

Mind Australia Limited

Response to the NDIA Support Coordination Discussion Paper

September 2020

About Mind

Mind Australia Limited (Mind) is one of the country's leading community-managed specialist mental health service providers. We have been supporting people dealing with the day-to-day impacts of mental ill-health, as well as their families, friends and carers for over 40 years.

Mind is a registered NDIS provider and have a committed and workforce specialism in the provision of psychosocial support. In the past financial year we provided a service to 2,008 NDIS participants. Mind is registered to provide:

- Supports to approximately 1838 NDIS participants including support coordination, Allied Health specialised assessment and behaviour support, and community engagement and capacity building support with a workforce of over 100 FTE community mental health practitioners and mobile allied health.
- Supported Independent Living (SIL) to 170 NDIS participants across Victoria, Queensland and South Australia. SIL is delivered in to Specialist Disability Accommodation, community housing, private rental and some state-government owned properties.

Over the past six years Mind has made a substantial investment in a research program that has contributed to public knowledge on mental health recovery and psychosocial disability. Part of our research program focuses specifically on the NDIS and the inclusion of people with psychosocial disability in the Scheme. We are also dedicated to monitoring and evaluation to support practice and quality improvement.

Introduction

Mind appreciates the opportunity to respond to the *Support Coordination Discussion Paper*. Since 2017 we have provided Support Coordination to over 1500 participants with psychosocial disability. This submission has been produced drawing on consultations with NDIS participants through our Lived Experience Advisory Team and Mind Support Coordinators who have extensive practice experience.

Through this submission, we seek to bring to the fore the issues that the NDIA should address to meet the needs of people with psychosocial disability. Given that this cohort are most frequent users of support coordination, we hope that these representations will enable the NDIA to implement long-lasting changes for the benefit of all participants. Our submission provides responses to all the questions posed in the Discussion Paper to assist the NDIA with its inquiry. In making this response, we wish to reiterate the following crucial points:

- Participants with psychosocial disability who are allocated a Support Coordinator are those participants least likely to activate or utilise their plan and achieve recovery outcomes. Support coordination therefore plays a critical role in many participants' ability to exercise choice and realise their goals.
- The role of Support Coordinators is not well-understood by families, carers or even those in the sector. This would be improved by implementing clear practice guidelines and role descriptions as well as rolling out education programs.
- The quality of support coordination varies significantly. The NDIA should address this by putting in place minimum level qualifications, and by measuring the effectiveness of support coordination in line with participant's goals. The NDIA may consider an approach similar to Mind's My Better Life model (discussed throughout and detailed at Appendix 1).
- For people with psychosocial disability, recovery is not about symptom remission but the capacity to have a meaningful, purposeful life with hope for the future – this is what the goal of support coordination should be.
- Enforcing strict conflict of interest requirements will be of detriment to participants and will not enable them to exercise choice and control. Instead, the NDIA should consider other enforcement methods available to mitigate the risk of conflicts of interest.
- People with psychosocial disability should be able to access both a psychosocial recovery coach and a Support Coordinator to assist them to meet their recovery goals as both provide different roles in a person's recovery.

Mind is a strong supporter of the NDIS and the inclusion of people with psychosocial disability in the Scheme. It is clear that since the scheme came into operation seven years ago it has already improved the lives of many people with a psychosocial disability, particularly those in supported independent living (SIL). Mind strongly believes that participant 'choice and control' must also be kept at the forefront when undertaking this review. Participants are the experts in their own recovery and are best-placed to determine what their individual goals and support needs are and how Support Coordinators can assist them to attain them.

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?

People with psychosocial disability require a flexible approach to determining when they should have support coordination in their plans and for how long they require it, as they have needs which fluctuate over time. Some people may require support for the duration of their lives and others may be able to increase capacity during periods when their mental health is stabilised. It is likely that most participants will require a greater level of support following a mental health crisis, a hospital admission or in periods of extreme distress.

While the NDIA may look to reduce the number of hours of support coordination a participant needs as their independence grows, for people with psychosocial disability who have complex needs, it cannot be assumed that they will need less support in the future or that support coordination reductions can or should follow a linear, consistent path. The amount of Support Coordination hours funded in a participant's plan should reflect the needs and goals of person, not impacted by length of time they have been a participant in the NDIS.

Should a participant's needs change unexpectedly during the course of a plan, there should be opportunity to consider being able to access increased support coordination in a timely manner. As planning meetings are undertaken at a point in time, and the hours of support coordination required are assessed against a person's wellbeing at that time, a planner cannot reasonably predict the support someone may require in the future. For example, a person may experience a change in their housing situation, and need a Support Coordinator to connect them with a housing service. Or a person may experience a period of psychosis requiring a hospital admission and then require connection to supports upon discharge. The NDIA have shown flexibility in this regard through COVID-19 by allowing participants to access Support Coordination from Core budget. This flexibility should be available beyond 25 September.

Further considerations that should be taken into account when considering if, when and for how long support coordination should be funded in an NDIS participant's plan:

- Participant's capacity to coordinate supports; both current, historical and likely future capacity, noting that their needs may fluctuate over time
- Functional impairment in domains (e.g., communication, social interaction, learning and self-management) considered critical to coordination of supports
- Degree of functional impairment and whether this impairment is likely to improve over time. For example, a participant with a significant cognitive impairment that is unlikely to significantly improve may need to be funded for support coordination for the duration of their time as an NDIS participant
- Whether a participant has access to technology essential to coordinate their own supports such as telephone, internet, and computer. Can a participant learn to use this technology, and if so do they want to, and can they financially support the ongoing costs
- Are there informal supports in place for the participant, who can support the participant in the implementation, monitoring and review of their plan? For participants with a psychosocial disability this is often an unreasonable expectation for people providing informal support. It often does not take into account what is a 'reasonable' expectation for informal supports and whether they want to and/or have capacity to take on this support, and for how long. There

should also be consideration of how much support the participant like to receive from their informal supports.

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

Mind believes that level 2: Coordination of supports and level 3: Specialist Support Coordination need to be maintained particularly to support the complex needs of people with psychosocial disability.

People who experience psychosocial disability require a skilled workforce with practice wisdom and who understand the episodic nature of psychosocial disability. The higher price guide for Specialist Support Coordination is necessary to maintain appropriately qualified and skilled service staff with a specialist ability to work with someone around their specific disability needs.

The following case study demonstrates the specific needs someone with psychosocial disability has that requires a specialist knowledge of psychosocial disability:

Tim has been receiving psychosocial support from Mind for 15 years. Tim has been diagnosed with paranoid schizophrenia and regularly experiences periods of paranoia and hospital admissions. When Tim is unwell his ability to engage with supports is reduced.*

Tim lives in a remote part of Victoria. He often loses his driver's license, limiting his ability to access services in the community. He has no family in Victoria to support him and is therefore reliant on formal supports. When Tim experiences episodes of paranoia, he engages in behaviours that pose a risk to staff. In the past, Tim has threatened violence against his workers.

Tim often struggles to make sense of and comprehend his own mental health and often finds it difficult to understand the impact of his choices and behaviours. Tim is now receiving NDIS funded supports. When he is unwell, Tim seeks more social contact with formal support networks and increases the amount of support with his support workers without confirming he has a budget to fund this. Tim will contact his providers and increase the amount of hours of support from his NDIS plan to an unsustainable level. Being plan managed, Tim is able to sign up workers for more time than he has available funding for in his NDIS plan. In past NDIS plan cycles, this has meant Tim has been left without essential supports.

To address these challenges Tim's Support Coordinator assists Tim and his support network to establish consistent supports and to set boundaries. Tim's Support Coordinator coordinates Tim's NDIS supports to ensure all services are consistent with the information provided and boundaries established in relation to behaviours of concern and use of NDIS support hours. Tim's Support Coordinator assists Tim to regulate the spending of his NDIS budgets and maintain relationships with his supports when he is unwell.

Having developed a good relationship with Tim, Mind's Support Coordinator recognises the early warning signs of his declining mental health and escalation in paranoia and behaviours of concern. His Support Coordinator flags these issues with clinical services before they escalate to enable rapid action and prevent further decline.

* Names have been changed in all case studies

Tim is one of the many people in the NDIS who require a Support Coordinator that is experienced in working with people with psychosocial disabilities, understands the issues they face, is able to develop professional connections and liaise effectively with clinical services, as well as has the capability to form positive, respectful relationships with both Tim and his service providers.

In our experience, there is limited understanding of how the roles are different between levels of support coordination what is required of each Support Coordinator. The NDIA should produce clearer definitions and parameters for each level. This would help to ensure Level 3 Support Coordinators are only undertaking tasks needed from this level, rather than delivering coordination more appropriate for a Level 2 coordinator, thereby ensuring participants are receiving the best value for money.

Mind is unable to comment on Level One as we do not deliver this service, however it is suggest this role could be undertaken by Local Area Coordinators (LACs).

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

The NDIA should put in place more opportunities which allow for a free-flow of information between Support Coordinators and other supports to enable them to assist the participant to utilise all their supports and fund this in participants' plans. For example, the Support Coordinator should be notified every time a participant engages a provider to deliver a service so they can factor this in to budgetary and future planning processes. Relying on the participant to inform their Support Coordinator in a timely manner leads to delays and inefficiency.

Support Coordinators should be able to communicate directly with the NDIA planner who created a supported participant's NDIS plan. Support Coordination will be more effective and more efficient if there are systems in place to enable communication about how the plan was structured, and why decisions were made to include/exclude supports that were discussed in the planning meeting. From Mind's experience, the NDIS help centre are not able to answer specific questions about a person's NDIS plan. Support Coordinators should be able to seek clarification directly from planners throughout the duration of the participant's plan.

From our experience in delivering support coordination, other providers delivering supports do not have a clear understanding of the role of a Support Coordinator. As discussed throughout this submission, this would be clearly enhanced by putting in place clear role descriptions accompanied by an education campaign to ensure other providers and Local Area Coordinators staff understand the responsibilities and value of the role.

Mind is particularly concerned with intentions to subsume support coordination into the psychosocial recovery coach role. Support Coordinators and psychosocial recovery coaches have different and complementary roles. Mind is concerned that the NDIA have indicated that a participant will not generally be funded to receive both supports.¹ While support coordination is intended to assist participants to achieve the most outcomes from their plan (through understanding the plan, researching options and budgeting) the very definition of a psychosocial recovery coach is to provide a higher level of support that is tailored towards the individual. Recovery coaches should remain focussed on assisting an individual on their recovery journey by providing coaching to increase the participant's recovery skills and personal capacity, including motivation, strengths, resilience and decision-making. This role should

¹ Psychosocial Recovery Coach information. Available at: <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis#psychosocial-recovery-coach>

not be subsumed into support coordination and participants should be able to choose to have both supports funded in their plan.

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

NDIS participants with psychosocial disability interact with other services within the mental health system, both clinical and community-managed. Support Coordinators need to have an understanding of the supports the participant is receiving to ensure NDIA supports complement these services. In Mind's experience there is a tendency for Support Coordinators to become focused on NDIS supports; limiting their efforts towards strengthening a participant's informal and mainstream supports. Support Coordinators should have a responsibility to understand what mainstream services are available to their participants and actively presenting participants with this information and supporting them to navigate the mainstream system. At plan review the NDIA needs to pose questions to participants, their guardian or Support Coordinators as to what informal and mainstream supports have been explored within this plan period.

Mind has developed the My Better Life planning tool (see Appendix 1) that is used by Support Coordinators throughout their plan. This tool has been developed to consider all aspects of a person's life and to understand their supports to enable a fuller picture to emerge. When first meeting with a participant, the Mind Support Coordinator works with a participant to identify areas of their lives within 12 specific domains (for example: feeling safe and secure, rewarding relationships, completing my education and skills for community living) where they are satisfied and where they'd like to improve. After identifying areas for improvement, Mind staff work with an individual to set specific goals and aspirations to support them to make progress in these areas throughout the life cycle of the plan. Before plan review Support Coordinators work with participants to review their goals and progress and current state of satisfaction across these areas.

Clinical mental health providers have shown to have limited understanding of the NDIS and the functions of a Support Coordinator, evidenced by Mind recently being approached by a Victorian Area Mental Health Service to undertake sector education on the NDIS. The NDIS should invest in an education campaign with clinical mental health providers to explain the supports available to people with psychosocial disability and how they can access them.

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?

Participants with psychosocial disability and complex needs, or other significant barriers, may not be able to utilise the full amount of support coordination in their plan due to the impacts of their mental health concerns. The episodic nature of psychosocial disability means that participants experience times where they are too unwell to utilise their supports during a given period, or are at a stage of their recovery journey where they need less support. These fluctuating needs to be understood when considering utilisation rates.

Many participants with psychosocial disability may have delayed engagement with support coordination, brought about by a lack of trust with services. The following case study provides an explanation of how building up trust and rapport over time leads to higher support coordination utilisation rates.

Susan had been a customer of Mind for 6 months and it has been difficult to engage with her. Susan had no fixed address, was couch surfing with friends, issues with alcohol and other drugs*

and rarely answered her phone. She had few supports set up and a long history of limited engagement with supports. The Mind Support Coordinator initiated a re-engagement process and 6 months later, the Support Coordinator secured a meeting with Susan and her psychologist. The Support Coordinator developed rapport with Susan during this meeting and then took the time to get to know Susan, building a relationship before initiating conversations about other services. Susan now engages in regular phone calls with her Support Coordinator, has been approved for housing, and has not experienced issues with drugs or alcohol in over a year. She also now has a mental health care plan in place, sees a psychiatrist, and engages in art classes. Her Support Coordination hours are now on track to be fully utilised.

In addition, some participants require a significant amount of support coordination, before they understand and are empowered to utilise other supports in their plan.

John was provided with 30 hours of support coordination in a 12-month plan. John's Support Coordinator has worked with him to develop his capacity to understand NDIS procedures and empowering him to have control over his supports. John has a history of trauma and issues with trust, so he finds it difficult to select workers and build relationships. John often cancels the services Mind has supported him to set up. John now has only 1 hour of Support Coordination remaining, but 210 days left on his plan and 98% of his other plan budgets remaining.*

Others, will often require support to find suitable housing or assistance to engage with other aspects of their life before they are ready to access other NDIS supports, as was the case with Raphael.

Mind has spent a significant amount of time working with Raphael to build a relationship with him, support him to understand NDIA policies/processes and ensure he has basic supports in place. A substantial part of this has been supporting Raphael to find new housing as his existing housing was unstable and inappropriate, compromising his health. Raphael was provided 65 hours of support coordination across a 12 month plan. Given the work required to create a relationship with Raphael, understand his needs and address the urgent requirement for suitable housing, Raphael now has only 6 hours remaining of support coordination with 201 days until the plan end date, and 83% of his core budget remaining.*

To address utilisation rates, the following should be addressed:

- Support Coordinators be allowed and supported to communicate with NDIA planners about the participants plans to clarify what support is able to be funded
- Funding is provided in support coordination to allow time for the Support Coordinator to build trust and rapport with the participant
- The Support Coordinator should be notified every time a participant engages a provider to deliver a service so they can factor this in to budgetary and future planning processes, as well as identify the need for early plan reviews.

Role of support coordination

6. What functions should a Support Coordinator perform? Are there tasks that a Support Coordinator should not do?

People with psychosocial disability require a Support Coordinator who understands their impairment, and the holistic support required to assist them to build their capacity.

Functions that a Support Coordinator should perform:

- Assist NDIS participants to understand their NDIS plan
- Assist participants to identify their goals
- Build the capacity of participants to understand and engage in NDIS policies and processes (e.g. service agreements)
- Assist the participant in initial meetings with other services (if requested by the participant)
- Support the participant to budget for their supports from their NDIS plan. Support Coordinators need a strong knowledge of funding, costs and the division of budgets to ensure all supports will fit in allocated amounts.
- Support the participant to self-advocate
- Empower the participant to exercise choice and control over their support network – including both NDIS services and other supports
- Understand and document the range of supports someone with psychosocial disability will require, such as housing, employment, physical health
- Support the participant to navigate challenges they face with services, for example changing a provider/worker
- Liaise with stakeholders and the participants support network including clinical mental health teams, LAC and other informal supports
- Research and build knowledge of local providers to provide options to the participant
- Assist the customer to regularly review their goals and support them to voice if their goals have changed in a plan review meeting
- Support and build the capacity of the participant to self-advocate
- Build a risk management plan with the customer and empower them to manage their own wellbeing
- Engage crisis services when needed
- Regularly report to the NDIA
- Keep up-to-date with NDIA policies and changes to the price guide.

Functions a Support Coordinator should not perform:

- Therapeutic support, counselling or other mental health services
- Override the choice and control of the participant and engage services that have not been chosen by the participant
- Act as a support worker/outreach worker
- Advocate on behalf of a participant without discussion and consent from participant
- Resolve issues on behalf of other services
- Approve invoices from plan managers. If the person cannot approve their own invoice they should be agency managed

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?

Mental health, housing and homelessness have a complex bidirectional relationship; mental ill-health can lead to homelessness and homelessness can lead to mental ill-health². It follows then that many

² Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) Trajectories: the interplay between mental health and housing pathways. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, <https://www.ahuri.edu.au/research/trajectories>

participants Mind provides support coordination to experience housing instability, as illustrated by Raphael's story above.

Accommodation is a critical underpinning component for social and economic participation; without safe and secure housing, employment and education are virtually impossible to sustain. Engagement in education and employment are essential to participants' long-term health outcomes and their ability to exercise choice.

Accessing and navigating all these universal systems can be very challenging for people with psychosocial disability. Support coordinators must therefore have the skills to effectively navigate all service systems, including, and most particularly, the housing sector.

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

There are benefits in a more closely aligned relationship between plan management and support coordination and Mind would support opportunities to improve formal communication lines to discuss the funding available in a participant's plan to ensure budgets can be better monitored and managed.

However, we believe the roles should remain separate and see the following risks with the roles becoming more closely aligned:

- Potential misuse of funds
- Greater chance of conflicts of interest arising
- Confusion for participants about who is responsible for completion of tasks.

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?

Mind believes that there should be a minimum qualification requirement in place for Support Coordinators, set at certificate level IV equivalent. This is likely to significantly improve the quality of support coordination in the market, and also provide safeguards for participants. Mind requires Support Coordinators to have a minimum certificate IV level qualification in mental health as this qualification gives the strongest grounding and skill base from which to help people with psychosocial disability build and navigate the supports they need to assist them into recovery.

Organisations that are registered to provide support coordination are already accredited and the skills and experience of staff line up with these standards. Mind supports the NDIS implementing mandatory NDIS-funded training for Support Coordinators, or initiating a CPD requirement which needs to be met each year, provided associated funding and investment are provided.

In addition to minimum qualifications, and to ensure the safety and quality of support coordination provided, critical capacity and funding models that allow for training, supervision and oversight are essential.

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

The effectiveness of support coordination should be measured and demonstrated in line with the participant's goals. As discussed previously, Mind uses the My Better Life planning tool to ascertain the participant's goals and we recommend the NDIA consider measuring the effectiveness of support coordination against tools of this nature.

Having clear goals in place for participants and review points enables Mind to measure change and can be an important way to assess whether support coordination has been effective. Importantly, My Better Life focusses on the participant's identified goals, rather than on metrics imposed by the provider or the NDIA.

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

As discussed above, having a structured goal setting and plan review processes enables participants to consider their options in line with their recovery aims. In addition to setting goals as part of the My Better Life tool, Mind Support Coordinators undertake a review at the 9-month mark before a participant's plan review meeting to consider the progress of the participant and to set new goals with the participant. Mind has initiated an NDIS Plan Review Report, which steps the participant through their current situation, their reflections on their previous plan related to the goals they outlined. Participants are asked questions such as; "what is working well for you," "what would you like to change and improve" and "what do you enjoy doing" to tease important information out from the participant that can then be provided to the NDIA planners to assess ongoing needs at plan review.

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?

As the NDIA has pointed out in the discussion paper, the price of the Psychosocial Recovery Coach is currently lower than both Level 2 and Level 3 support coordination. While Mind welcomes the introduction of the Psychosocial Recovery Coach to support the unique needs of participants with psychosocial disability, we are concerned at the low pricing of this support given its specialist nature, and the blurring of roles which are the responsibility of the support coordinator.

As the qualifications and expertise are higher than what is required for support coordination, organisations such as Mind will have immense difficulty to be able to provide recovery coaches at this cost. A recovery coach is expected to perform NDIS support coordination in addition to other more specialised functions including relationship building, recovery planning, coaching, and collaboration with supports beyond the NDIS (for example, mental health, physical health, justice and housing).

As it stands the pricing of Recovery Coach is currently not adequate to:

- Attract and retain workers that have the recommended qualifications and experience to undertake the responsibilities of the role
- Enable providers to adequately train, supervise and support the workforce, especially the existing and emerging lived experience workforce, which may require additional support and flexibility (particularly during its establishment)
- Improve participant outcomes
- Achieve choice and control for participants
- Ensure appropriate quality and safeguarding can be maintained

- Ensure continuous improvement.

Mind would be concerned about any move to reduce the price for support coordination to align with the price of Recovery Coach. Should this happen it will impact our ability to recruit experienced Support Coordinators, further disadvantaging customers with complex needs. Customers could receive support from a worker who does not understand their disability experience, thus limiting the participant's ability to engage with the NDIS and other supports. Rather than the price guides for support coordination coming down to meet the rate of Recovery Coach, we strongly contend that instead the Recovery Coach rate must come up to match Level 2 support coordination.

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

While Mind is supportive of participant-led and informed outcomes measurement, there are significant complexities with aligning pricing to outcome attainment and participant goal realisation for people with psychosocial disability.

As people with psychosocial disability receive supports from many different services and often rely on informal, as well as formal supports, goal attainment may be achieved with little influence or work on the part of the Support Coordinator. On the other hand, pricing cannot be determined based on the progression of participant without ignoring the unique barriers and circumstances people with psychosocial disability face in their recovery journey. Mental health recovery is not linear; participants may not always achieve their goals within a set timeframe.

We also believe this may lead to perverse incentives. Providers may choose to not take on participants with psychosocial disability, as it is seen as too challenging to receive a return on this investment, leaving people with complex needs without support.

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?

After discussing the participant's goals and aspirations with them, a Support Coordinator's role is to have an understanding of the options available to the participant and to present them to the participant in a transparent manner.

Central to being able to assist a participant with psychosocial disability to make informed choices, is building a relationship of trust and rapport with the Support Coordinator. In order to facilitate informed choice, Support Coordinators must know the participant and understand signs and symptoms that enable them to question when the participant is not well enough to make an informed decision. This takes time and can only be established through regular face-to-face interactions by experienced staff.

Challenges arise when thin markets limit the options available to the participant. In markets with a large number of options, a support coordinator has to ensure a wide range of options are presented without overwhelming the participant. In these circumstances, it is the detailed knowledge of the participant's interests, capabilities and goals and the rapport developed between the participant and the support coordinator that enables a range of options that best align to the participant to be presented, enabling them to exercise choice and control

The following case study provides an example of how the experiences of people with psychosocial disability can inhibit their opportunities to exercise choice and control.

David lives in Supported Independent Living. David was slow to engage with Support Coordinator as he experiences severe anxiety and connecting with new people is particularly stressful. As a result, David sometimes struggles to manage complex information and make decisions. David has said he 'likes the days when workers would just link him in with supports'. David is hesitant to engage with new services, he finds it difficult to make choices and David's anxiety about new people and new services has impeded his progress towards achieving his NDIS goals. His Support Coordinator continues to work with David to support him to choose from a range of support options.*

15. How does a Support Coordinator build a participant's independence rather than reliance?

Where a person has the functional capacity to develop the skills necessary to manage and implement their plans and navigate the NDIS system, then the goal of a Support Coordinator should be to get the participant to the level where ongoing coordination is either reduced or no longer necessary.

Building participant's capacity and independence can be achieved through:

- Ensuring a participant is aware of their rights and entitlements and building their capacity to self-advocate
- Helping participants to develop necessary budgeting skills to implement their plans
- Working to build the capacity of carers, families and other informal supports
- Ensuring that participants have access to and proficiency in relevant technology
- Assessing a participant's functionality to coordinate their own supports and then setting clear capacity development goals to work towards

Mind's My Better Life planning tool is also used to help build a participant's capacity and independence. My Better Life encourages participants to identify and better understand the strengths and abilities they already possess across multiple areas of their lives. It also enables them to identify barriers and challenges and strategies to address these. As part of this process, individuals are also supported to identify trusted people, outside of formal supports, who can assist them. The NDIA should consider structured tools, such as My Better Life to help build participant's capacity.

For people with psychosocial disability, their capacity to be independent depends on where they are in their recovery journey and on the current state of their mental health. Participants we consulted highlighted that psychosocial recovery is non-linear, and this needs to be taken into consideration when assessing potential for building capacity. This is another strength of the My Better Life tool as it is designed to work with people at their current stage of their recovery journey and level of capacity. Using the tool for assessment at the start of a participant's relationship with their Support Coordinator enables a clear understanding of what level of support a participant needs, and the review process ensures that this support can be scaled up or down as needed.

The decision to end support coordination needs to rest with the participant and their informal supports, ensuring that risk mitigation strategies and contingencies are in place should their capacity fluctuate. This is particularly important for participants with psychosocial disability, where as noted, support needs and levels of functionality can change quickly and unpredictably. It is also important that there is recognition that for some individuals, they may be unable to build their capacity to manage and

implement their plans without support coordination. For these participants there must remain an option to continue support coordination for as long as required.

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?

The ability for a Support Coordinator to provide some level of personal advocacy can be important to ensuring participants receive the supports they need. Support Coordinators are well placed to play an advocacy role as they are familiar with the systems and structures of the NDIS and can help elevate participants' voices when they are not able to self-advocate.

The advocacy role is particularly important in the context of plan reviews. According to one participant with psychosocial disability Mind consulted during the development of this response: *"the first thing a good Support Coordinator should do is to assess what a participant's capacity is then help them get services that are in their plan. The second thing they need to do is in plan review meetings, to advocate so they get a good plan and keep important services."*

Participants Mind consulted as part of this review said it has been difficult for them in circumstances where this advocacy hasn't been available, and where they haven't been able to self-advocate. Support Coordinators have been particularly helpful in identifying why participants may not have used funding in certain categories of their plans, and advocating on their behalf so they don't lose this funding in the future.

While advocacy can be an important part of a Support Coordinator's role, Mind believes that there needs to be parameters in place to ensure Support Coordinators are advocating on behalf of participants and to avoid any conflict of interest.

The parameters should be defined and agreed in writing with the participant; the participant should outline circumstances where and how they want their Support Coordinator to be an advocate for them. The Support Coordinator should reconfirm this agreement verbally before every instance where the possibility for advocacy arises.

If a participant requires ongoing advocacy on a regular basis, consideration should be given to identifying a formal advocate.

Conflict of interest

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

Keeping choice and control at the centre of NDIS delivery, including support coordination, requires that participants have the right to choose who their services are delivered by and this may include all of their services delivered by the one provider. This option is especially important for clients with psychosocial disability who may find navigating multiple service providers overwhelming or anxiety provoking.

The NDIS participants Mind consulted with raised several benefits of having support coordination and other services delivered by the same provider. It is important that this option remain when it is an informed choice. Benefits included:

- Better coordination between the Support Coordinator and other service staff

- Better communication and less likelihood of things being lost in translation as information is passed from one provider to another
- Participants having to retell their stories fewer times
- Consistent organisational values and policies and approaches from the provider, which can make it easier for participants to know what to expect and how to engage with the provider and its systems.

Other circumstances in which it is difficult for participants to receive supports from different providers in thin markets. This is a particularly the case for NDIS participants living in rural areas where there are very limited options for service providers, and particularly so for people with psychosocial disability.

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?

Mind agrees that it is essential that controls are in place to reduce and mitigate conflict of interests and protect the interest of participants. However, Mind does not believe that the IAC recommendation for the NDIA to enforce an “independence requirement between intermediary and other funded supports at the participant level” should be adopted or that this requirement would lead to outcomes that are in the best interest of participants. A strict enforcement of separation between support coordination and other services from the one provider may inadvertently remove participants’ choice and control.

Mind believes there are opportunities to strengthen and enforce conflict of interest requirements, by requiring service providers to evidence the following when undertaking the certification process:

- Requiring that providers have clear, transparent policies and procedures around conflict of interest. These policies then need to be clearly communicated to participants and/or their families and carers, along with opportunities for participants to raise any grievances should these policies be breached
- Making it a requirement for Support Coordinators to document in a participant’s case notes which specific service providers the participant have been made aware of and the rationale as to why a participant chose a particular provider
- Ensuring separate streams of business within the organisation.

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

In addition to the issues outlined above, should a strict separation between support coordination and other services come into place, this would immediately create significant disruption for participants who currently receive multiple services from the same organisation. Having to change service providers may negatively impact on participants and their capacity to achieve their plan goals.

General - Submission questions

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

In addition to the issues already identified in this review, the quality of support coordination is a significant issue that the NDIA should address.

Through our consultations, participants expressed that their experience with Support Coordinators had been 'mixed.' Many said that Support Coordinators need to 'learn on the job' and it often took them time, in some cases up to six months, to understand the participant's support needs and to know how to effectively support participants to utilise their plans. Some Support Coordinators didn't have a clear understanding of what services are available or appropriate for participants and what categories of funding services fit under, or where services fall under multiple categories, how to best utilise available funding.

Quality of support coordination, particularly regarding the specific issues outlined above, is heavily impacted by high staff turnover and pressure on support coordinators across the sector to deliver a financially sustainable caseload within the existing funding model. This means support coordinators have limited opportunities for professional development, supervised team learning, engagement with communities of practice and other learning opportunities leading to pursuit of other opportunities with higher job satisfaction.

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

To address the critical issues outlined above and to address the needs of participants, the NDIA should implement:

- Specific role descriptions and associated education campaigns to detail and explain the role of Support Coordinators
- Ensuring the quality of Support Coordinators is increased by requiring a minimum-level qualifications equivalent to a Certificate IV
- Price points that allow Support Coordinators to have continued professional development and reflective practice through their employment
- Strengthen and enforce conflict of interest requirements.
- The ability for Support Coordinators to speak directly with the planner who outlined the required supports in the plan.

Appendix 1

My Better Life®

Mind’s **My Better Life®** model to help our clients to find a path to a better life and improved wellbeing is a structured evidence-based and co-designed recovery tool which supports clients to talk about their needs, hopes and dreams.



“We can help you, but the control is with you”

A core part of the support offered is to assist people to identify goals aligned to improved wellbeing, including routines, re-establishing ‘activities of daily living.’ This is reinforced by the use of goal-setting. This is a practical application of a Behavioural Activation approach. Behavioural Activation involves the positive reinforcement of healthy behaviours recommended as an evidence-based treatment for depression (NICE, 2016). Systematic reviews indicate that it is at least as effective as CBT (Cuipers et al, 2008).

Core to this model is progress towards achieving goals that are meaningful and important to the client. The My Better Life[®] approach to goal setting and recovery draws on the tradition of Motivational Interviewing and Implementation Intentions. Motivational Interviewing is an evidence-based approach to support change (Hettema, 2005). Our approach emphasises client choice and control through discussion of the client's own views, values and motivation for change across life areas.

In My Better Life[®] intention to change is then reinforced by supporting clients to make specific plans to carry out that change. This is an approach based on Implementation Intentions, i.e. clients plan how they will implement their intentions (Gollwitzer, 1999). This means clients make clear plans to carry out their goals using the tool. This incorporates setting out steps to goal achievement, plans to overcome barriers to goal achievement and enablers to enhance goal achievement.

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