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Document Version
Peer reviewed version

Link to publication on Research at Birmingham portal

Title:

Challenges and adaptations of an intermediary: An exploration of support coordination in the

Australian National Disability Insurance Scheme

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Abstract (100 words):

Support coordination for people with disability and complex needs should assist in personalising and implementing individualised funded supports in a coordinated manner. Yet, this also relies on policy and organisational arrangements being conducive to good practice. Designed according to street-level policy research, this study sought to explore challenges and adaptations associated with the implementation of support coordination in Australia's National

Disability Insurance Scheme through interviews with 20 support coordinators and frontline personnel. Findings suggest that more explicit oversight of, and attention to, norms of practice and capacity to work collaboratively with choice and control are warranted to enhance support coordination.

Key words/phrases:

Support coordination, National Disability Insurance Scheme, disability, complex needs

Word Count (including references and tables): 7279

Introduction

Support coordination refers to assistance provided to effectively navigate and implement cohesive and collaborative services and supports across various systems and sectors. For people with disability and complex needs it should optimise service provision coordination and reduce the risk of inadequate and inefficient services. If appropriately designed and performed, support coordination should lead to better understanding of individual need, informed choices about appropriate providers, stronger relationships and communication with service providers, enhanced formal and informal support connection, and a greater sense of participant control (Liabo et al, 2001; Madden et al, 2014; Ruiz et al, 2019; Sloper et al, 2006). Australia's National Disability Insurance Scheme (NDIS) includes funding specifically for a support coordinator where the NDIS participant has complex needs (Productivity Commission, 2011). Coordinators work to coordinate supports and services across institutional arrangements. The role of the support coordinator is a key link in the chain of person-centred support.

Ideally, coordination is enabled by institutional arrangements that facilitate the collaboration of services within the disability sector, across other service sectors and with informal supports. Siloed funding models and disconnected delivery systems are known adversaries to effective support coordination. A structural policy solution to this problem has been to introduce individualised disability funding and self-managed personal budgets in many high-income welfare economies (Green et al, 2018). The intention of this solution is to shift the control to the person holding the supports budget, with the assumption that they would be able to identify their preferences for how they want their support to be coordinated. Yet, while individualised disability funding shifts control to people with disability, entrenched siloed structures across health, housing, transport, employment and education often remain. Notably, a dedicated and

funded support coordination role is increasingly a common feature in individualised disability funding models (Ogourtsova et al, 2019). Nevertheless, within choice-driven marketised sectors, it can be assumed that consequent challenges confront support coordinators and require adaptive practices. This is however under-explored.

The aim in this paper is to investigate the practice of support coordinators within Australia's individualised disability funding, the NDIS. Like street-level workers, support coordinators occupy a critical intermediary role in creating everyday policy through their actions and decisions (Lipsky, 1980; Tummers et al, 2015). The central question addressed is how support coordinators in the NDIS are working and whether they can achieve the purported benefits of support coordination. To this end, we interviewed support coordinators and frontline personnel to uncover local practices of disability support governance and their perceptions of fulfilling the role. In order to address this issue, we investigate how and what specific challenges and adaptations are emerging.

In this paper we begin by describing the role of support coordinators in the NDIS context and follow with details of the qualitative study and its findings. The paper concludes with a discussion about potential governance responses to resolve some of the practice challenges and improve implementation of the support coordinator role.

Background

The NDIS and support coordination
The NDIS funds reasonable and necessary supports for Australian citizens with significant and permanent disability who enter the scheme prior to the age of 65 (henceforth NDIS

participants). Encompassing the principles of choice and control, the NDIS replaced predominately block funding, where organisations outside of government were contracted to provide the majority of supports to the person (Purcal et al, 2014). The NDIS, which was rolled out across Australian states and territories from 2013 to 2020, introduced a stronger market approach, where NDIS participants choose and pay for services from their individually allocated funds, and providers operate according to fixed price guides. This change has precipitated not only a new mix of organisational forms, but also multiple complex market systems (Carey et al, 2018; National Disability Services, 2020; Reeders et al, 2019). Consequently, the environment into which support coordination has been introduced is not only strikingly different from the previous system but is still evolving, making for a challenging coordination context.

Funded supports in the NDIS typically encompass personal care and support workers, home modifications, allied health services, equipment, transport, and other consumables (NDIS [Supports for Participants] Rules, 2013). Support coordination services is a further specific category. There are currently three levels of coordination available, representing increasing degrees of engagement, connection and management from the support coordination service, as well as increasing funding levels and professional training and expertise (see Table 1). The broad purpose of the support coordinator role is to facilitate access to appropriate providers and services in alignment with NDIS participants' needs and preferences; help build participants' skills to understand, implement and use a funded plan and make informed decisions about supports; and navigate ongoing provider relationships and resolution of issues (NDIA, 2020). Beyond these broad aims, there is little guidance about how to implement the support coordinator role and therefore variation can be anticipated in how support coordinators

perceive and manage their role and how its challenges are perceived and managed, which in turn impacts on the consistency and quality of coordination.

Insert Table 1 about here

For the fourth quarter of 2020-21, 208,634 (43%) NDIS participants received support coordination services nationally (NDIS 2021a), totalling AUD$667 million in support coordination payments (NDIS, 2021a). The highest proportion of NDIS participants by disability type who receive funding for support coordination are (at September 2021, NDIS 2021a) people with psychosocial disability (90%), acquired brain injury (ABI) (81%), stroke (69%), other neurological conditions (67%), multiple sclerosis (65%) and intellectual disability (58%). Although there is substantial funding variation across average plan amounts by age group and disability type (excluding those receiving funding for supported independent living, plan averages range from AUD$18,329 to AUD$162,281), the overall average plan payment for NDIS Participants receiving support coordination funding is AUD$68,410 (NDIS, 2021a).

Recent reports have raised concerns about the design and operation of support coordination. The 2019 Review of the NDIS Act 2013 (commonly referred to as the Tune Review; Tune, 2019) highlighted that organisations providing support coordination services as well as other funded services face conflicts of interest when support coordination intersects with support provision, especially in thin markets. Nearly half of NDIS participants with support coordination (41%) receive their support coordination from an organisation that also provides them with other supports (NDIA, 2020). The Joint Standing Committee's review of supported independent living (SIL) expressed further concern over conflicts of interest, recommending that a separation of supports be enforced "as a matter of urgency" (2020: 89). The NDIS

Independent Advisory Council (IAC) has made similar recommendations, and proposed other changes to improve support coordination operational policy (IAC, 2018). Choice about providers, and the more complex, diverse provider markets, creates a short-term transactional dynamic (rather than longer term relationships), which can present novel and unintended challenges for support coordinators (Foster et al, 2021). These issues reinforce the need for critical scrutiny of how the role is undertaken. It is crucial to understand what challenges are arising for the role and how these are managed, since they are the local adaptive practices that ultimately define how people with disability experience coordination in individualised funding policy.

Street-Level Approach

The study provides a street-level perspective on the challenges and adaptions of day-to-day support coordination work, and how support coordinators are managing funded supports for NDIS participants at the nexus of multiple providers and services. A street-level policy perspective acknowledges that the complexity, ambiguity and incompleteness of law and organisational rules routinely require interpretation (Evans and Harris, 2004) and some latitude in the implementation process (Oberfield, 2010). Lipsky's view of street-level policy work (1980) was that the decisions, routines and coping mechanisms of so-called street-level bureaucrats were the actual public policy as experienced by citizens. Referring to the idea of discretion, Lipsky (1980) envisioned street-level policy workers as having some measure of self-rule to choose courses of action relative to the complexities and dilemmas of their work demands and the allocation of public resources. Their discretion is how they exercise autonomy to operate between abstract or legal rules and immediate situations (Loyens and Maesschalck, 2010). The power to exercise some discretion could mean significant progress toward policy

goals or, conversely, that goals were frustrated or derailed because of the decisions taken by agents (Brodkin, 2012; Tummers and Bekkers, 2014). Critical analysis of street-level policy implementation is therefore integral to the accountability of institutions and good outcomes for citizens (Nothdurfter and Hermans, 2018).

Decades of street-level research (Brodkin, 2012, 2016; Evans, 2011; Gale et al, 2017; Johannessen, 2019; Tummers and Bekkers, 2014) have highlighted the intricacies and dynamics of discretion (Hjörne et al, 2010; Johannessen, 2019). However, an agent's "discretionary space is a matter of degree" (Johannessen, 2019: 515) and some environments require frontline personnel to adopt more negotiation and persuasive strategies to manage inherent tensions (Gale et al, 2017). Coordinated funded supports materialise through the actions and decisions of support coordinators, who must construct coordination with NDIS participants on a day-to-day basis, while managing and negotiating multiple demands and dilemmas. In the case of the NDIS, a street-level perspective thus provides an opportunity to understand the opportunities, dilemmas and responses of support coordinators, working within an individualised funding model, which comprises multiple mixed markets, new relationships and long-held boundaries of responsibility.

Methods

In the tradition of street-level research, the study involved a qualitative method of semi-structured interviews to obtain the perspectives of support coordinators and other mainstream frontline personnel working within the NDIS environment in South-East Queensland. Support coordinators were providing paid support coordination services as defined and funded by the NDIS. Frontline personnel were defined as mainstream health and human service personnel

employed in a role that delivers direct care and/or support to a NDIS participant. Frontline personnel often interact directly with support coordinators and/or with NDIS participants receiving support coordination services and thus provide an important perspective on the role and how it is being implemented. This is a sub-study of a broader programme of research using street-level research and interviews with providers and NDIS participants and families to investigate the funding and coordination of reasonable and necessary supports (Foster et al, 2021). Ethical approval was obtained from both hospital and university Human Research Ethics Committees.

Recruitment

Purposive sampling and a snowball approach were used to recruit a diverse sample of support coordinators and frontline personnel. Eligible participants were: a) in paid employment as a support coordinator or frontline staff member; b) aged ≥18 years; and c) provided support for NDIS participants residing in South-East Queensland. Recruitment was facilitated through organisations that had participated in a previous phase of the study, consultation with the project's Reference Group (comprising representation across the various organisational types and inclusive of consumers), existing research and professional networks of the team, and through additional snowballing to expand recruitment.

Recruitment was conducted during the Covid-19 pandemic (June to November 2020), impacting the recruitment process and sample size. Recruitment was suspended after achieving a minimum target of 20 interview participants, due to the significant pressures experienced by this cohort and the sector. Nonetheless, the final sample was an information-rich source, of both the interpretative work of implementing the role in a new funding model, and the more

intricate day to day work of managing the many demands and dilemmas surrounding coordination of complex funded packages.

Research Participants

Of the 20 participants recruited, seven were frontline personnel and 13 were support coordinators. As shown in Table 2, participants spanned various organisations and sectors, including disability-specific organisations and health services, within South-East Queensland. It is worth noting that the health and mental health organisations constitute the five government organisations, and that support coordination services are not present within these government sectors.

Insert Table 2 about here

Data Collection

Semi-structured interviews with support coordinators and frontline personnel were conducted by phone and online by three members of the research team using an interview guide exploring topics consistent with the study aims. The questions addressed: how support coordinators and frontline personnel interact and coordinate funded supports with NDIS participants, other workers, organisations and systems; challenges encountered in the coordination of supports, including at interfaces with the NDIS, disability-specific and other human service organisations; and examples of good practice for effective support coordination. Each interview was designed for approximately 45-60 minutes and was audiotaped, transcribed, and checked for accuracy.

Data Analysis

An inductive approach was used to conduct a thematic analysis, guided by a framework approach (Ritchie et al, 2003). Following the completion of all interviews, three researchers initiated the data analysis by reading and open coding the same three interview transcripts. Subsequent discussions resulted in the development of the initial framework of 13 defined categories. Two researchers applied the framework to three transcripts, subsequently discussing the need for additional categories and expanding the coding framework to 22 distinct categories. To ensure inter-rater reliability and thoroughness of the revised framework, the same two researchers applied the framework to another three transcripts and discussed any discrepancies (Hennink et al, 2017). The coding framework was then applied to all transcripts. The research team held data workshops throughout the analysis process to interrogate the data relevant to the aim of this paper and identify patterns and links between the various pertinent categories as a basis for deriving main themes. Three researchers then workshopped the main themes with descriptions to finalise the thematic framework. In the results section, quotes are labelled to denote research participant type: SC – support coordinator, and interview number 01-13; FL – frontline personnel, and interview number 01-07.

South-East Queensland was a suitable site for the research given it was one of the last areas to implement the NDIS and, as such, the support coordination role had already evolved from other locations. NDIS participant perspectives could be included in other research on this topic. The qualitative sample size was sufficient for this research question; however, a larger sample in the future would enable examination of variation across support coordination characteristics, NDIS participants bases and broader geographical areas.

Results

Three themes were developed from the analysis. The first theme, *ambiguities of an intermediary role*, identifies participants' interpretation of the support coordination role and perceived differences in understandings and expectations of what the role entails. The second theme, *conflict of interest and communication*, highlights coordination challenges and tensions when managing different interests and the conditions on information sharing. *Support safety net* is the third theme, exploring discretionary practices of support coordination that adhere to professional conceptions of good practice and safeguarding NDIS participants.

Theme 1: Ambiguities of an intermediary role

The first theme, *ambiguities of an intermediary role*, identifies the consistent view of the role as an intermediary but also the varied interpretations of the key tasks and responsibilities of a support coordinator that were evident in participants' reports. This theme also highlights several sites of tension about different expectations of the role, including possible reasons for the inconsistencies.

As an intermediary, participants described the support coordinator role as being 'the middleman' (SC05) or 'the bridge' (SC11), being 'able to look at all the facets of a person's life and pull the appropriate supports together' (FL02). Support coordinators frequently spoke of 'helping people to understand…to navigate the system…and find their supports' (SC12), to 'understand the changes in the rules and the flexibility of funds' (SC09), 'linking them with services according to their wishes' (SC04), and 'renegotiate with the service provider' (SC08) when necessary.

Knowledge and skills

Participants identified many challenges in undertaking this intermediary role. Several support coordinators described the challenge of needing to have a very broad yet thorough understanding of support options across many support types, as summarised in this extract:

> you almost need to know anything and everything from housing, personal care, capitals, assisted technology…the supported independent living options. Or that you almost need to have an overview of what's the latest then be able to provide information. (SC09)

Others described the challenge that being an intermediary also meant being an 'accountant' (SC11) or 'financial manager' (SC01), to ensure the affordability of services within the funding allocation, and monitoring ongoing affordability with participants:

> To monitor how their supports are tracking and how the plan is tracking in terms of, if they're using the budget or not, if it's being spent appropriately. (SC12)

Concerns were expressed by some research participants about the lack of requirement for level two support coordinators to have 'appropriate skills and knowledge and experience' (FL02), and perception that existing 'qualifications count for nothing' (SC07). Compounding this, they felt that the 'onerous' admission process to become a specialist support coordinator acted as a deterrent, and, according to one frontline participant, could effectively mean that the NDIA are 'not encouraging quality support coordination' (FL02).

Clarity of role and scope

The ambiguity of how to operationalise support coordination in the NDIS compounded the complexity of the intermediary role. Support coordinators said this was related to the lack of

'really clear guidelines of what we can do and what we can't do and what we could be doing to be more effective' (SC13).

> I would hope that in the future there are sort of clearer guidelines and expectations for support coordinators... I think still at times there is really grey areas, and I don't know that that's necessarily the support coordinators' issue to sort of clear up. I think the NDIA should, perhaps, provide some guidance around those areas. (SC02)

Frontline personnel (FL01, FL03, FL04, FL05) also expressed uncertainty about 'grey areas' of the support coordinator scope, especially when the role interfaced with the health system.

> ...sometimes we see breakdowns when there's an unclear scope of practice between support coordinators and the treating team and it's just not clear who's responsible for doing what... *(FL04)*

Adding to their role ambiguity were their perceptions of the incongruence between the NDIA's, as opposed to the support coordinators' and frontline personnel's, understandings of complex needs and disability-specific challenges, skill, time and resources required to do coordination work. Interview participants expressed concern about a lack of NDIA understanding of the support needs of people with multiple disabilities, complex needs, intellectual and mental health issues, psychosocial disabilities, and impaired capacity.

> what we do is a bit ambiguous, particularly as my company, and my role specifically, deal with psychosocial participants. The NDIA appear to have limited understanding of what these participants require. They have a much better grasp of [the needs of people with] physical disabilities. (SC01)

Some support coordinator and frontline participants consequently perceived variation and a misconception of their role in the sector, which they said stemmed from the lack of clarity at the Scheme level. They described a common view that support coordination work was largely 'operational and administrative task-based*' (SC11), with the accompanied view that there are 'book-keepers out there doing support coordination' (SC07), and that 'every man and his dog thinks they can have a crack at*' (FL02) support coordination.

According to some participants, their perceptions about operational ambiguities manifested in inconsistencies in role interpretation and performance. One support coordinator spoke about a 'relationship-based' role (SC09). Another participant pointed out the spectrum of roles from administrative to more connected relations:

> the range of type of support co-ordinators is quite wide … support co-ordinators that pretty much don't talk to the person, they just deal with the administrative side … and the other side of the spectrum … where it's more important, the connection with the person and dealing with the person, than actually the administrative … and there's a lot within those extremes... (SC12)

Delineation of role

Several positive measures to manage the role ambiguity and help facilitate better interfaces were identified by both support coordinators and frontline personnel. This included 'a shadow program*' to enable support coordinators to spend time with acute care teams in Queensland Health or with Public Housing and 'actually learn to have better access to these teams' (SC01), and 'a forum for support coordinators to give [them] an overview of the mental health service' (FL01). Another frontline participant working at the interface of the NDIS and the mainstream system agreed there were several sites of innovative and outstanding work being done:

around the interface between health and the supports coordination area, and really developing some clear roles and responsibilities around who does what and at what timing, would we want to get the supports coordinator in to work as part of the discharge-planning process. (FL03)

Theme 2: Conflicts of interest and communication

The second theme, *conflicts of interest and communication*, shows how the intermediary role also operates to interpret and manage the complexities of NDIS participants' choice and control. This part of the role encounters potential conflicts of interest and boundary complexities, including those that can emerge for coordinators employed by organisations that also provide other support services.

Managing potential conflicts of interest

Research participants revealed how support coordinators are positioned as intermediaries between NDIS participants' choice and control about support and applying the Scheme's rules. Support coordinators spoke about the need to carefully navigate between NDIS participants' choice and control and the Scheme's guidelines to transparently 'offer participants a variety of services, from different providers*'* (SC01). They stated that upholding NDIS participants' right to choice and control was a significant part of how support coordinators navigate their role. Yet they also had to manage their organisations' conflicts of interest. They expressed this tension as a challenge of their role, especially when they supported NDIS participants who needed decision-making support.

> Some of them, they don't really want to make a choice. They're like, "Can you pick one?" But we can't do that.... (SC04)

Interview participants also identified the need for support coordination to carefully navigate potential tensions between different organisational, professional and role interests. Several support coordinators spoke of needing to be *'very proactive to keep boundaries'* (SC13) and maintaining transparency when they work for an organisation that provides, or could potentially provide, other funded supports to the NDIS participant.

> So, although the organisation I'm with has lots of other different areas that they provide support in besides disabilities, (...) there may be a couple who are getting services through these different [areas]. But they're also getting support coordination from me. The part that I do is kept totally separate to the rest of it, and that's the way it should be. (SC06)

Frontline personnel (FL01, FL03, FL06) expressed stronger apprehensions regarding 'an inherent danger*'* (FL03) in support coordination and other services coming from the same provider, perceiving that some NDIS participants might not understand the real or perceived conflict of interest.

> …the fact that organisations are allowed to provide support coordination and support services is the big problem. Well, it is, and it isn't. I think for some people, who desire simplicity, for a lot of our consumers, they would say, "Look, I like you, I like you [name of organisation], I'll take you as my support coordinator and you can provide my services as well", without really realising that that's a conflict of interest. *(*FL01)

Lines of communication

Another aspect of carefully navigating the role and safeguarding NDIS participants' choice and control was the challenge of information sharing among NDIS participants, families, providers

and other human service sectors. They noted the potential benefit of support coordinators and providers being on 'exactly the same page' (FL07) by sharing information. In practice, this potential was restricted by NDIS participants' choices not to consent to share their contact details:

> In terms of whether it's sort of collaborative with the clinicians depends on the client's consent. On our consent form we have a section that refers to a communication tree, and so if they've ticked OT and physio, for example, on that communication tree, then we can sort of work together and send an email to both providers at the same time. But if that hasn't been ticked, then it's just a matter of working separately, assuming we have consent to speak to those clinicians and getting an update. (SC02)

Another example was when families managed some of the support and chose not to liaise with the support coordinator:

> There's one issue I've found where I've had a mum, and it's her right to - she's very proactive in organising service agreements and things like that - but she doesn't necessarily liaise with me. So it's a little bit of, I don't know what's been done and what hasn't been done. (SC13)

Theme 3: Support safety net

The third theme, *support safety net,* relates to how many research participants described their street-level support coordination work. The support coordinators gave this meaning to their roles, amid the ambiguity (Theme 1) and conflicts (Theme 2). It captured their sense of using professional principles and employing discretion to negotiate challenges. This theme reveals

the street-level practices of support coordination as both promoting choice and ensuring a 'safety net' for NDIS participants, and delivering real benefits of the role.

Discretionary choices

While ambiguity and potential conflicts surrounding the support coordinator role opened up opportunities for discretion and adaptive solutions, it was evident that the practice orientations of support coordinators enabled some to act within these ambiguous spaces. Without adequate frameworks or guidelines from the NDIA, many support coordinators referred to how their professional qualifications informed the way they practised the role, with one participant implementing a *'framework [which] is always relationship-based and strength-based'* (SC11), and others employing their *'professionalism to then give advice and understand the person's needs'* (SC09). Although not all support coordinator participants referred to their backgrounds, six specified social work and psychology, and many spoke more generally of 'professional skills'.

Enacting their judicious decisions included unpaid work to achieve outcomes for the participant, as the first extract shows, or persistence until the 'right' answer was achieved, as the second extract reveals:

> It's not unusual for me to be speaking with guardians at seven o'clock at night to try and step them through the processes, because they don't have anybody else who can show them. (SC06)

> If you have a question about, say, for example, "Can I use my funding for this?" So you'll call the 1-800 number. Person A will say "No, absolutely no". And you're just like, that's not the answer you wanted to hear, as a support coordinator. You pick up the

phone again and call again. So until you get to the person to say "Yes, all right, okay". "Can you give me the ticket number of that phone conversation?", then I record it. (SC09)

Participants gave examples of innovative and proactive support coordination work, where support coordinators devised solutions by thinking 'outside of the box about where funding can be used' (FL02). Funding efficiency and helping to maintain 'choice to ensure (the) dignity' (SC02) of participants was often central to support coordinators' discretionary practices.

Safeguarding NDIS participants

In speaking about their principles and discretion, many support coordinators felt they had a responsibility to provide a 'safety net', ensuring 'someone to call on if there's an issue' (SC02), so NDIS participants avoid sub-optimal support:

> I did, because you can't just leave them. Both those participants have now got coordination because we showed how much time I had spent just connecting them with services and stuff like that. So there was a couple of [NDIS participant] start-ups that didn't even get a coordinator, we just had to be there, I just had to be their coordinator [for free, until they got it in their plan]. (SC03)

Funding and time restrictions compromised practice responses and constrained their *safety net* role. Interviewees gave examples of support coordinators being too busy to engage with providers (FL07), funded for insufficient hours to carry out the required tasks (SC09) and not being sufficiently flexible with time to understand the needs of the NDIS participant and 'to know what they're all about, who they are and what they like' (FL06). Interview participants

suggested that removing or changing the 'safety net' that is support coordination could be problematic and complex. Without the *safety net*, several research participants described the risks, including the deterioration of supports, as in this extract:

> Well, in the clients where I've seen mine lose [support coordination] (…) I actually see that a lot of their services just fall by the wayside. So, there's big gaps in their support, like it could be physio, exercise physiology. (SC05)

Frontline personnel and support coordinators agreed there were benefits of effective support coordination, including the vital position of a support coordinator 'for those with brand new disabilities (…) to help them navigate systems they've never been exposed to before' (FL03). Other perceived benefits of the support coordinator role included more efficient transitioning from hospital to community (FL01, FL02, SC08) through involvement in discharge and transition to community planning, as the hospital team, support coordinators and providers all liaise to 'start working on what supports can be pulled in to play for that person to be able to start transitioning' (FL01).

Ensuring supports were appropriate, personalised and well connected was seen to result in better outcomes for NDIS participants. Support coordinators having good relationships with providers had 'benefits for the participants of the service (…) it will add to their responsiveness, potentially the quality of the service' (SC12). For some, the benefit of good support coordination also included oversight of the quality of support providers, which could involve sharing information with NDIS participants and their families about their rights and entitlements, including to lodge formal complaints:

So that's about supporting them to understand that that's a process and that you can make complaints. And so they know their rights and if needs be, I will be in that process with them. (SC09)

This impact of the capacity building component of the role was seen to enhance the ability of NDIS participants and their families to have greater control, to self-advocate and to be 'learning in the process and (…) developing those skills of doing or understand what's happening' (SC12).

Discussion

Drawing on the experiences of support coordinators and mainstream frontline personnel working in NDIS service provision in South-East Queensland, this study has highlighted significant practice challenges and dilemmas for support coordination. Research participants spoke of their strong commitment to supporting NDIS participants' right to choice and control. However, challenges revolved around the ambiguities of the support coordinator role, managing potential conflicts of interest, information sharing among formal and informal supports, perceived differences in how the role is performed and resultant quality variation, and a sense of frustration in not always being able to meet people's needs. Overall, participants perceived a disconnect and undervaluing of the support coordinator role. Lack of clear guidelines from the NDIA leaves support coordinators with significant discretion to develop the variable set of practices described in our data.

Discretion at the frontline is nothing new: street-level agents often mediate between policy objectives, organisational demands and citizens' circumstances in the normal course of their

work (Hjörne et al, 2010). Professional norms in teaching, social work and police work help to guide frontline personnel in how to exercise discretion within appropriate boundaries (Evans, 2020; Gofen, 2013). However for new roles without established professional codes of conduct, these norms are unclear (Dickinson et al, 2019).

Evident in existing literature is that the particular support needs of people with disability and people with complex needs require a sophisticated workforce (Baldry et al, 2012; Dowse et al, 2015, 2016). This requirement includes a workforce that is skilled in intra- and inter-agency collaboration; case management; specialist mental health, positive behaviour and trauma support; and training, mentorship and supervision of family members, who are often expected to translate complex plans (Dowse et al, 2016b). The need for stability of relationships is particularly important when working with people with intellectual disability and complex support needs (Dowse et al, 2016a). Whether the variability we found in our data is necessary to be effective and responsive to people with disabilities, and the likely outcomes for consistency and quality, is uncertain. While variation can be important for the individualisation of supports, nevertheless the risk here is inconsistency in the quality of support coordination. This risk is compounded if support coordinators' knowledge and skills are not commensurate with the tasks of an intermediary.

The findings of this project indicate a need to develop and implement a support coordinator workforce strategy that guides skills development, particularly to navigate complex support needs and complex systems and acquire specialist expertise in working with particular cohorts, as well as cross-sector interfaces. In clarifying the support coordinator role where there is choice and control, policy needs to strike a balance between being prescriptive enough both to guide practice and enhance confidence in quality and consistency and to retain

sufficient discretion and flexibility to 'individualise' and be responsive to change and complexity. This balance is a challenge, given the different layers of complexity of need, circumstances, goals and supports required; the levels of involvement of support coordinators, varying institutional contexts; and meeting the core principle of the NDIS for individualised services. Variation in practice can also emerge when the meaning of support coordination is obscure and the funding to navigate complex needs is inadequate. The findings about complexity of the role and variation in support coordinator practice and quality indicate a need to review the appropriateness of resources, funding and the capabilities required to effectively perform the role.

Developing clearer guidelines and a framework of practice for the support coordinator role would enable better management of stakeholder expectations, including those of NDIS participants and their families; other frontline personnel, services and sectors; and NDIA planners. This would also improve the ability to identify interface issues and gaps, and to assist in the consistent management of conflicts of interest and boundary complexities. Without these changes there is a risk that support coordination continues to be a role that 'every man and his dog thinks they can have a crack at'.

In focusing on the role of support coordination, the paper has contributed to two key areas. First, the study has demonstrated the opportunity afforded by a street-level research approach to develop a more nuanced understanding of the discretionary practices and processes of street-level agents, which can have a significant bearing on critical policy improvements. In the case of the NDIS, a street-level perspective facilitated a better understanding of the challenges and opportunities, dilemmas and responses that currently exist in interpreting and implementing the role of support coordinators. The second

contribution of the paper is to policy and practice debates about the role of intermediaries in advancing choice and control within disability support. The findings support the need for increased clarity about the support coordinator role, greater consideration of the resources required to effectively implement the role, and also raise further questions about the level of discretionary practice designed into policy that will encourage sufficient attentiveness to need and complexity in an individualised system.

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Conflict of Interest Statement

The authors declare that there is no conflict of interest.