

National Disability Insurance Scheme Discussion Paper – Support Coordination

**Submission by
Queensland Advocacy Incorporated**

National Disability Insurance Agency

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“When an approach of respect, autonomy and enablement is integrated with the practical safeguards required by people with a disability, in terms of their supports and assistance from the right relationships, we return control and respect to marginalised people.”

About Queensland Advocacy Incorporated

Queensland Advocacy Incorporated (QAI) is a member-driven and non-profit advocacy organisation for people with disability and a specialist community legal centre. Our mission is to promote, protect and defend, through advocacy, the fundamental needs, rights, and lives of the most vulnerable people with disability in Queensland. QAI is an association of persons with concern for the needs of people with disabilities with a constitutionally designated committee comprising a majority of people with disability; their wisdom and lived experience of disability is our foundation and guide.

QAI undertakes systems advocacy aimed at changing policies, laws and attitudes in ways that will benefit groups of people with disability rather than individuals alone.

QAI strives to maintain its complete independence as an organisation and to restrict its function solely to advocacy.

QAI has an exemplary track record of effective systems advocacy, with over thirty years' experience advocating for systems change, through campaigns directed to attitudinal, law and policy reform and by supporting the development of a range of advocacy initiatives in this state.

We have provided, for over a decade, highly in-demand individual advocacy through our individual advocacy services – the Human Rights Legal Service, the Mental Health Legal Service, the Justice Support Program, the National Disability Insurance Scheme Appeals Support Program and Decision Support Pilot Program and most recently the Disability Royal Commission Advocacy Program and the Education Advocacy Service.

Our Human Rights and Mental Health services offer legal advice and representation on guardianship, administration, and mental health matters. Our Justice Support provide non-legal advice and support to people with disability engaged with the criminal justice system. QAI's NDIS Appeals and Decision Support Pilot Programs provide advocacy and support to individuals and families to engage with and access the NDIS.

QAI is also a member of the Combined Advocacy Groups of Queensland. QAI's individual advocacy work assists us to understand the challenges, needs and concerns of people with disability and informs our campaigns at state and federal levels for changes in attitudes, laws and policies.

QAI's constitution holds that every person is unique and valuable, and that diversity is intrinsic to community.

Support Coordination

The National Disability Insurance Agency (the Agency) 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.

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.

Inclusion of support coordination

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

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

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?

10. How can the effectiveness of support coordination be measured and demonstrated?
11. Are there emerging examples of good practice and innovation in support coordination?
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?
13. Should support coordination pricing be determined, at least in part, based on progression of participant goals and outcomes, and how might this work?

Capacity building 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?
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?
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?

Conflict of interest

17. In what circumstances is it more or less appropriate for a participant to receive multiple supports from a single provider?
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?
19. What impacts would stricter conflict of interest requirements have on NDIS participants and the NDIS market?

General

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

QAI's recommendations

QAI recommends:

1. The NDIA appropriately assess each individual's need for support coordination, regardless of what the Typical Support Package (TSP) or CRM system states, by asking the Participant. The Participant is best placed to know whether this support is required and if their Plan is effectively implemented, meets their needs, and assists them to reach their goals.
2. The NDIA provide support coordination on a need's basis, rather than a time limited basis, and at a level that is determined by the Participant.
2. Participants living in group homes are afforded the opportunity to choose their own independent support coordinator that is separate and unrelated to any provider of supports or services they may utilise.
3. Support coordinators should interact with other NDIS supports and services with creativity and confidentiality, guiding Participants by skilful conversations and problem-solving approaches.
4. Support coordinators should be highly skilful in creating opportunities for Participants with existing generic and mainstream services as enhancement to community inclusion.
5. The NDIA must take a holistic approach to the resolution of the plethora of issues plaguing the low implementation of Plans (lack of quality support coordination services, conflict of interest, and the very thin market) that impacts the range of services, supports and options for Participants.
6. The NDIA must set clear expectations about the role and function of support coordinators including what they should do and what they must not do. Support coordinator should perform roles which assist people with disability to fully implement their NDIS plan, whilst addressing other issues which may be present. Support coordinators should not overstep their extent of authority such as decision making, gatekeeping, divulge information about Participants without consent or withhold information.
7. Support coordinators are a conduit to generic and other disability support services in the areas named, with unique knowledge and understanding of the Participant's needs and ambitions and will gain insight by working collaboratively with other agencies, not specialisation.
8. QAI strongly recommends separation of functions of plan management and support coordination as any conflation is enablement of conflicts of interest, gatekeeping and potential for coercion.

9. QAI recommends that the most desired qualifications for Support Coordinators are highly developed research and investigative skills, creativity and innovation in linking Participants and the development of industry accreditation.

10. Monitor the growth of Support Coordination services that are independent of direct support provision or at least have separate functions. The performance of the Support Coordinator at the Plan Review meeting, especially in terms of having sought and provided appropriate progress reports from providers could potentially be observed and recorded by those conducting Plan Reviews.

11. Best practices of Support Coordination services are demonstrated by their commitment to Participants with actions of fidelity and supported decision making, avoidance of conflicts of interest, separation of competing functions and by ensuring that they include other generic and specialist supports in ethical ways that uphold the rights and lives of the Participant. In other words, these services have taken a concerted approach to not engage in activities that QAI has outlined as problematic.

12. QAI recommends that the Scheme revert to the model where Participants self-assess their needs and that the NDIA ceases the creation of bureaucracy of levels, labels, codes, and other demeaning processes that do not align with the rights based approach to support.

13. Goals and aspirations in a Participant's Plan should not be priced for any reason, and the use of them as a funding or acquittal tool for any reason should cease. Goals are to be used only as a guide for the manner in which a support is delivered.

14. NDIA should use existing resources to educate the sector on support decision-making, dignity of risk and person-centred support. It would be preferable if the NDIA employed people with disability and or their advocates to deliver training on supported decision-making. The challenges to ethical supported decision-making arise with wrap around service delivery models where coercion is exercised, even sometimes without consciousness because of embedded service practices.

15. QAI suggests the NDIA examine test cases where Participants lives have been dramatically improved because of the role of the support coordinator. Advocates will have evidence of the improvement in the lives of the people they support.

16. QAI recommends the NDIA establish parameters to separate support coordinators from Plan Managers, and direct support services and other wrap around supports (such as accommodation). Support coordinators should, however, have an active role in supporting Participants with Internal Reviews and working with NDIS Appeals Advocates who are assisting people with AAT matters.

17. QAI maintains our position that where Participants are highly vulnerable because of historical service and system oppression, cultural, geographical, and social isolation, and where the thin market is particularly felt, that the NDIA must increase investment in new start-ups so that Participants are not subject to monopolisation. All Participants should where possible have diversity in where they source their supports and services. QAI recommends that Participants may choose to have some supports provided by the same provider as their supports coordination but this should be minimised.

18. QAI strongly supports the recommendation from the IAC to enforce an independence requirement between intermediary and other funded supports at the Participant level.

19. The issue of resolving the extreme level of conflict of interest prevalent in the sector will improve the implementation of the NDIS, and over time will be evident with fewer cases before the AAT or NDIS Quality and Safeguards Commission. QAI recommends this as a high priority, which will overcome initial discomfort for Participants and providers.

20 and 21 QAI recommends that the NDIA provide more support and opportunities for people with disability who have experience with networking and navigating the disability sector to establish themselves as support coordinators. This would also help to address the thin market.

Investing in small niche services in communities where local people with local knowledge are best placed to provide grass root community support and link to local specialist disability supports and services is a potential solution for many Participants who have found it difficult to source adequate and suitable support coordination.

The NDIA should provide opportunities for to be people with disability to be partnered with groups such as Community Resource Unit and or Support Coordination Services that have been endorsed by Participants as having made significant improvements to their lives, to deliver training and professional development to other support coordination services and operators.

Introduction

This submission is informed by QAI's experience in delivering non-legal advocacy for people engaging with the NDIS, through its National Disability Insurance Scheme Appeals Support Program and Decision Support Program, as well as our systems advocacy. It is also informed by insights gained through collaboration with our allies in advocacy, and the lived experiences of members and staff.

Inclusion of support coordination

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

There are many factors which should be taken into consideration when determining whether support coordination should be included in a participant's plan. These include but are not limited to:

- The wishes of the participant – as people with disability come into adulthood, many have the desire to be independent and make their own decisions similar to their peers without disability. A participant should not have a parent completing roles which could be outsourced to a support coordinator should they wish to be independent from the family unit.
- Lack of informal supports, or informal supports who do not have the capacity to support a participant to implement their plan – there should not be an expectation that ageing and elderly parents who have often have had to advocate and support their children well into their adult years will continue to complete roles which could be outsourced to support coordinators.
- The nature of a participant's disability – people with complex or multiple impairments often require additional support to navigate different systems. These systems themselves can be complex and require expertise outside of a Local Area Coordinator (LAC).
- The engagement with mainstream systems – people with disability who are engaged with health, justice, child safety and housing on a regular basis often require support to navigate the interfaces between these systems and the NDIS.
- The engagement with specialised systems such as the Mental Health Court (MHC), Mental Health Review Tribunal (MHRT) and Civil and Administrative Tribunal, Office of the Public Guardian (OPG) and Public Trust (PT) – people with disability who are subject to Treatment Authorities (TA) and Forensic Orders (both Mental Health and Disability) are not only trying to navigate the NDIS, but also state government systems. They require support coordinators who can liaise between multiple systems to ensure fundamental needs are met. People who have State appointed decision makers also require support to understand the systems and someone who can facilitate referrals to advocates where necessary.

- Aboriginal and Torres Strait Islander peoples – Due to intergenerational disadvantage, often people from Aboriginal and Torres Strait Islander backgrounds require additional support to navigate government processes and to also access cultural supports that they may otherwise be unaware of.
- Culturally and Linguistically Diverse peoples – Due to barriers such as language, culture and social norms, people from Culturally and Linguistically Diverse backgrounds often require additional support to navigate government processes and understand the interfaces of mainstream systems.

From our experience, support coordination has only been offered as a time limited support, regardless of whether the participant's needs have been met. Whilst in some cases, the need for support coordination may only be required for a certain period of time, many participants who require support coordination do so due to complexities that impact their lives. Some of these complexities are resultant from a lack of quality support, isolation, lack of opportunity for personal development, historical and current systemic oppression, abuse and marginalisation. A person's life does not become less complex because they have had support coordination for one year. Whilst QAI understands that part of a support coordinator's role is to build capacity, we have seen little evidence that such capacity building does in fact occur at least in the timeframe it has been funded, and there will be participants who require support coordination for their lifetime.

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

QAI suggests that Participants are best placed to know what level of support coordination they need. Participants whose Plans are effectively utilised, have adequate supports and services that assist them to reach their goals will soon identify when and if they no longer need support coordination.

The current three level structure of support coordination is a bureaucratic approach that does not fulfill the purpose and intent of the Scheme. However, should the Agency insist on using formulaic measures, then it must ensure the number of hours and funding allocated to each participant is appropriate. QAI have seen plans where 12 hours of level 1 support connection has been funded in a 2-year plan. It is difficult to understand what the Agency expect to be accomplished with so few hours allocated at the lowest rate.

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

Support coordinators should interact with other NDIS supports and services with creativity and confidentiality and ensure that they are being faithful to the participant's expressed preferences. This is particularly critical for people who reside in congregate and or group living arrangements.

All Participants must be afforded the opportunity to choose their own independent support coordinator who are separate and unrelated to any provider of supports or services they may utilise, and the allocation of ongoing Support Coordination should be mandatory for all Participants living in group homes.

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

Support Coordination providers should be very familiar with mainstream services available in the Participant's community and undertake ongoing knowledge building in this regard. They should also be capable of identifying whether those mainstream services are suitable to meet the Participant's needs, and provide creative and innovative assistance and encouragement to such mainstream services so that Participants are both welcomed and included in ways that are meaningful to the Participant.

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?

There is a myriad of reasons why utilisation of plans including support coordination components is not at the optimal level. Some of these reasons are: -

- lack of quality support coordination services,
- conflict of interest, (collusion between support coordination services and some service providers
- very thin market that impacts the range of services, supports and options for Participants.
- over allocation of participants/support coordinators working with more clients than what they have the capacity for.

These issues must be addressed holistically in order to resolve these related problems.

- Auditing of Support Coordination services should be conducted to confirm that the hours within participants NDIS plans for support coordination didn't exceed the hours that support coordinators were employed for. It is not unknown for Support Coordinators to be above their capacity when accepting Requests for Service and then struggle to meet the needs and requirements of the participants

they are supporting. The uncertainty around work-flow, and the allocation of hours increases this risk.

- There needs to be more rigorous monitoring of Participant's budgets where Support Coordination is Agency Managed. Support Coordinators can significantly over-claim for services when they have had only had a brief engagement with a Participant, depleting the budget set aside for Support Coordination and leaving no budget for a new Support Coordinator to access. This has occurred to participants QAI are supporting, despite the plan having a guide on how many support coordination hours are allocated per month. This can occur by support coordinators claiming set increments of funding per week/fortnight/month, regardless of how much interaction and support they have provided the participant and support coordinators charging full rates for research that should be basic knowledge.

Understanding the role of a support coordinator

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

There needs to be clear expectations set by the Agency in relation to what support coordinators could do and what they must not do. Currently, the guidance provided by the Agency is unclear and open to a range of interpretations. QAI believes a support coordinator should perform roles which assist people with disability to fully implement their NDIS plan, whilst addressing other issues which may be present. These tasks include:

- Sourcing suitably skilled support workers and other appropriate support services, without real or perceived conflict of interest
- Troubleshoot to address any problems that arise with service providers that the Participant hasn't been able to adequately resolve directly with the Provider.
- Assist with the development of service agreements, including negotiating terms in the best interest of the participant (with the participant's expressed consent)
- Sourcing and assisting with the application for public housing if required
- Providing general information regarding the NDIS
- Assist with gathering evidence for scheduled reviews, change of circumstances reviews and internal reviews
- Gather all relevant information in order to assist a participant to make decisions, in line with the recognised supported decision-making framework
- Remain up to date with all changes that occur within the NDIS and inform their clients of any changes that impact them and the implementation of their plan.

QAI's clients have also experienced support coordinators who step outside their role, which often leads to confusion for the participant. Support coordinators should not:

- Decide what supports are reasonable and necessary, nor act as gatekeepers
- Make decisions on behalf of the participant
- Liaise with service providers without consent from the participant
- Charge participants for basic research which should be known as part of the requirements of the job
- Provide inaccurate or incomplete information about SIL– without explaining the risks, the restrictions, or providing alternatives to SIL.
- Engage in nondisclosure of competing interests (ie: any incentives or fees or commissions from other service providers for referrals).

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?

QAI sees support coordination as a holistic service, which should assist people with disability to achieve their goals no matter what interface it may present in. However, QAI has found that those support coordinators who have upskilled in targeted areas tend to deliver a better service.

There is no question that different mainstream services have their own nuances that a support coordinator will learn over time, however we believe that support coordinators must invest in their own education and skills to ensure they are able to holistically support people with disability to navigate different services.

In the interim, support coordinators may not be best suited to be all things to all people, and with excellent investigative skills, creative and innovative approaches, they should source reputable targeted services (particularly for higher education, or employment opportunities). In these instances, the support coordinator is suited as a liaison and to provide specific disability support related advice to the targeted service. However, we certainly believe that all support coordinators should know how to assist someone to attain their own home.

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

It is unclear why the Agency would wish to see plan management and support coordinators become more closely aligned, given the stark differences in their roles. Plan management is a financial intermediary which assists participants to use their plans flexibly and which can be delivered with limited participant engagement. Whereas in order for support coordination to be successful, a support coordinator must commit to

knowing their client, understanding their needs and want and work collaboratively with the Participant and other informal supports in the Participant's life.

One risk of plan management and support coordination being more closely aligned is an increase in gatekeeping which QAI has observed with large services. Plan managers and support coordinators alike can often impose their own personal interpretations into decisions regarding what supports are reasonable and necessary and then put barriers in place for participants trying to access services. QAI submits that any conflation of these distinctly different functions amounts to enabling conflict of interest.

Further to this QAI believes that any amalgamation of support services and plan management and other services can lead to monopolies in the market and deter smaller niche services from gaining a foothold. More importantly, the safeguarding that often arises as a consequence of multiple providers contributing to a person's life goals, will be minimised or even lost – potentially leading to the creation of fertile ground for hidden abuse and neglect.

Case study

DF called QAI seeking advocacy assistance as they had sent their plan manager an invoice for low risk assistive technology. The plan manager rejected the invoice, stating the support was not reasonable and necessary. DF's plan manager and support coordinator were from the same company. DF's support coordinator stated the items were not reasonable and necessary and should they continue to request the support to be paid, they would terminate both plan management and support coordination. QAI called the plan manager and support coordinator and explained that this was outside the extent of their authority or service scope and the item DF was requesting is regularly paid for out of NDIS plans. DF's plan manager paid the invoice and DF has changed service providers.

Quality of support coordination

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

QAI supports the decision for there to be no minimum qualification requirements for support coordination, as many Participants can attest to creative and innovative support coordination from people who have developed their skillset from lived experience, social community development and advocacy backgrounds. QAI's members and clients know that these are the qualities and qualifications that they seek in support coordination services, and our organisation recommends that the NDIA recognise that Participants have the expertise and knowledge about what works best.

Often word of mouth experiences and testimonials highlight the better support coordination outcomes and a rating system from Participants can be useful only if the support coordination service or support coordinator (individual) has the capacity to respond to increased demand.

However, QAI would also support industry accreditation through a knowledge and practice testing regime. This would allow support coordinators to publicly confirm their skillset and knowledge in this area, whilst also showing overall areas of deficit. The Agency could use data from this testing to identify areas of deficit and facilitate peer training opportunities that is complemented by the Participant rating system. The NDIA could also develop training modules to bridge the gaps. This could also be a means for Support Coordination providers to demonstrate that they have built a genuine capacity to serve specific groups e.g. Aboriginal and Torres Strait Islander people, people from CALD backgrounds, people with Psychosocial Impairment etc.

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

As mentioned, word of mouth referrals to Support Coordination services can prompt demand that some services may not be able to meet, whereas others will prosper and potentially share knowledge and indirectly auspice other like models. The growth in the demand for quality support coordination will set benchmarks for the approaches and support provided and this information is critical to the development of a service industry audited accreditation process.

Feedback from Participants and their informal supports is an obvious place to start. This could take a variety of forms, including the now commonplace online reviews via social media and other online mechanisms.

- The standard business practice of seeking testimonials may have some value but these are open to being “creatively sourced”.
- The performance of the Support Coordinator at the Plan Review meeting, especially in terms of having sought and provided appropriate progress reports from providers could potentially be observed and recorded by those conducting Plan Reviews.
- The obligations of registered as opposed to non-registered Support Coordinators that are not directly related to their role with Participants, do need to be taken into account when measuring effectiveness, as would matters such as whether they are a sole operator, a discrete service, or a business component of a larger business.
- Caution in this area is advised though as the potential to fracture otherwise good relationships with Participants could arise from a formalised system of

performance measurement, and this in turn could negatively impact on the Participants.

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

Although not called Support Coordination, Community Resource Unit (CRU) has been working with participants and their families to understand and implement their NDIS plans in a person centred and holistic way. CRU have also been working with participants to learn how to self-manage their funds to enable maximum flexibility. CRU has a proven track record of working with people with disability.

Other Support Coordination services have demonstrated their commitment to Participants by their actions of fidelity and supported decision making, and avoiding conflicts of interest, separation of competing functions and by ensuring that they include other generic and specialist supports in ethical ways that uphold the rights and lives of the Participant. In other words, these services have taken a concerted approach to not engage in activities that QAI has outlined as problematic.

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?

Please refer to the recommendations QAI submits throughout this document about limits, levels and time frames – The issues pertaining to Support Coordination and other service delivery under the NDIS arise because the Scheme is not being driven or directed by people with disability themselves.

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

Many Participants' lives will be bereft of any recognisable "progression" given the manner in which Plans are used as both a funding mechanism, an acquittal tool and almost like a performance appraisal of the Participants themselves.

As QAI has submitted in successive submissions since the inception of the NDIS, any person's goals are for them to inform supports and services about what they hope to achieve over any period – not within a limited timeframe that the NDIA has deemed. Success is often simply living an ordinary life that may not necessarily be articulated as goals in a Plan. For some Participants, progress towards their goals may be very slow paced and even indiscernible to a third party. Progress for others might not be linear and may include a range of changes that include both progress and setbacks. All of

that also needs to be considered against a backdrop of the myriad of other life matters that beset us all, including health related matters, new and lost relationships, and other significant life events.

Capacity building for decision making

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

QAI have previously worked with the community, family members, service providers and Statutory bodies such as the Office of the Public Guardian (OPG) to help guardians and others understand a supported decision-making framework. Community Resource Unit and other like agencies have worked with families and service organisations to build capacity of supporters of people with disability to understand and implement this approach to decision making for many years. Citizen Advocacy programs do this with the individuals with whom they work daily.

There is a wealth of resource material that the NDIA could use to educate the sector on support decision-making, dignity of risk and person-centred support. It would be preferable if the NDIA employed people with disability to deliver training on supported decision-making. This would ensure all participants are afforded their right to choose and be in control of their supports as much as possible.

The challenges are among direct support service providers that have gained virtual 'ownership' of Participants and exercise both subtle and overt coercion. This may occur by powerful suggestion or omission of important information to Participants and their families, yet be readily explained to the NDIA as supported decision-making that results in a Participant 'choosing' to have the one organisation manage their Plan, deliver personal supports, community access, support coordination, and as many other supports that the service delivers.

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?

A support coordinator cannot possibly build capacity in a Participant's independence. This is achieved by the holistic and person-centred support and service delivery across a Participant's entire NDIS Plan and over the course of whatever time it takes. It also cannot be linked to the Participant's capabilities in decision-making. However, a support coordinator who has truly developed an understanding of the person, their support needs and aspirations, issues impacting on their lives and responds with

inventive and productive means to achieve those aspirations and address any issues will have certainly built capacity for decision-making and assisted the person towards their independence. Perhaps the NDIA could examine test cases where Participants lives have been dramatically improved because of the role of the support coordinator.

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?

The role of a support coordinator is expressly different to that of an advocate. However, those support coordinators that act with diligence and loyalty to the Participant will have many qualities that are similar to those held by advocates. The appropriate parameters will be built around ensuring that supported decision-making by support coordinators is not guiding Participants to using the same service provider that provides support coordination, or at least where this is minimized. Support coordinators should, however, have an active role in supporting Participants with Internal Reviews and working with NDIS Appeals Advocates who are assisting people with AAT matters.

Conflict of interest

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

QAI has advocated strongly against the use of a single provider for multiple supports long before the NDIS was introduced. QAI refers to this practice as 'gatekeeping' or 'warehousing'; where providers deliver most (if not all) services to one person. QAI have found that people who are in group homes, hostels, boarding houses and supported independent living houses are the most at risk of this type of practice. QAI contend that any person who is living in any type of group accommodation should have a separate and independent service provider from that which provides the accommodation and a separate support coordinator as a safeguard.

QAI has been informed about vulnerable participants (often without informal supports) being taken advantage of, by support coordinators, who see NDIS participants as 'pay days'.

Case study

Mother of NDIS participant HL called regarding the treatment of her son by his support coordinator. HL's mother advised that her son is very vulnerable due to his complex disability and intersecting health conditions. HL's mother advised that HL's support coordinator convinced HL to employ his stepson as a support worker, who then

allegedly physically and verbally abused HL. HL was referred to QAI's Human Right's Legal Service.

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. QAI strongly supports this recommendation.

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

QAI foresees that initially there may be some upset to service provision, especially with larger service providers who deliver a multitude of services to an individual, regardless if they are best placed to do so. This may come from the additional scrutiny an independent support coordinator may provide.

Participants who reside in congregate care settings will realise increased choice and control and may wish to seek alternatives. This may prove difficult until the Thin Market issue is resolved by investment in smaller niche service provision particularly in rural and remote areas.

This initial discomfort may pave the way for innovation in service delivery and contribute to individuals realising their options.

General

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

An ongoing issue QAI has identified is the lack of knowledge support coordinators have in terms of the scope of their role, what hours are billable/non billable as part of their role, services available from mainstream services, supports that are available under the NDIS and how to holistically support people with disability.

QAI receives calls multiple times per week from people who are dissatisfied with their support coordinator. These calls have a common theme, their support coordinator 'isn't helping, doesn't know the answer, or isn't getting back to them'. QAI refers multiple calls per week to the NDIS Quality and Safeguards Commission in relation to these complaints.

What is more concerning though is the number of calls QAI receive from support coordinators looking to refer their clients for advocacy. Often these referrals are for tasks that QAI believes is in the purview of a support coordinator, such as a sourcing and finding public housing, sourcing and referring to therapist's, lodging complaints with different complaint bodies and explaining basic NDIS information to participants. During the call, QAI's administrators often ask basic questions to ascertain whether the issue is something that QAI can assist with (such as location, disability, whether the person with a disability has a guardian or formal decision maker) and often support coordinators are unable to answer these questions. We find this deeply concerning as the role of support coordinator is or should be very personal in nature. Support coordinators should be highly aware of such basic information and any factors impacting the Participant prior to seeking external support or information. We believe this lack of general knowledge about their clients shows a lack of care and lack of knowledge on how to best support people with disability. In addition to the above issues, support coordinators often call for general advice regarding information that is easily accessible on the NDIS website.

Case study

Support coordinator OB from a large national disability service organisation called QAI seeking to refer her client. Her client was advised he would not be granted parole until appropriate accommodation was secured. QAI advised OB that assisting with finding accommodation is a support coordinators role and QAI would be unable to assist.

Case study

Support coordinator PS called seeking to refer her client for advocacy services. Her client has been living in an aged care facility and requires suitable housing in order to move out. QAI advised PS that it is a support coordinators role to assist with sourcing housing options and QAI would be unable to assist.

Case study

Support coordinator IC called QAI seeking to refer his client for advocacy services. His client experienced a personal relationship breakdown and was seeking someone to assist with making decisions, although there was no evidence that the client had a cognitive impairment and has been making her own decision. QAI advised IC that it is a support coordinators role to source different options (regarding support services and housing) and QAI would be unable to assist.

QAI recommends that the NDIA provide more support and opportunities for people with disability who have experience with networking and navigating the disability sector to establish themselves as support coordinators. This would also help to address the thin market.

Investing in small niche services in communities where local people with local knowledge are best placed to provide grass root community support and link to local specialist disability supports and services is a potential solution for many Participants who have found it difficult to source adequate and suitable support coordination.

The NDIA should provide opportunities for people with disability to be partnered with groups such as Community Resource Unit and or Support Coordination Services that have been endorsed by Participants as having made significant improvements to their lives, to deliver training and professional development to other support coordination services and operators.

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

The Agency must provide training and support to support coordinators. Although organisations such as Disability Services Consulting (DSC) offers support coordination workshops, QAI contends that there are other more Participant-centred organisations that deliver authentic training and guidance. QAI recommends the Agency work with such organisations (CRU are an example) and employ people with disability and their families who can provide guidance and training to the market to ensure all support coordinators are aware of the scope of their role, the limitations of their role, as well as general information regarding to NDIS services.

Case study

Support coordinator DS called QAI seeking advice in relation to nursing support. DS questioned whether NDIS funds could be used for nursing support. This was some time after the release of the COAG health related supports principles were released and implemented. QAI directed DS to the guidelines.