

24 September
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Amaze

Submission to the
**National Disability Insurance
Agency Consultation on
Support Coordination**



About Amaze

Amaze is the peak body in Victoria for autistic people and their supporters. Amaze is a not-for-profit organisation established in 1967 that represents around 55,000 autistic Victorians.

Amaze seeks to achieve three key outcomes:

- Community understanding of autism in Victoria increases over time.
- Attitudes and behaviours towards autistic people by the Victorian community (government, private and social sectors) improves over time.
- Opportunities for meaningful participation and valued contribution increase for autistic people.

Amaze provides advice and capacity building initiatives to enable autistic people and their families, and to equip and inform professionals and the broader community about autism).

Amaze is a representative to government for autistic people on NDIS related issues – specifically through the NDIS Autism Advisory Group and also on the NDIS CEO Forum.

Amaze is also a partner of the Australian Autism Alliance, a coalition of 12 autism organisations around Australia that represent autistic people, their parents and carers, service providers and researchers who aim to realise the potential of autistic Australians. Together, the Alliance reaches over 170,000 people through various communication channels.

The Alliance had 'urgent action to eliminate NDIS barriers to vital supports for autistic people' as one of four priorities in the *Australian Autism Alliance 2019 "Change 4 Autism" Federal Election Manifesto* and continues to prioritise NDIS reforms.

There are around 123,000 autistic participants in the scheme (or approx. 143,000 if you include those with secondary disability of autism in the count): 31% of participants have a primary autism diagnosis, and an additional 5% of participants have autism as a secondary disability. In the younger age groups, the lion's share of participants are autistic: 65% of participants aged 7-14 years and 54% of those aged 15-18 years.

Amaze welcomes the opportunity to provide a submission to the NDIS Discussion Paper on Support Coordination.

Conflicts of interest

Amaze does not provide support coordination services or indeed any funded services to NDIS participants.

Our submission has been drafted with direct input from our community, sector experts and represents the interests of autistic people who are NDIS participants.

For further information

Amaze stands ready to assist the NDIA and Australian Government reform support coordination. Nicole Rees, Executive Manager of Policy & Advocacy (Deputy CEO) can be contacted on Nicole.rees@amaze.org.au to discuss this submission.

Submission

Support co-ordination needs to be fundamentally overhauled

Amaze supports the continuation of a funded support coordination (SC) role for NDIS participants; however, we are concerned about the increasingly crowded space of funded supports with overlapping roles and responsibilities related to assisting NDIS participants achieve their goals and access their supports. A lack of clarity and role delineation for these supports is compounding the complexity already inherent in the NDIS, with participants bearing most of the burden.

With an annualised expenditure on SC alone reaching \$737 million in 2020, Amaze places a high expectation on the quality, consistency and value for money that SCs offer to participants and more broadly, the NDIA and Commonwealth Government.

We believe it is appropriate that individuals employed as SCs are accredited and have attained a minimum training and education standard, and work to an agreed code of ethics with systems of accountability.

Amaze's submission addresses issues that we believe are critical to the ongoing role of SC and offers constructive recommendations that, if implemented, would overhaul the SC to deliver better outcomes for participants, the Scheme and the Australian community.

The potential of Local Area Coordination is not being realised

The original role and vision of the Local Area Coordinator function (LACs) and their interaction with participants and the funded SC role is far from being realised.

After a distinct focus on on-boarding new participants in each region as the NDIS rolled out, the responsibility of LACs to support individual participants to implement their plans, utilise community and mainstream supports, and build the responsiveness and inclusiveness of these supports is not being achieved. This role seems to have been haphazardly devolved to SCs.

SCs suffer from the lack of a clearly defined role and remit. As a result, a number of role overlaps and points of confusion have arisen between SC and LACs, as well as other NDIS functions with responsibilities that include acting as intermediaries between participants and providers of funded supports. The system has become messy, duplicative and inefficient, and much of the resulting poor impacts are borne by the participants and their families.

Perverse incentives can undermine scheme outcomes

At the system level, we hold considerable concerns about the potential for perverse incentives to influence the behaviour and activities of SCs, particularly those related to the funding model. We acknowledge that the marketised model that SCs operate within provides some level of choice and control. However, this creates an inherent structural challenge as the financial incentive for the SC do not necessarily align with the goals of improving the participant's

capabilities in decision making and independence. A successful SC will in effect reduce or even remove the future need for their services.

The block funding model of LACs, while less consistent with the choice and control principle, realigns the financial and performance incentive of the LAC to directly supporting participants' goals. Staff employed by LACs are incentivised to address participants' goals and support needs, independent of the financial incentive imposed by the hourly rate applied to the SC role.

Amaze believes that LACs may be a viable option to deliver broad coordination support for the majority of NDIS participants in each region, with additional capacity for those with specialised needs to access independent SC from external providers when necessary. The pros and cons of this need to be thoroughly explored.

As a starting point, the NDIA ought to consider whether it is appropriate to implement smaller incremental reforms to the SC role, as it has evolved to-date, or if a more fundamental reset is necessary.

Market intelligence need to be shared between intermediaries so SCs can access contemporary information about available supports and evidence-based practice

Amaze holds concerns about the information imbalance inherent in the NDIS market. We regularly hear of participants who struggle to identify which service provider is best-suited to their needs. Understandably, many rely on SCs to guide them through this process, however Amaze is not confident that there is an acceptable level of understanding of local contexts and available providers across the SC workforce, which impacts on their ability to give participants clear and evidence-based advice about which providers best suit their needs.

With the entry barriers comparatively low, including no minimum training requirements, accreditation or experience, SCs are often reliant on information about local support providers that is available in the public domain. We note that for many participants, this does not materially improve the tools and networks that may be available to them.

There is a real need to ensure SCs can access robust and independent information about which local NDIS and community support providers are operating in each region, and how a participants needs might be met. A centralised and shared information source would offer greater assurance that advice about support providers was truly independent, and not based on informal referral pathways that SCs may evolve over time. It would also avoid duplication of efforts, which wastes precious resources.

Amaze submits that there may be potential in exploring the role of LACs as a point of coordination and information distribution about contemporary, evidence-based practice and the availability of supports across an NDIS region, for the benefit of the SC workforce and participants.

Recommendation:

1. Explore how LACs might be used to deliver SC functions to the majority of NDIS participants, with capacity for those with intensive or specific needs to work with specialist SC providers.
2. Explore utilising LACs as a central point of reference for SCs to access independent information and market intelligence about available NDIS providers in each region.

Greater clarity and role delineation for intermediary supports is urgently needed

A fundamental challenge for participants and SCs alike is the lack of a clear directive from the NDIA on what functions a SC is expected to fulfil. This lack of clarity extends to the related but distinctly different roles of LACs, plan managers, community connectors, recovery coaches and liaison officers.

Without clearly defined roles and responsibilities, intermediary services and participants alike are forced to navigate a complex grey area where system inefficiencies and duplicated functions thrive.

There is an urgent need for role definition to understand where each function starts and ends, and the points of intersection. Amaze submits that the NDIA must issue clear guidance around the specific roles and responsibilities of SC and other related intermediary supports.

Recommendation:

3. The NDIA should issue a clear determination about the role delineation and acceptable activities for a SC to undertake.

SCs need a base level of training

The absence of requirements for training, accreditation, professional development, quality assurance and value for money of SC needs to be comprehensively addressed as a priority.

With SC being used by the NDIS' most vulnerable and complex participants, there is a critical need for a tighter regulatory approach to the SC role, including minimum training standards, accreditation of individual SCs, ongoing professional development and accountability for service quality.

Amaze submits that minimum training standards should be applied before a SC can be eligible to deliver NDIS-funded supports to participants. Too often we hear reports of participants who have worked with SCs who have no training or a background in the disability sector, which undermines the integrity of the SC function and the confidence of the participant.

Amaze is agnostic on what should constitute the minimum standard of training, noting that there are private sector providers who offer SC-specific training, as well as vocational qualifications that prepare individuals for working in the disability sector more broadly.

An essential facet of the SC role is that it is grounded in a firm understanding of human rights and disability rights, and an appreciation that SCs can support participants to reach their goals through access to both formal and informal community supports.

There may be scope for the NDIA to partner with vocational training providers to ensure that a targeted course is developed that specifically prepares SCs for entering the workforce.

Recommendations:

4. Explore opportunities to work with vocational education providers to develop a course that specifically prepares people to enter the SC workforce.
5. Introduce a minimum training standard for all individual SCs.

Support coordinators need to be accredited and be accountable to operate in accordance with a code of conduct

Amaze supports introducing a system of accreditation for SC providers.

The lack of an enforceable accreditation process is a significant gap in the NDIS and allows concerning probity risks to be fostered. Amaze would like to see a dual approach to accreditation that sees each individual providing SC services to be registered with the NDIA, with a minimum standard applied to making information about their qualification, their registration and their relevant experience as a SC available to NDIS participants.

A potential risk in implementing a registration and accreditation approach to regulating the SC workforce is that it can be interpreted as being deficit-focused, in that it addresses the shortcomings of the few poorly performing SCs at the expense of those who work to a high standard.

Amaze notes that accreditation, registration and an associated code of conduct can be seen rather as a means of quantifying workforce standards, improving professional development, and importantly, increasing confidence in the SC role.

The Northern Ireland Worker Registration Scheme operates a model that may be applicable in the context of accreditation for SCs. The Scheme sets standards for social care workers based on conduct and experience, rather than simply qualification. The Scheme was introduced with the support of unions and has had broadly positive impacts, improving the ability of workers to act as whistleblowers, emphasising recruitment based on values, and redirected the general emphasis of the sector away from unit price and wage, to a focus on supporting individuals to enhance their professional development, to work at a high standard and to balance work and home life.

Improving quality assurance is also essential, and Amaze proposes that SC needs to be accountable to the NDIA via the Quality and Safeguards Commission. Currently the main lever available to participants with concerns about the quality of their SC service is to change SC

providers. While this is powerful in the short-term, Amaze is concerned that it does nothing to address systematic poor performance of SCs.

Recommendations:

6. Introduce an accreditation and registration scheme for SCs, with clear requirements for displaying each SCs qualification, experience and registration information.
7. Regulate SCs within the NDIS Quality and Safeguards Commission.

People with lived experience of disability can make effective support coordinators

Amaze notes the potential to build on the *Growing the NDIS Market and Workforce Strategy* and support the development of training and employment pathways to utilise the unique perspectives and experiences of autistic people, their families and carers, and support them to enter the NDIS market as providers of SC.

Amaze has received feedback from its community regarding the lack of availability of skilled SCs who have a deep understanding of autism and an awareness of autism-specific local supports. We believe that there is a unique opportunity to leverage this consultation process, and the need for economic stimulation measures in a post-COVID-19 job creation scheme, to engage motivated autistic people to train and work as SCs. With autistic people now accounting for largest diagnostic group within the NDIS, representing approximately 31% of all participants, this would capitalise on their direct experience and understanding of both the NDIS and the needs of autistic participants and their families.

Recommendation:

8. Promote the development of a lived experience workforce, and explore how autistic people can be engaged and supported to participate in training as SCs.

Conflicts of interest need to be eliminated

Amaze holds significant concerns about the high risk for conflicts of interest and probity breaches when SCs are employed by an organisation that also offers other NDIS supports. We consider the 41% of NDIS Agency managed participants whose SC is also employed by the provider of their primary supports to be unacceptably high and an indicator of design flaws.

Beyond formal conflicts of interest where SC is provided by the same general NDIS support provider, Amaze has heard reports of SCs receiving kickbacks from NDIS support providers in exchange for participating in an informal referral pathway. We note that these examples are not the norm, however their existence undermines confidence in the SC function and the NDIS more broadly. The acceptance of kickbacks and other informal enticements to SCs must be included in a code of conduct and be a focus of training activities.

Participant centrality must be at the core of decision making, particularly when considering how to protect vulnerable and complex participants. We have a high expectation that SCs act with the highest integrity, and note with consternation that despite working with some of the NDIS'

more vulnerable participants, the SC function is among the least regulated of those funded by the NDIS. We are confident that the majority of SCs work with integrity and in the best interests of their clients, however we are concerned that small breaches of trust and probity can undermine the broader integrity of the NDIS and the SC role.

While Amaze supports a strong focus on addressing conflicts of interest, both real and potential, we acknowledge that across Australia there are areas of thin markets for both SCs and providers of other NDIS supports.

Our general position is that a separation of SC from other NDIS funded supports should be mandatory, unless there are circumstances that warrant an exception. These may include participants living in areas identified as being thin or failed markets, and for participants with complex or specialist needs that cannot be met by a SC that is independent of the participant's other support provider. In areas identified as being thin markets, we note that the first priority should be on addressing the availability of SC in the region, rather than immediately deferring to an arrangement where conflicts of interest are accepted.

We consider the Independent Advisory Council's recommendation regarding a separation between intermediary and other funded supports to be a sound and worthwhile proposition. Accordingly, we support its adoption.

Recommendations:

9. Adopt the Independent Advisory Council's recommendation to enforce an independence requirement between intermediaries and other funded supports.