and service types, such as Support Coordination, are, in DIA’s view, rejected without adequate consideration, process or communication.

Ch1, s 4(9)

“People with disability should be supported in all their dealings and communications with the Agency and the Commission so that their capacity to exercise choice and control is maximised in a way that is appropriate to their circumstances and cultural needs.”

Participants must be able to be supported in all their dealing with the NDIA and the NDIS Commission, funding this support where a participant wishes to exercise choice to be supported in their dealings with the NDIA and NDIS Commission should not reasonably be constrained.

Supporting a participant to maximise their ability to exercise choice and control is more than formal Advocacy (as defined in the NDIS Act C1, P1, S4-13), this support is nuanced and requires trust and standing relationship to ensure best outcomes. In DIA’s view this must be delivered by a party that is engaged by the participant, to support the participant to the extent as they see fit and is not a formal extension of the NDIA, such as a Local Area Coordinator.

Ch1, s 4(11)

“(11) Reasonable and necessary supports for people with disability should:

- (a) support people with disability to pursue their goals and maximise their independence; and*
- (b) support people with disability to live independently and to be included in the community as fully participating citizens; and*
- (c) develop and support the capacity of people with disability to undertake activities that enable them to participate in the community and in employment.”*

Participant choice and control must be considered in parallel with reasonable and necessary supports, however this must be determined by individual circumstances rather than Bell curves, TSPs, Primary and Secondary Disability types or diagnostic categories because no two participants are typical or identical. True individual and ground up support packages, including consideration of Support Coordination, should be celebrated and adopted by the NDIA.

1.2. NDIA Operational Practice and Information Considerations

None of the General Principles of the NDIS Act are defined in law as temporary or diminishable over time as asserted in the Support Coordination Discussion paper. NDIA Operational Practice and Procedure (such as the Operational Guidelines) do not and must not supersede or overrule the NDIS Act.

The NDIA must ensure that capacity building and capacity maintenance (i.e. preventing the deterioration of capacity as defined in the NDIS Act Ch 3, s 25(1)(c)) are equally considered during the planning process. As a result of their disability, some participants may build capacity extremely slowly or have degenerative conditions. It is extremely important to understand that in these cases without funded Support Coordination, proportionate to their need and goals, these participants are likely to experience reduced capacity and in turn require an increase in other NDIS funded supports. This results in diminished outcomes and costing the Scheme more in the long term.

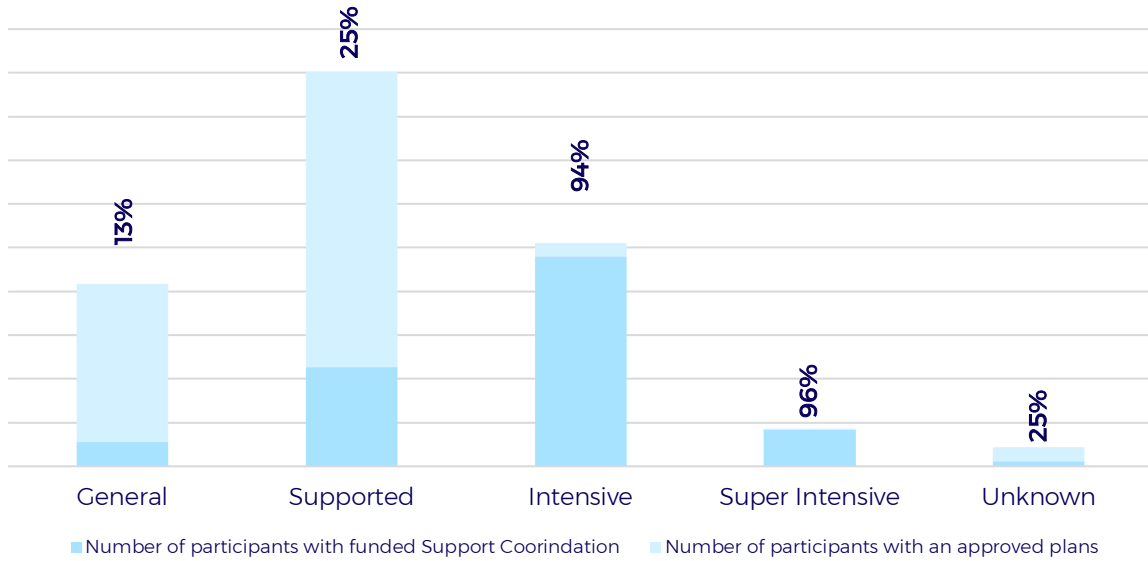
The NDIA's original market approach document, Statement of Opportunity and Intent (*NDIA, 2016*), the primary reference for the agency's role as market steward, recognises Intermediaries, such as Support Coordination, to support navigation as the critical third factor for a high-performing NDIS market.

"There are three elements of the NDIS marketplace that need to be performing in order for it to function well, being demand, supply and intermediaries and infrastructure." (NDIA, 2016).

DIA has conducted substantial research into when and how the NDIA finds it reasonable and necessary to fund Support Coordination. The application of TSPs based around primary disability and associated NDIA streaming practices shows that deviation or individualisation of planning is currently limited, with Planners and LACs who conduct planning functions simply rely on TSPs to determine funding for Support Coordination.

PERCENTAGE OF TOTAL PARTICIPANTS WITH FUNDED SUPPORT COORDINATION BY STREAM TYPE

Source: DIA conducted research

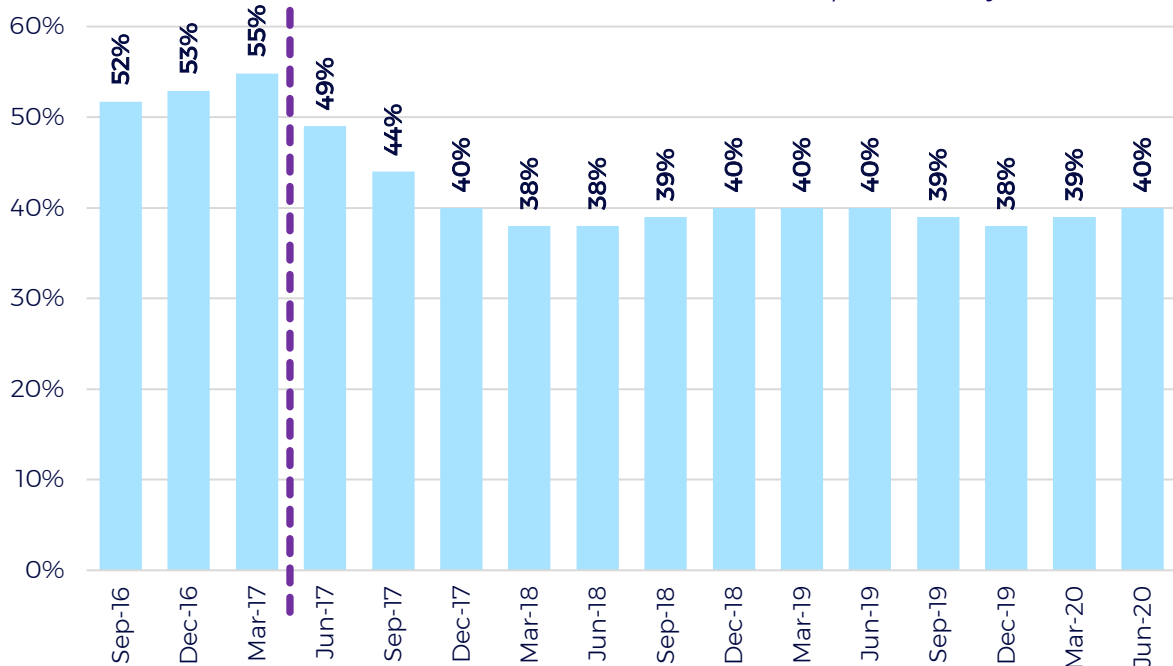


DIA understands that the number of participant plans that deviate by more than, plus or minus, 10 per cent of a generated TSP is extremely limited. This is evidenced by the extremely stable percentage of total participants within the Scheme found reasonable and necessary by the NDIA to fund Support Coordination, this is in stark contrast to many other supports within the NDIS.

PERCENTAGE OF TOTAL PARTICIPANTS WITH FUNDED SUPPORT COORDINATION BY QUARTER

Execution of current NDIA Service Delivery Operating Model (SDOM)

Source: NDIS Quarterly Reports published by the NDIA



To date, repeated reports have been presented to the NDIA relating to possible improvements to Support Coordination operational policy (*IAC, Jul 2019; IAC, Nov 2019; IAC, Oct 2019; IAC, Mar 2018; IAC, Sep 2019; IAC, Nov 2016; IAC, Aug 2016; IAC, Jul 2019; IAC, Oct 2014*). The Support Coordination discussion paper does not appear to have contemplated much of this previous work and recommendations.

Further, the NDIA has not released or published a planning decision-making matrix, protocol or process for how Support Coordination supports are considered to be reasonable and necessary and ultimately funded within a participant plan.

DIA is of the view that this should be constructed to take into consideration:

- Individual situation and circumstances of the participant, including but not limited to:
 - Living situation and goals;
 - Family situation and family unit support;
 - Participant fit with and access to community-based supports;
 - Participant’s negotiation, support design, decision making and consumer self-advocacy capacity;
 - Existing non-NDIS funded supports;
 - Capacity Building / Maintenance pathway or journey; and
 - Life stage planning and support design relevant to the participant’s needs and disability including, but not limited to, completing school, becoming an adult, finding a job, building social networks, navigating relationships, moving out of home or moving house, planning for family member death (such as parent and primary carers), getting married, having children and transitioning to an aged care environment.
- Insurance and early intervention principles including:
 - Funding Support Coordination not just for people who need it the most, but for those people with lower support needs, who, with a bit of support, could substantially reduce their lifetime support needs and reliance on the NDIS. Support Coordinators are uniquely placed to support a person with a disability into mainstream employment, reduce paid support needs through Assistive Technology (AT) and building informal support networks. These are tasks and functions that are well beyond the capability and role of other NDIS supports like LACs, community connectors, and liaison officers.
 - Recognising that capacity building, particularly for participants with more complex support needs, must reflect a pathway / journey with the goal to live an ordinary life (i.e. a lifetime approach), not simply about achievement of a percentage of

utilisation and then being transitioned to a LAC from that point forward. Investing in people to build their capacity over time and supporting them pursue their goals and aspirations will result in greater outcomes later in life.

- Complexity of a participant's support needs to ensure those participants who really need Support Coordination are able to get it easily without substantial red tape, fighting or repeated escalations.
- Long term social, community and economic impact that can be gained through the funding of Support Coordination of a participant, regardless of a participant's NDIA streaming and required intensity.
- Plan funding for all Support Coordination should not be stated at a line item level, which the vast majority of Support Coordination funding is currently. Rather, plan funds for Support Coordination should be specified at a category level, allowing participants to flexibly use Support Coordination funding across the levels of support and specialisation as needed (see responses to Questions 2, 3 and 6).

Participant Choice and Control is currently limited based on the NDIA's decision about how a participant is able to implement and support their plan. DIA is of the view that a participant is best placed to determine how they wish to be supported to implement, manage and build capacity throughout their plan. Subsequently, participants should be able to indicate to a NDIA planner whether they wish to be supported by a LAC or a Support Coordinator.

Despite NDIA's public insistence that it does not deliver direct support to Participants, the NDIA does, as it provides Agency Management supports (financial management of a participant's plan) and provides LAC services in some cases directly or via outsourced arrangements through its partners in the community (*Vincent & Caudrey, 2020; Robertson SC, 2020*).

'It is critical that the participants or their families know where to go to for help, with a single point of contact who is responsible for looking out for the vulnerable participants and ensuring their needed supports. The best entity in the NDIS system to perform such functions is probably "support coordination", but it needs to be ongoing and it needs to be timely and responsive to need.' (*Vincent & Caudrey, 2020*)

Participants are given a choice of four ways to how they wish to manage their NDIS funds, regardless of streaming or complexity of support needs:

- Self-Management: The Participant or plan nominee manages all aspects of their plan supports; or
- Plan-Management: The Participant utilises the services of a financial intermediary called a Registered Plan Management Provider (RPMP) to provide plan budget management and administration;
- NDIA-Management: The Participant utilises the NDIA to manage their plan budgets and administration; or
- A combination of the above three options.

DIA proposes that a similar model solution be implemented, putting the choice and control for Plan Coordination in the hands of the participant.

Such a model would consist of:

- Self-Coordination: The Participant or plan nominee coordinates their plan supports; or
- Support Coordinator: The Participant utilises the services of a service intermediary / Support Coordinator to support them to engage and implement supports as well as provide capacity maintenance and building with funding determined based on volume and speciality of required support; or
- NDIA Partner in the Community: The Participant utilises an outsourced NDIA Partner to support them; or
- A combination of the above three options.

This would bring the support in line with NDIS insurance and market driven support principles. Such an approach would provide participants with greater self-direction and allow participants to tailor their support, where they get it from and how they get it based on their own need. A further benefit of this approach would be consumers driving quality and service offerings from both Support Coordinators in the market and NDIA-Partners in the community, whereby the participant is able to purchase / engage coordination support based on experience, outcome and quality of that within the whole market.

This model would also support potentially vulnerable participants which are often not funded with Support Coordination.

'7.1 Safeguarding Gap 1

Potentially vulnerable participants are not routinely identified and assigned ongoing support coordination in their NDIS Plan.'

2. Should the current three level structure of support coordination be retained or changed?

2.1. Current Structure

To answer this question, the interdependencies and complexities of Support Coordination and how it is funded, particularly those driven by TSPs, must be recognised.

The current structure of Support Coordination defines similar functions and tasks across all three levels, without planning guidance on when each level of support is appropriate for a participant. This has resulted in almost all Support Coordination being funded at Level 2: Coordination of Supports. This inadequate definition of support, along with the arbitrarily allocated amount of Support Coordination funding based on participant streaming and TSPs, etc., demonstrates the NDIA does not fully understand the role, scope and function of Support Coordination.

This narrow view of the role of Support Coordinators is demonstrated further with the Discussion Paper suggesting:

It is important to note that the NDIS also provides support for participants in a number of other ways, including through:

- *support to maintain informal support networks (family, friends etc.)*
- *Local Area Coordination (LAC) services*
- *Early Childhood Early Intervention (ECEI) services*
- *community connectors*
- *hospital liaison officers*
- *justice liaison officers*
- *specialist planners*
- *recovery coaches for participants with psychosocial disability*
- *funded plan management supports to assist with plan administration.*

Many participants are therefore able to effectively implement their plan without requiring funded support coordination.’ - page 7 and 8.

This rhetoric has over time penetrated the foundational elements of how the NDIA considers the reasonable and necessary nature of funding for Support Coordination including planning processes, TSP and reasonable and necessary decision-making processes.

DIA’s market understanding and view which is supported by independent research and studies (*DIA, 2020; Cary, et al., 2018; IAC, Jul 2019; Mathys & Randall, 2019*) demonstrates that many participants, if not most, require much more direct face-to-face navigational, support design, capacity building and/or maintenance support to find their way to quality, outcome focused and innovative services within a complex and low margin market of supports.

Making the 'right' choices in a complex market environment can be daunting and stressful. Participants that our members service tell us that they are overwhelmed by the amount of information they must process to find their way to services, not just in the first plan but in each plan. The situation is compounded for those who have complex needs requiring multiple and relational services, and/or those who are otherwise disadvantaged.

A skilled 'service navigator and/or coordinator' function is a critical component of market infrastructure in other marketised service systems in Australia. Whilst a market-based service navigator / coordinator role was first introduced into disability service with the introduction of the NDIS, this role was undertaken through bulk program-based disability supports prior to the NDIS, however with less of a focus on individual goals and more on short term efficient service design. The move of the NDIS to a holistic life-time approach to participant support needs, underpinned by a marketised service delivery approach is the major difference to these previous roles.

This 'service navigator and/or coordinator' function has been adopted by a range of social insurance Schemes, private health insurance, workplace injury, transport accident, broader health and other adjacent sectors as a way of achieving greater outcomes for participants and in turn reducing the long-term cost for the scheme. Service Coordination, the generic term used across these Schemes and sectors includes Support Coordination, Service Connection, Care Coordination, Preventative Health Coordination, Recovery Coordination, Addiction Recovery Support and Transition Coordination.

Service users need advice about the options open to them, practical support navigating the system and advocacy when things go wrong. Without this investment, many participants struggle to find the way through a complex, loosely regulated market and may be exposed to increased financial and personal risk (*Dommers, et al., 2017; BSL, 2019; Slasberg & Beresford, 2016; Yu & Oliver, 2015; Needham, 2018*).

Please see response to questions one, three and six of the discussion paper, where we explore the role of partners along with role and function of support coordinators in greater detail, which provides justification and reasoning for DIA's proposed Support Coordination model below. The below must not be considered in isolation to these sections.

In DIA's view, a simpler and easier to understand approach to Support Coordination could be achieved, should the choice and control of Plan

Coordination be placed in the hands of the participant. This would require significant changes to NDIA process, TSP Arrangement and Pricing.

2.2. DIA Proposed Model

DIA recommends replacing the current three tier model with a model that consists of foundation support coordination activities conducted by a support coordinator (sometimes referred to as a Lead Support Coordinator) with further secondary more intense specialist support management to undertake the functions bespoke to specific need and intensity. This creates a centralised support model with add-on and more intensive supports being wrapped around a participant.

Support Coordination

In practical terms, this would essentially replace / merge what is currently Level 1 - Support Connection and Level 2 - Coordination of Supports into a single support called simply "Support Coordination".

The hourly rate price limit, in the NDIA Price Guide, for Level 1 - Support Connection is well below the rate required to meet operating costs to deliver the support. Registration requirements for level 1 and level 2 Support Coordination are the exact same, yet the price limit is different. The current price limit makes it extremely difficult attract an appropriately qualified workforce and maintain any level of service viability.

Almost all DIA Members that provide Support Coordination services have indicated that they provide very little Support Connection to participants, with the majority indicating that they only deliver support connection to participants whom they have previously supported and only for continuity of service reasons. This is further supported by evidence and research conducted into the Support Coordination market (*IAC, Nov 2016; IAC, Aug 2016; IAC, Jul 2019; DIA, 2020; Productivity Commission, 2017; Tune, 2019*).

Functions

Support Participants to:

- Understand their plan;
- Connect with Support Providers that fit with them;
- Establish and implement supports;
- Monitor the delivery of support and check in with participants (safety, quality and outcomes);
- Build and/or maintain capacity and resilience;
- Design support approaches;
- Plan for crisis and life change (planning, prevention and mitigation);
- Navigate complex support barriers and settings;

- Supported decision making;
- Promote self-direction (sometimes referred to as little 'a' advocate);
- Understand bespoke supports and services they may engage (for example ADL, SIL, SDA, STA, AT, Therapy and more); and
- Report to the NDIA and the participant.

Planning During the planning process a participant would be able to exercise choice, control and self-direction to determine how they would like to coordinate their plan:

- Self-Coordination: The Participant or plan nominee coordinates their plan supports; or
- Support Coordinator: The Participant utilises the services of a service intermediary / Support Coordinator to support them to engage and implements supports as well as provide capacity maintenance and building with funding determined based on volume and specialty of required support; or
- NDIA Partner in the Community: The Participant utilises an outsourced NDIA Partner (LAC) to support them; or
- A combination of the above three options.

Price Limits Registration requirements along with employment and operational costs for Level 1 - Support Connection and Level 2 - Coordination of Supports are generally the same, as such with the proposed merging of these two support lines into a single "Support Coordination" support they should be funded at rate where reasonable, sustainable and outcome focused caseloads can be achieved.

(See response and further details in question 13)

Workforce Experienced and Skilled Support Coordinator with recognition of lived experience, formal qualifications and experience.

(See response and further details in question 9)

Volume of Support Where a participant elects to have their plan coordination conducted by a Support Coordinator, participants should receive funding scaled based on their need, complexity of supports and intensity, starting at minimum of 30 hours of support.

Quality and Safeguards In DIA's view all providers who seek to register to deliver Support Coordination should be subject to a NDIS Commission further module. The current 'Specialist Support Co-Ordination Module', should be retitled to 'Support Coordination Module' as all of the elements covered in this module are relevant to all Support Coordinators.

Specialist Support Management

Specialist Support Management essentially replaces Level 3 - Specialist Support Coordination. Specialist Support Management would be undertaken by bespoke skilled experts to meet specific needs and work in tandem with a participant's Plan Coordination method(s) of choice.

This may be the participant, a Support Coordinator, a NDIA Partner (LAC) or a combination of the above. This would mean that the Specialist Support Management is only focused on the areas of their bespoke skill and expertise, utilising the Support Coordinator to undertake coordination functions, ensuring that multiple services providers are not delivering the same support.

Further, such model would also facilitate a Support Coordinator to 'contract' in specialised skills to support the participant beyond their scope of operation.

Specialist & Bespoke Skilled Areas Including but not limited to:

- Positive Behaviour Support Practitioner;
- Clinical and Crisis Support Practitioner;
- Psychosocial Recovery Coaches;
- Homelessness Support;
- Domestic Violence;
- Community Connectors;

include but not limited to

- Hospital Liaison Officers;
- Justice Liaison Officers;

Noting that some of these functions are NDIA commissioned roles and others are market driven supports. See response and further details in question 3 as to how a Support Coordinator can interface with these specialist and bespoke skilled areas.

Price Limits	This approach allows the NDIA to set price limits / commission services for these bespoke skilled areas of Specialist Support Management based on the market rate for these services (i.e. workforce, registration, business operating costs etc.).
Volume of Support	The volume of these supports would be specific to the participant need, without the need to consider plan coordination, making planning and reasonable and necessary decision making more streamlined and simpler to understand.
Quality and Safeguards	In DIA's view all providers who seek to deliver Specialist Support Management should be subject to a NDIS Commission further module specific to the bespoke area.

Provider Case Study – Medication and Restrictive Proactive

A NDIS participant aged 7 years of age who is prescribed medication, not PRN, to assist with his ADHD and sleep. The most appropriate and successful support has been delivered through a non NDIS registered provider. The participant’s plan is plan-managed, through a RPMP, to facilitate such support arrangements.

After 12 months of support, the NDIS Commission contacted the provider and advised them that they had become aware that the provider was administering a ‘chemical restraint’, medication based restrictive practice, and as such should cease support during times that medication is required.

The NDIS Commission’s website states:

“Chemical restraint does not include the use of medication prescribed by a medical practitioner for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.” (NDIS Commission, 2020)

Despite this there seems to be confusion around the ability for a provider to dispense prescribed medication for a mental disorder, such as ADHD, where a Behaviour Support Plan is not required.

This issue has been back and forth for over a month without resolution. Specialist Behaviour Support Therapists continue to have unconsolidated responses upon their inquiry to NDIA or Safeguards Commission.

As the Support Coordinator I have emailed a letter from the paediatrician stating that medication is for ADHD & sleep to the NDIS Commission NSW Behaviour Support team, but as yet have not had a response.

In the meantime – the child’s mother, a single parent in a very low socio-economic situation, is having to leave her place of work to administer the medication. This is placing her employment under immediate threat. As a Support Coordinator we need to have a direct line into the NDIA and NDIS Commission to resolve complex issues like this quickly.

Support Coordination Provider – New South Wales

3. How should support coordination interact with other NDIS supports? For example, local area coordinators, community connectors, liaison officers and recovery coaches?

3.1. Navigating the NDIS market is a complex and fragmented experience for participants

The current navigational infrastructure in the NDIS is fragmented and is dictated to participants. This results in an inefficient mix of NDIA Partners (LACs/ECEIs), Support Coordinators, support workers, advocacy organisations, family members, friends and other informal supports. A participant is not given choice on how they wish to coordinate their plan.

While the current arrangements assume that only the most disadvantaged require navigational support and capacity maintenance and/or building (as demonstrated by only about 40 per cent of NDIS participants being funded for support coordination), our research, which is echoed by the IAC and Tune Review, indicates this is not the case (*Tune, 2019; DIA, 2020; IAC, Jul 2019; Vincent & Caudrey, 2020; Robertson SC, 2020*).

Only the most confident, educated and resourced participants with strong support networks can navigate and negotiate their way to good outcomes on their own. Even then, these outcomes often come at considerable cost to the time, energy and wellbeing of the participant and/or their family. In practice, DIA are seeing a sizeable percentage of participants struggling to reach the services they need, particularly when being supported by a LAC to implement their plan.

3.2. LACs

Under the current plan implementation and navigational model, for those without funded support coordination (around 60% of all participants), LACs are the primary source of 'official' navigational support. Our members and participants regularly report that the quality of LACs is a persistent and systemic issue, in some cases finding an appropriately skilled local area coordinator can be almost impossible; this is further evidenced in the Tune Review (*Tune, 2019; Vincent & Caudrey, 2020; Robertson SC, 2020*).

Whilst the vision and performance of partners was expected to assist a participant through plan implementation and support a participant to self-direct plans (*NDIA, 2017*), the experience of many, if not most, participants is far from this.

In reality most LAC staff time is spent on plan development rather than assistance with plan implementation even though both functions are part of the LAC role (*BSL, 2019*). With LACs workforce, skills and focus on plan development, they are spending significantly less time, capacity and skill

on their broader responsibilities including navigational support and individual and community capacity building.

LAC key performance indicators are also heavily weighted towards planning. This is represented clearly in the Support Coordination Discussion Paper, where participants with less complex needs who are not funded with Support Coordination achieved the same plan utilisation results as those participants with substantially higher complex needs who were funded with Support Coordination.

This is also further reflected in the LAC contracts. The first round required LACs to undertake both planning and individual and community capacity building for people with funded supports and others with disability who were not eligible for the Scheme. These functions were described as:

- Individual and community capacity building and linkage functions (35 percent):
 - Link people with disability, their families and carers to information and support in the community – 20 percent of staff time; and
 - Work with their local community to make sure it is more welcoming and inclusive for people with disability – 15 per cent of staff time.
- With the remaining time 65 per cent being for linking people to the NDIS (mostly planning functions).

However, by round three in 2017, the individual and community capacity building and linkage functions had declined from 35 to 20 per cent of LACs role (NDIA, 2017).

Participant Quote

“When I received my plan early this year (2020), it took 8 weeks for my LAC to contact me. When they did, they told me and mum that it was a general check-up to ‘see how I was going’. When I told the LAC that I was not sure where to go or what to do next, I was told that I could find a list of providers on the NDIA participant portal, but no instructions on how to access that.

Mum and I spent 3 days figuring out how to access the portal, finally finding where the provider search was. Mum helped me to search for the services that I wanted to buy. Mum called lots of providers (Mum quoted 25) from the results on the portal to be told by each of them that ‘whist they were registered to deliver that service they either did not offer it or were not taking on new clients’. Mum and I tried repeatedly to contact my LAC for support, sending emails and leaving messages, with no response.

After not hearing anything for 4 weeks, mum found a group on Facebook who told her that a Support Coordinator would be able to help me, but I would need funding in my plan for it. They told mum to find an Advocate. Mum did and were able to help get money put in my plan for a Support Coordinator. It was almost 6 months since I got my plan.

Now I have Sally (Support Coordinator), she has helped me to understand what my plan means, amazing! Sally has helped me to figure out what groups of services work for me, asking for my views and how I want to live my life. She (Sally) has been the best part of the NDIS, helping me find services that fit me, not just directing me to a shit list on some website!

Now that I have my services, Sally is working with me to plan for the future – the idea of leaving home and getting a job is scary and fun.”

Peter 19 – Queensland

3.3. Community Connectors

The purpose of Community Connectors is to ensure that, among specific and targeted cohorts, people with a disability, their families and carers have access to the information and support they require to successfully engage with the NDIS (NDIA, 2020).

This information and support is to be sensitive and responsive to their individual needs, including:

- Providing Assertive Outreach to CALD communities;
- Providing education and awareness about disability to CALD communities;
- Linking potential Participants to existing NDIS offices including using online platforms and resources;
- Providing information and support to help potential Participants understand and access the NDIS;
- Building connections between potential Participants and the NDIA;
- Supporting potential Participants and their representatives to attend relevant NDIA appointments;
- Providing advice to the NDIA regarding culturally sensitive approaches and culturally specific barriers.

Community Connectors role and function should not be confused with the role of a Support Coordinator. Community Connectors could provide advice to Support Coordinators operating among the specific and targeted

cohorts that they are working with, regarding culturally sensitive approaches and culturally specific barriers.

3.4. Health Liaison Officers

The NDIA has engaged Health Liaison Officers (HLOs) to work with Local Health Networks and key hospital staff to improve communication between Health and the NDIS in relation to hospital discharge (*NDIA, 2019*). HLOs support NDIS participants move through the NDIS pathway while in hospital and will be important contact officers for health staff to make connections with so that people requiring services through the NDIS can get timely access to them. HLOs will:

- Promote understanding of the NDIS within Health Services to support hospital discharge. This includes understanding the participant pathway from pre-planning, plan development and plan implementation for hospital discharge;
- Promote awareness of the scope of supports and services provided through the NDIS;
- Connect with hospitals, acute and non-acute health services to provide information and help through the NDIS pathway;
- Link directly with health clinicians to provide support for planning, case conferences and information exchange.
- Build connections between existing government and community services and the NDIA to ensure the right information is available for the planning process.
- Work closely with and assist the participant's NDIS Support Coordinator regarding specific service issues; and
- Work with Local Area Coordinators, Planners and Support Coordinators to ensure communication and information is exchanged to support timely access and progression through the NDIS pathway.

HLOs role and function should not be confused with the role of a Support Coordinator. As described by NDIA advice (*NDIA, 2019*), HLOs should work with Support Coordinators to address specific service issues and to ensure information and communication is exchanged in a timely manner. The role of a Support Coordinator to establish and implement participant supports is not replaced by the role of a HLO.

3.5. Justice Liaison Officers

The NDIA has created the Justice Liaison Officer (JLO) role to work closely with state and territory justice systems to promote the role of the NDIA and coordinate support for NDIS participants in justice settings.

The NDIA has developed an internal document 'Practice Guide – Participants with Justice Interface' that provides direction about how JLOs should consider access and planning for participants in the justice system, however this has not been released publicly.

DIA understands that JLOs will provide a single point of contact for workers within each state and territory justice system, providing a coordinated approach to supporting NDIS participants in youth and adult justice systems.

JLOs role and function should not be confused with the role of a Support Coordinator. In DIA's view JLOs should work with Support Coordinators to address specific service issues and to ensure information and communication is exchanged in a timely manner, particularly during pre-release and release. The role of a Support Coordinator to establish and implement participant supports is not replaced by the role of a JLO.

Many NDIS participants being released may experience issues with housing and accommodation supports. Public and social housing resources are limited, in extremely high demand and have long waiting lists. Our members report that suitable and available housing stock for these participants is often extremely challenging to source and engage. This issue is broader than Support Coordination and needs the attention of Commonwealth, State and Territory Governments along with the disability sector to resolve through accommodation initiatives including SDA, SIL, MTA and STA.

Support is available in prison from visiting housing workers who can provide information about housing options and make referrals to housing support services on release, however this varies from state to state. Generally, those in prison are advised to begin considering housing options well before leaving prison; in DIA's view, this is where greater connection and cooperation between JLOs and Support Coordinators can be established.

It is important to note that offenders released on parole, including NDIS Participants, are required to have their housing plans approved by the Adult Parole Board.

Case Study: Magistrate recommends increased NDIS supports so Brian can live in the community.

Brian is 19 years old. He is friendly and sociable, and loves being around people, especially people his age. He has an intellectual disability, Autism Spectrum Disorder, and anxiety. Like many teenagers, he likes swimming at the pool, and going to the movies.

Due to his complex disability, Brian has trouble managing his impulses, and he needs ongoing support to work on regulating emotions like frustration and anger. In mid-2018, Brian was referred by the Children's Court to a program where he could access a range of local health, education, employment and recreational supports. Brian was progressing well, his behaviours of concern had lessened, but the funding for that program stopped once Brian's court case finished.

When the NDIA rolled out where he lived Brian received an NDIS plan. Despite his complex needs, previous behaviours and the clear success of more structured supports, Brian's NDIS plan only provided modest supports with no significant outreach or specialist support coordination. Within six months, Brian was spending much of his time at home, away from peers and disengaged from positive community supports.

Earlier this year Brian seriously injured his younger sibling and he was arrested and remanded in adult custody. Brian was seriously distressed in prison and told his lawyer repeatedly that he wanted to go home. Given the change in circumstances, an urgent review of his NDIS plan was needed. He needed to access alternative supported accommodation and an increase in the level of funded supports. Victoria Legal Aid immediately requested that his Disability Justice worker facilitate an NDIS plan review. The NDIA responded that it would take several months, and nothing could be done to hurry up the review.

Victoria Legal Aid continued to advocate to Brian's Disability Justice worker for urgent assistance and escalated the case to the state based DHHS Intensive Support Team. An application for bail was made for Brian to be released from custody. At his bail hearing, the Magistrate insisted that more be done to increase funding to allow for greater outreach support for Brian in the community.

Brian spent nearly three months in prison on remand before he had access to the disability supports, including Support Coordination and appropriately funded accommodation, he needed to be released on bail. The delay in reviewing his plan was the difference between being held in custody and being supported to live in the community. In terms of its impact, the prolonged time he spent in custody took a significant toll on Brian's health, wellbeing and sense of safety.

Brian is now receiving the levels of NDIS support he needs to achieve his goals. He has access to a support coordinator who has been able to support Brian to access and engage with the supports he needs including connecting with a skilled behavioural worker who helps him with his behaviour and takes him to participate in recreational activities. Brian's support coordinator plays a crucial role in bringing together the various agencies and workers involved in supporting him to live well and safely.

3.6. Psychosocial Recovery Coaches

Over the past 7 years the NDIA has received a number of recommendations to improve the access and experience for participants with psychosocial disability in the NDIS and to address interface issues between the NDIS and mainstream mental health systems.

These recommendations underscored the importance of improving access to the NDIS for people with psychosocial disability through a range of strategies, and the need for effective interaction between the NDIS and the clinical mental health system through improvements to care, information sharing and concurrent supports, which are critical to optimising outcomes for people requiring both mental health treatment and psychosocial disability support.

Acting on these recommendations and recognising the contribution of the lived experience mental health workforce, the NDIA introduced Psychosocial Recovery Coach support items in July 2020 (NDIA, 2020).

Additionally, a national framework is being developed for recovery-oriented psychosocial disability services in the NDIS and will be released in 2021. The recovery coach role and the framework will be developed by the NDIA in consultation with the Commonwealth and State and Territory governments, people with lived experience of mental health challenges, families and carers of people with mental health challenges, peak consumer and carer bodies and service provider stakeholders.

DIA is excited and willing to be part of and assist the NDIA in the creation of this framework with particular interest in the intersection, approach and connection that can be made between a Psychosocial Recovery Coach and a Support Coordinator.

DIA rejects the current NDIA advice that:

“Support Coordination is an element of the recovery coach role, and that the NDIA will generally not fund both types of supports in a participant's plan.” (NDIA, 2020)

At the same time the NDIA maintains that;

“Psychosocial Recovery Coaches are different from Support Coordinators because they bring knowledge and skills in psychosocial recovery, mental health and service navigation within the mental health system.” (NDIA, 2020)

In DIA’s view Recovery Coaches should support people with psychosocial disability to take responsibility for their lives so they can experience a full and meaningful life. Recovery Coaching principles and functions should support people to articulate and own what a meaningful life means for them, their family and carers, through making decisions for themselves in context of their psychosocial disability (Bora, et al., 2010).

Key features of the coaching approach (Bird, et al., 2014) include:

- Understanding by asking questions, listening, clarifying;
- Agreeing on identified goals;
- Developing a shared understanding of actions and roles and responsibility;
- Supporting self-direction and taking control;
- Reflecting, Evaluating and Learning

Recovery Coaches under the NDIS are expected to use manualised programs and other tools and resources to assist the coaching relationship, including WRAP, Active8, Optimal Recovery, Collaborative Recovery Coaching Protocols, My Mental Health Recovery Measure (RAS:DS), Beyond Now and PTSD Coach.

In DIA’s view, to have a recovery coach undertake Support Coordination functions will require an unrealistic mix of support skills, experience and methodology. A Recovery Coach should focus on coaching a participant and be responsible for:

- Contributing lived experience of recovery perspectives including by collaborating with other NDIS funded providers to ensure those supports are recovery-oriented, such as working with a Support Coordinator;
- Supporting linkages and continued engagement with the broader service systems specific to psychosocial service systems, particularly health, family supports and physical health care services;
- Supporting connections with psychosocial peer support groups and mutual self-help networks. This recognises that isolation is one of the biggest challenges experienced by people with psychosocial disability, and introducing a person to communities to build social and support networks is likely to support more positive outcomes; and

- Shared planning at transition points. This is a key focus point particularly when a person experiences fluctuating needs, during life transitions and working with clinical services to ensure coordinated discharge planning.

In DIA's view, a recovery coach should work closely with a Support Coordinator who would be able to support a participant, who likely has secondary disabilities, and facilitate a coordinated response between services. A Support Coordinator is able to interface and establish case conferencing to ensure a coordinated response between services, e.g. recovery coach, mental health, physical health, justice and housing. This is a missed opportunity to see holistic and connected support arrangements for participants.

DIA notes that the current advice for registration with the NDIS Commission, expected competencies along with recommended qualification and practice supervision do not align with the price limits set for the delivery of this support. Our members, some of which have been providing support and service in line with these requirements have indicated that they are unlikely to offer this support at the current price limits.

Further, this is a specialised role and service function that should be subject to its own registration group and supplementary practice module.

3.7. Positive Behaviour Support Practitioner

Behaviour Support Practitioners create individualised strategies for people with disability that are responsive to the person's needs, in a way that reduces the occurrence and impact of behaviours of concern and minimises the use of restrictive practices.

The Positive Behaviour Support Capability Framework (PBS Capability Framework) focuses on the knowledge and skills that underpin contemporary evidence-based practice. It reflects the diversity and variation of the sector's capability in delivering behaviour support and provides a pathway for recognition and professional progression for practitioners.

The PBS Capability Framework recognises that there are numerous stakeholders who are key contacts for the behaviour support practitioner and central to effective positive behaviour support. The PBS Capability Framework is not designed to articulate the roles and expectations of these team members specifically but will refer to these stakeholders when engagement with them is a skill required of behaviour support practitioners.

A Support Coordinator is often considered a key stakeholder as they work with disability support workers, family, carers and service providers to implement and monitor a behaviour support plan as a part of the participants support network. Particularly where a participant engages with a range of disability and mainstream specialists to support their complex needs, including interfaces with health, justice, education, housing and allied health.

3.8. Clinical and Crisis Support Practitioner

There are many different models of clinical and crisis support (*Engel, 1980*), but the major approaches are assertive community treatment teams and support workers with individual caseloads. In assertive community treatment, services are usually provided by a community team on an ongoing and intensive basis (*Bond, et al., 1990*). The effectiveness of the assertive community treatment approach in reducing relapse in terms of hospitalisation has generally been established (*Solomon, 1992; Bond, et al., 1990; Smith, 2000*).

There is a great deal of unmet need in Australia for clinical and crisis support (*Groom, et al., 2003*). The lack of a clinical support was mentioned repeatedly in the consultations as a major barrier to recovery, which is even more pronounced in regional, rural and remote areas. There are many stories of people being discharged from hospital with no discharge planning and no aftercare.

Under the NDIS some, but crucially not all, of this work is conducted as a part of the NDIA Exceptionally Complex Support Needs (ECSN) Program. The ECSN program includes an After-Hours Crisis Referral line for emergencies. This service is for approved referrers only such as emergency service organisations (police, ambulance, public and private hospitals), acute state mental health services, federal police and state justice officers. This means that where a participant experiences crisis they are unable to be referred by a Support Coordinator and must result in being subject to police, health or emergency services response before being able to be referred.

Crisis Referrals may occur where the participant's circumstances suddenly change resulting in their disability related supports suddenly becoming ineffective, inadequate or absent.

Support Coordinators work with Clinical and Crisis Support Practitioners to address specific service issues and to ensure information and communication is exchanged in a timely manner. ECSN program practitioners can assist Support Coordinators and disability service providers working with people with complex support needs through a

specialist consultation approach which is designed to enhance service provision responses specific to the participant's crisis need.

A Support Coordinator is able to interface and establish case conferencing to ensure a coordinated response between services, e.g. recovery coach, mental health, physical health, justice and housing.

4. How should support coordination interact with and complement existing mainstream services?

Determining the appropriate interfaces between the NDIS and mainstream services is, seven years on from the introduction of the NDIS, still a work in progress. The intersection between mainstream services, community services and the NDIS is a complex inter-governmental and political mess. DIA is cautious and expresses concern about developing a list of what can and what cannot be funded, overseen or coordinated by the NDIS. In disability settings, context is everything.

The Tune Review (*Tune, 2019*) has recommended that the government update the NDIS Rules to reflect Disability Reform Council (DRC) decisions on the boundaries between the NDIS and mainstream services. Recently the Commonwealth Government responded that this work is already underway. Recent improvements are welcomed particularly HLOs and JLOs however more work needs to be done particularly for interfaces with health, education, justice, transport, child protection and mental health.

Participants need a skilled, single point of contact where they can get quality support to understand how their plans work, what services are available locally and how they can navigate the market to find them. Participants should have the choice to be able to access this support when they need it, for as long as they need it.

This is the case regardless of whether a participant is self-managed, using a plan manager, or agency managed; all are still entitled to exercise choice and control, and access the information and support they require to do so.

Effective market facilitation needs to consider not only simplistic solutions to supply and demand (such as information portals), but person-centred and capacity-building support that can mitigate some of the barriers currently inhibiting the effective function of the NDIS marketplace.

Support Coordination is empowering and focused on building positive connections between individuals and their communities to facilitate meaningful social and economic inclusion (*Hunter & Ritchie, 2007*). Support Coordinators work with people's strengths and assets to advance their aspirations, simultaneously working to connect people with broader services system and community. This fidelity model is recognised as both an effective and efficient way to achieve support outcomes. Importantly this work does not necessarily privilege funded service supports (see responses to questions 5, 7 and 17 below).

Generally, Support Coordinators are eager and willing to engage with mainstream and community-based service offerings. Many participants use a combination of disability related, mainstream and community-based supports. Support Coordinators are capable of providing coordinated support design across disability related, mainstream and community-based supports to ensure holistic supports for a participant.

This does however, present a number of challenges, including the number of participants able to access such support (i.e. found reasonable and nursery to receive support coordination), the volume of support (i.e. number of hours funded) and most importantly the barriers that Support Coordinators experience with engaging with some mainstream supports. The NDIA must realise that Support Coordination requires deep collaboration between the NDIA, people with a disability and other systems of support.

Support Coordinators regularly experience challenges in communicating directly with the NDIA let alone other systems of support. The NDIA needs to recognise Support Coordination as an integral and trusted area of support provision.

Cross-sector service coordination is a key element of NDIS design which requires the introduction of high-level cross-sectoral / system collaborative arrangements and related infrastructure so that system barriers do not undermine Support Coordination under the NDIS.

5. What can or should be done to address the level of utilisation of support coordination in plans; and is this any different to general issues of utilisation?

Support coordination utilisation rates are influenced by a range of factors including:

5.1. Poor Quality Plans

Poor quality plans are a key factor of plan underutilisation, with the participant needing to request a plan review to correct issues within the original plan, which can take many weeks to occur. This delays the implementation of the plan and in turn affects the rate of utilisation with many supports not being established or spent. The poor quality of plans is continuing to require substantial—and unfunded—intervention by providers to assist participants to have them amended.

5.2. Typical Support Packages

TSPs are another area that DIA believes drives the resulting level of underutilisation. Our members have reported numerous times where a participant has been funded with Support Coordination, based on the guided planning process, when they have no intent to engage with or utilise a Support Coordinator, as they are capable and willing to coordinate their support themselves. Planning process require increased delegation to approve plans when they are outside of an acceptable margin from what has been generated. DIA understands this to be plus or minus ten per cent.

Participant Quote

“During my plan review (late 2019), I was told that I would have money funded for Support Coordination. I asked why, as I have been funded with Support Coordination for the past 2 plans and never used it. The planner said – well you have been given it so it’s there if you change your mind. I asked if the money could be put somewhere else in the plan where I might actually use it but was told no. It’s the only thing in my plan I don’t spend at all and such a waste.

For some people a Support Coordinator might be really valuable, I just don’t need it – I know what I want and where to get it from.”

Sarah 31 - Victoria

DIA has spoken with a number of participants who have shared the same sentiment, which suggests that a system-based response is driving an under-utilised result for some participants.

5.3. Connection to Support Coordinators

Connection to Support Coordinators through the Request for Service (RFS) system has been welcomed by our members. Introduced in September 2019, the RFS has given Support Coordinators the ability to view, track and manage requests for service that are created as a part of the planning process. The RFS process has been a huge leap forward, however it has not been without its faults:

- The RFS system is only available to registered providers of Support Coordination which excludes a significant number of Support Coordination Providers. Due to pricing limitations and registration / audit costs versus the number participants that a Support Coordinator supports, it may not be viable for a provider to register, rather deciding to focus on support to participants who self-manage or use a Registered Plan Management Provider (RPMP).
- The RFS system has had some glitches where even registered providers were not being listed or searchable within the RFS system, leading to missed opportunities to support participants.
- The time it takes for an RFS to be accepted. Whist DIA believes that in many cases this time is reasonable, in some cases it can take up to a month or more, particularly where numerous providers reject the RFS citing one of the four options:
 - No capacity to accept referral (i.e. not taking new clients);
 - No capability to accept referral (i.e. provider not suitable to support the participant);
 - Insufficient participant budget to accept referral (i.e. not enough participant funds to undertake the required level of support); or
 - Other (this then prompts for more information)
- The RFS system does not contain contact details of the NDIA planner, regional office or delegated NDIA officer for the Support Coordinator to ask any follow up questions, clarify points or communicate back to the NDIA.

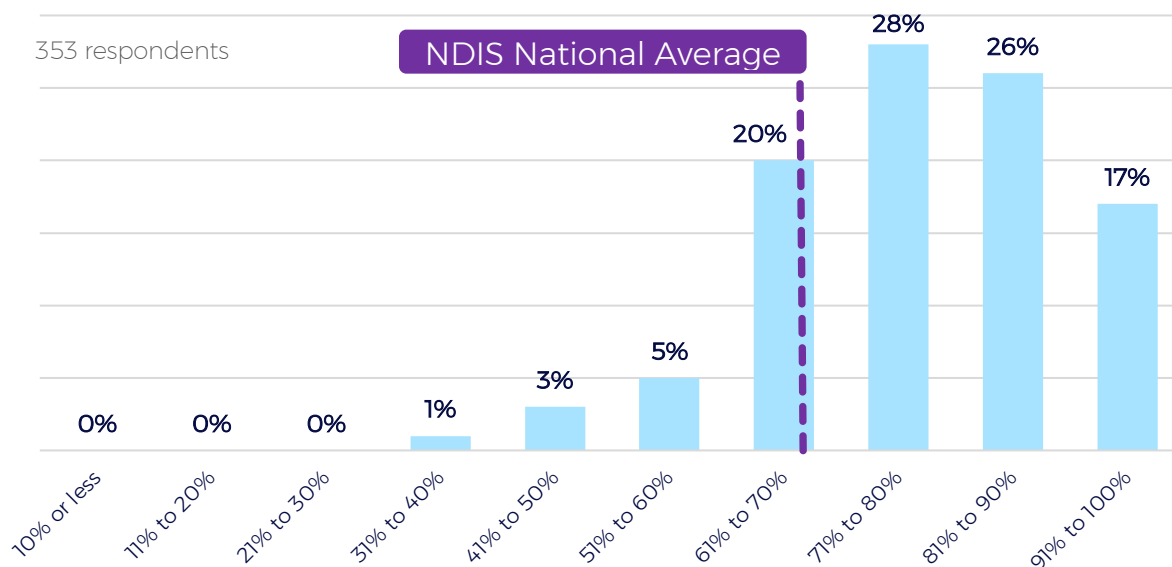
Each of these items can lead to extended time frames and require a planner to review the plan to understand why the participant has not been connected with a Support Coordinator.

To date the NDIA has not provided any information as to the number of RFS that have been rejected in the first instance, requiring further planning work often in the form of a light touch plan review. DIA contends that when this work is done, the NDIA business system treats this as a new plan and in turn registers the previous plan as a 100 per cent underutilised.

This is further evidenced in the Australian Disability Intermediaries Sector Report (*DIA, 2020*), which used information gathered from the market, not

just DIA members, as to the levels of utilisation across a participant plan. 353 providers reported that in 2019:

Over the last 12 months (2019), for Participants that your organisation delivered Support Coordination to, what percentage of their plans were utilised?



5.4. Understanding Support Coordination Funding

Understanding Support Coordination Funding is critical to see how and why funds for participants with more complex needs, not just those within the complex participant pathway, often have Support Coordination funds left over. Currently the NDIA does not have a clean, clear or rapid way to fund moments of increase support intensity and/or crisis response, funds are not put into a plan for 'contingency', 'just in case' or 'emergency' situations, unless these are a constant presence for a participant due to their disability.

NDIS Plans are developed and funded at the point in time when the plan is created. This by nature creates ridged and inflexible plans and requires participants to go through a 'change of circumstances' process should the need to have their plan changed to reflect their change in circumstances. Whilst this process is completely reasonable for many changes in circumstances that participants may experience in their life, it is not appropriate for rapid onset emergency or crisis.

This is further demonstrated in the recently announced NDIS Participant Charter (NDIA, 2020) often referred to as the Participant Service Guarantee. In this document the NDIA commits to vary a plan, after the receipt of information that triggers the plan amendment process, with a service

guarantee of 28 days. For a participant experiencing emergency or crisis situations this time frame is well beyond need time frames.

The NDIA has a 'light touch plan review' process which is often referred to as means to resolve crisis and emergency situation, whereby the NDIA can rapidly amend a participant's plan. It is important to understand that this is by no means as simple as it sounds.

- There is no formal process for Participants and/or Support Coordinators when participants are in crisis to trigger a light touch plan review.
- Light Touch Plan Reviews do not replace the change of circumstances process and only facilitate fairly basic amendments to a participant's plan including slight funding changes or correcting planner error(s).

In early 2019 the NDIA released a grant process for the ECSN program which includes an After-Hours Crisis Referral line for emergencies. This service is for approved referrers only such as emergency service organisations (police, ambulance, public and private hospitals), acute state mental health services, federal police and state justice officers. This means that where a participant experiences crisis they are unable to be referred by a Support Coordinator and must result in being subject to police, health or emergency services response before being able to be referred.

For these points and others, Support Coordinators who support participants who have in the past or are likely to experience moments of increased support intensity and/or crisis a Support Coordinator will work with a participant to quarantine some funds for such emergency or crisis situations. The NDIA data collection and analysis views this circumstance as an underspend.

Unfortunately, this situation presents a number of issues, the most being that a participant could miss out on critical capacity building support time to ensure that there are coordination funds available for a likely crisis or moments of increased support intensity.

Further, where a Support Coordinator does assist in an emergency/crisis situation there is little way to increase a participant plan funds to pay for such support, which is often outside of the funding with the participants plan. This leaves the Support Coordinator, in DIA's experience delivering many hours of unfunded support.

This is evidenced in the Australian Disability Intermediaries Sector Report (*DIA, 2020*), which used information gathered from the market, not just DIA members, to understand the viability of Support Coordination Providers.

353 providers reported that in 2019, 90 per cent of them delivered support to a participant that was beyond or outside the funding within their plan. This unfunded support represented on average of 53 hour of support or \$5197 for those participants that were supported beyond the funded within their plan.

5.5.Support Coordination efficiency

Support Coordination efficiency in some cases, Support Coordinators are able to support a participant to implement their plan and deliver the required support, as directed by the RFS, without spending every cent of the budget provided. In DIA's view whilst this is a great result, the Support Coordinator should be forward looking with a participant to look at how life planning and capacity building can be undertaken with the funds left, noting this is ultimately the decision of a participant to undertake.

5.6.Support Coordination vs the need for basics

Support Coordination vs the need for basics. The NDIA has not been able to reconcile that in Australia, participants of the NDIS are more likely to experience social and economically disadvantage (*Atkinson, et al., 2015*). Further evidence that there is a strong connection between socioeconomic status and disability, according to a report released by the Australian Institute of Health and Welfare (*O'Rance, 2009*), 3.1% of people living in the most disadvantaged fifth of local areas had severe disability compared to 1.3% of those who lived in the most advantaged fifth of local areas.

DIA has seen many examples of where social service gaps are precluding participants from utilising their NDIS funds.

Participant Quote - John has an Acquired Brain Injury.

"Life can be rough, having somewhere to live, enough food and keeping a job is hard.

Pat (Jack's Support Coordinator) is good, making sure I make the appointments that I need and has helped me find somewhere to live a few times. I have funding in my plan, but making sure I have food, a bed, clothes and access to basic services like power, water and internet are not something the NDIS pays for.

Pat has helped me at Centrelink a few times, but it's hard to have enough money to live and buy the basics, let alone many things the NDIS say are everyday items like the internet and a tablet.

When you are always focused on the basics to live, thinking about other things are impossible. Pat helped me to request a review of my plan to address my situation and the lack of money for supports, which we got.

Pat can only do so much; I wish Pat also worked for Centrelink!"

John 38 – South Australia

With Pat's help and support, John's plan was reviewed, and his new plan included a creative accommodation solution with a supported residential service.

Further, whilst a Support Coordinator is able to connect a participant to community-based activities and the participant is able to use funded support to assist them at such an activity, attendance or participation fees for these activities are not covered under the NDIS. This creates obstacles for increased community participation for participants with in low and extremely low-socioeconomic situations.

5.7. How to improve utilisation rates

DIA suggest changing the structure of NDIS Plans to allow for Capacity Building funds to be fully flexible in the same way that Core Supports are fully flexible (*Tune, 2019*). The NDIA should tackle this as a priority given the Minister for the NDIS, the Hon Stewart Robert MP, first announced such an approach on 13th November 2019 at the National Press Club (*Robert, 2019*). This position has again, on 28th August 2020, been expressed in the Government's response to the Tune Review (*Australian Government, 2020*).

Such plan flexibility will enable participants to use these highly underutilised funds. True choice and control and increased plan utilisation are not encouraged by arbitrarily defined Support Categories that are designed to achieve the fundamental same outcomes for participants, increased social, community and economic participation – i.e. an ordinary life.

The NDIA should think about plan utilisation more broadly:

- The NDIA must be more willing to enlist the support of Intermediaries. DIA sees countless daily instances of the positive impact that Plan Management and Support Coordination services have on participant NDIS experience.
- Intermediary services help participants to extract maximum value out of their plans and build their capacity to navigate the Scheme and to find the right supports, not always the most expensive or NDIS funded.

- The NDIA must understand that utilisation is only at the very best a secondary indicator to the achievement of participant outcomes and indication of participant capacity building.

Participant Nominee Quote

“For Ash’s first two plans he did not have a funded Support Coordinator. As his mother I coordinated all of his supports, I did the best I could, but with limited support from Ash’s LAC we ended up looking at the same supports we always have had. Ash would attend various day programs and on a Wednesday afternoon he would go 10 pin bowling.

After two years of the same old same old, using most, if not all, of Ash’s plan funds, I was connected by a friend to a peer support group who told us that Ash should really have a Support Coordinator. It took six months of fighting and conflict with Ash’s LAC and the NDIA, we finally received funding for Support Coordination in Ash’s plan.

We engaged Matt (Support Coordinator), and he has changed our lives. He recommended that we look at other options instead of just the same old program-based supports. He recommended a number of community-based activities including a dance class that is run in a local hall just up the road. We were extremely nervous because this is not a ‘disability support’, it is a dance class open to the general public. Matt explained that we could organise a support worker to assist Ash while at the dance class.

For the first time in years Ash is actually being part of the community like anyone else, not just going to a ‘special program’. The best bit – it costs us almost half of what his old program costs, which has allowed us to look at using his funds for other things.

Matt has opened our eyes to just what is possible, to the point where we are now going to Matt say how about we try this, or do you think we can use X funding for this – total game changer! When we look back at the fighting over getting Support Coordination in Ash’s plan because it was not ‘reasonable and necessary’, we just shake our heads the couple of thousand dollars for support coordination has been saved 10 times over, not to mention the improvement to Ash’s life”

Judy, Participant’s Nominee for Ash, 15 – Australian Capital Territory

With higher utilisation rates tied to better education and familiarity with the NDIS, Intermediaries are perfectly placed to boost those figures and deliver a more sustainable and successful Scheme. A small but growing

number of people within the NDIA as well as Local Area Coordinators (BSL, 2019) now realise that the success of the Scheme is intrinsically tied to the involvement of skilled and passionate Support Coordinators and Plan Managers.

DIA believes that a 100% utilisation rate is not only an impossible goal but would indicate that the NDIA is underfunding participants. In saying that a 68% rate is simply unacceptable and is diametrically opposed to the underlying outcomes that the Scheme was based on. The road to better plan utilisation will no doubt be long and complex, but by giving participants more flexibility to use their capacity building funds and by providing greater access to intermediary supports, the NDIS journey can be far simpler with less anxiety and stress whilst delivering better outcomes.

Participant Nominee Quote

"Our Support Coordinator, bless her, took a year to convince us to try a Circles of Support for Henry (NDIS Participant with Intellectual Disability). Now we laugh at how long it took us. It's been a true blessing, with someone from this group of five young people giving of their time freely to his circle. Taking Henry out most weekends, and we've just started doing future planning too. The facilitator for Circles costs us around \$7000 for the year, but I reckon we've saved at least \$13,000 in support workers, and the future planning work we're all doing together? Invaluable. They're helping Henry and us plan for a future when we're not around. That's always been our greatest fear. I never even would have known that Circles was a "thing" without our support coordinator - who knew it would save money from his plan!"

Roger, Dad to participant Henry, 34 - South Australia

SECTION TWO: THE ROLE OF SUPPORT COORDINATION

6. What functions should a support coordinator perform? Are there tasks that a support coordinator should not do?

The tasks a Support Coordinator undertakes is completely dependent on the volume of funding for Support Coordination contained within a participant's plan. This means that below list of functions is a 'menu' of activities that a participant should be able to choose from, underwritten by enough funding in a participant plan.

6.1. Support Participant to understand their plan

A Support Coordinator can support and guide a participant through their plan to understand what it all means and, where required, work with a participant to clarify and better understand their goals to support plan implementation.

This includes working with a participant understand the different categories in their plan and understands the opportunities, processes, and flexibility, as well as limitations, of each category. Translating the plan into a communication method, style and approach that is best for the participant.

Further, a Support Coordinator can support a participant understand how to use the NDIA portal to share their plan with providers of their choice and access further information.

6.2. Support a Participant to design a holistic support response

Support Coordinators can assist a participant in designing their support response (i.e. full holistic bundle of supports), including considering broader community and mainstream systems of supports and NDIS-funded supports in order to work towards the goals identified by the participant, these may be more targeted than those listed with a NDIS plan.

A Support Coordinator can identify key networks and stakeholders, who can contribute to the successful implementation of the participant's plan. A Support Coordinator can work with these key stakeholders to design a collaborative plan to drive all NDIS services to contribute to the participant achieving their goals.

6.3. Connect participant to supports and providers that fit with them

Support Coordinators have extensive knowledge of services available to participants in their community, including those designed for a participant, their family and other informal supports.

Through connecting participants to supports, Support Coordinators actively consider what informal, community, mainstream and NDIS funded supports are available that can meet the participant's need and drive positive outcomes.

Knowledge of broader supports enables participants to engage with their community, and access a fuller range of services available, enhancing their economic and social participation.

6.4. Establish and implement supports

Support coordinators can assist participants to increase and enhance skills required to establish and implement their supports.

This may include assisting a participant, their family and/or formal decision makers to:

- Establishing services (including service agreements).
- Understand how to use the NDIA portal and other NDIS systems.
- Plan for and address matters such as where a support is not delivered as expected, or an unexpected interruption to support occurs.
- Plan for possible provider cancellations of services and determining alternatives or replacement providers to ensure continuity of service.
- Manage situations where supports are not provided satisfactorily and to establish mechanisms to change providers if required.

A Support Coordinator can support a participant to understand their plan budgets and how they can be flexibly used to achieve their goals. A Support Coordinator can also support a participant to understand how to work with a RPMP, including how to read and understand invoices and give their approval for the RPMP to claim.

6.5. Monitor the delivery of support and check in with participants (safety, quality and outcomes)

Support Coordinator can assist a participant to regularly monitor the implementation and utilisation of their NDIS plan. This supports a participant to optimise their plan utilisation and achieve the participant's goals.

Support Coordinators can also recognise where a participant is not implementing or utilising their plan as expected. A Support Coordinator can discuss this with the participant, and identify barriers, and establishing a plan to address issues.

A Support Coordinator can also discuss the quality and safety of the supports being delivered with a participant. As a trusted person in a

participant's circle of supports a Support Coordinator may be able to recognise low quality and unsafe services and take swift action, including reporting to the NDIS Commission.

6.6. Build and/or maintain participant capacity and resilience

When maintaining and/or building a participant's capacity, a Support Coordinator can ensure the focus remains on the participant by enabling opportunities for them to be the lead in their life and to implement tasks more independently or with limited assistance or guidance.

Support Coordinators can work with a participant to maintain and/or build capacity to achieve their goals. At times during a plan, there can be instances where working towards goals is more difficult to achieve. A Support Coordinator can contribute to navigating and overcoming these challenges and assist a participant to identify solutions.

Support Coordinators can work with participants and/or formal decision makers to increase a participant's skills in dealing with complex factors, managing their stakeholders, and other government services, which will contribute to increased independence.

6.7. Plan for crisis and life change (planning, prevention and mitigation)

Over the duration of a plan, participants may experience times of crisis or significant change in circumstances. Support Coordinators can assist participants to prepare for and navigate such events, including providing assistance to access appropriate crisis services.

Support Coordinators can work with a participant to ensure a plan is in place with identified stakeholder contacts and/or family supports and immediate next steps in the event of a crisis.

With an understanding of the participant's circumstances and environment, a Support Coordinator in many cases can identify the likelihood of crisis or change in circumstance during a participant's plan.

A Support Coordinator can discuss possible scenarios participants may face over the duration of their plan. Support coordinators should assist participants to prepare in advance for likely crises or changes in circumstances. A Support Coordinator's knowledge of the participant, and experiences of supporting other participants that may have similar or like circumstances, are critical to preventing and/or minimising potential crises.

6.8. Navigate complex support barriers and settings

A Support Coordinator can assist a participant to navigate complex support barriers and settings that would otherwise impact the participants ability to implement their plan and/or achieve their goals.

A Support Coordinator can use their skills and experience to assist the participant in connecting with bespoke expert services and supports including Positive Behaviour Support Practitioner, Clinical and Crisis Support Practitioner, Psychosocial Recovery Coaches along with Justice and Health specialist partitioners who can support navigation of those systems.

6.9. Supported decision making

A Support Coordinator can assist a participant, their family and carers to the move from decisions made by others in the participant's best interests to decisions made by the participant that reflects their will and preferences.

There are two key elements for Support Coordinators in supporting decision making:

1. Develop and implement strategies to build the capacity of the person with disability to make or contribute to the making of decisions.
2. Develop and implement strategies that increase the capacity of 'informal supporters' (i.e. family, friends and service workers) to provide the encouragement, opportunity and practice that contribute to enabling the person to make decisions and make it more likely that the decisions reached reflect the 'right' decisions.

For a small but significant group of people with disability who have no one in their lives effectively able to support them to make decisions, the Support Coordinator can recruit and assist supports to have the respect and insights necessary to support the person to make or contribute to the making of decisions.

6.10. Promote self-direction (sometimes referred to as little 'a' advocate)

A Support Coordinators play a vital role in:

- Negotiating supports, costs and service agreements with providers;
- Making arrangements for support delivery;
- Providing information to providers regarding the specific needs of the client;
- Guiding Participants through the complexity of the NDIS; and
- Better informing Participants to support informed decision making.

As such Support Coordinators work for, and on behalf of, the participant. This naturally comes with a need to support a participant to act as a consumer and negotiate, sometimes demand, the service, quality, delivery method and support they want and need. This little ‘a’ advocate function is a critical part of a Support Coordinators function.

Support Coordinators can assist participants to understand how they can engage with and participate in NDIS planning and review processes. This includes attending NDIS planning conversations for the purposes of providing navigation and self-direction support. This sometimes can create constructive tension between the NDIA and Support Coordinators, particularly when a poor-quality plan is created.

6.11. Understand bespoke supports and services they may engage

A Support Coordinator can assist a participant to understand and navigate a range of bespoke supports and services that they be funded for or need to engage these. Often these supports carry layered and detailed information that a participant is likely to need assistance to understand and navigate.

These supports are beyond what ‘normal’ service provision might entail and include but are not limited to:

- Supported Independent Living (SIL);
- Specialist Disability Accommodation (SDA);
- Short Term Accommodation (STA);
- Assistive Technology (AT);
- Home Modifications (HM);
- Employment (such as community employment, Australian Disability Enterprise (ADE), School Leaver Employment Supports (SLES) and work experience etc.); and
- Education (Support arrangements in a school setting).

6.12. Report to the NDIA and the participant

A Support Coordinator is often required to submit reports to the NDIA about the provision of their services and supports to participants. The reporting timeframes and method to submit reports are outlined in the Request for Service.

DIA has received regular and numerous reports that whilst they spend a number of hours providing detailed and required reports to the NDIA, many of them, if not most, go unread are often viewed by the NDIA as just:

*“Support Coordinators asking for more money”
NDIA Planner Sydney*

If the NDIA is to require reports to be submitted from Support Coordinators, which in DIA's view they should, these reports should be read and taken with respect and recognition of the expertise of the professional writing them.

Provider Case Study: We don't have time to read them!

I attended a NDIA Plan Review meeting with a participant that we support. When I arrived for the meeting, I introduced myself to the plan and asked if she had received a copy of my Plan Review report. I always bring a printed version with me as sometimes the NDIA loses them or they don't get uploaded properly.

*To my horror the planner replied
"Yes, but haven't read it, we don't have time".*

Support Coordination Provider – South Australia

7. Is there evidence that participants with specific plan goals related to education, accommodation and employment would benefit from more targeted support coordination services to achieve these outcomes?

There is an expression used regularly in the Support Coordination field “we play in the grey”. What Support Coordinators mean by this is that they support participants where there are substantial and systemic structural gaps with limited clarity around the respective lines of responsibility between the NDIS and mainstream service systems (*Tune, 2019*).

This regularly results in boundary issues, finger pointing, funding disputes, service gaps, poor quality planning and inconsistent decisions about when a support is reasonable and necessary. A Support Coordinator is then expected to interpret such actions and decisions to support a participant to get what they need.

A critical component to Targeted Support methodology first considered by the NDIS in early 2018 is the ‘single point of contact’ – a skilled Support Coordinator, working across sectors, as an active negotiator, understanding the person and their needs, and familiar with and expert in the human services system more broadly. This role can be undertaken by a Support Coordinator that has a problem-solving attitude enabling them to communicate and work effectively with relevant services and systems to negotiate supports to meet the person’s needs.

The challenge with Targeted Support methodology is that the NDIA needs to actively negotiate and insists that such a role be embedded into other support systems that it does not have funding or operational control of. This in turn generally requires an embedded NDIA resource to facilitate integration of such holistic support approaches.

The NDIA has made significant gains in some of these ‘targeted areas’ in the last 6-12 months, including the introduction of:

- Some funded health supports under the NDIS;
- Voluntary Out of Home Care Arrangement;
- Health Liaison Officers;
- Justice Liaison Officers; and
- Community Connectors.

Each of these improvements directly connect and interact with a Support Coordinator. Structurally, a Support Coordinator is the central ‘linkage point’ in the disability sector, able to identify and link with linkage points in other sectors (e.g., health, housing, education, justice), helping to coordinate integrated service responses.

Despite these improvements, Support Coordination can still be reduced or removed, at the NDIA's discretion, from a plan at a plan review, including for participants with complex needs. Support Coordination should not be seen as only an initial or introductory requirement for those with complex needs but should be recognised as the foundation that keeps other supports in place, either until they are clearly established, or ongoing.

In addition, Support Coordinators play a crucial role in supporting participants to prepare for scheduled plan reviews to ensure the plan review process is more efficient, tailored to the individual and more likely to result in sufficient practical supports, particularly in areas of targeted focus like education, housing and employment.

In DIA's view skilled and experienced Support Coordinators must play a systematic and ongoing role for participants to problem-solve issues, navigate systems and think creatively about supports.

8. How could plan management and support coordination be more closely aligned and what would the potential benefits and risks be?

The role, function and workforce skill set for a Registered Plan Management Provider (RPMP) and a Support Coordinator are very different. In DIA's view these roles should maintain delineation to ensure quality and appropriately skilled support is provided to a participant.

Support Coordinators need to understand a wide range of disabilities their impacts and service approaches and responses. Further a Support Coordinator needs to understand and engage with the social service ecosystem within the area that they operate. Naturally this support is best served by a workforce that understands this environment, is skilled and has experience and/or lived experience including professionals with backgrounds in psychology, occupational therapy, social work, developmental education, allied health and other social and health sciences.

RPMP on the other hand, need to understand complex pricing limits and arrangements for all supports under the NDIS, have administrative skills to monitor, manage and claim against a participants NDIS funding. Further RPMPs must provide participants with regular (at least monthly) information about their plan spend, utilisation and funds projection. RPMPs are served by a workforce with backgrounds in accountancy, bookkeeping and prudential financial administration.

Whilst Support Coordination and Plan-Management can, and should continue to, be offered by the same organisation to the same client (see response to Question 19), funding for Support Coordination and Plan-Management should be separate and not considered substitute for one another. NDIS participants must always be given the choice to appoint their own Support Coordinator and/or RPMP.

Some RPMPs have expressed views that they deliver coordination type activities as a part of plan-management. In DIA's view this is not Support Coordination and is at best support referral with these RPMPs delivering such service in an unfunded capacity to fill gaps primarily created due to poor LAC support (*Carey, et al., 2019; Commonwealth Obudsman, 2018; Commonwealth Obudsman, 2020*). DIA notes that some RPMPs have developed sophisticated software solutions to make support referrals based on a range of data collected by RPMPs, whilst this is potentially a great value add and service differentiator for RPMPs, it is not a replacement or substitution for Support Coordination.

DIA does however believe that RPMPs and Support Coordinators can work in a more collaborative way. The NDIA needs to invest in systems and process improvements including the establishment of information and data exchange / sharing protocols specifically between the NDIA, RPMPs and Support Coordinators.

There is currently one support area that is common between both Support Coordination and Plan-Management, Capacity Building and Training in Plan and Financial Management. This support is primary funded within a participant plan, where a participant has expressed a future interest in self-managing their plan.

RPMPs and Support Coordinators deliver this support in different ways with different focuses, hence it being funded in two different capacity building areas, 07_003_0117_8_3 for Support Coordinators and 14_031_0127_8_3 for RPMPs. With proposed increased plan flexibility these two line items could be combined, allowing both a Support Coordinator and a RPMP to deliver support under a single support line.

SECTION THREE: QUALITY OF SUPPORT COORDINATION

9. Should there be minimum qualification requirements or industry accreditation in place for support coordinators? If so, what might be applicable?

9.1. Minimum Qualifications

Minimum Qualifications are not an indicator or short cut to quality service. In supporting people with disability to achieve their aspirations and to live as independently as possible, workers need to be flexible, adaptable and positive.

An important imperative of the NDIS is that the workforce reflects the demographic diversity of the Australian population. Findings to date suggest that NDIS participants are seeking workers with common, relatable values and attributes. This means there is a demand for workers, from a variety of backgrounds, who put people with disability at the center of decision making.

Support Coordination work can be extremely challenging, highly varied and in some cases extremely technical. As such people with a diverse background including lived experience and professional health, social, therapy and educational experience are generally well suited to the role. Like all things related to Support Coordination, a balanced approach is recommended.

9.2. Industry Accreditation

Industry Accreditation, in DIA's view, is a viable and reasonable pathway forward. Such accreditation must be independently constructed overseen and directed. Industry accreditation must be backed by accepted Quality Management Framework (QMF) and Sector Standards in which skill, experience, relevant formal qualifications and lived experience are all understood to bring value to the role.

In June 2020, DIA secured a Commonwealth Government grant from the NDIS Commission funding the delivery of DIA's Supporting Intermediary Providers (SIP) Program. The SIP Program will, over 18 months to December 2021, deliver critical information to Support Coordinators and RPMPs to assist them to register, deliver quality service and build capability within the NDIS. Key SIP program activities include the development and implementation of:

1. A Quality Management Framework (QMF);
2. Online Intermediaries Resource Hub;
3. Targeted Education Products;
4. Communities of Practice;

5. Practice Quality Culture; and
6. Resources and Tools.

These activities are critical elements to further work that DIA is embarking on in parallel to develop and implement Intermediary Sector Standards.

10. How can the effectiveness of support coordination be measured and demonstrated?

Like all meaningful and lasting social inclusion, navigation and capacity building activities setting and measuring against key performance indicators can be difficult (*Stroul, et al., 2014*).

Generally, the key areas of measurement should revolve around improvements in quality of life and wellbeing for people with a disability and their family members.

DIA's view is that the NDIA should be measuring the effectiveness and success of Support Coordination through a balanced and multifaceted system that includes:

10.1. Participant Sentiment

- Numbers and percentage of participants who elect to engage a Support Coordinator to undertake Plan Coordination activities (see proposed model in Question 2);
- NDIA Participant Outcomes reporting - the NDIA captures and publishes reports on participant outcomes which is broken down into specific age cohorts (*NDIA, 2019*). This information and reporting could be conducted by the NDIA specific to participant whom engage a Support Coordinator, it would also provide valuable sector insight as to areas where Support Coordinators are excelling vs areas that could be focused on for improvement;
- Measurable satisfaction with self-directed care and disability supports;
- Increased consumer satisfaction linked to continuity of care and participation in care planning;
- Increases in shared understanding of goals, roles, decision-making.

10.2. Support Outcomes

- Improved clinical outcomes measured by decline in acute admissions;
- Improved informal support to decrease reliance on mainstream and funded supports;
- Reduction of service system fragmentation;
- Levels of crisis and crisis reduction per participant;

- Plan activation durations and rates from the point at which a Support Coordinator is engaged. These measures would need to be both cross-sectional and longitudinal comparison/measures; and
- Standardise communication for sharing resources, information and skills.

DIA sees daily examples of Support Coordination having positive and significant impacts on participants' lives and NDIS experience.

11. Are there emerging examples of good practice and innovation in support coordination?

Support Coordination, by nature, tends towards a holistic support methodology. As the NDIS has been implemented nationally, Support Coordination organisations have adapted to an ever-changing policy environment.

11.1. Peer Support

Peer Support within Support Coordination is continuing to develop, with various modes of peer support being trialed based on identified needs within a community context. Review and evaluation of these modes of peer support to ensure goals of the individual and groups are achieved remains limited. However early analysis shows its applicability and methodology could be valuable for some cohorts.

Most peer support, in Support Coordination, is being conducted through community organisations whose purpose is to provide information, advice and guidance to particular cohorts in communities. Organisations such as women's centres, Aboriginal cooperatives, community organisations or local homeless support organisations often have relationships with people who may be reluctant to engage with 'professional' services. While information about community organisations providing support coordination is somewhat scarce, there are examples of such organisations.

11.2. Tele-Practice

DIA has adopted the term tele-practice rather than the frequently used terms tele-health or tele-medicine to avoid the misperception that these services are used only in clinical or health care settings.

The application of tele-practice to Support Coordination has been well received. DIA estimates that in 2020:

- 92% of Support Coordination organisations conduct formal Support Coordination capacity building activities through tele-practice. Up from 68% in 2019 and 52% in 2018; and
- 99% of Support Coordination organisations conducting informal advice and navigation support through tele-practice. Up from 91% in 2019 and 82% in 2018.

This growth in adoption of tele-practice in DIA's view is driven primarily by NDIS funding models particularly provider travel and price limit arrangements. The COVID-19 pandemic has supercharged the adoption of tele-practice due to working and face-to-face restrictions and it is yet to be seen how much face-to-face practice will return post pandemic.

Tele-practice is a powerful tool and one that has a place within the delivery of Support Coordination. However, it must be recognized that there are some inherent limits to where and how tele-practice can be implemented because clinical services are based on the unique needs of each individual person with a disability. Tele-practice may not be appropriate in all circumstances or for all participants.

The use of tele-practice must be equivalent to the quality of services provided in a face-to-face environment and consistent with the NDIS Code of Conduct (*NDIS Commission, 2019*) and Practice Standards (*NDIS Commission, 2020*).

Outside of a COVID-19 or pandemic setting, Support Coordinators must consider the participant's culture, education level, age, other relevant characteristics, and the benefits and challenges of other service delivery models before initiating tele-practice services. Support Coordinators must use strategies and techniques to assist in determining progress towards goals, including use of an interpreter, often not funded under the NDIS, available online tools and collaborating with family and caregivers.

DIA believes that the NDIA should conduct broad investigation and research, as empowered under the NDIS Act, to consider and examine the potential impact of the following factors on the participants ability to benefit from tele-practice:

- Support Vulnerable People, including:
 - health and wellbeing check-ins (*Robertson SC, 2020; Vincent & Caudrey, 2020*);
 - face-to-face check of a participant surrounding and living conditions; and
 - discrete oversight of support arrangements and services being delivered in the home.
- Physical and sensory characteristics, including:
 - hearing ability;
 - visual ability (e.g., ability to see material on a computer monitor);
 - manual dexterity (e.g., ability to operate a keyboard if needed); and
 - physical endurance (e.g., sitting tolerance).
- Cognitive, behavioural, and/or motivational characteristics, including:
 - level of cognitive functioning;
 - ability to maintain attention (e.g., to a video monitor);
 - ability to sit in front of a camera and minimize extraneous movements to avoid compromising the image resolution; and

- willingness of the client and family/caregiver (as appropriate) to receive services via tele-practice.
- Communication characteristics, including;
 - auditory comprehension;
 - literacy;
 - speech intelligibility;
 - cultural/linguistic variables; and
 - availability of an interpreter.
- Participant’s support resources, including;
 - availability of technology;
 - access to and availability of resources (e.g., computer, adequate bandwidth, facilitator);
 - appropriate environment for tele-practice (e.g., quiet room with minimal distractions); and
 - ability of the participant, caregiver, and/or facilitator to follow directions to operate and troubleshoot tele-practice technology and transmission.
- Technology divide / gap for people with a disability, including availability, access to and funding for appropriate;
 - internet and phone services;
 - internet enabled devices (tablets, computers, phones and associate accessories like stands, lights, keyboards etc.)

11.3. Transition for in-kind government supply to specialist market supply

Whilst strictly not ‘market innovation’, as the NDIS has rolled out across Australia, the supply of State and Territory Government delivered Support Coordination has transitioned to market delivered support. In December 2019 the South Australian Department of Human Services (SA-DHS) ceased in-kind support coordination services for metropolitan clients and targeted transition of service in regional, rural and remote areas by June 2020.

This has been a positive outcome for Participants. As States and Territories have transitioned away from in-kind Support Coordination, participants have been able to exercise choice and control in self-determining the best support and fit for them. The market has been responsive and supportive to transition and absorb a large volume / stream of participants.

11.4. Market Innovation

DIA notes that whilst the Support Coordination sector is looking at ways to be more efficient and innovate to meet participants’ needs, it is generally driven by a constrained and limited pricing environment.

Also, other plan implementation and coordination methods, namely Partners in the Community like LACs, have over the same period been

directly contracted by the NDIA and have delivered very little, if any, innovation to coordination supports with ever reducing implementation, management and coordination activities being delivered (see response to question 3).

Further, a Support Coordinator is able to suggest to the broader service sector as to the needs of the participant cohort that they service. Such as working with an external organisation to inform them of an opportunity to build bespoke and innovate tools. DIA has seen this example with disability specific budgeting tools being developed solely because a Support Coordinator recognised the same need across a number of participants they support and worked with another company to build the tools.

12. Are the levels and relativities in the NDIA price limits across different services including support coordination working effectively in the interests of participants and a sustainable, innovative market?

12.1.Pricing Effectiveness

No, this is due in most part to NDIA price limits being predominantly set with longer run efficient price levels in mind, instead of being set to drive innovative, highly effective and quality service. To underpin the price controls of services, the NDIA employs a Pricing Strategy (NDIA, 2019) and other Cost Models (NDIA, 2020), which estimates the cost of service provision. These models and strategy consider multiple factors including wage awards, leave and non-billable time, supervision and corporate overheads. The output of these models and strategy is used to guide price controls.

DIA recognises that the NDIA’s thinking around pricing has evolved and will continue to do so as the NDIS advances towards full roll-out and further matures.

NDIS phase



Source: NDIS Pricing Strategy 2019, NDIA

However, despite this, the NDIA’s Pricing Strategy (NDIA, 2019) notes that:

“To date, NDIS price levels, both in terms of the level of funds included in participant’s plans and price caps, have been predominantly set with longer run efficient price levels in mind.” (NDIA, 2019)

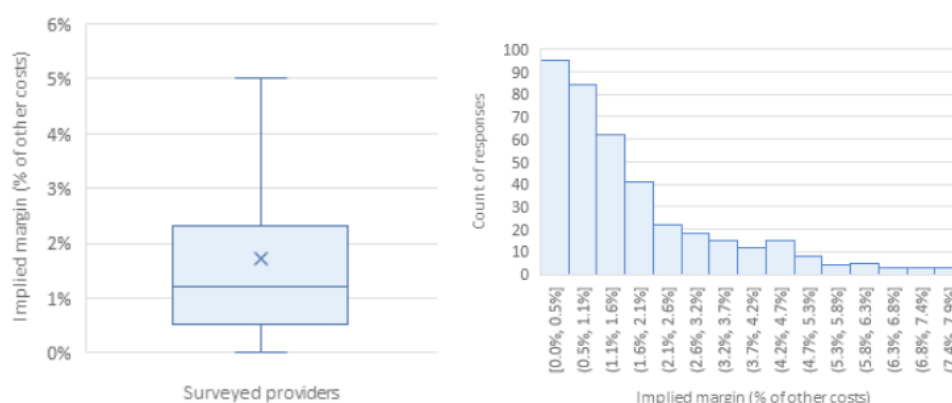
The Annual Price Review conducted in 2019/2020 resulting in a new Price Guide and Support Catalogue effective from 1 July 2020, seemed to keep the status quo and has maintained price controls at similar rates which are set to drive longer run efficient and high-volume service.

Some NDIS providers have access to a Temporary Transformation Payment (TTP), this payment provides a 7.5% loading on top of the current price control limit. Whilst most within the broader disability service sector would

say that the introduction of TPP has been clunky at best and an administrative nightmare at worst. TPP is intended to assist some providers as they transition to a competitive, market-based price for their services. Support Coordination and Plan Management are not eligible for TPP. The NDIA engaged Deloitte Access Economics to design and field the TPP Benchmarking Survey. Completing this survey was a mandatory requirement for those providers who claimed for TPP. The final report produced by Deloitte Access Economics provides detailed data, statistical and econometric analysis of the results from the survey and a review of the survey process against the project objectives.

“Chart 3.12 shows that while the distribution of implied margins exhibited a long tail, the majority of observations were between 0.5% and 2.3%. Beyond this, observations rapidly reduce with results above 5% being unlikely.”
(Deloitte Access Economics, 2020)

Chart 3.12 Box plot (LHS) and frequency histogram of implied margins (%) responses (RHS)



Source: Deloitte Access Economics, 2020

Whilst DIA recognises that this data and report was focused on providers and the service provision that is currently subject to the TPP loadings, the responses to distribution of implied margins are remarkably similar to DIA’s own research into the margins of delivering intermediary supports under the NDIS (DIA, 2020).

DIA contends that broad, structural and sustainable innovation is not appropriately funded under current NDIS pricing controls. DIA understands that broadly there are two areas of innovation currently being undertaken by service providers within the NDIS:

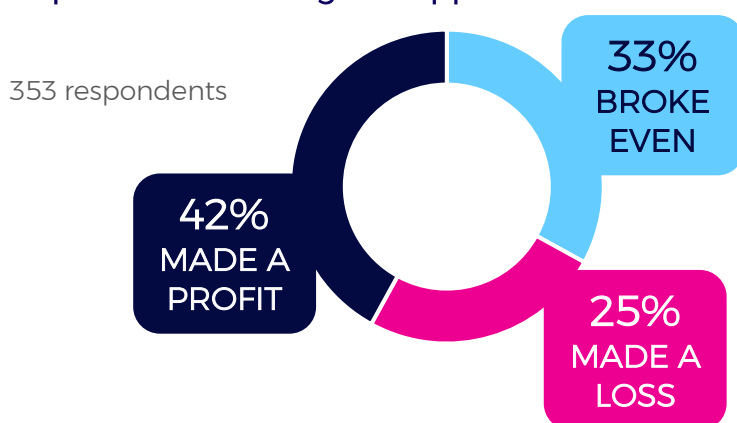
1. Grant driven: DIA is aware of number of great innovation activities that have been deployed, including peer support, which have come from grants delivered by the Commonwealth and State and Territory

Governments. The programs have only been made possible through grant process and have not been possible under normal service delivery funding.

2. Efficiency innovation: DIA is aware of a number of innovations, some not always in the interest of increased service quality but required to deliver efficient and cost-effective service to ensure organisational viability.

This is further evidenced in the Australian Disability Intermediaries Sector Report which used information gathered from the market, not just DIA members, to understand the viability of Support Coordination Providers. 353 providers reported that in 2019, 58 per cent did not make a profit.

Over the past 12 months, Did your organisation make a loss, break even, or make a profit in delivering its Support Coordination services?



DIA understands that there is a fine balancing act to driving a sustainable market of supports, long term Scheme sustainability and a pathway to true market-based pricing, often referred to as pricing deregulation. In designing the glide path towards pricing deregulation, it is important to understand the criteria that indicate market maturity and precise progress towards market deregulation and expanded supply. The NDIA is yet to publicly confirm such process, timeframe or indicators to market maturity leading to pricing deregulation.

12.2. Pricing to Support quality driven caseloads

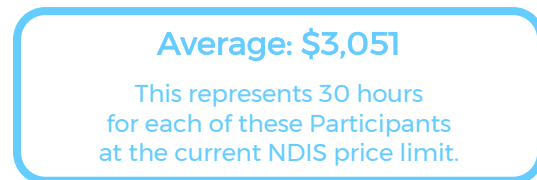
The NDIA must consider a pricing model for Support Coordination that takes into account for reasonable caseloads. DIA is seeing emerging examples where the provider is aggregating participant Support Coordination hours and overloading their staff to maintain organisational viability. DIA sees such models emerging where Support Coordination is being undertaken by providers who also deliver other supports like SDA, SIL and Attendant Care.

The NDIA should consider the volume of hours along with the number of clients Support Coordinators engage with, as there is a danger that high

volumes and large caseloads could result in substandard quality putting those vulnerable at further risk.

The Discussion Paper indicated that participants who are funded with Support Coordination receive on average 5 hours of support per month, 60 hours per year. Research conducted by DIA indicated that in 2019 the average was closer to 2.5 hours per months, 30 hours per year (*DIA, 2020*).

OVER THE PAST 12 MONTHS ON AVERAGE PER PARTICIPANT, HOW MUCH NDIS FUNDING DID PARTICIPANTS RECEIVE FOR SUPPORT COORDINATION?



353 respondents

Whilst DIA welcomes the indicated improvement in funding for Support Coordination, our members have indicated that this representation seems higher than what is appearing in participant plans. This discrepancy may be in part due to:

- The exclusion of self-managing participants, which represent around 30% of all participants in the NDIS;
- The exclusion of participants with funded SIL;
- Planning cycles where newer plans may be receiving high support coordination budgets; and
- The inclusion of participants who have been purchasing Support Coordination services out of their core budget, as a part of the NDIS COVID-19 response:
 - when they were not originally funded with Support coordination; and/or
 - where a participant has purchased extra Support coordination support on top of what they were originally funded for in their plan.

DIA continues to see a large number of plans with less than 30 hours, or 34 minutes per week, of funded Support Coordination. Support Coordination needs to be appropriately scoped and funded to ensure that participants are able to receive this critical support.

13. Should support coordination pricing be determined, at least in part, based on progression of participant goals and outcomes, and how might this work?

DIA strongly believes in Support Coordinators ability to drive positive outcomes for the participants they support and assist. Outcomes based funding within Support Coordination is fraught with issues around standardising pricing of an outcome with such varied inputs required with different participants.

There has been insufficient study and research into the focus of outcome-based assessment and its impact on efficacy, efficiency and cost. Much of the research conducted to date is based on small-scale evaluations of pilot programs and, in some cases, lacks methodological rigour (*Goodwin, et al., 2013*).

There is an underlying assumption that the achievement of individual goals contained within a NDIS plan is in some way achieving positive participant outcomes, building capacity and over time, sometimes considered as one plan cycle by some NDIA planners, reducing the overall cost of funded supports for a participant. DIA contends that whilst this is a target and aspiration for the NDIS there are a number of flaws that are not considered.

At no point during pre-planning or planning with a participant are long term pathways, outcomes and support trajectory considered (i.e. if all of plan one goals are achieved what does that mean for plan two, plan three and so on). There is good reason why this does not happen because life is not easy, simple or one dimensional. Life for all Australians changes over time and presents obstacles, setbacks and challenges.

Outcome based pricing makes the assumption that such long-term planning and projections are undertaken. Given the current planning process, business system constraints on efficiency-based pricing approach, a transition to such a model is likely to be extremely complex and costly.

Detailed research and sector viability impact assessments would initially be required followed by a vast number of NDIS operational, policy and legislative changes. DIA believes that the Support coordination model proposed for a participant to exercise choice, control and self-direction to determine how they would like to coordinate their plan would achieve a far greater positive impact on participant goals and outcomes.

Further, achievement of a participant's goals or outcomes is dependent on all supports contained within a participant's plan creating a coherent package of supports which are appropriately funded to meet the desired

outcome or goal. If supports required for a participant to achieve their goals or outcomes are not fully funded to the extent required to achieve a goal, this would significantly hamper the Support Coordinator's ability to support the participant and ultimately be paid for their work. As Support Coordinators are not decision makers in the planning process, their payments should not be tied to achieving outcomes reliant on other supports and plan funding.

Participants should be able to self-direct coordination functions through:

- Self-Coordination: The Participant or plan nominee coordinates their plan supports; or
- Support Coordinator: The Participant utilises the services of a service intermediary / Support Coordinator to support them to engage and implements supports as well as provide capacity maintenance and building with funding determined based on volume and specialty of required support; or
- NDIA Partner in the Community: The Participant utilises an outsourced NDIA Partner (LAC) to support them; or
- A combination of the above three options.

SECTION FOUR: BUILDING CAPACITY FOR DECISION MAKING

14. How can a support coordinator assist a participant to make informed decisions and choices about their disability supports? What are the challenges?

Exercising choice and making decisions about one's own life are important both to personal wellbeing and an individual's sense of identity (*Brown & Brown, 2009; Nota, et al., 2007*). In the last decade, service system reform, including the NDIS, has generated greater opportunities for people with disability, particularly those with more complex support needs, to participate in decisions about the services they receive and increase choice over all aspects of their lives (*Bonyhady, 2016; Carney, 2013; Sims & Gulyurtlu, 2014*).

In parallel, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has been the catalyst for significant debate about decision-making rights of people with disabilities. Article 12 of the UNCRPD asserts that everyone has the right to make decisions about their own life, irrespective of cognitive ability, and to have the necessary support to do so (*Bach, 2017; Series, 2015*).

Supported decision making is the term used internationally and across Australia to describe the process of providing support to people to make informed decisions and remain in control of their lives. Supported decision making starts from the premise that everyone has the right to participate in decision making and everyone draws on some support at some time to make some decisions.

Current NDIA process assumes that LACs and planners are both able and capable to provide support for decision making. In DIA's view, this is often not fulfilled. The lack of trust and familiarity in the relationships means that participants often do not actually make decisions that reflect their will and preferences and participants seldom have increased capacity to make decisions as a result of the interaction.

Support for decision making by a LAC or NDIA planner is limited by their superficial knowledge of a participant, their focus on high level NDIS decisions and for the planner, their responsibility and conflict in determining funding levels (*IAC, Jul 2019*).

Support Coordinators, where appropriately funded to do so, provide a powerful ability to support a participant to exercise choice, take measured risks and make decisions. The effectiveness of decision support by a

Support Coordinator, however, is only as great as the level of funding provided for within a participant's plan.

For Support Coordinators to deliver quality supported decision-making support there must be adequate funding for the Support Coordinators to engage face to face, develop trust and deeply understand the participant.

A Support Coordinator can assist a participant, their family and carers to the move from decisions made by others in the participant's best interests to decisions made by the participant that reflects their will and preferences.

There are two key elements for Support Coordinators in supporting decision making:

1. Develop and implement strategies to build the capacity of the person with disability to make or contribute to the making of decisions.
2. Develop and implement strategies that increase the capacity of 'informal supporters' (i.e. family, friends and service workers) to provide the encouragement, opportunity and practice that contribute to enabling the person to make decisions and make it more likely that the decisions reached reflect the 'right' decisions.

For a small but significant group of people with disability who have no one in their lives effectively able to support them to make decisions, the Support Coordinator can recruit and assist supports to have the respect and insights necessary to support the person to make or contribute to the making of decisions.

Many participants with intellectual disability and/or complex support needs, have had little experience in making decisions and hence capacity building starts by providing opportunities for the person to make small day-to-day decisions so that over time and with support, the person is able to make decisions of greater consequence. Understanding this a Support Coordinators can assist by engaging the right providers who are capable to delivering such ongoing and regular decision-making opportunities to build capacity.

A Support Coordinator can assist a participant by breaking decisions down into smaller more easily identifiable components, identifying options and where possible creating opportunities for the person to experience the option and to understand the consequences and practicalities of each option. For example, in helping a person make decisions about a holiday, a Support Coordinator might help the participant think about:

- anyone else needs to be involved in or is affected by the decision (family or friend with whom the person hopes to share the holiday, persons who may provide support on the holiday);
- any influences or restrictions on the decision (e.g. budget, sharing accommodation, accessibility of accommodation);
- time frames for decision (e.g. to get best price); and
- consequences of decisions (e.g. a local holiday will cost less, a long holiday may mean missing routine commitments e.g. TAFE classes etc).

Most well-intentioned informal supports (family and carers) are used to making decisions on behalf of people with disability. Support Coordinators can assist informal supports (family and carers) to develop self-awareness and reflection regarding the potential conflict between their own preferences and the preferences of the person whose decision making they are supporting.

For Support Coordination to support decision making they must:

- know and understand the person and their informal supports;
- identify and describe decisions;
- understand the person's will and preferences for the decision;
- refine the decision taking into account constraints;
- decide whether the particular decision is self-generated, shared or substitute;
- make the decision; and
- implement the decision.

People with Disability Australia draws on the Article 12 of the UNCRPD to argue that no decision, especially decisions in the context of the NDIS, should be substitute decisions and that with sufficient support, each participant can make all NDIS related decisions.

15. How does a support coordinator build a participant's independence rather than reliance? Should support coordination pricing be determined, at least in part, based on building a participant's capacity for decision making to become more independent?

The NDIA must ensure that capacity building and capacity maintenance (i.e. preventing the deterioration of capacity as defined in the NDIS Act Ch 3, s 25(1)(c)) are equally considered during the planning process. When maintaining and/or building a participant's capacity, a Support Coordinator can ensure the focus remains on the participant by enabling opportunities for them to be the lead in their life and to implement tasks more independently or with limited assistance or guidance.

Support Coordinators can work with a participant to maintain and/or build capacity to achieve their goals. At times during a plan, there can be instances where working towards goals is more difficult to achieve. A Support Coordinators can contribute to navigating and overcoming these challenges and assist a participant to identify solutions.

The NDIS Price Catalogue describes Support Coordination

'as a fixed amount for strengthening participant's abilities to coordinate and implement supports in their plans and to participate more fully in the community' (NDIA, 2020).

The purpose of Support Coordination is to assist strengthening a participant's ability to design and then build their supports with an emphasis on linking the broader systems of support across a complex service delivery environment. The Price Catalogue specifically identifies tasks of supporting participants to:

- direct their own lives, not just their services, including coaching participants and working with participants to develop capacity and resilience in their network;
- build and maintain a resilient network of formal and informal supports; and
- develop their capacity to implement and manage their supports and network more independently over time.

In practice however, most participants are not funded with adequate funding for capacity building activities, with most funding designated and described for linking participants to services and assisting them to negotiate entitlements in mainstream and community services.

There remains little funding for building informal support, developing personal safeguards or building the participant's capacity to redesign support let alone to direct their lives. Evidence from state and territory systems suggests that assistance and support to design support approaches represents value for money contributing to participants being more independent, more safeguarded, with greater levels of participation and less need for paid support *(IAC, Jul 2019)*.

This is evidenced further by the incredibly small number of participants who have been funded specifically for support (07_003_0117_8_3) Capacity Building and Training in Plan and Financial Management by a Support Coordinator *(NDIA, 2020)*.

16. How can a support coordinator assist a participant in need of advocacy without acting outside the parameters of their role? What are the appropriate parameters of the personal advocacy role and the support coordination role?

Formal disability Advocacy is currently provided for through the National Disability Advocacy Program (NDAP). NDAP is funded by the Australian Government through the Department of Social Services (DSS). Some States and Territories also fund formal disability advocacy programs on top of the NDAP. Formal Advocacy provides people with disability access to effective disability Advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights enabling community participation.

The role for formal Advocacy has become more critical given participants' unfamiliarity with the Scheme and their rights under the NDIS, yet the formal Advocacy sector does not have funding to provide long term, high intensity advocacy services. The Productivity Commission report on NDIS costs found that:

'many State and Territory Governments have reduced or ceased funding for disability advocacy – rolling it into NDIS funding of supports instead', reducing the sector's capacity to support participants (Productivity Commission, 2017).

Formal Advocates assist people with complex, specialised and often serious issues that can include supporting them:

- to understand their rights and responsibilities;
- through discrimination, criminal and child protection cases;
- within mental health facilities and through the mental health review tribunal;
- to resolve issues about government benefits, payments, pensions and support services;
- through tribunals for guardianship, tenancy and consumer affairs;
- to resolve complex service provision or complaints issues, especially where it is difficult for the person to speak up for themselves; and
- to leave domestic violence situations.

None of these activities are available as NDIS-funded supports (DSS, 2019).

With funding for formal Advocacy being a fragmented and varying mix of funding streams through DSS and State and Territory Governments, many formal Advocacy organisations have indicated that they must manage operations within restricted funding environments. As such, Advocacy services prioritise clients with cognitive impairments, communication

barriers, complex needs, those with experience of institutionalisation, abuse or neglect, and those without strong networks of support from peers, family or friends (DANA, 2016).

This in turn leaves a number of participants unable to access formal Advocacy service until their circumstances deteriorate or are thrust into crisis to such an extent that it meets the prioritising criteria of Advocacy organisations. DIA is of the view that every person with a disability should have reliable access to formal Advocacy service and the ability to engage such Advocacy services as they need. Preventative Advocacy can often resolve issues and barriers, particularly with the NDIS, before that begin to negatively impact on the participant.

“...anecdotal evidence suggests that many advocacy organisations across the country are reporting they have had to establish or expand waiting lists because of the NDIS, with evidence some people with disability are being turned away.” (Tune, 2019).

Distinct from formal Advocacy, Support Coordinators support participants to self-advocate. The development of self-advocacy in disability services provides a vehicle to operationalize service ideologies in a way that provides greater opportunities for enriching relationship experiences whilst also preventing undue risk of harm. However, successful self-advocacy requires organisational support, and this remains the greatest challenge for service providers, where funding for Support coordination remains constrained.

A Support Coordinators play a vital role in little ‘a’ advocacy and self-advocacy functions including:

- Supporting participant decision making;
- Negotiating supports and costs with providers;
- Listen to and back participant views and wants;
- Making arrangements for support delivery;
- Providing information to providers regarding the specific needs of the client;
- Guiding Participants through the complexity of the NDIS; and
- Better informing Participants to support informed decision making.

As such Support Coordinators work for, and on behalf of, the participant. A participant must feel that their Support Coordinator is on their side, seeking to mobilise goal-related results. This naturally comes with a need to support a participant to act as a consumer and negotiate, sometimes

demand, the service, quality, delivery method and support they want and need.

Support Coordinators have a role to support a participant to connect with and engage a formal Advocate, such as when a participant requires support through tribunal process like AAT.

With funding for formally Advocacy not captured under the NDIS and instead provided for through a fragmented and varying mix of funding streams (DSS and State and Territory Governments), this often results in substantial service and advocacy gaps which Support Coordinators are then required to resolve and navigate. These gaps create risk for participants and the Support Coordinator.

In DIA's view, a holistic review into the end to end spectrum of advocacy services, supports and functions needs to be undertaken to ensure the existing gaps are identified and closed.

SECTION 5: CONFLICT OF INTEREST

17. In what circumstances is it more or less appropriate for a participant to receive multiple supports from a single provider?

It is DIA's view that Intermediary service provision (Support Coordination and Plan Management) should be separate from organisations that also provide direct service provision such as Core, Other Capacity Building and Capital Supports.

Intermediary roles are at their core navigation, guidance and support, capacity building, oversight and monitoring of the Participant's service providers. Intermediary services support Participants with identification, selection and purchase of services from providers; this inevitably leads to substantial conflicts of interest when delivered by a provider that also delivers other supports to the same participant.

"...first principles would suggest that it is reasonable to expect that in most cases the provider of support coordination is not the provider of any other funded supports in a participant's plan" (Tune, 2019).

DIA accepts this assertion, noting however that in DIA's view, such conflict does not exist to either the same extent or risk for intermediary supports (Support Coordination and Plan Management) being able to be delivered by the same provider to the same participant.

Whilst there may be a need in some small and bespoke cohorts of Participants for exemption, in DIA's view, for the vast majority of service providers to legitimately provide intermediary services with informed consumer choice, a clear separation is needed between all other service provision and intermediary supports (Support Coordination and Plan Management) for a participant.

This would result in current Conflict of Interest arrangements being inverted, where providers would, by default, not be able to deliver intermediary supports as well as other supports to the same participants with a small and robust set of exemptions.

Such exemptions may include:

- Service delivery in remote / very remote and thin market settings;
- Where cultural safety / competence is very relevant e.g. CALD, LGBTQIA+;

- Where thin markets exist, such as Aboriginal and Torres Strait Islander communities;
- Some psychosocial examples where people desire a very tight network of supports, mistrusting others and/or intense desire for privacy.

Such exemptions would require specific action by a provider to ensure adequate conflict of interest procedures, processes and development plan to locate alternative support arrangements to mitigate such conflict (i.e. independent supervision and/or alternate support provision).

It is worth noting that there is precedence for such controlled conflict of interest requirements, where under the NDIS, NDIA Partners (LACs) are precluded from delivering direct support to participants, in part, to ensure the conflict of interest is managed between their other functions including plan implementation.

Below extract from a job vacancy advertisement posted on one of Australia's most popular job vacancy websites. Company withheld.

Case Study: SDA provider advertises sales role as 'Support coordination'

<i>Job Title</i>	<i>NDIS Support Coordinator with a group of Participants ready to be on-board</i>
<i>Job Listing Date</i>	<i>23 Aug 2020</i>
<i>Location</i>	<i>Adelaide</i>
<i>Salary</i>	<i>\$80,000 - \$100,000</i>
<i>Work Type</i>	<i>Full Time</i>
<i>Classification</i>	<i>Community Services & Development, Aged & Disability Support</i>

Job Description

We are a registered NDIS Provider with an exciting opportunity.

We are looking for a proactive, experienced, passionate and professional individual to fill the full-time position of NDIS Support Coordinator in Adelaide, who has contacts with Participants and is able to bring Participants on-board. Someone who has a strong hold in Northern Region of Adelaide.

As a Support Coordinator, your mission will be to empower and support people in the community living with disability and to assist them in getting the most out of life.

The role will involve bringing participants onboard, finding new participants for our brand new SDA homes and assisting them in addressing barriers and reducing complexity in the support environment, and focusing on the facilitation of the achievement of their goals whilst developing and maintaining positive relationships with relevant stakeholders.

Benefits:

We are a high performing and collaborative team, always treating each other with dignity and respect. This is an amazing opportunity for a Support

Coordinator with drive and ambition to make an impact on their career with a new challenge, coupled with the following:

- Be a core member of a rapidly growing NDIS Provider*
- Excellent earning potential*
- Future career opportunities*
- Start work immediately*

Core Responsibilities:

- Bring participants onboard immediately.*
- Find new participants for our SDA properties by using personal contacts, network and connections or by using new strategies.*
- Developing a strong network in the Northern suburbs of Adelaide in an attempt to fill our State of the art, brand new SDA houses ASAP with high needs participants.*
- Develop and maintain relationships with participants and various stakeholders including the NDIS Commission*
- Updating our SDA properties on social media, Housing Hub and Company website*
- Accurately document communications in accordance with NDIS guidelines*
- Assess and obtain relevant NDIS required documentation with participants during intake and in the lead up to plan reviews*
- Other reasonable responsibilities, as directed*

Essential Eligibility Criteria

- Bring a group of participants on-board immediately who are looking for accommodation and care services.*
- Experience working with people with disability, their families and the NDIS Commission*
- Experience working with the health sector including Government Departments, hospitals, nursing homes, retirement villages, etc.*
- Have an open heart and mind with willingness to change to improve*
- Extensive Knowledge of the NDIS and Disability housing*
- Time management skills to effectively manage workload and meet deadlines*

- *High level of interpersonal skills including the ability to develop and maintain relationships within a team, with customers, and with various stakeholders*
- *High level of problem-solving skills*
- *Compassionate, understanding and patient while being solution-focused*
- *Competence in general computer applications*
- *Excellent work ethic*
- *Outstanding communication and collaboration skills*

We are determined to employ dedicated and caring people!

If you meet the above criteria and you're interested in contributing to an organisation that values the highest level of quality in everything it sets out to achieve, we want to hear from you!

Please complete the application process and provide us with your resume and a cover letter that explains why you should be selected for this job.

Only shortlisted applicants will be contacted.

Unfortunately, this is not the only example, with different companies across Australia seeking to take a similar approach:

Below extract from a job vacancy advertisement posted on one of Australia's most popular job vacancy websites. Company withheld (different company to previous example).

Case Study: SDA provider advertises 'Support coordination' role for client acquisition

<i>Job Title</i>	<i>Support Coordinator with participants ready to on-board</i>
<i>Job Listing Date</i>	<i>15 Aug 2020</i>
<i>Location</i>	<i>Brisbane</i>
<i>Salary</i>	<i>\$130,000 - \$149,999</i>
<i>Work Type</i>	<i>Full Time</i>
<i>Classification</i>	<i>Community Services & Development, Aged & Disability Support</i>

Job Description

We currently have a position available for a Support Coordinator, based in Brisbane.

A full-time NDIS Support Coordinator in a registered NDIS Provider. Do you have a group of Participants ready to bring onboard immediately? This position will require finding participants and onboarding them into our new Specialist Disability Accommodation - SDA homes.

Role Responsibilities

- Bring participants onboard*
- Find new participants to bring onboard*
- Develop and maintain relationships with SDA stakeholders including the NDIS Commission*
- Organisation of SDA participant care in accordance with NDIS guidelines*
- Educate participants, families, guardians, support staff and care givers about service options*
- Assess relevant NDIS documentation with participants during intake and in the lead up to plan reviews*
- Request updated and specific reports by professional and allied health personnel as required in support of NDIS submissions*
- Support participants to access SDA funding through the NDIA*

Essential Eligibility Criteria

- A developed participant network in the Brisbane region*
- Bring a group of participants onboard immediately*
- Experience working with SDA and the NDIS Commission*
- Experience working with the health sector nursing homes, retirement villages, etc.*
- High level of interpersonal skills including the ability to develop and maintain relationships within a team, with customers, and with various stakeholders*
- Understanding of patient needs while being solution-focused*
- Competence in general computer applications*

If you meet the above criteria, we want to hear from you! Please complete the application process and provide us with your resume. Only shortlisted applicants will be contacted.

Support Coordination is not and must not be viewed as or undertake vacancy management or client acquisition functions for other services. This represents substantial conflict and presents scenarios whereby a Support Coordinator works on behalf of a provider of and for direct support rather than the participant. The above to examples highlight where this is a

substantial conflict within an SDA setting. DIA have seen similar examples within SIL, STA and other Core Supports including day and group program.

“Where the Support Coordinator is employed by their day program provider, questions must be raised about the independence of advice and whether the participant is actively assisted to consider alternate options.” (IAC, Oct 2019)

DIA, has seen worrying examples where conflicted providers whom also offer core supports and/or day programs have utilised Support Coordination as "gateway" services to ensure the participant purchases the majority of the supports funded within their plan from themselves.

In addition to the above, DIA notes the proliferation of conflicted providers whom deliver both Intermediary and other funded supports to the same participant has also been driven as a result of inadequate funding for administrative tasks associated with providing such other funded support.

Generally, support line items do not carry reasonable margin for providers to conduct administrative functions outside of billable support hours. In recent years the NDIA has included non-face-to-face recognition for many support items however the willingness and acceptance of participants to pay for administrative activities remains low, often due to limited plan funds within particular areas of a plan.

This tension results in providers looking for ways to shift cost within an operational model. DIA has seen countless examples of these conflicted organisation using Support Coordination funds to undertake these administrative activities.

18. Should the IAC recommendation for the NDIA to enforce an “independence requirement between intermediary and other funded supports at the participant level” be adopted?

Yes (See question 17 and 19).

DIA notes that this was trialled successfully in VIC, NSW and ACT trial sites.

DIA believes that this can be achieved through a structured transitional arrangement, allowing providers to transition supports and for the existing Support Coordination market to absorb shift in demand.

18.1. Notification of Intent

In DIA’s view the NDIA must publicly and as a matter of urgency make its intent clear that independence between intermediary and other funded supports at the participant level is required, supported by the NDIA and that the NDIA will work directly with the sector to implement such measures. This will signal to the market that such change is coming, this will give providers time to actively consider their operational model and make appropriate business decisions.

18.2. Phase One

Accommodation and Intensive Living Supports (SDA, SIL, STA, MTA etc)

In DIA’s view the first phase in addressing conflict of interest is to ensure that the participant’s Support Coordinator is always independent of their accommodation and intensive daily support providers, for the same participant, (including non-SDA accommodation like SRS as well as non-SDA supported accommodation with head lease arrangements). This would enable some ‘independent’ oversight of how NDIS funding is being spent, including identity of providers, and quality, volume and frequency of supports.

The Joint Standing Committee Inquiry into Supported Independent Living report recommended that:

*“the NDIA should work to separate tenancy, service delivery and support coordination **as a matter of urgency.**” (JSC, 2020).*

DIA understands that the NDIA have accepted this recommendation in principle.

Time Frame

Urgent, as a matter of priority, with existing providers required to actively support transition arrangements.

18.3. Phase Two

Daily Living and Core Supports

In DIA's view the second phase in addressing conflict of interest is to ensure that a participant's Support Coordinator is independent of the participant's daily living supports and core support provider for the same participant.

Time Frame

Prior to or at next plan review

18.4. Phase Three

All Other Non-Intermediary Supports (such as Therapy, Assistive Technology and Capital Supports etc.)

This should be standard practice unless a convincing argument is provided as to why the participant would benefit from having a support coordinator who is not completely independent of their other services -for example, in the case of thin markets or where other benefits are clear and conflict of interest concerns are allayed, see response to question 17.

Time Frame

Commencing 2022.

19. What impacts would stricter conflict of interest requirements have on NDIS participants and the NDIS market?

One of the most common objections against enforcing independence between Intermediary supports (Support Coordination and Plan Management) and other funded supports is about the impact on participants' choice and control.

DIA note that the NDIA has this power through section 6.7b of the NDIS (Plan Management) Rules 2013, which allows the NDIA to direct that supports be delivered "by a particular person or through a particular delivery mode".

By mandating impedance of service delivery between Intermediaries (Support Coordination and Plan Management) and other funded support for the same participant, it facilitates providers who wish to offer both supports to participants to continue to be able to, but just not for the same participant. DIA is of the belief, that should this approach be enacted some of these providers would cease delivering Support Coordination services, mainly due to no longer being able to:

- Cross subsidise or bill for administrative activities for other supports;
- Focus on establishment and utilisation of supports within a participant plan that their wider business is able to deliver, with little or delayed focus on:
 - implementing other supports funded for with the plan that their wider business does not deliver; and/or
 - Community and mainstream supports not funded from within a participant's NDIS plan.
- Undertake client capture through support coordination, which is one of the only supports where the NDIA supports direct connection between the participants and service provider, via the RFS process; and
- Actively direct or influence participant choice to their wider supports and services.

Quote – Father of participant

"My son, James, is funded for SIL as well as a range of other supports including support coordination and social & community participation.

We engaged our Support Coordinator initially through the same providers that does James's SIL service. We thought that this made sense and was easy because they already knew James and he likes the support workers. We were worried about conflict of interest and had heard some horror stories online. So before proceeding, we asked for

the providers conflict of interest policy and spoke with a couple of their Support Coordinators, who told us that they work with and recommend a number of providers, not just themselves, which their documentation seemed to support.

Once we had organised his Support Coordination and set up a service agreement, we met with James new Support Coordinator to discuss other supports.

We were presented with a range of support options; however, it was the way that these options were presented which made us uneasy. For each support that the organisation also provided we were given a lengthy walk through of the support, given a professional multi page glossy broacher with lots of information, and offered times to meet with staff from that area of the business.

We were then told that there were also other providers in our area that could deliver the support and given three to five black and white photocopied trifold A4 brochures. James's Support Coordinator presented these in a very lacklustre way and was careful not to expressly say that they were no good, but the inference was as subtle as being hit by a bus!

We had to continually prompt for more information, what was different about it, why did they think it would be a good fit for James. After spending a couple of hours, we realised very quickly that whist on the surface they managed their conflict, it was mainly just lip service.

We decided to explore other Support Coordination options that were not connected to James SIL. We have found Jenny who is amazing and has been great with James, spending time with him before meeting with us - so that she could tell us what James might like to do, which is in a few cases different to what we thought and eye opener!

The downside however is that when we told James's SIL provider that we were looking to move Support Coordination providers the level of service they billed his plan for a lot of Support Coordination hours before we formally switched - lesson learnt. Due to the experience we are now looking at alternative SIL arrangements."

Andrew - Father of participant James, 40, Victoria.

DIA recognises that such a change, even with a staged approach is likely to see a number of participants be anxious about the process and change. Knowing that people with Support Coordination, generally, have the more complex support needs and most tenuous support relationships, such a

change process would need to be very carefully managed, with extra support for people unwilling to switch providers and possibly exceptions.

Such approaches may result in, and are reasonable to consider, long tail transitional arrangements for those participants with pre-existing entrenched support relationships.

DIA has on a number of occasions made representations to the NDIA of how we are able to support and assist in such a transition. This includes access to and support from our substantive member network.

Further, an often-overlooked element is business and corporate structure, i.e. how independent do providers need to be?

Just a different ABN? Could this just result in conflicted providers spinning off their Support Coordination department into its own business, with the same board, management, staff and location etc of the original organisation. In DIA's view this would simply result in little to resolve the actual conflict. Real thought needs to be given to a more robust review / audit to ensure that independence is actually achieved.

The Joint Standing Committee Inquiry into Supported Independent Living report recommended that:

"...In addition, the committee considers that the NDIS Quality and Safeguards Commission must take an active role in enforcing the separation of these functions. (JSC, 2020)."

DIA, agree with the JSC review and recommend that the NDIS Commission play an active role in oversight of such separation.

SECTION 6: GENERAL

20. What would you identify now as the current critical issues around support coordination?

20.1. Lack of Support Coordination hours funded for within participant plans

See response to question 12.

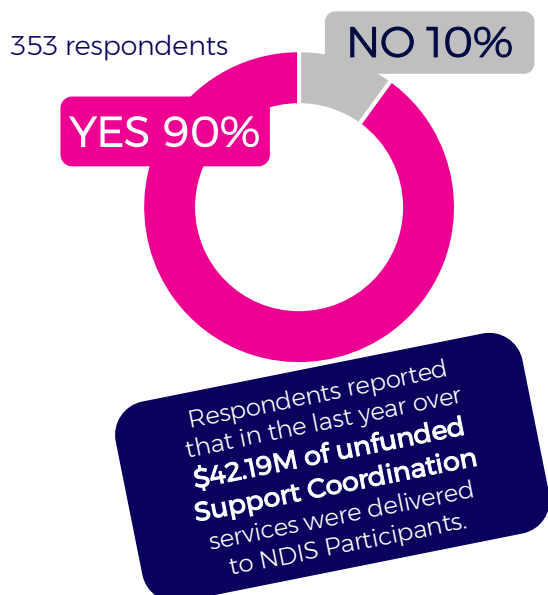
In DIA's view, effective market facilitation requires investment in independent Support Coordination that support people to navigate and gain the most from the market. This holds true for the majority of participants, not just the most disadvantaged or those with complex support needs.

For participants to build and/or maintain capacity over the long term to develop and improve effective social, community and economic participation they require more than just information and support referral.

Protecting people from predatory pricing is one of the key elements to price regulation however, price limits must not be a barrier to quality, flexible, innovation and responsive services.

More hours of support need to be funded for within participants plan, this is evidenced in the Australian Disability Intermediaries Sector Report which used information gathered from the market, not just DIA members, to understand the viability of Support Coordination Providers. 353 providers reported that in 2019, 90 per cent delivered support to a participant that was beyond or outside the funding within their plan.

In the last year, did your organisation support any Participants beyond or outside of the funding within their NDIS plan?



If respondents answered yes, they were presented with follow up questions.

How many Participants did your organisation support outside of the Support Coordination funding in the last year?

Average: 23 Participants

For these Participants how many hours did your organisation consume that were not funded for?

Average: 53 hours
This represents \$5197 at the 2019/2020 NDIS price limit.

20.2. Duties outside the scope of Support Coordination

There are a number of duties outlined below that are considered outside the scope of Support Coordination, however the degree and scale of support boundary remains unclear:

- Advocacy;
- Case-Management;
- Supports better delivered (or already delivered) by community and mainstream systems.

20.3. Support Coordination Reasonable and Necessary Criteria

In DIA's view, participant should be able to choose how and what supports they engage with to implement and coordinate the delivery of their plan. There is a need to better identify vulnerable people, and to ensure they have community connections and have regular health checks.

"Vulnerable participants are not routinely identified and assigned ongoing support coordination in their NDIS plan" (Vincent & Caudrey, 2020)

21. What are the priority actions the NDIA might take to grow an innovative and effective support coordination market in the interests of participants?

21.1. Support Coordination line items in Core

As a COVID-19 response the NDIA included Support Coordination line items in Core. This has allowed participants to use their funds flexibly and purchase additional Support coordination support where required, or purchase Support Coordination where it was not originally funded for with a participant plan. As a COVID-19 response this has facilitated Support Coordinators to assist participants to adapt, change or establish new supports based on COVID restrictions.

With the implementation of the Support Coordination line items in Core, participants have been given a choice to engage a Support Coordinator to support them not just as a COVID response, we have seen some excellent examples of participants engaging a Support Coordinator, when they were not funded for it originally, where the participant has finally be able to fully understand and engage with their plan and funded supports.

This arrangement is due to be reviewed and possibly expire on 30 September 2020. DIA believes that this arrangement should remain in force permanently until the planned introduction of more flexible plan arrangements that would see participants be able to move funds between core and capacity building.

21.2. Work with DIA on Sector Standards

DIA has already begun work on developing Sector Standards to underpin industry accreditation where skill, experience, relevant formal qualifications and lived experience are all understood to bring value to the role.

In June 2020, DIA secured a Commonwealth Government grant through the NDIS Commission, funding the delivery of DIA's Supporting Intermediary Providers (SIP) Program. One of the key activities of this program is the development and implementation of a Quality Management Framework (QMF) along with a range of other activities.

DIA invites the NDIA and the NDIS Commission to work collaboratively with the DIA in the development and implementation of such standards.

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