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Collaboration • Knowledge • Leadership

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Dear Mr Hoffman,

Mental Health Victoria (**MHV**) is the peak body for the mental health sector in Victoria. Our membership includes consumer, family and carer groups, public hospitals and non-government organisations, unions, medical colleges and peak bodies.

MHV has remained closely engaged with mental health consumer, family and carer groups, service providers and the NDIA during the roll-out of the National Disability Insurance Scheme (**NDIS**) and its psychosocial disability pathway. We acknowledge the NDIA's responsiveness to feedback about the need to improve the NDIS for participants with psychosocial disability and we are encouraged by the efforts to integrate recovery-oriented practice within the NDIS.

MHV welcomes this opportunity to provide input to the NDIS's Discussion Paper on Support Coordination.¹ The purpose of this letter is to outline the importance of the support coordination role in relation to people with psychosocial disability within the NDIS and to highlight how improvements can be made to better meet the needs of this participant group. In particular, there is a need to ensure:

- the functions of the role are clearly articulated as part of an overarching strategy
- the plans of people with psychosocial disability contain sufficient funded hours; and
- the support coordination workforce is adequately skilled, remunerated and trained.

Support co-ordination is vital for most people with psychosocial disability

People with psychosocial disability make up a large proportion of NDIS participants receiving support coordination. Although only 10% of all Scheme participants have a primary psychosocial disability, this disability group is the most likely to receive funding for support coordination (84%). Similarly, this group are also the least likely to self-manage their NDIS plan.²

Many NDIS participants with psychosocial disability require support coordination to identify, locate, engage and sustain appropriate supports. People with psychosocial disability face unique personal barriers to implementing and maintaining their supports, which can include a combination of health, social, psychological, cognitive, literacy and/or motivational issues arising from mental illness and/or medication for mental health conditions.

Along with individual functional capacity, the following factors can also contribute to the need for support co-ordination:

- a multiplicity of need, complexity of circumstances or a complex or highly tailored service response (including cultural need)
- a lack of, or limited capacity of formal and informal supports (carers, friends or family) or relational complexities
- social or geographic isolation, or limited connections with community or mainstream supports; and/or
- the impact of thin markets due to locational or skill gaps.

The episodic nature of many mental health conditions underscores the need to improve the design and delivery of supports to better suit the needs of people with psychosocial disability. The complexity of episodic mental illness, often combined with a range of other social and emotional factors, means that people with psychosocial disability are likely to need more intensive supports at certain times, and less intensive supports at others. This can partly account for lower utilisation rates referred to in the discussion paper³. It also highlights the need for a more flexible model of support coordination, available to people when they need it for as long as they need it. Underutilisation should not be assumed to be a lack of need and any withdrawal of this support type should be based on agreed and transparent benchmarks.

Develop and implement an overarching support coordination framework

Despite the high importance of support coordination to people with psychosocial disability, there is currently a lack of clarity about the scope and functions of the role and how it relates to other services and supports. We urge the NDIA to lead the development and dissemination of an overarching support coordination framework, which is co-designed with participants, carers, families, and service providers. This is necessary to ensure:

- support coordination meets participants' needs, including the specific needs of people with psychosocial disability
- planners can more reliably communicate the role to participants during the planning process and more transparently and consistently determine whether it is a 'reasonable and necessary' support
- stakeholder expectations are better managed (within the NDIS and externally); and
- the design of future supports and services (within the NDIS and externally) accurately account for the role and address interfaces and gaps.

A function of the role that is particularly problematic for people with psychosocial disabilities and their support providers is the role of support coordinators in relation to mainstream services and the broader community. People with psychosocial disability are likely to require support from a range of services and communities outside the NDIS, including state-based services, hospitals, local and other groups. The relationship between an NDIS support co-ordinator and 'external' or 'mainstream' services needs significant clarification.

Current guidance⁴ proposes that support coordinators might help participants to:

- link with ‘the broader systems of support across a complex service delivery environment’
- ‘build and maintain a resilient network of formal and informal supports’; and
- ‘access [their] local community’.

Support coordinators will often be aware of other supports and communities, such as: mental health, physical health, justice, education, employment, housing, AOD, family violence etc. as well as other social and cultural groups. Although the ability of support coordinators to work flexibly and according to participants’ context is important, in practice the application of this function is still very varied. More detailed guidance on how support co-ordinators can execute these functions and appropriate funding to do so is required.

Similarly, there are functions of the support coordination role that are described by the NDIA in very broad terms. Consequently, these are open to interpretation and highly dependent on the qualification and skills of the workforce as to how they are implemented. For example:

- coaching
- crisis response; and
- addressing complex barriers.⁵

An overarching framework for support coordination should provide clarity on:

- what constitutes effective service provision i.e. outcome measures
- definition of terms and functions of the role
- scope i.e. what the role does/does not entail
- how the role relates to other important supports in the service system i.e. interfaces, coordination, and collaboration; and
- the capabilities required of the workforce to effectively perform the role.

This framework, and other more detailed guidance, must consider the specific needs of participants with psychosocial disability. NDIS workforce planning and development should also consider this vital role, including the targeted work undertaken as part of the psychosocial disability pathway.

Independently monitor, evaluate and report on the role to ensure continuous improvement

Following the development of a set of outcome measures, ongoing monitoring and an independent evaluation of the role will ensure continuous improvement and responsiveness to need. This review should make use of:

1. agreed benchmarks and markers of success
2. routinely collected and publicly reported qualitative and quantitative data
3. in-depth consultation with participants, carers, families and service providers about whether the role meets their needs and what is missing
4. examples of good practice and innovation; and it should also
5. publicly report on its findings.

Ensure plans have sufficient hours to meet the needs of participants

To effectively deliver the functions set out for the support coordination role, plans must contain a reasonable number of hours. Many participants with psychosocial disability are still being caught well short of support coordination hours before the expiry of their plan and others have difficulty finding a service provider that is willing to commence a plan with too few hours.

People with psychosocial disability commonly experience unplanned or unpredictable changes in circumstance that may require additional support coordination hours. New, different or more intensive support may be needed because of:

- the episodic nature of many mental health conditions meaning more intensive support may be needed quickly
- relationship changes or changes to informal support networks
- crises or potentially difficult/traumatic events, including the problematic use of alcohol and other drugs, incidence of family violence, changes in medication, hospital admission, incarceration etc.
- significant life transitions associated with life stage, housing, employment etc.; or
- a change in support coordinator or service provider

A responsive approach to these fluctuating or unanticipated needs requires participants have access to both:

1. an adequate base-level of funding that allows support coordinators to effectively provide routine supports and scheduled tasks; and
2. a significant buffer of support coordination hours available to respond to unpredicted needs.

As mentioned, unspent funds at the end of a plan should not be treated as unnecessary supports, but as an essential safety net.

Ensure transparent and consistent decision-making by planners in relation to the inclusion of support coordination in plans

NDIA decisions about eligibility for and funding of support coordination must be predictable and consistent. More information is needed on who is eligible for support coordination and how many hours they can expect to receive. To ensure planning decisions are fair and adequately account for the needs of people with psychosocial disability, we recommend the NDIA:

1. release the criteria used to make determinations about the inclusion of support coordination in a plans and calculations of allocated hours
2. consider expert and stakeholder feedback about these planning decisions
3. jointly develop and communicate a definition of 'reasonable and necessary' that accounts for the needs of people with psychosocial disability; and
4. ensure planners are adequately skilled, trained and supported to understand the immediate and anticipated needs of people with psychosocial disability.

Ensure support coordination is adequately priced

Along with a clearly defined role and adequate funded hours in plans, quality support coordination rests on a skilled and well remunerated workforce.

There is currently a high turnover of support coordinators and thin markets exist in some areas because it is difficult for providers to attract and retain skilled workers, especially where specialised skills or experience are required. This means that some participants are waiting long periods of time to receive supports or their plans are under-utilised.

Mental Health Victoria has been advocating for appropriately skilled and qualified support coordinators who can adequately support people with complex needs since the inception of the NDIS. Currently, the safety and quality of support coordination service provision is significantly constrained by the pricing limits of the NDIS Price Guide 2020/21 making it difficult for service providers to:

- attract and retain workers that have the skills and relevant experience to work with people with psychosocial disability and adequately perform the role's functions, including in specialised areas
- adequately train, supervise and support the workforce; and
- ensure continuous improvement.

While most stakeholders agree a minimum level of experience and expertise could be useful to improve quality, safety, and efficiency, pricing would need to increase to allow for this.

Pricing based on the progression or achievement of participant goals (as has been suggested in the discussion paper) would not be an appropriate model for people with psychosocial disability. This type of approach could have the unintended consequence of providers prioritising people with lower need over those with higher and more complex need. Similarly, shorter term 'quick wins' over longer term goals could seriously jeopardise quality, safety and sustainability of outcomes.

Ensure better information sharing and communication between planners, plan managers, support coordinators and support workers

An additional measure to improve the safety and quality of service delivery is to improve communication and information sharing between planners, support coordinators, plan managers and other support providers. There are too many cases of workers receiving inadequate information about the participant and service provision to sufficiently provide a service, plan and/or account for need and risk. While respecting relevant privacy and information sharing protocols, the support coordination and planning roles must allow for effective communication and collaboration between stakeholders for the benefit of participants and the providers working with them.

Review and evaluate the recovery coach and support coordination roles in tandem to ensure participant needs are adequately met

The recently introduced recovery coach role has significant implications for the functions of support coordination. MHV recently wrote to the NDIA to welcome the role, making some suggestions for improvement, including an evaluation of the role to ensure it achieves its intended outcomes.⁶ The NDIA has stipulated that the recovery coach role will encompass 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). This poses a complex mix of tasks for a recovery coach who will need an appropriate level of skill and support as well as funded hours to work in the role successfully.

Under current guidelines, many participants will be forced to choose between having a recovery coach or a support co-ordinator in their NDIS plan. To ensure no participant is disadvantaged and that both support co-ordination and recovery coach roles are meeting the needs of people with psychosocial disability, an independent review of both roles is required. This evaluation should pay particular attention to the views of participants, carers, families and service providers on the difference between the two roles, whether they are meeting participant needs and provide recommendations to improve them.

The NDIA has committed to monitoring the roll out of the recovery coach closely and to addressing any further refinement and implementation issues. It is hoped that the NDIA will consider the outcomes of the proposed evaluation and rectify any identified gaps or misalignments between the two roles as part of this refinement process. This should include the option of participants receiving support from both a support coordinator and a recovery coach if this poses an appropriate solution.

Conclusion

In summary, we recommend that the NDIS work with participants with psychosocial disability, carers, family members and service providers to:

1. develop and implement an overarching support coordination framework that contains clear guidance on the scope, functions and desired outcomes of the role and the capabilities required of the workforce
2. independently monitor, evaluate and publicly report on the role to ensure continuous improvement
3. ensure participant plans have sufficient hours to undertake the role, including hours that can be easily drawn upon in times of need
4. ensure transparent and consistent decision-making by planners in relation to the inclusion of support coordination in plans
5. ensure support coordination is adequately priced to reflect the capabilities of the role and the skills required to perform it
6. ensure better information sharing and communication between planners, support coordinators and support workers; and
7. review and evaluate the recovery coach and support coordination roles in tandem to ensure no participant with psychosocial disability misses out on these vital supports.

These measures are critical to uphold choice and control for NDIS participants with psychosocial disability and to ensure the quality, safety and effectiveness of this important NDIS support. Mental Health Victoria looks forward to continuing to work with the NDIA to ensure that people with severe and persistent mental illness and their families and carers receive the right supports and services for them to live meaningful lives as contributing members of our community.

Sincerely,



Larissa Taylor
Director of Policy
Mental Health Victoria

¹ National Disability Insurance Scheme (NDIS) 2020, Discussion Paper Support Coordination: External consultation, August 2020.

² Blaxland, M. et al. 2020, National Disability Insurance Scheme: People who self-manage their NDIS plan, Social Policy Research Centre, University of New South Wales, available: <https://www.arts.unsw.edu.au/social-policy-research-centre/our-projects/self-managing-ndis-packages-promising-practice-people-left-behind>

³ NDIS 2020a, Discussion Paper Support Coordination: External consultation, August 2020, p.

⁴ NDIS 2020b, NDIS website: Support Coordination, available: <https://www.ndis.gov.au/participants/using-your-plan/who-can-help-start-your-plan/support-coordination>

⁵ NDIS 2020c, *ibid*, p. 81.

⁶ Mental Health Victoria 2020, email correspondence from Larissa Taylor to Mr. Martin Hoffman, Letter to the NDIA on Recovery Coaches, 11 August 2020.