



QAMH Response Paper: NDIA Support Coordination Discussion Paper

"Strong, inclusive and resilient mental health communities."

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Queensland Alliance for Mental Health Ltd

Support Coordination Discussion Paper: QAMH response

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**Support Coordination Discussion Paper
National Disability Insurance Agency**

The Queensland Alliance for Mental Health (QAMH) is pleased to provide this submission in response to the Support Coordination Discussion Paper.

Thank you for the opportunity to provide this submission to consultation as part of the review of support coordination service model and the NDIA's broader program of work to improve the quality and consistency of support coordination services. Our response covers key issues raised by members during direct conversations, meetings and through liaison with community mental health peaks across the country.

As recommended, we have provided a summary of these key issues. These key points are not exhaustive, and we would welcome the opportunity to expand and provide further detail on these.

Kind Regards,



Jennifer Black
CEO
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Introduction

The Queensland Alliance for Mental Health is the peak body for the community mental health sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health services across the state. At a national level, we collaborate with Community Mental Health Australia, and we work alongside our members to build capacity, and to advocate on their behalf on issues that impact their operations and people who access their services.

The Queensland Alliance for Mental Health gathered feedback from members through consultation at member's meetings, as well through liaison with other community mental health peaks. At a consultation with members on July 4, QAMH sought feedback and input from members based on the questions raised in the discussion paper.

Members provided feedback on issues identified throughout the course of their interaction with support coordination through the NDIS.

Key issues raised by members included:

- the interaction between the support coordination role and the recovery coach role,
- uncertainty about the role of support coordinators by participants and,
- the limited numbers of support coordinators with an understanding of Aboriginal and Torres Strait Islander communities and/or support coordinators of Aboriginal and/or Torres Strait Islander heritage.

Overall, a critical issue regarding the introduction of the recovery coaches and the impact on participants was overwhelmingly outlined by members.

This response will cover the topics outlined in the discussion paper in further detail integrating the feedback from QAMH members. It will include recommendations or considerations to note for the NDIA in relation to the support coordination role.

Inclusion of support coordination

In consultations with members, they confirmed that support coordination was an important inclusion in participant plans, but some concerns were expressed about the implications that the introduction of recovery coaches would have on the ongoing provision of support coordination. Confusion remains about the criteria for inclusion of both support coordinator and recovery coach. One member shared an experience where a participant with complex needs received funding for a recovery coach but not for a support coordinator where both would have been appropriate. By contrast, other members reported that some participants were using both a support coordinator and a recovery coach although it was unclear how this decision was made. QAMH heard from members, that despite cases where participants needed support coordination, participants were provided with only recovery coaches, leading to a view that participants were being pushed onto the recovery coach model as a replacement for support coordination.

Feedback from members indicates that many support coordinators have a good understanding and useful familiarity with the communities they work in and this skill and knowledge is a critical component of ensuring participants are receiving relevant and useful advice and assistance. The lack of inclusion of support coordination in participant plans and instead the placement of recovery coaches runs the risk of eliminating this critical support for participants and may mean quality of service and of outcomes is negatively impacted. To address this concern, the NDIA must ensure that support coordination continues to be included in participant plans where it will ensure good quality outcomes for participants based on their support needs.

Support coordination, as highlighted in the discussion paper, is a 'conduit to other supports in a participant's life including NDIS funded supports, mainstream supports and informal supports. Support coordinators play an important role in helping a participant to implement their plan¹.' This description and the following outline of activities undertaken by a support coordinator as part of assistance given to NDIS participants indicates that there is a crucial role that support coordinators undertake: that the success of a participant's plan relies on the involvement and work of the support coordinator. One could rightly argue that removing access to support coordination included in participant plans would prove counter-productive to ensuring that participants have access to good quality services through the NDIS.

Recommendations:

- Continue to include support coordination as part of all participant plans and fast-track advice and guidelines for recovery coaches to provide more clear definitions on the distinction between support coordination and recovery coaches.

¹ National Disability Insurance Agency. 2020. Support Coordination Discussion Paper.

Understanding the role of a support coordinator

A key concern raised by members is the variation in approach by support coordinators leading to no shared common understanding of what support coordination is and what it should look like for NDIS participants. One member explained that many of the participants accessing supports thought that their service provider would provide them with NDIS support coordination services and were unaware that a separate, specific support coordinator role existed. It is apparent through conversations with members that many participants are unclear on the role of a support coordinator and specifically on the type of assistance that can be accessed. Several members explained that some support coordinators provided a much more comprehensive service than others leading to inequity in service provision. This inconsistency in supports has also led to confusion amongst service providers as they are unsure of what expectations they should have for support coordinators.

There is a need for the NDIA to invest in more community education to ensure everyone is clear about what level of support they can expect from their plans and how to make best use of these resources. With new participants entering the system and new NDIS providers emerging, the need for clear information and consistency of approach is crucial. The responsibility for educating community should not fall on providers who are already under-pressure from existing workforce demands including the COVID-19 response. Greater clarity about what participants can expect from support coordination will improve the quality of the experience with the NDIS for participants.

Recommendations:

- The NDIA should undertake targeted, organised and informative community education sessions about both the support coordination and recovery coach role with communities across Queensland on an ongoing basis or fund community-based advocacy and support services to undertake this role in an objective, informative and independent manner.
- Provide minimum number of hours specifically to allow support coordinators to explain their role and the type of assistance provided to participants to allay confusion and ensure consistency of approach across all participants.

Quality of support coordination

Evaluating value for money in support coordination is a difficult given there are currently no specified outcome expectations to measure and evaluate the effectiveness of the intervention. However, in our consultations we heard that the most important aspect of support coordination was familiarity with local communities, understanding of mental illness and cultural competency rather than formal qualifications. If minimum requirements for support coordination were to be adopted, QAMH believes that training and skill development in mental health and trauma-informed approaches would be suitable additions to ensure high quality service provision.

A key concern of our members is that there appears to be a shift to the use of recovery coaches rather than support coordinators when they should be providing distinctly different services. Given the pay level of the recovery coaches is lower than support coordination, there is a concern that this may impact on the quality and range of services available. In a recent letter by Mental Health Victoria addressed to Mr. Martin Hoffman, CEO of National Disability Insurance Agency, they outlined the key tension between the recovery coach role and the support coordination role. In particular, the recovery coach role requiring a higher minimum qualification but offered at a lower price, raising concerns that this will lead to difficulties for providers attracting and retaining workers that have the recommended qualifications and experience.

The quality of support coordination to some extent rests on the interaction with other available NDIS supports and the reduced pay and the minimum qualifications required for recovery coaches will need to be resolved in order to ensure quality of support coordination and quality of participant outcomes.

The importance of cultural competence and cultural context

Another issue raised by members impacting on the quality of support coordination was the lack of Aboriginal and Torres Strait support coordinators available, especially in regions with a high proportion of Aboriginal and Torres Strait Islander people. A member operating in Cairns explained that there was only one Indigenous support coordinator operating in the area, leading to difficulty in providing culturally appropriate services. A member from the Queensland Aboriginal and Islander Health Council (QAIHC) also stressed that there is a need for Indigenous advocates to help Aboriginal and Torres Strait Islander people to navigate the system. Whilst formal qualifications may be one way to ensure a skilled workforce, the ability to provide culturally appropriate services with an understanding of the local service network and community connections cannot be underestimated in ensuring positive outcomes for people accessing the scheme.

For culturally and linguistically diverse communities and in Aboriginal and Torres Strait Islander communities, there are often people with significant experience in their communities who would be very well suited to the role but who may not have a formal qualification. Implementing the requirement for more formal qualifications could lead to missed opportunities where individuals may be perfectly suited to deliver culturally relevant and competent assistance with a firm knowledge of the local community but

excluded from being considered for employment. Given the severe workforce shortages in many rural, remote and very remote communities of Queensland, implementing a requirement for a qualification without providing funded support for people to undertake training and/or skills development could potentially lead to inadequate supports provided where people with a lack of understanding or familiarity with local community history and needs are delivering supports.

Recommendation:

- Implementation of formal qualifications as a prerequisite for support coordinators could exclude well-suited and knowledgeable individuals from work. If minimum qualifications are adopted, investment into training and skills development should be delivered around mental health and trauma-informed care and to ensure those with relevant skills, knowledge and community connections and cultural competency skills are not excluded.

Building capacity for decision making

Whilst the NDIS is fundamentally about choice of the participant our members stressed that there is an important difference between choice and control and informed choice and control. Participants must be adequately informed about their rights, what services are available and the implications of changing service providers in order to be in control of their outcomes.

The provision of information and guidance to participants needs to be strengthened in the support coordinator role as some members felt that this was at times not consistently delivered. The issue of independent advice whether it be through support coordination or another advocacy body was raised in a member consultation. The idea of access to an independent advocate could be useful in instances where support coordination was not included in a participant's plan.

It was not clear in our consultations whether there was a good understanding from participants or providers about the complaints and problem-solving mechanisms available through the NDIS Quality and Safeguards Commission if there are concerns about support. Within participant plans which do not include a support coordinator, an independent person able to adequately inform participants of choices and implications of changing providers, for example, with the intent of building capacity for decision-making in the long term appears to be a critical missing link in the current NDIS process.

An independent person/body/service funded to support participants in understanding the person-centred approach and how to make best use of their package, could lead to participants who are more empowered and well-informed when accessing NDIS supports as well as having a clearer understanding of the NDIS system.

Decision making for participants is also impacted by the capacity to exercise choice and control where there are limited services available in a region. This is a particularly acute reality for areas with underdeveloped markets often forcing participants to accept supports that may not adequately meet their needs². This is particularly prevalent in regional, rural, remote, and very remote areas of Queensland and has a negative impact on participants' capacity for informed decision making³. These impediments on decision making need to be considered when delivering support coordination to participants in these areas.

Recommendation:

- That the NDIA considers how they strengthen the capacity for independent advice for participants to make informed decisions and best use of their packages.

² Queensland Alliance for Mental Health. 2020. *Submission to Queensland Productivity Commission Inquiry into the NDIS Market in Queensland*. p10-11.

³ Warr, D., Dickinson, H., Olney, S., Hargrave, J., Karanikolas, A., Kasidis, V., Katsikis, G., Ozge, J., Peters, D., Wheeler, J., Wilcox, M. 2017. *Choice, control and the NDIS. Service users' perspectives on having choice and control in the new National Disability Insurance Scheme*. Melbourne Social Equity Institute. The University of Melbourne.

Conflict of interest

The NDIA should consider the recommendation made by the NDIS Independent Advisory Council (IAC) with regards to “the independence requirement between intermediary and other funded supports at the participant level” with the purpose of ensuring any changes made protect and strengthen participant choice and control.

In implementing this recommendation, the NDIA needs to accommodate circumstances under which one provider must deliver both support coordination and other supports due to thin markets in the regions they operate. For example, in smaller specialist services and in rural and remote organisations with fewer resources there are often duplications in supports, with the same person providing multiple supports to a participant, leading to conflict of interest concerns. It is important for the interests of the participants and protection of their needs to ensure that there is independence advice provided. As such, improved education for NDIS participants to work with providers where there may be a conflict of interest and for providers to clearly outline how this is being mitigated should be strengthened.

Recommendation:

- That the NDIA consider the IAC recommendation in light of the challenges for providers operating in thin markets and the need for the NDIA to ensure participants are adequately informed of potential conflicts of interests and the mitigation strategies employed by providers.

Conclusion

The support coordination role clearly delivers critical assistance as part of a participant's involvement in the NDIS and while there are some inconsistencies and challenges to overcome in the current operating model, this is not an impediment to the overall success of the support coordination role. QAMH believes that there is room for improvement in developing and refining the support coordination role and ensuring that there is greater clarity about how this role relates to the recovery coaching role. While no clear evaluation measures exist to define effectiveness outcomes of the support coordination role, it would be beneficial to do this work in collaboration with participants to ensure relevance of measures.

Our submission has highlighted a clear strength of the support coordination role when they have an intimate familiarity and knowledge of the local context. This will result in better provision of supports, particularly where competency in culturally relevant support is high. Our current experience of COVID-19 suggests that the mental health needs of the population will increase and the need to invest in community services and health care workers is paramount. However, building participant capacity in decision-making is also a critical component of service delivery in the community and is a key aspect of ensuring choice and control. An adequately trained and skilled workforce can ensure that there is a healthy balance between the provision of support through the NDIS system but also use empowering strategies for participants to build capacity in decision-making.

Overall, the support coordinator role should remain as part of the NDIS package of supports and there is a need to strengthen the linkage between LACs, support coordinators and recovery coaches and other supports. Without a well-coordinated approach to the interaction between support coordinators and other supports provided through the NDIS, the quality of outcomes for participants will be negatively impacted and this needs to be a consideration for the NDIA moving forward when designing and implementing new support frameworks.

The Queensland Alliance for Mental Health encourage the NDIA to adopt the following recommendations to address the key issues raised throughout this submission:

- Continue to include support coordination as part of participant plans and fast-track advice and guidelines for recovery coaches to provide more clear definitions on the distinction between support coordination and recovery coaches.
- The NDIA should undertake targeted, organised and informative community education sessions about both the support coordination and recovery coach role with communities across Queensland on an ongoing basis or fund community-based advocacy and support services to undertake this role in an objective, informative and independent manner.
- Provide minimum number of hours specifically to allow support coordinators to explain their role and the type of assistance provided to participants to allay confusion and ensure consistency of approach across all participants.
- Implementation of formal qualifications as a prerequisite for support coordinators could exclude well-suited and knowledgeable individuals from work. If minimum qualifications are adopted, investment into training and skills development should be delivered around mental health and trauma-informed care and to ensure those with relevant skills, knowledge and community connections and cultural competency skills are not excluded.
- That the NDIA considers how they strengthen the capacity for independent advice for participants to make informed decisions and best use of their packages.
- That the NDIA consider the IAC recommendation in light of the challenges for providers operating in thin markets and the need for the NDIA to ensure participants are adequately informed of potential conflicts of interests and the mitigation strategies employed by providers.

References

National Disability Insurance Agency. 2020. Support Coordination Discussion Paper.

Queensland Alliance for Mental Health. 2020. *Submission to Queensland Productivity Commission Inquiry into the NDIS Market in Queensland*. p10-11.

Warr, D., Dickinson, H., Olney, S., Hargrave, J., Karanikolas, A., Kasidis, V., Katsikis, G., Ozge, J., Peters, D., Wheeler, J., Wilcox, M. 2017. Choice, control and the NDIS. Service users' perspectives on having choice and control in the new National Disability Insurance Scheme. Melbourne Social Equity Institute. The University of Melbourne.