

**Submission in response to the ‘NDIS Support Coordination Discussion Paper 2020’**

*Australian Community Support Organisation*

11th September 2020

ACSO Strategy Unit

P.O Box 14278,

Melbourne 8001, Victoria

Phone: 03 9413 7000

Fax: 03 9413 7188

aparkinson@acso.org.au

**INTRODUCTION**

ACSO welcomes the opportunity afforded to us by the NDIS to submit a response towards the 2020 inquiry into Support Coordination. ACSO has delivered disability support services for over 35 years and currently deliver a range of NDIS funded supports including outreach disability support, disability accommodation throughout metropolitan and regional Victoria, and support coordination which is offered in Queensland. ACSO’s services target high risk, high need and complex cohorts including those defined as ‘extreme complex cases’, and primarily those who are engaged in, or at risk of engagement in the criminal justice system. Our submission provides a snapshot of the key complexities in the delivery of Support Coordination to this cohort and we note through literature analysis, that our experience is echoed by many providers of support coordination throughout Australia and in this vein we have attempted to keep our submission brief.

**WHAT IS SUPPORT COORDINATION?**

ACSO propose that the NDIS funded Support Coordination function currently delivered in the community requires further investment from the Federal Government to bring forward its maturation. Little has changed in its delivery and structure since the initial rollout of the NDIS in 2015/16. A key concern is that there continues to be a lack of articulation from the NDIS about what the role of a support coordinator constitutes as well as what is not expected to be undertaken by the role. The guidelines on the NDIS website are limited in nature and there have been only minor additions to the content that guides support coordinators, over the past five years. There is certainly very little to guide those organisations that support to extremely complex cases and those who support people with ‘extreme behaviours of concern’ (NDIS Quality and Safeguards Commission, 2018, p. 19). There is also no point of contact for those wishing to understand more about support coordination or who need operational support around its application.

It is ACSO’s considered opinion that the support coordination function requires an active and accessible governance framework that includes learning and development, communities of practice and investment in a body of knowledge (case studies, policies guiding decision-making, procedural guides) that define and guide support coordination. This would ensure efficiency, efficacy and consistency of application. Currently, support coordinators generally work in isolation of other providers and ACSO’s experience is that there is a great level of disparity in how different support coordinators, as well as differing agencies, approach the role. Investment in a governance framework would improve equity and consistency across the board.

Further, the absence of a robust support structure, in particular NDIS personnel, providing support to support coordinators, gives rise to great variation in how organisations delivering support coordination believe that the role should behave and frontline staff who are working in direct service provision report significantly varying levels of discretion and responsibilities being held by support coordinators from different agencies. Of chief concern is the delivery of support coordination to extremely complex persons by personnel who lack the expertise and understanding of risk and need in these cases.

In absence of robust national governance and a skilled and capable support structure to provide operational support to those support coordinators whose level of knowledge, skills and assertiveness is often inconsonant, ACSO is seeing a lack of understanding and/or different approaches to the application of support coordination. Some of our program participants receive active support from support coordinators (attending care team meetings, assertively engaging with the person) whilst some participants have never met their support coordinator face to face (prior to Covid-19). Understandably, some of the participants and our frontline staff, question this inequity. As articulated above some of the participants ACSO supports are defined as ‘extreme complex cases’ and ACSO’s experience is that often, the allocated support coordinator lacks the knowledge or capacity to effectively support the person.

Whilst ACSO notes it is beginning to see support coordination training offered in the community by agencies such as the National Disability Service (NDS) and DSC Consultancy, there continues to be a lack of written guidelines, policies and case studies from the NDIA and located on the NDIS website, to guide those who are delivering support coordination across what is a hugely diverse community of people with a wide variety of disabilities, living in disparate regions and living environments. Further, the authority of these and other agencies to offer training and advice in support coordination is unclear.

**THE QUALITIES OF A SPECIALIST SUPPORT COORDINATOR**

The people receiving disability support in ACSO’s services require a higher level of support coordination than the majority of the NDIS’s wider client base. This is generally due to the extreme complexities between their disability needs, contact with a range of other government systems, including the criminal justice system and other lifetime experiences of trauma and social disadvantage. Complexities such as long-term homelessness, alcohol and drug use, offending behaviour and intergenerational trauma, cannot be extricated from the person’s lived experience as a person with a disability. And as such, those who are engaged in supporting complex cohorts must have the knowledge, skills and capacity to undertake such work, and be supported by an organisation that is cognisant as well as adequately funded to manage the risks inherent in supporting this cohort.

ACSO supports a unique cohort of participants who require a specialist response by highly skilled practitioners who can, not only understand the complexity and transference between disability needs and other risk factors, but who can problem solve and make decisions with adequate authority, knowledge and skills. ACSO acknowledges that this is a difficult task usually reserved for a smaller number of clients in the wider NDIS client base however ACSO consider that at a minimum, support co-ordinators should possess a tertiary degree in social work, psychology or a related area. Specialist support coordinators who are supporting high risk, high needs cohorts, particularly those who present as a risk of becoming engaged in the justice system, should also have several years working with similar cohorts. Further, they must be backed by a robust and detailed framework governing their practice that considers the whole person, the potential risks, and that provides ongoing learning and professional development.

Prior to the NDIS roll-out, the Victorian disability case management system under the Department of Health and Human Services undertook similar roles to that of NDIS Specialist Support Coordinators (e.g. managing complexity, sourcing services, monitoring budgets and making assessments of need) and whilst the previous system would have benefitted from improvements, the parameters of the role were clear and articulated which allowed a reasonable level of consistency in its application and practices in addressing the needs of clients. With one agency delivering the bulk of ‘case management’, there was a greater degree of consistency of approach, shared communication, and clarity around process. ACSO do not advocate for a return to this system but ask that the NDIA consider how the current system operates on a highly siloed model with very little in the way of formalised interagency cooperation. Given the system is built on the ability and right of the participant to be able to change providers, then it is crucial to have systems in place to ensure that this change is seamless and does not negatively impact the participant. As stated above, ACSO supports the development of structures and processes which will promote and support the development of a mature and established support coordination system that can withstand the challenges of supporting high risk, high needs persons as well as the wider client base within NDIS. Any model proposed must be designed to ensure that those who are most vulnerable and those considered hard to engage (long-term homeless, justice-involved, transient) receive equitable and seamless access to funded supports under the NDIS.

**WHAT DOES SUPPORT COORDINATION LOOK LIKE FOR COMPLEX CASES?**

ACSO works with some of Victoria’s most challenging NDIS cases, in particular those whose complexities straddle a broad range of risk areas including dual disability, long-term homelessness, alcohol and drug use, mental health, justice issues, and intergenerational disadvantage. Whilst each participant is different, ACSO has undertaken work internally to map the type of participant needs to their support package and support coordination allocation and have been unable to determine any consistency in how funding, particularly support coordination funding, is applied. ACSO is proposing that a more transparent methodology is applied and provided to clients and their chosen providers along with significant improvements in the rationale for the assessment of funding need. Greater transparency would demonstrate whether a participant requires more or less support coordination, and to what level and improve future plan iterations.

ACSO believe, based on our understanding of the specialist cohorts it supports and their disability support needs, that the distribution of support coordination funds is inequitable. Whilst ACSO is aware that planners rely on reports from specialists, they also rely on feedback from the participant, and where available, family and advocates. The nature of the cohort ACSO supports sees many participants who have experienced long-term family breakdown, low educational attainment, and stigmatisation; in layman’s terms, many of our participants have nobody in their corner. In addition, this cohort experiences high levels of cognitive impairment and most are unable to advocate effectively for themselves. One of ACSO’s chief concerns is the high degree of discretion, without transparent or consistent guidelines for frameworks able to be used by those developing participants plans. Creating transparency around the assessment model used to fund participants would go some way to creating equity and fostering trust in the NDIS system by participants and service providers for all cohorts but is likely to have a disproportionally positive impact for the complex, justice-involved clientele ACSO supports in our programs.

ACSO notes that the Federal Productivity Commission (2017) report suggests that the NDIA should allocate support coordination based on need, rather than time; and we strongly support this recommendation. The people who use our services experience significant complexity, crisis and instability in their lives. The NDIS planning process is not currently flexible or responsive enough to ensure that support coordination funds are available and accessible when required. ACSO is often referred to as a service of ‘last resort’, as well as a service that works at the ‘pointy end’ of service provision due to the intersection of disability and behaviours of concerns within our client population. There are participants in our service who ‘burn out’ other services due to their high need and supervision requirements or who are perceived as too high a risk. Participants who are required to await a plan review before accessing new support coordination hours, or additionally need to wait for a new support coordinator can be at significant risk in the community. ACSO is advocating for a support co-ordinator model ‘practice framework’ and is willing to assist and contribute to the development of specialist forensic components in such a framework.

**FLEXIBLE PLANNING AND GREATER RESPONSIVITY**

ACSO is not alone in our concerns that there are support coordinators who lack the required skills to support complex persons and that the current NDIS model is highly rigid in regards to plan reviews. On a number of occasions, ACSO has made the case for NDIA to review a participant’s plan where the funded hours have not been appropriate to meet the requirements of what is reasonable and necessary for the individual. ACSO has previously submitted our detailed concerns around the inadequacy of the NDIS price points in not only meeting the complex needs of high risk and complex cohorts, but inadequately funding the risk that is held by organisations who support these cohorts (see ACSO’s submission to the Independent Pricing Review, 2018 & 2020 Submission to NDIS SIL Pricing). The concerning by-product of this advocacy is that use of NDIS funds can be put on hold whilst NDIA, the Support Coordinator, and the service provider negotiate or review the funding plan. Currently, excessive time is spent by ACSO and similar organisations communicating with support coordinators around understanding and securing agreement on how the plan applies in practice. Our support coordinators have experienced difficulties in translating plans and negotiating with NDIA planners to rectify poor wording, poor planning and plans that do not reflect the participant’s needs or which do not take into account other factors in the person’s life, for example, their behaviours of concern or risk-based safety planning and supervision requirements.

**CONFLICT OF INTEREST**

High needs participants with complex behaviours, and particularly those whose behaviour puts them at risk of engagement in the criminal justice system, face significant barriers to accessing mainstream and funded services. It is often due to either a perceived or actual concern regarding the level of risk, that people with these behaviours face exclusion from services. It is widely acknowledged that due to prohibitive pricing under the NDIS, there are organisations who ‘cherry-pick’ or elect to accept only participants with healthy funding packages (Joint Standing Committee on the NDIS, 2018). In the same vein, ACSO has witnessed many an organisation unwilling to work with our clients out of concerns for the safety of their staff and other participants, or out of concern for financial or reputational risk.

ACSO is one of a very small group of NGO’s with a Board that has a risk appetite to provide services to forensic clients including serious offenders with cognitive disabilities. This tolerance for risk is only acceptable if the organisation is able to effectively manage and mitigate the risks to staff safety, the community, to our clients and the organisation’s reputation. ACSO hold great concerns around the sustainability of the NDIS funding model for organisations such as ACSO that take on this level of risk. For your reference, ACSO made a submission to the Independent Pricing Review (2018) completed by McKinsey & Co and commissioned by the NDIA. ACSO would respectfully refer you to Section 4.3.2 “Participants with extreme behaviours of concern” (pages 52 – 55) who are defined specifically as ‘forensic disability participants’. The report highlights concerns that this group represents a ‘thin market’ with providers such as ACSO minimising their risk exposure by not providing services in the NDIS due to inadequate funding and also the inability to place the necessary controls around the services delivered. The report also notes and qualifies that agencies providing services to this group are justified in advocating for changes to the current NDIS model, hence the inclusion of Recommendation 8 on page 54 of the Independent Pricing Review (IPR).

Specifically, IPR Recommendation 8 states:

“*The NDIA should develop a consistent process for participants with extreme behaviours of concern that acknowledges the specialised needs of the participant cohort, and the environment providers operate in. Providers serving this cohort should quote on the delivery of services to these participants, and be allowed to deliver all services they require to be adequately supported i.e. All Support Co-ordination items”.*

Uptake of this recommendation would alleviate some of the concerns that capable organisations have in supporting high risk and complex cohorts and reduce the likelihood of conflict of interest. Organisations that can afford to invest in adequate risk management and to maintain a high quality and educated workforce, are more likely to take on such cases. This will improve the uptake of services to highly vulnerable and excluded populations.

A further conflict of interest comes into play when a service provider who provides both support coordination and NDIS SIL packages is willing to provide Specialist Support Coordination (which attracts a high price point and is time-limited) but in absence of other willing providers, will not provide the lower funded SIL services or accept participants with small funding packages. Conversely, our NDIS frontline staff have witnessed refusal to service a participant because the provider had already worked with the person and considered them ‘too hard’. ACSO’s chief concern here is the that support coordinators who are also service providers will make the decision to reject a client package and that the cohort that ACSO supports will continue to be overwhelmingly and disproportionately impacted by these decisions. An ideal model of support coordination would ensure objectivity in the decision making around participant allocation to services and would reduce the discrimination that justice-involved and high needs participants face under the NDIS.

ACSO acknowledge that in order to support high risk and high needs participants, an organisation must have in place a robust risk management framework (policies and procedures to manage risk, risk management system and tools), as well as a qualified and resilient workforce and an organisational commitment to continuous improvement and best-practice. This comes at a financial cost which is not funded under the NDIS model. As articulated above, ACSO strongly believe that the NDIA must consider effective pricing to generate growth in the service delivery market to increase both the number of support coordinators and the number of service providers *willing and capable* to support high risk, high need and hard to reach populations

To sum up, ACSO’s key concerns around the support coordination function include:

* Lack of investment by the Federal Government and NDIA towards maturing the existing support coordination functions including accessible policies, procedures and guidelines.
* Absence of NDIS personnel who can provide operational support to support coordinators (Investment in this could reduce when the function reaches maturity).
* Inconsistent allocation of support coordination and support funding packages
* Excessive wait times when plans require further investigating or ad hoc review
* Underinvestment by the NDIA in training and development of Support Coordinators.
* The need for great objectivity in the allocation of participants to support coordinators in the case where participants are not choosing for themselves.
* Inadequate pricing overall which limits organisation’s appetite to support complex cohorts.

**Recommendations**

Best practice Support Coordination for complex, high risk and high need cohorts should include:

1. Either shorter plan durations so that review periods are more frequent (with access to contingency funds for crisis) OR plans of any duration that are more responsive, flexible, where participants can still access services while decision-making is occurring
2. More frequent reviews of plan efficacy for specialist cohorts and development of specialist capability and capacity within the NDIA systems on the nature of the specialist requirements for these cohorts.
3. A more active approach to planning and plan implementation by Support Coordinators (and the NDIS planners) in partnership with participants, including improved mechanisms to support those with diminished capacity and capability to navigate these processes.
4. Strong knowledge of mainstream, community and informal supports and advocacy around inclusion of these in NDIS planning and funding models to ensure participants are being provided with a broad range of support options.
5. Support Coordinators having a stronger functional understanding of the NDIS as a system, the price guide and a greater understanding of how the system can be used flexibly to the benefit of the participant.
6. Development of a transparent and detailed Support Co-ordinator practice framework to increase consistency in the application of current supports and processes for clients and providers.

ACSO remain committed to ensuring choice and control for all participants in our service but believe there remains a long way to go before the NDIS is truly equitable and accessible to the cohorts we support. Further, there is much work that needs to be undertaken to mature the current specialist support coordination service to achieve stronger outcomes for vulnerable, complex clients.

We would also like to urge the NDIA to revisit the McKinsey Report, specifically Recommendation 8, and consider how a funding model where providers of services to extremely complex cases, and certainly those people with disabilities engaged in the justice system, requires a more flexible approach, specifically the approval to quote for services where there is a high level of risk and where the cohort are part of what is termed a ‘thin market’. We also would seek acceptance of the recommendation that services supporting the forensic disability cohort be allowed to deliver all of the services that are required by the participants. Uptake of this recommendation would alleviate some of the concerns that capable organisations have in supporting high risk and complex cohorts and reduce the likelihood of conflict of interest. Organisations that are able to afford to invest in adequate risk management and to maintain a high quality and educated workforce, are more likely to take on such cases. This will improve the uptake of services to highly vulnerable and excluded populations.

ACSO would like to thank the NDIA for the opportunity to provide a submission regarding the support coordination function; we remain open to any further discussion should the NDIA request it.