



# **Review of the NDIS support coordination model**

**Submission to the NDIA discussion paper  
October 2020**



## About the Office of the Public Guardian

The Office of the Public Guardian (OPG) is an independent statutory office which promotes and protects the rights and interests of children and young people in out-of-home care or staying at a visitable site, and adults with impaired decision-making capacity. The purpose of OPG is to advocate for the human rights of our clients.

The OPG provides individual advocacy to children and young people through the following functions:

- the child community visiting and advocacy function, which monitors and advocates for the rights of children and young people in the child protection system including out-of-home care (foster and kinship care), or at a visitable site (residential facilities, youth detention centres, authorised mental health services, and disability funded facilities), and
- the child advocacy function, which offers person-centred and legal advocacy for children and young people in the child protection system, and elevates the voice and participation of children and young people in decisions that affect them.

The OPG provides an entirely independent voice for children and young people to raise concerns and express their views and wishes. When performing these functions, the OPG is required to seek and take into account the views and wishes of the child to the greatest practicable extent.

The OPG also promotes and protects the rights and interests of adults with impaired decision-making capacity for a matter through its guardianship, investigations and adult community visiting and advocacy functions:

- The guardianship function undertakes both supported and substituted decision-making in relation to legal, personal and health care matters, supporting adults to participate in decisions about their life and acknowledging their right to live as a valued member of society.
- The investigations function investigates complaints and allegations that an adult with impaired decision-making capacity is being neglected, exploited or abused or has inappropriate or inadequate decision-making arrangements in place.
- The adult community visiting and advocacy function independently monitors visitable sites (authorised mental health services, community care units, government forensic facilities, disability services and locations where people are receiving NDIS supports, and level 3 accredited residential services), to inquire into the appropriateness of the site and facilitate the identification, escalation and resolution of complaints by or on behalf of adults with impaired decision-making capacity staying at those sites.

When providing services and performing functions in relation to people with impaired decision-making capacity, the OPG will support the person to participate and make decisions where possible, and consult with the person and take into account their views and wishes to the greatest practicable extent.

The *Public Guardian Act 2014* and *Guardianship and Administration Act 2000* provide for the OPG's legislative functions, obligations and powers. The *Powers of Attorney Act 1998* regulates the authority for adults to appoint substitute decision makers under an advance health directive or an enduring power of attorney.

# Submission to the NDIA

## Position of the Public Guardian

The Office of the Public Guardian (OPG) welcomes the opportunity to provide a submission to the National Disability Insurance Agency (NDIA) discussion paper on the review of the current support coordination model. The views contained in this submission are that of the OPG and do not purport to represent the views of the Queensland Government.

This submission and our recommendations address the questions posed in the discussion paper where they relate to the experiences of the OPG and the people that we serve.

The OPG would be pleased to lend any additional support as the review progresses. Should clarification be required regarding any of the issues raised, the OPG would gladly make representatives available for further discussions.

## Overview

The OPG welcomes the review as an opportunity to bring improvements to the National Disability Insurance Scheme (NDIS) in the area of support coordination, which is a critical service for participants with unique and complex support needs.

The NDIS represents one of the most significant disability support reforms in recent Australian history, and offers an unprecedented opportunity to transform the lives of people with disability. In Queensland, we have witnessed many positive outcomes for people with disability, with improved situations, increased supports, and a real opportunity for choice and control in their lives. However, for many others the NDIS has been a source of confusion, frustration and disappointment, with inaccessible processes, lengthy delays and inconsistent outcomes. The OPG is committed to the NDIS achieving its maximum potential in Queensland, so that our eligible clients can access the full benefits of the scheme and exercise choice and control in their disability supports.

The OPG primarily interacts with the NDIS through two of our statutory functions, namely adult guardianship, and community visiting and advocacy for both children and young people and adults staying at visitable sites who are in receipt of certain services or classes of supports.

Under the *Guardianship and Administration Act 2000* (GAA) and the *Powers of Attorney Act 1998* (PAA), the Public Guardian may act as guardian or attorney for an adult with impaired decision-making capacity. While an adult may choose to appoint the Public Guardian as their attorney, a guardianship appointment may only be made by the Queensland Civil and Administrative Tribunal (QCAT) as a last resort, in circumstances where there is no other appropriate person available for appointment.

Although the function of these roles can include making decisions on behalf of the adult in relation to services funded under the NDIS, the Public Guardian promotes a supported decision-making approach and encourages adults with impaired capacity to have maximum participation and minimal limitations in decisions affecting their lives.

When appointed as guardian or attorney, the Public Guardian advocates for represented people to access the scheme or alternate supports. For clients requiring NDIS-related support, this includes:

- liaising with the client, their support network, health professionals and service providers to register the client with the NDIS
- arranging the necessary assessments and collating information to ensure the clients' needs are clearly understood by the NDIA
- attending NDIS planning meetings with the client, and subsequently working with the client to help them to utilise their NDIS plans and choose their own service providers.

Queensland's community visitors form part of the statutory framework of the *Public Guardian Act 2014* (PGA). Community visitors protect the rights and interests of children and young people and adults with impairments staying at visitable sites, including:

- for children and young people, residential facilities where they are receiving NDIS-funded respite services, and
- for adults with decision making impairments, premises where they live and receive the following NDIS-funded supports: high intensity daily personal activities, assistance with daily life tasks in a group or shared living arrangement, specialist positive behaviour support that involves the use of a restrictive practice, and specialist disability accommodation.

Community visitors have an essential role within the NDIS complaints scheme, particularly in relation to monitoring, advocating for issue resolution, and supporting participants at visitable sites to exercise their rights. Community visitors are 'eyes and ears' that see and hear what really happens on the ground with the delivery of services, and therefore are able to detect issues of concern, and read the 'early warning signs' to pre-empt a breakdown in the delivery of services. They are also equipped with the 'teeth' to complain and advocate on behalf of a person to ensure that their rights and interests are protected.

## 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?*

Support coordination is an essential service for the OPG's clients who have an NDIS plan, as it provides a central point of contact for plan implementation and oversight of plan utilisation. This ensures that a client's plan is used to its full capacity and reduces the chances of funding reduction upon plan review. The OPG advocates for guardianship clients to obtain sufficient support coordination in all plans to manage their complex service provision needs as guardians are not a person's 'case manager' and do not generally undertake this role.

The capacity of participants and the complexity of their needs must continue to be considered when determining if support coordination should be included in a participant's plan and remain there following review. Participants visited by community visitors predominantly have impaired decision-making capacity and have high levels of need that necessitates supports such as Supported Independent Living (SIL), Specialist Disability Accommodation (SDA), specialist positive behaviour support and high intensity supports. Support coordination is of particular importance to this cohort of participants to ensure the plan is effectively utilised.

Children in the custody or guardianship of the Queensland Department of Child Safety, Youth and Women (DCSYW) should continue to be provided with support coordination while they remain on a child protection order. Anecdotally, the OPG is aware of a recent shift in practice from support

coordination being included in the plans of all children in the custody or guardianship of DCSYW, to only those with complex needs. It has been reported that for children on Early Childhood Early Intervention (ECEI), DCSYW has seen more plans without support coordination approved, and that communication from the ECEI was that it was considered a parental responsibility even for children with DCSYW. This is problematic, as DCSYW is unable to access NDIS plan information through the MyGov portal, placing limitations on DCSYW staff seeing plans and available funds, making bookings, confirming payments and updating records. According to the agreed roles and responsibilities set out in the applied principles and tables of supports (APTOS), the NDIS should fund supports required due to the impact of a child's impairment(s), and the statutory child protection system is not responsible for providing disability supports beyond making reasonable adjustments to meet the needs of children with disability. This would indicate that support coordination should be delivered by the ECEI or be included in the plan, rather than DCSYW being required to undertake support coordination as a parental responsibility.

The OPG recommends the following factors should be considered in relation to the inclusion of support coordination in plans:

- whether the participant has impaired decision-making capacity, and if it is a lifelong condition or may be improved through capacity building supports
- the complexity of organising support for the adult, and the adult's ability to do this independently
- the number and complexity of services that needs to be coordinated under a participant's plan
- additional assessments that need to be provided to the NDIA to support ongoing or future funding
- whether there may be changes in the current support arrangements (for example, if there is going to be a continuation of current supports, and/or no change of providers, a supports coordinator may not be required)
- if there are a number of stakeholders or mainstream interfaces involved (such as the OPG, the Public Trustee, child protection services, health services, and justice services), and
- participants who have a formal guardian appointed should always have support coordination in their plan so they can coordinate supports and services, as this is not the role of a guardian.

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

The OPG recommends that the three level structure of support coordination should be changed to ensure it is targeted to the needs of the individual. The OPG has observed a difference in the level of funding for support coordination for our clients, even for those within the same level of plan funding, despite having similar needs. The funding structure requires flexibility in relation to how a participant's situation may change through the duration of the plan, to allow for additional support coordination hours if required (for example, if a provider relinquishes providing supports or services, this change in disability support requires a change to the participant's plan). Participants with a higher level of support needs should be provided have additional support coordination hours due to the complexity of their needs and the challenges in obtaining appropriate supports and services.

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

In the OPG's experience, the interaction of support coordination with other NDIS supports is dependent on the individual circumstances. Consequently, this interaction should not be prescribed, but the system should ensure flexibility to allow support coordination to interact with other NDIS supports as required to meet the particular needs of the participant.



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

Support coordinators should be the key link between mainstream services and should drive the engagement to ensure the participant's goals are reached.

Estimates from the NDIA indicate that 10 to 15 per cent of participants may require complex supports at full scheme. Support coordinators need the ability to understand and address these complex needs through the identification of appropriate supports and services, particularly for participants living in regional, rural and remote locations.

The complexity of the client's support needs and life circumstances may also be exacerbated by intersecting with mainstream interfaces. The OPG has observed that support coordination is particularly challenging when there is an intersect between the NDIS and the justice system, mental health system or child protection system to facilitate the client's transition to the NDIS. Critical mainstream interface issues include funding for clients in custody, which the OPG has anecdotally heard is ceased when people enter custody, and can affect applications for bail if the client cannot readily access support; limited mechanisms to seek further supports for clients in mental health settings, which leads to longer periods of detention than may be necessary; and a disconnect between the expectations of courts and tribunals requiring 24/7 support for a client to manage forensic risk and the actual supports that the NDIS is able to provide.

For participants who find themselves in custody on remand (for whatever reason), it is imperative that there is an experienced support coordinator with sufficient funding to assist with navigating the complexities and ongoing issues with accommodation and service provision, as well as sourcing accommodation to support a bail application. Support coordinators are also invaluable at articulating any barriers that may be faced in obtaining supports, which will inform a client's legal representation.

Other issues relating specifically to the interface between the NDIS and the mental health system include insufficient resourcing to support collaboration across multiple systems and to coordinate individual planning processes for people with complex support needs, resulting in poor discharge planning and extended stays in hospital. NDIA timeframes for access, plan reviews and planning do not align with rapid health responses to meet changing needs for the target group, causing delays in hospital discharge processes. Finally, some support coordinators lack necessary clinical expertise, leading to a failure to incorporate key support recommendations in plans.

For participants who are parents involved with Child Safety, there needs to be a specialist support coordinator who is able to focus on building parenting capacity to assist parents in achieving their goals in the context of working with Child Safety or in ongoing child protection proceedings. Support coordinators need an awareness and training on how they can assist parents in relation to working with Child Safety.

A support coordinator with experience and understanding of these mainstream interface areas is more readily able to navigate these issues and facilitate the client's transition to community through the sourcing of appropriate supports. It is critical that the implementation of plans for clients with complex support needs is facilitated by a support coordinator with experience, expertise and/or qualifications in fields relevant to both the client's circumstances and any relevant mainstream interface areas.

Support coordinators should endeavour to foster effective working relationships with the providers of services under the participant's plan, and vice versa. Limited engagement between support coordinators

and accommodation providers is a concern sometimes identified by the OPG, particularly when there are additional or changing needs identified by a service provider that have not been communicated to other stakeholders.

At times, the OPG is contacted by support coordinators to raise concerns about practices at accommodation services, some of which are not able to be visited by community visitors as they are private dwelling houses and therefore not with the OPG's visiting jurisdiction. While the OPG will endeavour to refer such information appropriately to ensure there is oversight of the service, support coordinators must also have good systems of governance and reporting policies in place to enable them to recognise and address service delivery issues with providers. Support coordinators must also have processes in place to report concerns directly to the NDIS Quality and Safeguards Commission.

#### *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?*

The OPG generally does not experience underutilisation of support coordination in plans, although we are aware this is an issue commonly experienced. Conversely, support coordination is often over-utilised for the OPG's clients, thus requiring a plan to be reviewed to ensure the participant has sufficient funding for all services. In the OPG's experience, some support coordinators do not understand the boundaries of their role or the scope of their work, which can lead to over-utilisation of the support coordination funding. This issue could be addressed by increasing the training and support provided to support coordinators to understand their role.

Participants with agency-managed plans should have regular audits by a third party who actively monitors the implementation and drawdown against the plan. Participants who are plan managed or agency managed should receive alerts when a plan has not been utilised in a quarter, and should be contacted for assistance in understanding and addressing the issue.

Underutilisation of plans can be attributed to factors such as delays in entering a service agreement with a support coordinator (either at the commencement of the plan or during transition between support coordinators), thin markets and dissatisfaction with service delivery, leading to withdrawal from services without suitable alternatives in place. Support to the participant and/or their decision maker, if needed, from local area coordinators and planners to engage a support coordinator quickly may assist with overcoming underutilisation due to such delays. Support coordinators may experience challenges in enacting the services through the plan in a timely manner so that the funds are used in the life of the plan, particularly in circumstances where service providers were not engaged quickly enough, or service provision does not exist as a result of the thin markets. This creates a risk that the funds are reduced on review of the plan as 'not being necessary'. In the OPG's experience, the participant continues to need the services funded under the original plan, but due to the current thin market of service providers in certain regions and particular specialist services, the funds were unable to be used and are at risk of being removed from the plan under review. The NDIS is still in the early stages of full scheme in Queensland and it will take time for the service provider market to grow to meet the demand for services and the needs of participants. The NDIA should continue to make these funds available to participants in their plans, so that participants are able to immediately access services when an appropriate provider becomes available without having to undergo a formal plan review.

The suspension of a number of services during COVID-19 restrictions has seen an underutilisation of plans that will need to be considered when service delivery resumes and plans are reviewed. The OPG has observed limitations on the availability of service and accommodation providers during the COVID-19 pandemic, impacting on the ability to locate service and accommodation options under a client's

plan. The OPG believes that participants and their decision makers should be encouraged to continue utilising supports while awaiting reviews.

### Case study

Kylie\* is a 17-year-old and lives in small rural community. When support by a community visitor was sought, Kylie's NDIS plan had been in place for six months and the only funding utilised was for support coordination. The community visitor's inquiries determined that the support coordinator had been unable to source suitable registered providers to deliver the funded supports, as there were no registered NDIS providers operating in the community in which Kylie lived. It was three months prior to the end of her plan that Kylie first engaged with an occupational therapist from a larger community who was willing to provide a service to Kylie.

*\*Name has been changed*

The majority of OPG clients have support coordination included in their plan, and this is an important component of their NDIS supports. However, in small markets and remote areas, the OPG recommends providing, where possible, for both support coordination and plan management in a participant's NDIS plan in order to broaden available services able to be accessed by participants.

Changes to NDIS funding in response to COVID-19 included increases in core support funding and the option to use core support funding for support coordination, whether or not support coordination is a line item in a participant's plan. The ability to use core support funding flexibly for support coordination where it was not already in the plan could have benefits in other circumstances where a participant is confronting challenges in implementing and utilising their plan, unrelated to the COVID-19 crisis. The OPG recommends the NDIA continue to offer flexibility for the use of core support funding for support coordination as a permanent option.

## Role of support coordination

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

Support coordinators should take the primary lead on developing the support strategies and implementation of the plan for the participant. Sufficient funding also needs to be in a participant's plan to allow for additional support coordination in periods of crisis for adults with impaired decision-making capacity and/or no informal support network. However, support coordinators should not be responsible for monitoring the spending of the plan, as this is a different skill which also requires independent oversight and audit.

The OPG has observed some support coordination agencies having a lack of understanding of their role, responsibilities, and limitations. Support coordinators undertaking activities outside of their role has resulted in overutilisation of support coordination funding. Subsequently, services have ceased providing support coordination due to exhausted funds. The OPG has been required to request plan reviews based on a lack of support coordination funding or change support coordination agencies during the plan implementation period.

The OPG has spent time working with support coordinators, providing education and support regarding the NDIS and plan implementation. At times, this contact time with the support coordinator has been charged by the provider in the client's plan. The OPG does not consider it appropriate for the client to



be funding the development and upskilling of support coordinators via their funded support co-ordinator hours. The lack of experience and understanding of the NDIS system, specific knowledge in sectors such as young adults in residential aged care, mental health and forensic systems and the support coordinator's role are significant areas of concern which require further investment into the future to ensure best outcomes are achieved for NDIS participants.

*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?*

Participants with specific goals related to accommodation would greatly benefit from more targeted support coordination services to achieve these outcomes, particularly younger adults in residential aged care settings, participants with complex dual diagnoses, and participants in forensic mental health and disability systems.

Younger people in aged care represent a vulnerable cohort of adults with complex disability and health needs who require a targeted and collaborative approach to realise the potential of the NDIS. Many younger adults in aged care do not have the capacity or support network to assist them to understand the NDIS or enter the scheme. A higher proportion of younger people in aged care also identify as Indigenous (Aboriginal, Torres Strait Islander or both) and many live in rural and remote locations. The OPG is yet to see a large proportion of our clients who are young and residing in aged care receive appropriate plans to progress them moving to more age appropriate accommodation. The OPG further notes that despite the goal to have all NDIS participants in aged care on the complex needs pathway by July 2019, this has not yet been realised. The OPG is also continuing to see adults having to transition from hospital to aged care as an interim measure to allow time for functional needs assessments to be completed before NDIS will fund age appropriate accommodation and support.

In circumstances where the OPG is appointed as a guardian for an adult residing in aged care, significant work is required by the guardian to educate and advocate to the sector on the rights of these adults to explore more age appropriate accommodation. Significant barriers have existed for adults to transition out of aged care due to the number of steps required to obtain adequate support funding. In most cases the adult's first NDIS plan will fund an assessment to determine their accommodation support needs. A lack of available occupational therapists with relevant clinical experience means that adults can wait months before the assessment is complete and at times the assessment must be repeated as the evidence is not sufficient to progress the matter back to the NDIA. Once the assessment is complete, a guardian must then request a plan review and, if approved, the guardian will need to work with the support coordinator to identify suitable accommodation and support options. The guardian may also have to respond to questions and criticism from the aged care facility for moving the adult out of their care. This may be due to a lack of understanding from the staff of aged care facilities.

The OPG considers that these issues could be addressed through improved monitoring of NDIS plan implementation for younger adults at risk of entering aged care or already in aged care. Increased funding for support coordination hours would also help drive the transitioning of younger adults out of aged care.

The Department of Social Services issued the *Younger People in Residential Aged Care – Action Plan* in March 2019, which is designed to help minimise the need for younger people to enter aged care. The OPG recommends improved education of support coordinators and others in the sector, including planners, health professionals and aged care facilities, on the Action Plan and associated targets.

### Case study

Errol\* is a 53-year-old man, diagnosed with early onset dementia and schizophrenia. The Public Guardian was appointed in mid-2019 to make decisions in relation to accommodation and provision of services after Errol experienced a significant decline in his cognition. At the time of appointment Errol already had an NDIS plan and was residing in a large supported accommodation. While an NDIS plan had been approved, the planning had been done with a Local Area Coordinator and Errol did not have the understanding required to advocate for adequate funding or implement his plan. It was noted that Errol was at high risk in his accommodation and was often found wandering on busy roads. Due to long waits for a functional needs assessment and the time it took to get an NDIS plan review the guardian was left with no option but to make an accommodation decision to temporarily place Errol in aged care so his immediate needs were met.

The guardian made progress with implementing the original NDIS plan and obtaining necessary assessments to advocate for supported independent living accommodation. Some of the barriers the guardian faced in implementing the NDIS plan included the support coordination referral being initially refused due to Errol's dual diagnosis, obtaining age appropriate accommodation, a six month wait for an OT functional needs assessment, and the need for additional assessments due to poor understanding of the needs of younger people in aged care. The process to transition Errol out of aged care has been onerous for the guardian and support coordinator due to the need to advocate and educate parties on Errol's right to age appropriate accommodation. A significant amount of work was also required in the guardian attending multiple NDIS planning meetings as Errol required three NDIS plans in less than seven months due to his changing needs and this could be mitigated if support co-ordination was funded earlier and if support co-ordinators had specialist knowledge.

Errol is now successfully living back in the community in a supported independent living arrangement funded through his current NDIS plan. Errol is doing incredibly well, he has built new friendships, and is showing signs of improved memory and ability to complete tasks independently.

*\*Name has been changed*

Participants with complex needs that intersect with mainstream interfaces would also benefit from more targeted support coordination, as discussed at question 4 above.

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

The OPG does not provide financial-related services and generally has not identified any issues with plan management. However, the OPG considers it is important for plan management and support coordination to be separate services, as monitoring the spending of the plan requires independent oversight and audit.

## 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?*

The OPG considers that industry-related experience should be the basis of being a support coordinator, and formal qualifications would be beneficial. Minimum requirements could include an understanding of or lived experience with disability; experience in human services, allied health or disability; and relevant qualifications in these areas and key mainstream interfaces. Please refer to our responses to questions 4

and 7 above regarding the need for specialist support coordination for participants with complex needs and/or intersection with mainstream interfaces.

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

The OPG considers that the effectiveness of support coordination can be measured and demonstrated through the following indicators:

- progress and achievement of the goals in a participant's plan
- participant feedback and satisfaction with the services of their support coordinator and the provision of other services under their plan
- the way the funds are spent in a plan, through collaboration between the support coordinator and plan manager to ensure that the participant's plan is fully utilised to obtain appropriate supports and services
- the outcomes achieved for the participant in times of crisis, whether arising from the participant's individual circumstances or widespread crises such as the COVID-19 pandemic, and
- the length of time between the plan being approved and services commencing.

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

Support coordinators provide regular reporting to the OPG on the plan achievements for the previous quarter, in circumstances where the Public Guardian is appointed as the participant's guardian or attorney. This reporting has measured what has worked well, what has not, and what the focus will be for the coming quarter, which ensures there are targets set to achieve the participant's goals.

#### *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?*

The OPG does not provide financial-related services and is not in a position to comment on the NDIA price limits. We have not observed any particular issues in this area.

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

In the OPG's experience, support coordination pricing be linked to question 9 above regarding accreditation and qualifications of support coordinators. This may allow for increased pricing to acknowledge the skills, experience and expertise required to provide support coordination to participants with complex needs and mainstream interface requirements.

Support coordination pricing should not be performance based. Rather, all stakeholders involved should be supporting the participant to reach their goals, and if unable to be fully "achieved" in the plan period, this should not impact on the cost or pricing of support coordination, purely on the progression of goals or outcomes. There should be continuous funding to support the adult to be able to achieve their goals, regardless of the timeframes for this to occur. Achievement of goals can be impacted by the participant's individual circumstances and external factors, such as thin markets and the cessation of services due to the COVID-19 pandemic. In these cases the provision of support coordination is potentially more complex and should be compensated as such. Consequently, the progression of participant goals and outcomes cannot be the sole determining factor, if any, in the determination of support coordination pricing.



## 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?*

In the OPG's experience, it can be challenging for a support coordinator to assist a participant to make informed decisions and choices. To build capacity and assist participants in this way, support coordinators must have a comprehensive understanding of capacity, including the ability to identify whether the participant is able to understand the consequences of choices, and is not being unduly influenced by others.

There have been some situations where support coordinators have supported adults to use the same service provider for multiple areas of supports. In some circumstances this may be beneficial to the participant; however, in others it may represent a conflict of interest and the participant may not be able to make an informed choice. Support coordinators should provide a range of options to the participant to promote choice and control, and should attempt to discuss the services available and engage with the participant's support network, including their family, stakeholders and appointed decision maker, if applicable. These options need to be presented in a way that the participant can understand and respond to, and alternative methods should always be trialled to provide the client with the opportunity to make an informed decision.

### *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?*

All relevant stakeholders should assist the participant to build independence. Indeed, this should be the foundation of all supports and services, and is consistent with the NDIS tenets of choice and control. Support coordinators, while not a substitute decision maker, should build a participant's independence by observing the same principles, particularly preserving the adult's right to participation in decisions about their life, including seeking views and wishes, encouraging participation and acting in the least restrictive way. Support coordinators should also be aware of these principles when engaging with participant's substitute decision makers and have an awareness of referral avenues when they identify a participant may have inadequate decision-making support. The OPG has encountered instances of participants with limited independence, choice and control due to little participation in decision making or decision makers overriding the participant's wishes, rather than any limitation in their abilities. The system should ensure continuous funding of support coordination to assist participants in achieving greater independence where there is potential for growth.

For some people with impairments, it should be recognised that capacity is not going to change dramatically enough that they would not require a support coordinator in the future, and this should always remain in their plan throughout the years. Support coordination pricing should promote the long-term provision of this critical service to those with static complex support needs.

### *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?*

Support coordinators can be in a position to identify circumstances where a participant's views and wishes are not being considered, needs are not being met, or where a participant has inadequate or

inappropriate substitute decision-making arrangements. It should fall within the parameters of a support coordination role to:

- have systems in place to ensure the participation of the participant in decision-making processes relating to their NDIS plan and supports
- have systems in place to intervene and support a participant when a service provider is not fulfilling their agreement or meeting the participant's needs under the NDIS plan
- have systems in place to resolve an issue or crisis point and make recommendations to address any underutilisation of plan spending
- make referrals to appropriate complaints, investigation and oversight bodies, such as NDIS Quality and Safeguards Commission and the OPG
- have established relationships with independent advocacy agencies in place so that referrals can be identified and made as needed, including for decision-making support
- make appropriate referrals to personal advocates when identifying unmet needs that fall outside the scope of the NDIS plan.

Personal advocates can assist participants to gain access and add value to planning and review processes by ensuring the participant's views, wishes, needs and interests are considered. They can also assist participants with decision-making support. From the OPG's experience engaging with and referring to external advocates, it is apparent that advocacy services are not adequately funded to replace providers with case management and coordination responsibilities such as support coordinators, nor does this fall within the core responsibilities of an advocacy service.

Support coordinators should not directly assist with advocacy, as it is outside the parameters of their role and will incur additional costs to the plan.

## Conflict of interest

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

The OPG holds concerns about the increased risk of conflicts of interest in circumstances where support coordination and core supports are provided by the same service provider. It is the OPG's policy position not to consent to one provider providing both support coordination and other supports. Although we acknowledge that there are likely many service providers who can manage and prevent conflicts of interest, the potential for such issues to occur within a service are difficult to identify from the perspective of the client or the OPG. Privacy and information sharing between different parts of one service provider may be difficult to manage effectively, and the client and stakeholders would not necessarily be aware if privacy were breached (whether it occurred in error or intentionally). Additionally, where support coordination and core supports are provided by the same service provider, there may be reluctance by the support coordinator to engage services outside of their own agency.

Providers seeking to register as a provider of multiple supports may not be incentivised to present choices to the participant or to assist the participant to build their decision-making capacity with regard to selecting supports. The OPG has observed that participants living in level three residential accredited accommodation services (such as boarding houses or hostels) are particularly vulnerable to being steered to select supports that are provided by the accommodation operator, even when they may not be the optimal choice for the participant. The OPG has also observed situations where only one provider

is engaged who did not offer a certain support, and the client has gone without, instead of an alternative provider being sourced.

The OPG has received complaints from service providers who wish to perform both roles, and who claim that the separation is detrimental to the client who may miss out on their services. However, in practice, the separation of functions enables greater oversight and protection for the client, mitigates the risk of conflict, and ensures the client receives all the supports that are listed in the plan. We recommend that use of a single provider should be by exception, based on the individual circumstances and where no other suitably qualified support coordination provider is available. It may be more appropriate when the decision to use a single provider is in the client's interests, either due to continuity or consistency of care, or if the participant is in a regional area where a range of services are not available. It is less likely to be appropriate when there is a broad range of services to choose from. It may also be required for a period of time at the beginning of a plan but with a focus to transition the participant to alternative arrangements over time. Finally, there does need to be an opportunity for individuals to choose the same service provider for all of their services, provided they are able to make an informed decision with no undue influence.

*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?*

As mentioned previously, the OPG has observed that participants are vulnerable to being steered to select services from a single provider of multiple supports where other choices are available. However, from the OPG's experience in some regional and remote communities, the choice of providers may be limited and the option needs to remain to utilise a single provider for multiple supports if necessary. Limiting support coordination and other supports being received from the same provider to circumstances in which there is limited choice of providers could help balance these concerns, provided there is effective oversight of the provider's adherence to the NDIS Code of Conduct and Practice Standards in relation to the management of conflict of interest.

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

Stricter conflict of interest requirements are important, as discussed above, but may have a negative impact on participants who would prefer to engage with fewer individual service providers. Consideration needs to be given to whether the participant has behaviours that may impact their ability to engage with multiple services. Stricter conflict of interest requirements would also need to allow for measuring a participant's right to choice and control, plan utilisation and goal realisation.

## General

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

Critical areas of focus for support coordination should be:

- ensuring participants who require support coordination have it included in their plans
- ensuring support coordinators have the necessary skills, experience and expertise to provide support coordination to participants with complex needs and mainstream interface requirements
- ensuring support coordinators are effectively engaging and communicating with the participant and other stakeholders for the participant
- having effective systems to identify and manage conflicts of interest



- overcoming underutilisation of plans, stemming from factors such as delays in engaging providers and turnover of staff
- the new SIL Roster of Care process appears to be causing confusion, so additional training may be required for support coordinators and service providers.

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

The NDIA should ensure that support coordination pricing is commensurate to the skills, experience and expertise required of support coordinators for participants with complex needs and mainstream interface requirements, to ensure attraction and retention of the workforce in this critical area of service provision.