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Department of Health, Disability and Ageing

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CANBERRA ACT 2601

Via email: SCCreform@health.gov.au

Submission – NDIS Support Coordination and Connection Reform

Thank you for the opportunity to provide a submission in response to the NDIA Support Coordination and Connection Reform – Consultation Paper.

I provide this response in my capacity as the South Australian Public Advocate.

In South Australia (SA), the South Australian Civil and Administrative Tribunal (SACAT) can make an order appointing the Public Advocate to make decisions in relation to accommodation, lifestyle, services, access, and/or health matters for an adult with impaired decision-making ability. Currently, this applies to over 2,500 people and includes more than 1750 (70%) clients who are NDIS participants.

The Public Advocate (or staff delegated with decision-making powers), must consider clients' wishes, and must also ensure their proper care and protection.

I provide my response to the questions for the NDIS Support Coordination and Connection Reform – Consultation Paper below.

Questions about what participants want from the new SCC service.

1. **What is working well in support coordination today that you would like to see in the new SCC service?**

Within the current system, there are many Support Coordinators (SCs) and Specialist Support Coordinators (SSCs) who are highly skilled, experienced, and committed to achieving positive outcomes for clients. This is particularly important for Public Advocate clients, who often have complex and multiple disabilities and limited or no informal support networks. This usually requires the services of an SSC rather than a SC.

Identifying SSCs with the capability and expertise to support Public Advocate clients can be challenging and is often a process of trial and error. To support service quality and clarify expectations, the OPA has developed an "Expectations of the SSC" document (Attachment 1) which is provided at the commencement of a service agreement and outlines the OPA's expectations of SSCs when delivering services to Public Advocate clients. To improve transparency and accountability, SC/SSC must complete a Service Provider Engagement Recommendation Report (Attachment 2). This ensures OPA receives more than one provider option, together with the rationale for the recommended provider. The OPA requires the SC/SSC to identify suitable, skilled, and reputable providers. The OPA is not a procuring agency and is not resourced to undertake provider selection, this process supports informed and defensible decision-making.

The SC or the SSC gets to know the participants' needs and supports them to find suitable service providers. Without this function, clients of the Public Advocate would struggle to navigate the service system. Staff of the Office of the Public Advocate are decision-makers on behalf of clients (who have limited decision-making ability) and the Office is not resourced to undertake the role that SCs, or SSCs currently play in assisting clients. This function needs to be replicated in the new SCC or SCC+ roles.

Clearly defined roles and responsibilities and minimum qualification for the SCC are needed to provide a capable workforce and strong foundation for this new role/service.

2. **What would you most like to see improved in the new SCC service?**

The SCC service should be delivered through a lead- organisation model that can provide staff with appropriate training, professional supervision, and ongoing support. Services should have a local presence, with qualified staff based in community offices that clients can access in person, through home visits, or for timely drop-in support when issues arise.

Ideally, SSC/SC roles should be qualified with appropriate tertiary qualifications in relevant fields such as psychology, social workers, developmental educators, or other allied health areas.

The service should be responsive, flexible, and driven by participant need, rather than being constrained by billable hours or available NDIS funding. A regional model, encompassing the existing local area coordination services would reduce confusion for clients and their families. The fact that currently Local Area Coordination agencies assist participants to navigate the mainstream service system while support coordination agencies assist participants to navigate the NDIS service ecosystem, has always been confusing. The current design whereby SC or SSC is just like other services included in a participant's plan, is not appropriate. Support Coordination by its very nature needs to be flexible in terms of quantity and timing of service. Particularly for clients with complex needs (like clients of the Public Advocate), Support Coordination may be needed intensely for a while and not needed at all when a stable service environment is in place. Predicting in advance how much Support Coordination will be needed in a plan is impossible and should not be part of plans but available when needed. The service model must be responsive, available when crises arise and not constrained by hours or service levels.

If SCC is to be provided by non-government agencies on a regional basis, then there should be at least two successful tenderers in each region to allow participants to select their SCC agency.

The danger of the proposed SCC model, funded outside of participant plans, is that the quantum will be rationed and that there will be insufficient SCC service available to those who most need it. The service must be able to respond quickly and offer a comprehensive case management approach to a participant's changing needs. It must not be a 'one size fits all' model particularly for clients with complex needs and in the Complex Support Needs (CSN) Pathway. Public Advocate clients in SA have plans of high dollar value due to their needs and proportionate responses from the new service model must be available. Public Advocate clients represent 3% of the NDIS population but receive 12% of the funding received in SA, reflecting their needs and complexity.

The State Government role is to ensure adequate investment in government and community-based services that promote inclusion, community connection, and early intervention for people with disabilities. These services are embedded within the State Disability Inclusion Plan and local Access and Inclusion Plans. These initiatives provide referral pathways and practical supports outside of NDIS funding that the SCC service must be aware in order to refer to them. Hence, knowledge of other services available outside of the NDIS is critical.

The proposed Foundational Supports, jointly funded by the Commonwealth and the States and Territories, are an essential part of the ecosystem which were lost at the time of the roll out of the NDIS because States and Territories bundled all their disability funding into the State's contribution to the NDIS, which then found its way into participants' individual plans. This led to the NDIS plan being the only 'oasis in the desert' and all those areas of voluntary action and community development (which were often previously supported with Home and Community Care (HACC) funding) languished or disappeared. For SCC services to succeed, both Foundational Supports and State access and inclusion initiatives will be an essential part of the mix of services available to NDIS participants.

3. **When should SCC be a face-to-face service or a virtual service?**

SCC services should primarily be delivered face-to-face, through a combination of home visits and office-based appointments. Virtual services are less accessible for people with disability and should only be used when in-person support is not feasible, such as during a pandemic or for people living in rural and remote areas.

Face-to-face engagement should be the standard, as SCCs play an important safeguarding role for people with disability. Seeing a person in their home environment provides valuable insight into their circumstances and enables SCCs to identify risks, unmet needs or concerns that may not be raised by the participant themselves. This direct observation supports more effective, responsive, and person-centred service delivery. As mentioned, Public Advocates are not funded for case management and the role of the SSCs in fulfilling this role is imperative for participants of the NDIS.

4. **What participant groups will benefit most from the SCC service? What do their needs for connection and coordination of supports look like?**

Most people with disabilities who are NDIS participants would benefit from SCC services, as the NDIS is complex to navigate. This support is particularly important for those with impaired decision-making capacity, cognitive impairment, mental illness, or complex and co-occurring needs, who will often require an enhanced SCC+ service. People with guardianship orders appointing the Public Advocate, who often have limited or no informal supports to help them access and coordinate NDIS services, are particularly in need of SCC+. While Public Guardianship provides substitute decision-making within the scope of the SACAT order, it does not include case management or service coordination.

In some cases, an assertive case management approach is necessary to ensure individuals receive the supports they need to remain safe and achieve positive outcomes. Ideally, the NDIS SCC service should embrace case management. This is the single biggest omission in the NDIS. While the previous state-based systems were underfunded they did at least

offer a comprehensive case-management system. The case manager would provide a crisis intervention when a client (often one with complex needs including decision-making impairment) was in strife and/or would not engage with the service system. The NDIS does not address this crucial need but relies on the state services (but the states transferred all their disability funding to the NDIS). Hence there is a gap. The SCC service model would ideally remedy this defect by offering case management and crisis intervention.

5. **What experience, skills and knowledge do you look for in an SCC worker?**

SCC workers should, at a minimum, hold a relevant tertiary qualification in human services, disability, social work, or a related field. They should also have case management experience supporting people with disability, particularly those with involvement in systems such as forensic mental health, corrections, child protection, homelessness, or with behaviours of concern and complex needs.

Many Public Advocate clients interact with these systems, making it essential that SCC workers understand how they operate and how to navigate them effectively. SCC+ services should meet these requirements, and all Public Advocate clients should have access to this level of support to ensure they can successfully engage with and benefit from the NDIS.

SCCs should have an intimate knowledge and understanding of the local community mainstream services and supports to enable them to refer participants to non-disability specific services outside of NDIS funding.

6. **What would help you feel safe when receiving SCC services and encourage you to report an issue if needed?**

Like the Local Area Coordinators (LAC), SCC agencies must be independent of other service provision in the NDIA, as conflicts of interest impact on participant confidence in services. Fraud has been a significant risk for participants and cost burden for the NDIS, and all measures should be in place to protect participants and the scheme.

A qualified and experienced SCC should be supported by a strong lead organisation with effective internal complaints processes and clear external pathways for raising concerns. All SCCs and provider organisations should be registered with the NDIS Quality and Safeguards Commission, which must be adequately resourced to respond to complaints, incidents, and concerns. Safeguards should be robust, ensuring participants can raise issues without fear of reprisal.

First Nations participants should have access to culturally safe services that are designed, led, and delivered by First Nations people, like Aboriginal Community Controlled Health

Organisations (ACCHOs). While the NDIS has endeavoured to provide culturally safe services, greater First Nations leadership and control is needed to deliver genuinely culturally safe supports. It is reassuring to see that cultural safety and measures to address thin markets are already under consideration in the consultation paper.

7. **What else should we consider when designing the future SCC service?**

The consultation paper identifies three priority areas for implementation: continuity of participant services, workforce quality, and provider readiness. These will be critical to successfully transitioning to the future SCC model.

Clear communication with participants, their supporters and guardians will also be essential throughout the transition process.

The SCC should play a lead role in coordinating services including those funded within the NDIS plan and community and mainstream services. While the NDIA has avoided a case management approach due to concerns about disempowerment, the result has been a complex system involving multiple roles that can be confusing for participants, families, nominees, and guardians. In practice, no single party takes overall responsibility for coordinating support. For some participants, including clients of the Public Advocate, a case management-style service is exactly what is needed.

The Public Advocate has previously highlighted the complexity of these arrangements in several submissions and papers. As reforms are implemented, the NDIA should take care not to add further layers to an already complicated system. While the consultation paper proposes that Support Coordination and Psychosocial Recovery Coaching are included in two service levels, SCC and SCC+, it does not address the roles of other key roles in the system, such as Plan Managers, LAC's, and planners. Greater clarity is needed to ensure the new model simplifies, rather than further fragments, participant supports.

<u>Questions about service provider models and approaches</u>

1. **What commissioning arrangements would best balance participant outcomes, quality, sustainability and choice and control?**

A lead organisation model offers benefits such as broad service coverage and the capacity to respond flexibly to changing participant needs. In thin markets and for specific participant cohorts, lead organisations should be able to subcontract smaller specialist providers with relevant expertise and local connections. These subcontractors should be subject to the same registration, quality, and safeguarding requirements as the lead organisation.

Consideration should also be given to maintaining participant choice, including the ability to choose or change their SCC worker where appropriate. The transition should seek to retain existing trusted relationships by supporting current Support Coordinators and Specialist Support Coordinators to move into the new service model or, where this is not possible, be engaged through subcontracting arrangements.

2. What provider types would be best placed to be a lead organisation? Why do these characteristics matter?

Organisations already delivering disability, health, or community services within a region are best placed to be lead organisations. They should have strong local knowledge, established relationships with community services, government agencies, and service networks, and a demonstrated ability to connect participants with local supports.

Lead organisations should also have sufficient size and capacity to recruit, train, supervise, and retain a skilled workforce, while maintaining service quality and responsiveness to participant needs.

3. What are the advantages and disadvantages of the lead organisation model?

A lead organisation model may improve quality, consistency, safeguarding, and service availability, particularly in thin markets. However, it risks reducing participant choice, disrupting existing relationships, and limiting the involvement of smaller specialist providers unless strong subcontracting and participant choice mechanisms are built into the model. Consideration should be given to having choice of lead SCC agency. One of the disadvantages of the current LAC system is that participants have no choice of their LAC agency in a particular region.

4. What would be appropriate regional areas to use for SCC service areas?

The current LAC boundaries align with ABS geographic classifications that group neighbouring councils. Maintaining this alignment should be considered, as the SCC role includes connecting participants with community and mainstream supports. As councils are required to have Disability Access and Inclusion Plans, SCCs should be familiar with these plans and local supports available to people with disability outside the NDIS.

5. How might SCC providers manage variable need among the participants it supports? Which workforce, caseload, and service capacity factors should be considered?

There should be flexibility in caseload management to respond to participants' changing and often fluctuating support needs.

The workforce should comprise appropriately qualified and experienced staff, with access to specialist expertise, regular supervision, and ongoing professional development.

Caseloads should be allocated according to the complexity and individual needs of participants and matched to staff with the appropriate skills and experience. Participants with higher levels of complexity and intensive support needs should receive SCC+ supports and those SCC+ be assigned lower caseloads to enable effective coordination and practice.

SCC organisations should be of sufficient size and capacity with qualified staff to respond to changing participant needs, variable workforce capacity, and fluctuations in service demand while maintaining continuity and quality of support.

6. **Which payment and funding approaches would best support participant outcomes, workforce sustainability and innovation?**

A block-funded model, like that used for Local Area Coordination, should be considered for SCC services. This would enable flexibility to respond to varying participant needs, particularly during periods of crisis. As LAC organisations (Partners in the Community) are funded directly by the NDIA through grants and contracts, services are provided at no cost to participants and are not dependent on NDIS plan funding. Longer-term funding agreements would support workforce stability by enabling providers to offer ongoing employment, improving staff recruitment and retention, and helping to build a more skilled and experienced disability workforce. Contract periods should be sufficient in term to enable relationship building with participants with associated accountability, KPIs and transition periods if there are future tendering periods.

7. **What quality, workforce and safeguarding requirements should apply to commissioned SCC organisations?**

Commissioned SCC organisations should be registered with the NDIS Commission and comply with relevant NDIS Practice Standards and Quality Indicators. Staff should be appropriately qualified, screened, and supported through regular training and supervision.

8. **How can the future SCC model attract, build and retain workforce capability, including retaining participant relationships?**

Attracting and retaining skilled SCC workers will require competitive remuneration, secure ongoing employment, and access to training, supervision, and career development opportunities. The role should also be professionalised through a minimum qualification requirement to support a consistent standard of practice. A natural place to source skilled staff for the SCC role is current LAC workers and employees of current SC or SSC agencies and university graduates.

9. How should local knowledge and community connection be defined and assessed?

Local knowledge and strong community connections are essential for SCC agencies. They need an established presence in the region, a practical understanding of the local community, and demonstrated relationships with local government, mainstream services, and community organisations. This will enable them to effectively connect participants with both community and mainstream supports, alongside their funded NDIS supports.

10. How can the SCC service best support participants in regional, rural and remote areas, or other thin markets, where support options may be limited?

The Public Advocate recognises the challenges of supporting participants in regional and remote areas, particularly where service markets are limited. Collaboration and, where appropriate, co-location with existing local, state, and Commonwealth services may help improve access and service delivery. However, thin markets can also create potential conflicts of interest, which must be carefully managed. As well as considering local non-government agencies the NDIA should consider partnerships with State or Local government to provide SCC services in the country.

11. How can the SCC service best support participants who face additional barriers, including those experiencing complex and overlapping support needs or requiring decision-making support?

Participants who face additional barriers require a flexible SCC service that can provide support in the home, community, or in an office. For many Public Advocate clients, an SCC+ service will be necessary. These practitioners need strong collaboration and coordination skills to work across multiple stakeholders and ensure participants receive appropriate supports both within and beyond the NDIS. SSC services must have a crisis response model to deal with issues for participants outside of business hours and in complex situations that arise. There must be responsive escalation processes for urgent situations.

12. What transition arrangements would minimise disruption and support successful implementation?

The discussion paper identifies continuity of participant services, workforce quality, and provider readiness as key priorities for the transition to and implementation of the SCC model. The Public Advocate supports these priorities, particularly the need to maintain service continuity and trusted relationships.

Where appropriate, existing Specialist Support Coordinators should be given the opportunity to transition to SCC+ roles and continue supporting Public Advocate clients. OPA staff have invested significant effort and processes in objectively identifying skilled and effective SSCs, and maintaining these established relationships is critical given the complexity and vulnerability of many Public Advocate clients.

In conclusion, the review of Support Coordination and Specialist Support Coordination is both welcome and overdue. It provides an important opportunity to strengthen the system and ensure participants receive support that is responsive to their individual needs.

The commitment to maintain existing Support Coordination and Specialist Support Coordination arrangements until the SCC model is finalised and implemented is critical to protecting participants' safety and wellbeing during the transition.

The Office of the Public Advocate looks forward to continuing to work collaboratively with the NDIA to support the successful design and implementation of the new model.

Yours sincerely



Anne Gale

Public Advocate

Attachment 1: Expectations of the Specialist Support Coordinator (SSC) / Support Coordinator (SC)

Attachment 2: Service Provider Engagement Recommendation Report.

Attachment 1: Expectations of the Specialist Support Coordinator (SSC) / Support Coordinator (SC)

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Expectations of the Specialist Support Coordinator (SSC) / Support Coordinator (SC)

An understanding of the Guardianship and Administration Orders

- The Office of the Public Advocate (OPA) staff make substitute decisions on behalf of the Public Advocate in the domains stipulated in the guardianship order.
- The Administrator acts on all financial and legal matters.

Managing of the NDIS Plan funds

It is expected that the SC or SSC:

- Consult with OPA about and implement the NDIS plan
- assist the participant to understand achieve the goals in the plan
- connect the participant with community, NDIS, mainstream, and other government services
- **monitor and manage the funds in the NDIS Plan and undertake steps to ensure funding does not run out.** If funding is about to run out, the SC or SSC is required to resolve this issue before ceasing their support.
- confirm that the funding listed in a service agreement is in line with the NDIS Plan.
- seek services from NDIS service providers registered with the NDIS QSCC. If there are no registered service providers available or a preference for an unregistered provider, SC/SSC must discuss this with OPA staff before engaging the service.

Coordinating and managing the services provided and Service Delivery

It is expected that the SC or SSC:

- understands the client's wishes and support needs.
- is aware of the scope of the Guardianship Order and seeks clarification if unsure.
- sources suitable service providers, discusses services with the client and the OPA.
- Makes arrangements to commence services.
- Liaises with providers to ensure supports are delivered in line with the Protected Person's NDIS Plan and ensures OPA is supplied service agreements to consent to.
- Encourages collaboration in the care team, including the development of communication plans to distinguish roles and minimise communication issues.
- Maintains a line of communication with the OPA, informs the OPA of critical issues and risks to client safety. Is ready to engage with solutions.

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Attachment 2: Service Provider Engagement Recommendation Report.

Procedure 3 –Service Provider Engagement Recommendations Report

This document outlines the roles and expectations of all parties involved in selecting a service provider, ensuring transparency throughout the process. It is to be used by Support Coordinators (SCs) and Specialist Support Coordinators (SSCs) when presenting service provider options for NDIS participants who are clients of the Public Advocate. Office of the Public Advocate (OPA) staff use this information for the selection of a provider.

Note: If no SC/SSC is involved, OPA staff must complete all sections of the report.

The role of the Support Coordinator is to:

1. Discuss options with the client and inform OPA of their preferences.
2. Request services with confirmation the support fits with NDIS plan funding and goals.
   Note: Requests for Support Coordination must be accompanied by NDIS and Plan Manager consent to share.
3. Provide a range of NDIS registered service options to OPA for review and consent.
   (See the document attached).
4. Provide justification if seeking to replace an existing service.
5. Obtain OPA consent which requires:
   a. requesting and reviewing service agreements from the chosen service provider. Refer to NDIS website for required content.
   b. forwarding the service agreement to the OPA Guardianship Liaison Officer (GLO)/ staff for consent.
      Email: OPAMailbox@sa.gov.au including the following details in the subject line (if known):
      Client name – OPA matter number (or client DOB) – Key words of request.
      Example: Abby Apple, 2023/PA000123, request for consent to service agreement.
6. If urgent, add (urgent) to the subject line. Provide justification if seeking to replace an existing service.

The GLO/ OPA staff will:

- review service agreement.
- complete and send a letter of consent back to the SC/SSC for their distribution to the service provider.

OPA staff will:

- support the client's expressed preference if it is safe to do so.
- document the reason for provider selection in Felix and if it differs from the client's preference. (See Case Note Practice Guide). Upload the attached report to Felix.
- consider and discuss any perceived or actual conflict of interest with their team leader and complete a Declaration of conflict of interest form if required.
- seek Team Leader approval and save email in Felix. (Template email - Request for approval to use an unregistered provider.url) Note, if provider is registered with AHPRA, this form (Service Provider Engagement Recommendation Report) is sufficient.
- register and respond to any complaint about provider selection according to the complaints procedure.

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Engagement Recommendation Report

Name of the person completing this form	
Agency of person completing this form	

Client name:		Client DOB:	
		Client NDIS number:	

Service type being recommended: (e.g. SIL, PBSP, Support Coordination, OT, Physio…)

Questions

Have you presented the OPA with more than one option? Yes ◯ No ◯

If no, why?

Options presented:

1. Organisation:	
Reasoning:	
2. Organisation:	
Reasoning:	
3. Organisation:	
Reasoning:	

Recommended organisations details:

Business name:
Trading name:
Contact person:
Postal address:
Email address:
Phone number:
NDIS provider number or ABN:

Justification for recommended provider:

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Part 2

Questions cont.			
Has the client been consulted about the service providers? *If yes, explain the consultation process (and client's wishes). If no, provide reason.*	Yes ◯	No ◯	
Did anyone provide decision-making support for this decision if yes, by whom?	Yes ◯	No ◯	
Is provider registered with NDIS QSC to provide this service? (Or with AHPRA) *If not registered, please provide justification for putting forward this provider.*	NDIS ◯	AHPRA ◯	No ◯
Confirm the provider/worker is not banned by NDIS QSC	Confirmed ◯	Not confirmed ◯	
Are there any known conflicts of interest? *If so, please detail and proposed management.*	Yes ◯	No ◯	
Demonstrated skills and/or experience in the required service. *e.g working with complex clients, Aboriginal clients, other specialisation, regional location.*	Yes ◯	No ◯	
Provider's competencies relevant to the provision of services *e.g. behaviour support, cultural competence etc.*	Yes ◯	No ◯	
Provider has demonstrated experience working with clients with complex needs and impaired decision making.	Yes ◯	No ◯	
Any additional information:			

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Part 3

FOR OPA USE (Please copy and paste this decision into the file note)		
OPA staff member and signature:	**Service provider selected:**	**Date of decision:**
Do you have the delegation to make this decision? Yes ◯ No ◯ *If no, escalate decision to appropriate delegate. Refer to Public Advocate Delegations.*		
OPA justification for selection:		
Conflict of interest Is there a potential or perceived conflict of interest? Yes ◯ No ◯ Have you discussed with your Team leader? Yes ◯ No ◯		
Unregistered provider Have you obtained approval from your team leaders? Yes ◯ No ◯ Have you saved this approval in Felix? Yes ◯ No ◯		

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