**National Disability Insurance Scheme**

**Discussion Paper**

**Support Coordination**

**External consultation**

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Support Coordination
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## Foreword

The National Disability Insurance Agency (NDIA) is proposing a review of the current support coordination service model. As part of this review, the NDIA is undertaking a number of concurrent consultation phases including a discussion paper process; engagement with National Disability Insurance Scheme (NDIS) participants, families and the community; and engagement with NDIS providers.

While the NDIA continually monitors the support coordination environment and responds to ongoing feedback about support coordination from a broad range of stakeholders, the discussion paper represents the first phase in a more formal process to better understand a number of support coordination service design issues and to shape the future of support coordination services to deliver the best outcomes for participants.

**The discussion paper process**

The NDIA is seeking feedback from participants, providers, representative organisations and the broader community on ways to enhance the participant experience regarding support coordination services. Targeted questions are included as a guide in each section of this paper, and responses to these questions should form the basis for submissions.

The NDIA invites feedback via email to [supportcoordination@ndis.gov.au](mailto:supportcoordination@ndis.gov.au)

The final date for submissions for this phase of consultation is 11.59 pm AWST Sunday 13 September 2020.

Further information about the process for submissions please refer to attachment *Appendix A –* A s*ummary of submission questions***.**

**NDIS participant, family and community engagement**

The NDIA will undertake proactive consultation with participants, families, carers and nominees about their experience of support coordination. This will be advertised through the NDIS website and will include virtual community events, focus groups, and one-on-one interviews.

**NDIS provider engagement**

The NDIA will also communicate directly with providers of support coordination and the broader provider sector by facilitating online discussions following the release of the discussion paper.

This will enable providers to read and consider responses to key questions. Providers will be notified of their state/territory online discussion via email and communication through peak bodies and NDIA provider relationship managers.

## Executive summary

The NDIA has identified five themes for consultation regarding the current support coordination environment. They are:

* 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.

Stakeholders confirm how important it is to have **clarity about when and for how long support coordination should be funded** in a participant’s plan. The 2017 Productivity Commission report indicated the NDIA should allocate support coordination based on need, rather than time[[1]](#footnote-1). In addition, the recent Review of the National Disability Insurance Scheme Act 2013 (the Tune Review) recommended the need to set out more clearly the factors to be considered in funding support coordination in a participant’s plan. The NDIA is interested in your views on when and for how long support coordination should be funded.

Currently participants are not always clear on **the role of a support coordinator** or fully aware of what to expect when support coordination is funded in their plan. Additionally, some support coordinators and other NDIS service providers have requested further clarity on the role and functions of support coordinators. The concept of ‘targeted’ support coordination is emerging in response to the specific goals and needs of some participants. Targeted support coordination recognises that providers may need to have specific experience or knowledge in working with a participant with a specific disability type and/or within a broader community or mainstream support system.

The **quality of support coordination,** and how participants know if they are receiving value for money compared to other available NDIS supports,is an important consideration. For support coordination, formal qualifications are not a requirement for NDIS registration, rather providers are required to demonstrate that they have the qualifications, skills and knowledge to undertake the role. There are currently no specified outcome expectations to measure and evaluate the effectiveness of support coordination.

**Building capacity for decision making** is about supporting participants to remain in control of their lives by making decisions. The NDIA acknowledges there may be practical challenges associated with assisting a participant, without being a formal supported decision maker or advocate. The NDIA is seeking to understand the role a support coordinator plays in supporting a participant to build or maintain their capacity to make independent and informed decisions.

The need for **conflict of interest** principles was outlined in the Tune Review. Feedback from stakeholders often express a preference that providers delivering support coordination are different to providers delivering other supports to a participant. There is an understanding this may not be achievable in every circumstance due to market thinness and quality of service delivery. This discussion paper is seeking views on conflict of interest matters involving support coordination.

## Support coordination and the NDIS

Research shows that external support is important for many individuals to successfully navigate market based systems, and that strong, trusting and collaborative relationships with both paid and unpaid people in a person’s support network are facilitators of successful plan implementation.[[2]](#footnote-2) Support coordination is a capacity building support funded under the NDIS. Support coordination is a concept that has evolved under the NDIS and was not previously a feature of the program-based disability service systems funded by state and territory governments.

The NDIA spent $429 million on support coordination claimed in the 2019-20 financial year. This compares to $624 million in support coordination committed in participant plans across the same period. This demonstrates a plan utilisation rate of approximately 69 per cent and highlights an issue for consideration about why support coordinators themselves are not fully utilising the NDIS funding allocated in participant plans.

The role of support coordination is to assist a participant to understand and navigate the market-based system of NDIS supports, and interactions with other service systems. A support coordinator assists a participant to understand and implement the funded supports in their NDIS plan, to connect with mainstream services, and to achieve their NDIS plan goals.

The decision to include funding for support coordination in a participant’s plan is driven by what is considered reasonable and necessary. Support coordination can be provided to participants who are self-managing, plan managed or agency managed. There are 156,912 NDIS participants who have support coordination funded in their current plans as at 30 June 2020 (refer Table 1). This represents 40 per cent of all current NDIS participants.

***Table 1: Participants with support coordination by state/territory, as at 30 June 2020.***

| **State/Territory** | **Participants with active, approved plan in the quarter** | **Participants with support coordination** | **Proportion of participants with support coordination** |
| --- | --- | --- | --- |
| **NSW** | 124,625 | 46,002 | 37% |
| **ACT** | 7,707 | 2,746 | 36% |
| **VIC** | 106,078 | 46,814 | 44% |
| **QLD** | 73,726 | 27,224 | 37% |
| **NT** | 3,428 | 2,611 | 76% |
| **WA** | 32,335 | 14,285 | 44% |
| **TAS** | 8,858 | 3,742 | 42% |
| **SA** | 35,206 | 13,458 | 38% |
| **Missing / OT[[3]](#footnote-3)** | 36 | 30 | 83% |
| **National** | **391,999** | **156,912** | **40%** |

## Inclusion of support coordination

The NDIA has three levels of support coordination services that may be funded in a participant’s plan depending on the level of skill and intensity required to support a participant to meet their goals. In some circumstances, participants may require a combination of support coordination levels in order to meet their needs.

**Level 1: Support connection:** Assists participants to understand their NDIS plan, connect with providers and mainstream services, and supports participants to monitor effective utilisation of their plan. Approximately 2 per cent of participants claiming for support coordination have received it at this level. [[4]](#footnote-4)

**Level 2: Coordination of supports:** Assists participants to understand their plan, particularly where there is greater complexity in the support environment and/or in current circumstances and assists in reducing barriers to engaging and maintaining support relationships. Approximately 98 per cent of participants claiming for support coordination have received it at this level. [[5]](#footnote-5)

**Level 3: Specialist Support Coordination:** Assists a participant where expert or specialist approaches are required to navigate specific complex support needs. Approximately 4 per cent of participants claiming for support coordination have received it at this level.[[6]](#footnote-6)

Note due to some participants receiving more than one level of support coordination, the percentage total equates to more than 100 per cent.

Tables 2 and 3 outline the profile of support coordination funded in plans at 30 June 2020 by age and disability type.

***Table 2: Support coordination by age group, as at 30 June 2020.***

| **Age** | **Participants with support coordination as a proportion of all participants** | **Annualised value of support coordination in plans ($m) – 30 June 2020** |
| --- | --- | --- |
| 0 to 6 | 7% | $14 |
| 7 to 14 | 20% | $67 |
| 15 to 18 | 37% | $50 |
| 19 to 24 | 44% | $71 |
| 25 to 34 | 55% | $100 |
| 35 to 44 | 64% | $110 |
| 45 to 54 | 68% | $139 |
| 55 to 64 | 66% | $152 |
| 65+ | 63% | $ 33 |
| **Total** | 40% | $737m[[7]](#footnote-7) |

***Table 3: Support coordination by disability type, as at 30 June 2020.***

|  |  |  |
| --- | --- | --- |
| **Disability type** | **Participants with support coordination as a proportion of all participants with that disability type** | **Annualised value of support coordination in plans ($m) – 30 June 2020** |
| Acquired Brain Injury | 76% | $54 |
| Autism | 23% | $114 |
| Cerebral Palsy | 46% | $34 |
| Developmental Delay | 7% | $5 |
| Down Syndrome | 42% | $19 |
| Global Developmental Delay | 10% | $2 |
| Hearing Impairment | 12% | $8 |
| Intellectual disability | 54% | $184 |
| Multiple Sclerosis | 61% | $21 |
| Other | 47% | $2 |
| Other Neurological | 63% | $58 |
| Other Physical | 35% | $28 |
| Other Sensory/Speech | 13% | $1 |
| Psychosocial Disability | 84% | $167 |
| Spinal Cord Injury | 51% | $13 |
| Stroke | 63% | $19 |
| Visual Impairment | 29% | $9 |
| **Total** | 40% | $737m[[8]](#footnote-8) |

The data in Table 3 shows the highest proportion of participants by disability type that receive funding for support coordination are psychosocial disability (84 per cent), Acquired Brain Injury (76 per cent), other neurological (63 per cent) and stroke (63 per cent). Participants with global developmental delay (10 per cent) and developmental delay (7 per cent) proportionally receive less support coordination funding.

On average, a participant who is agency-managed or plan-managed that is receiving support coordination receives 5 hours of support coordination per month, although participants require varying levels of this type of support depending on their unique needs and circumstances.

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.

Time limited support coordination funding may also be reasonable for participants who need assistance to implement a number of supports in order to achieve a specific plan goal such as employment or housing outcomes.

While most participants will not require funded support coordination, some participants might need greater assistance to effectively implement their plan due to a variety of factors including but not limited to:

* limited informal supports and social isolation
* involvement with multiple community or mainstream systems (e.g. justice, child protection)
* living in remote and very remote locations
* being Aboriginal or Torres Strait Islander
* being Culturally and Linguistically Diverse
* greater complexity arising from profound, complex and often interrelated support needs.

Despite the importance of the role of support coordination services to assist participants to reach their goals and achieve outcomes, current plan utilisation for participants, not in Supported Independent living (SIL), who are funded for support coordination is 66 per cent.

Table 4 shows the percentage of plan utilisation by age cohort for participants, not in Supported Independent Living (SIL), with support coordination funding in NDIS plans compared to participants without support coordination funding.

***Table 4: Plan utilisation by age for participants not in SIL, as at 30 June 2020.***

|  |  |  |
| --- | --- | --- |
| **Age** | **Plan utilisation with support coordination** | **Plan utilisation without support coordination** |
| 0 to 6 | 71% | 69% |
| 7 to 14 | 71% | 71% |
| 15 to 18 | 68% | 66% |
| 19 to 24 | 67% | 65% |
| 25 to 34 | 69% | 68% |
| 35 to 44 | 67% | 68% |
| 45 to 54 | 66% | 66% |
| 55 to 64 | 61% | 64% |
| 65+ | 56% | 61% |
| **Total** | **66%** | **67%** |

Table 5 shows the percentage of plan utilisation by state and territory for participants, not in Supported Independent Living (SIL), with support coordination funding in NDIS plans compared to participants without support coordination funding.

***Table 5: Plan utilisation by state and territory for participants not in SIL, as at 30 June 2020.***

|  |  |  |
| --- | --- | --- |
| **State/Territory** | **Plan utilisation with support coordination** | **Plan utilisation without support coordination** |
| **NSW** | 67% | 71% |
| **ACT** | 68% | 69% |
| **VIC** | 66% | 67% |
| **QLD** | 66% | 64% |
| **NT** | 49% | 59% |
| **WA** | 66% | 63% |
| **TAS** | 66% | 66% |
| **SA** | 62% | 61% |
| **Total** | **66%** | **67%** |

Table 6 shows the percentage of plan utilisation by disability type for participants, not in Supported Independent Living (SIL), with support coordination funding in NDIS plans compared to participants without support coordination funding.

***Table 6: Plan utilisation by disability type for participants not in SIL, as at 30 June 2020.***

|  |  |  |
| --- | --- | --- |
| **Disability Type** | **Plan utilisation with support coordination** | **Plan utilisation without support coordination** |
| Acquired Brain Injury | 65% | 67% |
| Autism | 69% | 69% |
| Cerebral Palsy | 73% | 69% |
| Developmental Delay | 57% | 61% |
| Down Syndrome | 69% | 71% |
| Global Developmental Delay | 68% | 67% |
| Hearing Impairment | 52% | 53% |
| Intellectual Disability | 67% | 69% |
| Multiple Sclerosis | 66% | 63% |
| Psychosocial disability | 59% | 60% |
| Spinal Cord Injury | 74% | 73% |
| Stroke | 59% | 65% |
| Visual Impairment | 66% | 64% |
| Other Neurological | 62% | 66% |
| Other Physical | 64% | 61% |
| Other Sensory/Speech | 49% | 60% |
| Other | 69% | 69% |
| **Total** | **66%** | **67%** |

| **Submission questions**   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? 2. Should the current three level structure of support coordination be retained or changed? 3. How should support coordination interact with other NDIS supports? For example, local area coordinators, community connectors, liaison officers and recovery coaches? 4. How should support coordination interact with and complement existing mainstream services? 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? |
| --- |

## Understanding the role of a support coordinator

Support coordinators are a conduit to other supports in a participant’s life including NDIS funded supports, mainstream supports and informal supports. Support coordinators play an important part in helping a participant to implement their plan.

Common functions a support coordinator performs include:

* supporting participants to understand and implement other funded supports
* monitoring utilisation of other funded supports in a participant’s plan
* supporting participants to connect with community and mainstream supports
* building a participant’s capacity for self-direction and independence.

During times of crisis and instability, or in areas with an insufficient supply of disability supports, support coordinators play a central role in ensuring the ongoing delivery of a participant’s critical supports, and of coordinating new or different supports where previous arrangements are no longer available or are not meeting a participant’s changing needs.

While support coordination is a different service to plan management, there could be synergies between the two roles that have not yet been explored. The NDIA is interested in better understanding the benefits and risks of more closely aligning these supports and how that might happen.

Participants may require support coordinators with particular skills, knowledge and expertise, in addition to general support coordination capabilities. Examples include particular skills, knowledge and expertise to:

* support the achievement of employment goals
* identify and locate relevant accommodation options
* support a participant during key life stages.

| **Submission questions**   1. What functions should a support coordinator perform? Are there tasks that a support coordinator should not do? 2. 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? 3. How could plan management and support coordination be more closely aligned and what would the potential benefits and risks be? |
| --- |

## Quality of support coordination

It is important that support coordinators have well developed support coordination skills, and deliver those supports in accordance with the NDIS Code of Conduct, and if registered, relevant NDIS Practice Standards.

It is also important that participants receive high quality support coordination to enable them to achieve their goals, and they are able to choose a support coordinator with the right experience and expertise for them.

Support coordinators do not generally have to hold any particular qualification to undertake their role and there are no specific measures or outcomes expected to demonstrate a quality service. The NDIA is interested to understand what kinds of qualifications, accreditation or measures might be useful to ensure high quality and effective outcomes.

Currently, the NDIA has limited information available to quantify the quality of support coordination services. Key measures of success for a participant may include how well they achieve their overall goals and their level of satisfaction with the Scheme. Success could also be demonstrated through higher utilisation of a participant’s plan, greater access to the community and acting as informed consumers in choosing service providers.

Value for money is a consideration for participants when they choose how to use their plan. The hourly price limit for level 2 support coordination is higher than that for the newly introduced psychosocial recovery coach support. The NDIA is considering how to better align the price of support coordination with participant outcomes and the price of other Scheme supports. For example, support coordination pricing could be determined, at least in part, based on the progression and achievement of a participant’s specific goals such as sourcing appropriate accommodation or employment opportunities.

Table 7 shows various NDIS funded supports such as support coordination, psychosocial recovery coach, psychologist, physiotherapist and support worker broken down by hourly rates and the NDIS registration and qualification requirements needed to deliver the support.

***Table 7: Various NDIS funded support types broken down by hourly rate across geographic location and NDIS registration and qualification requirements, as at August 2020.***

| **NDIS funded support** | **Hourly rate** | **NDIS registration required** | **Qualifications required by the NDIA** |
| --- | --- | --- | --- |
| **Level 1 support coordination: Support Connection** | National **- $61.76**  Remote **- $86.46**  Very Remote **- $92.64** | No | No formal qualifications required |
| **Level 2 support coordination: Support Coordination** | National **-$100.14**  Remote **- $140.19**  Very Remote **- $150.21** | No | No formal qualifications required |
| **Level 3 support coordination: Specialist Support Coordination** | National - **$190.54**  Remote **- $266.75**  Very Remote **- $285.80** | No | No formal qualifications required – to be delivered by a practitioner with appropriate qualifications and experience |
| **Psychosocial recovery coach** | National **-$80.90**  Remote **- $113.26**  Very Remote **- $121.35** | No | No formal qualifications required – Certificate IV in Mental Health Peer Work or similar recommended |
| **Assessment, Recommendation, Therapy and/or Training (including Assistive Technology) - Psychology** | NSW, VIC, QLD, ACT **- $214.41**  WA, SA, TAS, NT **-$234.83** | No | Must be delivered by a psychologist |
| **Assessment, Recommendation, Therapy and/or Training (including Assistive Technology) - Physiotherapy** | NSW, VIC, QLD, ACT **- $193.99**  WA, SA, TAS, NT **-$224.62** | No | Must be delivered by a physiotherapist |
| **Assistance with self-care activities** | Weekday, Daytime **- $54.30** | No | No formal qualifications required |

| **Submission questions**   1. Should there be minimum qualification requirements or industry accreditation in place for support coordinators? If so, what might be applicable? 2. How can the effectiveness of support coordination be measured and demonstrated? 3. Are there emerging examples of good practice and innovation in support coordination? 4. 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? 5. Should support coordination pricing be determined, at least in part, based on progression of participant goals and outcomes, and how might this work? |
| --- |

## Building capacity for decision making

Support coordinators are not formal decision makers, nominees or personal advocates, and are not substitute decision makers that act on behalf of a participant.

Formal advocacy is currently funded by the Department of Social Services and not the NDIS. While support coordinators are not responsible for acting on behalf of a participant, they support the informed decision making of a participant and build their capacity to self-advocate.

The NDIA acknowledges there are practical challenges associated with assisting a participant without being a formal supported decision maker nor an advocate. The NDIA is seeking a better understanding of the role a support coordinator may play in supporting a participant to make decisions.

If participants are seeking assistance to better understand, research and compare options to find the right support services, support coordinators can provide this assistance. 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 individual to experience the option and to understand the consequences and practicalities of each option in relation to individual goals.

The NDIA is also interested in the distinction between support coordination and personal advocacy. In what circumstances, if any, might it be appropriate for a personal advocate to perform support coordination funded support activities?

| **Submission questions**   1. How can a support coordinator assist a participant to make informed decisions and choices about their disability supports? What are the challenges? 2. 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? 3. 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? |
| --- |

## Conflict of interest

The Tune Review recommended the NDIS Rules are amended to outline circumstances in which it is not appropriate for the providers of support coordination to be the provider of any other funded supports in a participant’s plan, to protect participants from provider’s conflicts of interest (recommendation 16b).

Additionally, the NDIS Independent Advisory Council (IAC) recommended “the NDIA enforces an independence requirement between intermediary and other funded supports at the participant level, to protect participants from sharp practices.”[[9]](#footnote-9)

In 2019 the IAC gave formal advice to the NDIA in the form of a specific recommendation that it should avoid conflicts of interest by requiring the provider of support coordination to be independent of the provider of Supported Independent Living (SIL) services (or its affiliate) for participants in closed systems of housing and support in metropolitan areas, except where no other suitably qualified support coordination provider is available.

All NDIS providers are regulated by the NDIS Commission, and are required to comply with requirements under the *National Disability Insurance Scheme Act 2013* (Cth) and associated Rules, including the NDIS Code of Conduct and, if relevant, NDIS Practice Standards that set out how real or perceived conflicts of interest must be avoided, or managed.

Support coordinators are required to have a good understanding of available supports and remain independent and impartial in supporting a participant to identify, explore and implement support options. Support coordination providers may also deliver other support types and as such, a greater opportunity exists for real or perceived conflicts to exist that must be appropriately managed.

The NDIS Code of Conduct – Guidelines for Providers outlines:

*‘For clients to be informed consumers they need accurate information about their service providers, the services they receive, and any real or perceived conflicts of interest of the people working with them; and they should be able to make decisions in their best interest, free from inducements or pressure.’*

For additional information on The NDIS Code of Conduct refer to [NDIS Commission](https://www.ndiscommission.gov.au/) website.

Real or perceived conflicts of interest include but are not limited to:

* relationships that may exist between the support coordinator and a participant’s personal care support worker, or other workers supporting a participant
* other support types the support coordination provider may be delivering to the same participant, particularly higher-intensity supports such as Supported Independent Living, Specialist Disability Accommodation and Positive Behaviour Support
* relationships that may exist within a participant’s informal support network.

Understanding the impacts that certain conflicts of interest (real or perceived) may have on participants’ choices, safety and wellbeing is an ongoing priority for the NDIA.

Table 8 shows that during the quarter ending 30 June 2020, 41 per cent of NDIS Agency-managed participants received both support coordination services and other NDIS funded supports from the same provider.

***Table 8: Support coordination and other support types, as at 30 June 2020.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Other support type** | **Number of participants who received support coordination and other support from the same provider** | **Total number of participants who received support coordination and other support** | **Proportion of participants who received support coordination and other support from the same provider** |
| Supported Independent living | 6,468 | 16,765 | 39% |
| Other core supports | 36,994 | 99,020 | 37% |
| Capacity building daily activities supports | 21,929 | 77,803 | 28% |
| Other capacity building supports | 27,382 | 82,499 | 33% |
| Capital supports | 3,006 | 17,715 | 17% |
| Any other supports | 46,411 | 113,415 | 41% |

| **Submission questions**   1. In what circumstances is it more or less appropriate for a participant to receive multiple supports from a single provider? 2. Should the IAC recommendation for the NDIA to enforce an “independence requirement between intermediary and other funded supports at the participant level” be adopted? 3. What impacts would stricter conflict of interest requirements have on NDIS participants and the NDIS market? |
| --- |

| **General - Submission questions**   1. What would you identify now as the current critical issues around support coordination? 2. What are the priority actions the NDIA might take to grow an innovative and effective support coordination market in the interests of participants? |
| --- |

## Next steps

Submissions to the discussion paper will inform the review of support coordination service model and the NDIA’s broader program of work to improve the quality and consistency of support coordination services.

The NDIA invites participants, families, carers, support coordinators, industry representatives and the broader community to submit their feedback to:

[supportcoordination@ndis.gov.au](mailto:supportcoordination@ndis.gov.au)

The final date for submissions for this phase of consultation is close of business on Sunday 11:59pm AWST 13 September 2020.

Submissions will be evaluated and considered in the development of a findings report which will be shared publicly.

The findings report will inform the future state of support coordination which aims to provide greater clarity to participants, providers and the market.

## Appendix A: summary of submission questions

**How to make a submission**

To make a submission to the NDIA on the issues outlined in this Discussion Paper, respond to the submission questions (extracted below) and email to [supportcoordination@ndis.gov.au](mailto:supportcoordination@ndis.gov.au).

Submissions on this Discussion Paper close 11.59pm AWST Sunday 13 September 2020.

**Summary of submission questions**

*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?
2. Should the current three level structure of support coordination be retained or changed?
3. How should support coordination interact with other NDIS supports? For example, local area coordinators, community connectors, liaison officers and recovery coaches?
4. How should support coordination interact with and complement existing mainstream services?
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?

*Role of support coordination*

1. What functions should a support coordinator perform? Are there tasks that a support coordinator should not do?
2. 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?
3. How could plan management and support coordination be more closely aligned and what would the potential benefits and risks be?

*Quality of Support Coordination*

1. Should there be minimum qualification requirements or industry accreditation in place for support coordinators? If so, what might be applicable?
2. How can the effectiveness of support coordination be measured and demonstrated?
3. Are there emerging examples of good practice and innovation in support coordination?
4. 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?
5. Should support coordination pricing be determined, at least in part, based on progression of participant goals and outcomes, and how might this work?

*Building capacity for decision making*

1. How can a support coordinator assist a participant to make informed decisions and choices about their disability supports? What are the challenges?
2. 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?
3. 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?

*Conflict of interest*

1. In what circumstances is it more or less appropriate for a participant to receive multiple supports from a single provider?
2. Should the IAC recommendation for the NDIA to enforce an “independence requirement between intermediary and other funded supports at the participant level” be adopted?
3. What impacts would stricter conflict of interest requirements have on NDIS participants and the NDIS market?

*General*

1. What would you identify now as the current critical issues around support coordination?
2. What are the priority actions the NDIA might take to grow an innovative and effective support coordination market in the interests of participants?

## Appendix B: Footnotes

1. Productivity Commission Study Report October 2017 NDIS Costs.
2. Fleming P, McGilloway S, Hernon M, et al. (2019) Individualised funding interventions to improve health and social care outcomes for people with a disability: a mixed-methods systematic review.
3. ‘OT’ refers to Other Territories. ‘Missing’ accounts for a small number of participants with addresses that cannot be geocoded.
4. Does not include self-managing participants.
5. Ibid.
6. Ibid.
7. This figure is the annualised cost of support coordination in plans on 30 June 2020.
8. Ibid.
9. Independent Advisory Council of the NDIS: Examining Support Coordination in the Context of Intermediaries Review 2018, p. 8.

1. Productivity Commission Study Report October 2017 NDIS Costs. [↑](#footnote-ref-1)
2. Fleming P, McGilloway S, Hernon M, et al. (2019) Individualised funding interventions to improve health and social care outcomes for people with a disability: a mixed-methods systematic review. [↑](#footnote-ref-2)
3. ‘OT’ refers to Other Territories. ‘Missing’ accounts for a small number of participants with addresses that cannot be geocoded. [↑](#footnote-ref-3)
4. Does not include self-managing participants. [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Ibid. [↑](#footnote-ref-6)
7. This figure is the annualised cost of support coordination in plans on 30 June 2020. [↑](#footnote-ref-7)
8. Ibid. [↑](#footnote-ref-8)
9. Independent Advisory Council of the NDIS: Examining Support Coordination in the Context of Intermediaries Review 2018, p. 8. [↑](#footnote-ref-9)