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MHCC ACT response to NDIS support coordination discussion paper

Mental Health Community Coalition ACT

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About MHCC ACT

The Mental Health Community Coalition of the ACT (MHCC ACT) is a membership-based organisation which was established in 2004 as a peak agency. It provides vital advocacy, representational and capacity building roles for the Not for Profit (NFP) community-managed mental health sector in the ACT. This sector covers the range of non-government organisations (NGO) that offer recovery, early intervention, prevention, health promotion and community support services for people with a mental illness.

The MHCC ACT vision is to be the voice for quality mental health services shaped by lived experience. Our purpose is to foster the capacity of the ACT community managed mental health services to support people to live a meaningful and dignified life.

Our strategic goals are:

- To support providers to deliver quality, sustainable, recovery-oriented services
- To represent our members and provide advice that is valued and respected
- To showcase the role of community-managed services in supporting peoples' recovery
- To ensure MHCC ACT is well-governed, ethical and has good employment practices.

Preamble

MHCC ACT welcomes the discussion paper on support coordination and hopes it will lead to a better understanding and recognition of support coordination and what it can mean for participants. As a peak body for mental health service providers, we approach the discussion paper with an aim of support coordination meeting the needs of people with psychosocial disability within the NDIS framework.

MHCC ACT is concerned that should the NDIS define support coordination too narrowly and rigidly people with psychosocial disabilities will risk not receiving the support they need to reach their goals and live a meaningful life. The needs and capacity of people with psychosocial disability can fluctuate depending on the cyclical nature of mental illness and where they are in their recovery journey; this needs to be reflected in their plan.

MHCC ACT wants to take the opportunity to share the input of ACT psychosocial service providers and support coordinators to this submission.

Executive summary/conclusions

In this submission we have answered many of the questions posed. MHCC ACT's four key points can be summarised as follows:

1. Support coordination is vital for particular participants, including many participants with psychosocial disability, and must be maintained. Reducing support coordination over time through capacity building may be feasible for some participants but is not realistic for all and must not be seen as a given trajectory. In many cases all it would do is move the task from a paid support coordinator to an unpaid carer.
2. Merging support coordination into the role of the psychosocial disability recovery coach is based on false assumptions and is not supported by providers or advocates. They are two very distinct roles, and participants should have the option to have both in their plan. By removing one in favour of the other, the NDIA reduces choice and control and disadvantages participants with complex needs. It will also blur boundaries around conflict of interest and weakens quality assurance and safeguarding measures.
3. When considering changing the role and conditions of support coordination, due to its key role it is paramount for the NDIA to look at how those changes will impact on the whole system. For example, what will it mean for participants, what will the impact be on service providers and service offerings, the workforce, and how will it encourage or limit choice and control?
4. Benchmarking the success of support coordination on realisation of goals and ability to independently implement supports suggests a narrow view of how to measure improvement in a participant's situation. Not all participants have a linear upward trajectory toward independence, and reaching goals is not necessarily a straightforward journey. Many variables outside of the control of the support

coordinator can impact on the ability of a participant to meet goals, connect with services and community and become independent.

Response to the discussion paper and questions

Inclusion of Support Coordination.

To be able to address the questions raised in the discussion paper, it is necessary to look at the origin of the role of support coordinator in the NDIS.

Support coordination is there to assist participants in navigating the system - both the NDIS and specialised and mainstream services - to support participants to reach their goals and help them develop skills to become more independent in understanding and implementing their plan. Given the requirement of entry to the scheme is 'permanent and significant disability', an assumption of a linear upward trajectory of personal improvement and development must by definition have limitations. Many participants may never be able to manage their plan independently; allowances need to be made for that, without judgement. For people with psychosocial disabilities, this is often the reality.

The role of the support coordinator is complex and needs to be adaptable to address the individual situation of each participant. Some participants have complex needs and goals that can fluctuate; they require someone who can respond flexibly to their need to navigate the system and implement their plan. From anecdote and data provided in the discussion paper, it is clear that participants look and ask for support coordinators with a particular focus or skill to help them reach their goals.

According to the NDIS data, just 4 in 10 participants have support coordination in their plan. However, on closer examination these 40% of participants disproportionately include people¹:

- of Aboriginal or Torres Strait Islander heritage
- with extremely low functioning, complex needs and receiving multiple supports
- young people in nursing care
- conditions of a degenerative nature, and supports requiring regular active management and ongoing adjustment due to the participant's changing needs
- with episodic mental or ill-health support needs
- requiring regular crisis management
- with poorly resourced families or limited or no informal support networks
- with current or past child protection or criminal justice involvement
- with a history of changing and challenging support provision
- with psychosocial disability. 84% of people with psychosocial disability have support coordination in their plan.

In sum, vulnerable and minority groups and people with psychosocial disability and other complex disabilities need extra support navigating a complex care and service system, not to mention the highly bureaucratic administrative aspects of the NDIS itself. This group might also struggle with the uptake of services available in their plan due to their personal circumstances and/or lack of access to appropriate services, in particular in rural and remote

¹ @careabout [What is a support coordinator](#)

locations. The groups listed above largely have co-occurring disabilities and complex needs, and the idea that a support coordinator can simply upskill them or that once a service is established, that things are then settled, is far too simplistic.

Access to services which are culturally appropriate or appropriately responsive to the complex needs of the participant is often limited. It is also the experience of support coordinators that many of these participants have disagreements with services and no longer want to use that service; alternatively the service provider decides they do not have the capacity to provide the right supports for the participant. The support coordinator is critical to ensuring the participant receives the care they need. Without a support coordinator, the role of coordinating care falls back on unpaid family carers (where such exist). This only puts unreasonable and unsustainable burden on family carers when the NDIS was intended to provide relief for unpaid carers who already provide nearly \$78 billion worth of care per year².

If the NDIA is serious regarding equal access and quality support for all participants, it has to invest specifically in support mechanisms, like support coordination, to make sure these participants don't fall through the cracks.

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?*

The Tune review³ mentions including principles for NDIS delegates in the NDIS Rules, to consider when deciding on support coordination for a participant. The report makes the following suggestions but stresses that these are not exhaustive:

- a. whether the participant is a new entrant to the scheme or has a newly acquired disability
- b. the level of complexity of the participant's disability or disabilities and what this means for the range of supports to be managed
- c. whether the participant's circumstances mean, there are one or more intersections with other service systems to manage (e.g. justice, health, child protection, voluntary out of home care or housing)
- d. the stability of the participant's living arrangements
- e. the participant's location, and any cultural considerations
- f. the extent, stability and capacity of a participant's informal support network
- g. the extent of the participant's social and economic participation and engagement.

² <https://www.carersaustralia.com.au/replacement-value-of-unpaid-care-in-australia-rises-to-77-9-billion-per-year/>

³ Review of the National Disability Insurance Scheme Act 2013: Removing red tape and introducing the participant service guarantee, Tune D., 2020, p. 119-120.

Additionally, MHCC ACT stresses that relying on unpaid parents and carers to act as support coordinator for participants is not acceptable practice. Parents and carers already provide unreasonable amounts of informal support to participants. 2015 data⁴ shows that 40% of primary mental health carers already offered 40 or more hours of care per week on average. This is equivalent to an additional 173,198 of full-time equivalent (FTE) formal support workers in total. 68% of informal care is emotional support for people with mental health issues; this can be very stressful and exhausting.

MHCC ACT argues for the NDIA to include respite and support options for carers in the plans of people with psychosocial disabilities to maintain the capacity for carers to continue to care for their dependent as well as all the other aspects of family life. Secondly, parents and carers are not experts on plan coordination and service provision, and the stress and anxiety of trying to coordinate care often impacts negatively on the relationship between the carer and the participant, and can negatively impact on the quality of service participants receive. In some cases it also limits choice and control of the participant.

An example from an ACT support coordinator⁵ raises the case of 2 well-educated families without support coordination, who suffered significant emotional stress due to trying to figure out the complexity of the plan and the service system, while simultaneously caring for their disabled child and other children. They were eventually referred to this support coordinator after they pleaded for help via the Intellectual Disability Mental Health team. Allocating support coordination would have avoided a lot of anxiety for these families and the participants.

People with complex and or co-occurring disabilities need ongoing support coordination; they require supports and services from different providers and service systems for various aspects of their care and life. These participants are the most vulnerable to breakdown in supports. They need constant monitoring to address ongoing changes, and new providers are often required to be brought on board due to the challenging nature of their needs.

For example⁶, a young person with complex needs uses various service providers for his care and wellbeing. The mother is a mental health consumer without an NDIS plan. A previous, non-specialist support coordinator got swamped by the level of support needed and disengaged from the young person. The mother became overwhelmed and was unable to engage with the services to care for her child. This is a clear case where to make sure everyone is working together with the family and school to ensure the child is safe and looked after, ongoing coordination support is essential.

⁴ [The economic value of informal mental health caring in Australia](#), summary report 2017

⁵ Connections Case Management, support coordinator and specialist support coordinator, Canberra

⁶ Connections, Ibid

Role of support coordination

6. *What functions should a support coordinator perform? Are there tasks that a support coordinator should not do?*

The current lack of clarity from the NDIA around the tasks and responsibilities of a support coordinator leaves a lot open to interpretation. This summary was taken from [a service provider](#) because it captures the long list of tasks and skills required from a support coordinator. Additionally, we took feedback from a specialist support coordinator in psychosocial disability. Not all support coordinators provide all those services, however we consider the following a sound list.

Support Coordinators will help a participant to:

- assess all the options for mainstream, community, informal and provider supports
- implement the NDIS plan including help to choose preferred options or providers and over time increase participant capacity to direct and manage their supports and exercise choice and control when appropriate
- use the NDIS myplace portal
- organise assessments that may be required to determine the nature and type of funding required (eg assessment to determine the type of complex home modifications required)
- negotiate services and prices, develop service agreements and create service bookings with preferred providers, make changes to provider service agreements and help Participants understand their responsibilities
- help decide the budget for each support type and inform plan managers how the funds will be spent
- increase your options to link with mainstream or community services including education, health, housing and or transport. And provide advice on housing options and life transitions
- get value for money for the supports you receive (make sure you get the full value of your plan)
- Plan for and address matters such as where support is not delivered as expected, or an unexpected interruption to support occurs.
- Plan for possible provider cancellations of services and determining alternatives or replacement providers to ensure continuity of service
- help resolve points of crisis, problems or issues that arise
- undertake some specialist activities including assisting with plan reviews by looking at progress towards goals, looking at new or changed goals, making decisions about value for money, assess whether they achieved their goals and got value for money for their plan, troubleshooting problems implementing the plan

Specialists Support Coordinators should:

- Be aware of specialised services
- Be able to liaise with other government agencies and external stakeholders to implement plans for complex clients.
- Be able to identify and evaluate the needs of complex clients and situations, the implement appropriate services to ensure there is no duplication of services and over servicing.
- Be a subject matter expert in their area and be able to educate and share this information with other service providers to the benefit of everyone working in the same direction for the benefit of the client.

One can question how a support coordinator is expected to do all of this for 20-40 hours per year including travel, reports and reviews? In the words of a specialist support coordinator:

“My experience in working with complex clients is that the role is far more than that and the ‘capacity building’ is very much baby steps. I think that it also needs to be acknowledged more by the NDIS that people who have psychosocial disability are going to both cognitively and physically decline in a different way to other members of the community. Antipsychotic medications play havoc on the physical body with them becoming susceptible to organ failure and chronic illnesses as a result of taking these medications for long periods of time. This also affects the natural aging process and the impacts that enduring mental illness and the impacts of their medications has on the mind and the little things like remembering to take medications, be at appointments and even conversations as well as both long and short term memory. This means that the role of the support coordinator is far greater than for those who have a family or support system that can organise the daily tasks of life for participants which is not seen as the role of a support coordinator. Most of my clients are also socially disadvantaged and vulnerable to being taken advantage of and have minimal supports (if any).”⁷

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

Plan management and support coordination should remain two separate functions. They have different objectives: plan managers manage the financial side of a participant’s plan to ensure funds are spent correctly while support coordinators check if participants have received the services they are entitled to and if they are of good quality.

These are distinct, separate roles, require different skills, and provide a mutual quality assurance function and safeguard when done well. The separation of the roles can be a protection against fraud and exploitation and avoid conflict of interest.

⁷ Connections *ibid*.

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? .*

Given the complex nature of the role, MHCC ACT supports creating a qualification or accreditation framework around support coordination. A professional framework will have many benefits, especially by increasing the level of professionalism and clarity around the role. Participants will have the ease of mind that their support coordinator is well qualified. Service providers can recruit accordingly, and it will give support coordination a professional framework allowing for recognised skills and qualifications.

The decision to introduce qualifications and or accreditation for support coordinators should be informed by professional industry experience and expertise; take account of the different costs associated with the provision of such a service in different parts of Australia; and accompanied by proper remuneration and funding for service providers to be able to attract, develop and retain highly skilled staff. MHCC ACT would like to refer to the Market readiness for provision of services under the NDIS report from the NDIS Joint Standing Committee⁸ for further information.

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

In an article⁹ in August 2020, PhD candidate Aviva Beecher Kelk spoke about what participants look for in NDIS service providers. Some of messages were specific to Support coordination. According to Beecher’s research, three main qualities make a support coordinator successful in the eyes of participants:

- **Champion.** *“In every dire situation I’ve faced (two reviews, thanks), my Support Coordinator has championed me, being the one in meetings with me, lending a hand.”*
- **Networker.** *“My Support Coordinator is a networker, linking me to community, mainstream and informal supports. They know everyone in your particular area.”*
- **Engager.** *“Okay, that noun doesn’t quite work, but you get the point. They should be checking in, as often the participant wants – and be active listeners when they do.”*

MHCC ACT argues that measuring the effectiveness of support coordination based on achievement of participant goals is based on a false assumption of linear progress towards increased independence and capacity. In reality the journey for many NDIS participants and in particular those with complex psychosocial needs is

⁸ [Market readiness for provision of services under the NDIS](#), NDIS Joint Standing Committee, 2018Chapter 3 and 4

⁹ Beecher Kelk, Aivia (2020) [Decision time: the top ten things NDIS participants want in a provider](#),

almost invariably one of twists and turns and can often involve relapses. Any measurement of effectiveness needs to be based on the needs and circumstances of the individual participant.

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

Depending on the participant's stage in their journey and their goals and level of independence, different skill sets will be required of a support coordinator.

Support coordinators are organising themselves via communities of practice and other peer groups to share information and be a sounding board. This is largely unpaid time. It is helping to improve the quality of support coordination and should be encouraged to continue. Greater clarity on the expected role of support coordinators and a skills or qualification framework would support greater consistency in delivery of support coordination services.

In the ACT MHCC ACT, as the peak body for community mental health services, is supporting a network of sole providers, many of whom are support coordinators, as well as a community of practice for support coordinators. Feedback demonstrates that these are highly valued by participants and effective mechanisms for quality improvement.

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?

MHCC ACT would like to refer the NDIA to the latest submission we made on the subject to the joint standing committee¹⁰. In it, MHCC ACT clearly states that the current funding model from the NDIA is insufficient to adequately remunerate and train staff appropriately. While stressing that most service providers are doing what they can to offer the best possible quality services, the key messages we would like to reiterate here are:

- Current market settings will not result in the provision of the quality of disability support that the NDIS was established to deliver and to which participants are entitled to receive.
- Service providers are not able, based on the current market settings, to provide the terms and conditions that would attract and retain staff with the experience and qualifications needed to meet participant goals in a recovery focussed framework

¹⁰ [MHCC ACT submission](#) on NDIS Workforce to the NDIS Joint Standing Committee, April 2020. This submission list all previous submission MHCC ACT compiled on the subject.

- To be financially viable under the current market settings service providers can only offer lower paid positions to direct support workers, often on a limited contract or casual basis
- To be able to offer NDIS services providers must often cross subsidise from other income or accumulate debt – this is neither sustainable nor reasonable.
- The casualisation of the workforce is compromising the quality of service delivery, means that participants are constantly having to adjust to new staff and limiting the choices of a person with a disability
- There has been a lack of investment in TAFEs and universities to develop a qualified disability workforce.
- From the perspective of psychosocial disability, one cannot view the NDIS workforce separately to the wider disability and psychosocial supports workforce. Many providers service both NDIS and non-NDIS people with psychosocial disability and the issues are either similar or complementary; similarly, staff work with both participants with other disabilities as well as participants with psychosocial disability
- All of the above points are leading to a situation where those with the most significant and permanent disability are being supported by the least qualified and experienced workforce. As one service provider expressed it: *“the most vulnerable people are being supported by the most vulnerable workforce”*¹¹.

In summary, MHCC ACT and our members do not believe that current NDIA prices work effectively to provide participants with quality, recovery-oriented services. They provide extremely limited ability to invest in supervision, training, development and innovation – all things which are ordinarily expected in a well performing and governed organisation. Further limiting the price or availability of support coordination risks adverse effects on the sustainability of providers and quality of services, and most importantly, outcomes for participants.

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

MHCC ACT does not believe the success of a support coordinator can be reasonably measured based on goals or outcomes alone without reference to the specific circumstances of the individual participant.

Reasons for not reaching goals can be multiple, many outside of the control of a support coordinator. For example, the episodic nature of mental illness and psychosocial disability makes linear progression towards goals unrealistic and working towards a goal may be unattainable for many months. Goals and objectives are not static but can change as the participant progresses in their recovery journey or more knowledgeable about his or her options and the workings of the NDIS; and there

¹¹ MHCC ACT member organisation, 2020

can be a lack of available services needed to assist a participant in meeting his or her goals.

For people with psychosocial disability achievement of participant goals does not necessarily reflect (1) a lack of need for support coordination – reflected in reduced funding - in the future or (2) that one support coordinator is doing a better job than another. Indeed, it could well be that the support coordinator of a person who is making the least progress towards their goals is the one who needs to be paid more and employed for more hours. While consistency and quality in support coordination should be pursued, linking success directly to the achievement of goals is unrealistic.

Building capacity for decision making

15. *How does a support coordinator build a participant's independence rather than reliance? Should support coordination pricing be determined, at least in part, based on building a participant's capacity for decision making to become more independent?*

This reasoning assumes a linear progression of a participant's independence and decision-making ability. Again this is not always the case for people with psychosocial disability given the episodic nature of their disability. It is also inconsistent with the requirement to prove “permanent and significant” disability to enter the scheme. Living circumstance and transitional life changes can also impact someone's decision-making ability. MHCC ACT strongly advises against a black and white approach in this area.

A more effective way of ensuring that a realistic level of independence is reached for participants is to maintain the three distinct roles of support coordination, recovery coach and plan management. When properly implemented these three roles ensure that the proper checks and balances are in place to optimise participant outcomes. All three roles need to be able to coexist in one plan (with the support coordination element of the recovery coach role removed).

Some participants will always need a level of support coordination, some at a high level for the rest of their lives. For example,¹² A support coordinator working with complex and forensic mental health participants, many with treatment-resistant mental illnesses, reports that many of their clients will always need support coordination. They are aging, and their cognitive abilities are declining so their needs across all components of their NDIS plan (particularly core and support coordination) are likely to increase rather than decrease, as they get older. Funding must always be provided in proportion to reasonable and necessary needs, not based on arbitrary concepts or expectations of what a participant ought to achieve.

Capacity building is a noble aim and should be an aim in support coordination, but the actual realisation of such capacity building is entirely based on individual

¹² Connections Ibid.

circumstance and is not a reasonable basis for determining the success or pricing of support coordination.

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?*

As long as the advocacy of the support coordinator is related to improving the participants' independence and ability to understand and implement their plan, they should be allowed to speak on their behalf and be paid to do so, with the consent of the participant. Often participants have no one else to ensure their needs and rights are met, and the support coordinator is the first person in a long time to do that.

If a substantial boost was made to funding for timely independent individual advocacy services available to NDIS participants, the risk of support coordinators acting outside of the parameters of their role could be substantially reduced. As long as such advocacy services are not readily available to participants it cannot be in the interest of participants to further restrict the ability of support coordinators to advocate for the NDIS needs of their clients. It is unacceptable to put support coordinators in a position where they must either accept what they know is not meeting the needs of their participant or walk away from a participant saying there is nothing they can do.

There are also numerous examples of participants with psychosocial disability damaging their relationship with a service provider during a period of relapse and support coordinators play a crucial role in reestablishing relationships with service providers.

Conflict of interest

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

The Tune review¹³ considers the conflict of interest between support coordinators and service providers. MHCC ACT supports any initiative to guarantee freedom of choice for participants but would like to caution a one size fits all approach. Currently, service providers and support coordinators have to adhere to the NDIS Code of Conduct, which already contains rules for service providers and support coordinators to adhere to.

It is the view of MHCC ACT and our members that it is possible for a mature and ethical organisation to establish sound governance and practical separation of support coordination and other service provision. It is reasonable however for providers to be

¹³ Tune review Ibid, p 120-121

expected to provide evidence of this separation. We have numerous examples of this in the ACT.

As already stated, the key distinct roles of support coordination, plan management and recovery coach (minus the support coordination elements) being able to coexist in a participant's plan can also act together to help avoid a conflict of interest.

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?*

The Tune review¹⁴ clearly states that “the legislation should not require support coordinators to be independent from other service provision, but rather mitigate the risk of participants being exposed to inappropriate conflicts of interest.”

MHCC ACT agrees with this and supports recommendation 16 of the Review:

The NDIS Rules are amended to:

- a. **set out the factors the NDIA will consider in funding support coordination in a participant's plan**
- b. **outline circumstances in which it is not appropriate for the providers of support coordination to be the provider of any other funded supports in a participant's plan, to protect participants from provider's conflicts of interest.**

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

Given that there is no inherent conflict of interest in the provision of support coordination and other services by the same organisation, it would be better to ensure clearer requirements and better checks and balances than mandating a separation of particular types of supports and services.

Stricter requirements would lead to less choice for participants given the thin market of independent support coordinators, especially in remote and rural areas, able to meet the needs of participants.

It could lead to less access to the NDIS and services for the groups mentioned earlier who, given their complex needs, often require level 2 or 3 support coordination and specialised services. In remote areas in particular, appropriate services are few and

¹⁴ Tune review Ibidp 21

far apart and requiring a strict separation of support coordination and service provision can be challenging to meet.

It limits the ability of well run ethical organisations to offer a full range of NDIS services to participants.

General

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

- Support coordination can not be seen in isolation from other parts in the scheme. Changes will have an impact on participants and service providers and ultimately on the choice and quality of services delivered. The flow on ramifications must be deeply understood to avoid unintended negative consequences.
- The failure of the NDIA to properly define and articulate the role, responsibilities and parameters of the support coordination role is, in our view, likely the most significant contributor to the perception within NDIA that support coordinators routinely act outside of their role. This is also related to a failure to adequately understand and cater for the needs of participants, leaving support coordinators as the only position able to fill the gaps.
- Not allowing a participant to have both support coordination and a recovery coach is logically inconsistent and will disadvantage participants with psychosocial disability. It not only seems to trivialise the role of support coordination but shows a lack of understanding of the importance of the function for participants. The two serve distinctly different functions and address distinctly different needs. The focus of support coordination remains to connect and support participants to interact with multiple services and systems. The recovery coach specifically supports participants in their recovery journey, which requires specific knowledge of mental health and recovery principles and an enduring relationship.

MHCC ACT strongly urges the NDIA to remove the requirements that : (1) Recovery Coaches can do support coordination as part of their job – particularly given the relatively low price point) and (2) the stipulation that a participant can not have both support coordination and recovery coach in their plan; and (3) that only participants with a primary diagnosis of psychosocial disability can have a recovery coach. These things are not in the interest of participants with psychosocial disabilities.

- There is a perceived lack of backing from the NDIA for the role of support coordination for participants, especially for people with psychosocial disability and complex needs. Not providing adequate support coordination and leaving the plan management and coordination to unpaid parents and carers is not acceptable.

MHCC ACT holds that the role of support coordination for people with psychosocial disabilities is often a crucial one

- There are inadequate billing options for the tasks support coordinators perform, leaving many support coordinators working many hours for no remuneration. The excessive administrative workload required by the NDIA reduces the time support coordinators can spend on supporting participants.

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

- Provide a clearer role description setting out in detail the parameters of what support coordinators are expected to do and not do.
- Provide sufficient funding for support coordination, which includes the ability to pay for supervision and training and professional development to ensure a high quality stable workforce. Such an investment will stimulate market development, including through competition, and this will provide more choice and control for participants.

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