Reforming the 'Intermediaries' (Case Management) Role for Person-centred Planning and Improved Access to "Reasonable & Necessary" Supports

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Introduction

The NDIS Review "What we have heard"[1] identified ten priority areas for improvement including getting a plan, and help accessing supports. The Review affirms that that NDIS planning processes are often complex, confusing and stressful, where the plan approach focuses on 'what people can't do instead of what they can'. The Review also recognises there are multiple people ('Intermediaries") within the workforce of the NDIS ecosystem: local area coordinators, early childhood partners, remote community connectors, support coordinators and plan managers. Yet there are overlaps in roles, gaps and confusion with limited measurement of outcomes and provider performance. The Review also refers to the lack of clear roles and expectations around supports and what 'good supports' look like. The NDIS conveys 'what we want to know now' is the skills and knowledge needed to help the participant to navigate the system, and what people, systems and processes would make it easier to make informed choices, for planning and providers.

In this submission we delve into the factors we consider have contributed to the development of these priorities and outline some of the tools which can be used for solutions and reform.

The submission encourages the NDIS review panel to take into consideration Attachment 1 which articulates the ambiguity issues across 'intermediaries' and Attachment 2 which articulates the benefits of person-centred case management for participants.

Key points and recommendations

1. Numerous people who are tasked with supporting the NDIS participant ('Intermediaries') to develop their goals, plan and navigate the system to access supports are case managers - called by another name. There is confusion, gaps, poor workforce retention and often poor quality outcomes for both participants and providers.

[1] The '*What we have heard*' report (2023) identifies five key challenges: Why is the NDIS an oasis in a desert? What does reasonable and necessary mean? Why are there many more children in the NDIS than expected? Why aren't NDIS markets working? How do we ensure that the NDIS is sustainable?

2. The ‘fit for purpose’ model of case management for the NDIS needs to be established in line with the biopsychosocial perspective of functioning, disability and health (ICF). Roles can then be clarified for reform.
3. There needs to be recognition that effective and best practice person-centred planning is not a simple nor administrative task for people with complex needs and context. There are training resources and tools available online to assist with the skill development of planners.
4. An ontological approach with a consistent and common language is needed for communication around the numerous case manager roles and actions (Case Management Taxonomy) and participant goals (WHO-ICF). Once expectations and understanding is consistent, there can be progress towards best practice, monitoring, performance and outcome measurement at case manager, provider and NDIS levels.

Deconstructing Case Management – Problematic

The social model of disability shaped the NDIS scheme from inception to roll out and continues to inform development with its values (e.g., social justice, advocacy, empowerment). The centrality of this value-driven framework is beyond question; how it has been interpreted in NDIS practice is not. The absence of a properly aligned, defined, and evidence-based case manager role in the NDIS provider ecosystem is a key case in point. There are legitimate reasons to eschew traditional medical-model approaches to case management, and semantic reasons for aversion to the historical term (people with disabilities are not “cases” to be “managed”). The NDIS social model response was to disperse the functions, authorities, and responsibilities of case management across provider roles (e.g. local area coordinators, early childhood partners, remote community connectors, support coordinators and plan managers) as well as participants and their families. Well meaning attempts to empower creative practice in diverse contexts overlooked the complexity of deconstructed case management skills. The default model was that of a broker, an administrative role with no capacity for community building that was vague and easy to adapt to available personnel and skill set. Each provider organisation, being relatively free to define case management for themselves, diluted the concept and blurred the boundaries of case management. Lack of a common language, science and practice made monitoring, evaluation, and strategic development problematic and created a raft of knock-on problems captured in the review:

- The roles of these ‘intermediaries’ overlap, leave gaps and are confusing.
- Participants have difficulty finding and knowing who the right provider is.
- Role expectations are not clear to providers, the employees and then of course the participant.
- Local area coordinators are not trained properly, do not have the time, skill to support people to build capacity, to understand their NDIS plans and need more information about best practice.
- Local area coordinators have not delivered community capacity building to link people to services or community activities as intended.
- A key challenge is workforce quality, training, and retention.

Reconstructing Case Management - Fit for Purpose

The social model of disability is essential; it rightfully drives the NDIS and demands (not negates) a new model of case managemenr that relects its values. The error in delivery was rooted in the conceptual limitations of a social model that does not recognise the full ecology of the embedded person in their environment. The preferred framework of the global community of like-minded programs is biopsychosocial, which evolved to

recognise the best components of the medical and social model which were enhanced by combination. This biopsychosocial model of disability is operationalised in the World Health Organization's International Classification of Functioning, Disability and Health (WHO-ICF 2001). Its value to the NDIS is evinced in the tools it creates - specifically an ontological approach of scaffolding the participants functioning, their goal setting around activities and participation upon which the new NDIS role can be built, fit for purpose. Further ontological approaches are applied to charting, monitoring and measuring the 'intermediaries' (case manager) actions (what they do) using an international validated taxonomy toolkit.

What the NDIS want to know - A way forward

Below we begin with some of the questions in priority areas identified in the NDIS Review "What we have heard", the key questions NDIS has asked; and discuss approaches for a way forward.

Applying and getting a plan

- What would make access and planning simpler and less stressful?
- How can the NDIA engage better with people in the planning process?

Help accessing supports

- What does good service from someone helping you navigate the NDIS look like?
- What skills and knowledge do you need from someone who helps you navigate the system?
- What (people, systems, or processes) would make it easier for you to make informed choices, manage your funding and pay your providers?
- What would make it easier to understand how your funding should or should not be used?
- How should service navigation be structured for those who need to access multiple service systems so that they work together?

Tools for planning - A way forward

1. ***Identify the model of case management fit for purpose in the NDIS.***

The NDIS needs to determine the model of case management that is fit for purpose aligned to the aims of the Scheme, and then communicate the structures and expectations with providers. Case management is an integrated care strategy characterised by a set of actions to support person-centred planning, coordination of health and social services[2]. What is now critical is the understanding of the case management model and the skills required, what and how well the actions are performed by people employed in these roles[2,3]. At present, there is predominantly a broker/generalist model and no capacity building of the community sector for reasonable accommodations for people with disabilities (as the Local Area Coordinator position was originally tasked to do). The 'broker' or generalist model of case management focuses on the practical or operational needs of the person and is an administrative function. Whereas the person-centred model which uses a proactive and preventive approach with a focus on the person's needs and motivations, involves planning of participation goals, and utilises the person's strengths.

Further more, the current descriptions of case management "intermediaries' in the NDIS and provider practice is highly variable which impedes quality analysis, policy and planning both for participants and also NDIS Scheme wide policy planning[4,6]. As a result, there are barriers to recruiting the right people to the various

[2] Lukersmith, M. S., Millington, M., & Salvador-Carulla, L. (2016). What is case management? A scoping and mapping review. *International journal of integrated care*, *16*(4).

[3] Collings, S., Dew, A., & Dowse, L. (2019). "They need to be able to have walked in our shoes": What people with intellectual disability say about National Disability Insurance Scheme planning. *Journal of Intellectual & Developmental Disability*, *44*(1), 1-12.

[4] Lukersmith, M. S., Millington, M., & Salvador-Carulla, L. (2016). What is case management? A scoping and mapping review. *International journal of integrated care*, *16*(4).

roles, training and skill development and monitoring performance leading to poor workforce retention. The consequence for the NDIS is clear with the poor role communication in the NDIS and actions of planning and coordination[5,6].

2. Better understand what best practice planning involves.

Person-centred *strengths based* planning with participants is required to develop their individualised plan including setting goals and priorities, actions, responsibilities to achieve the goals and identify the supports needed (services and resources). Research has affirmed that person-centred case management contributes to and enhances the person's recovery and progress towards participation in life roles and maintaining well-being [7]. Generally people do not consciously set longer term goals for themselves (including NDIS participants!). Setting a personal medium or longer term goal requires reflection and review. It is not simply about functional impairments and practical needs day to day, nor therapy. For the NDIS participant to develop goals, the steps and to identify their support needs, requires planning facilitation skills [e.g., participant to identify their strengths (on which to build performance and goals), reflection on what has/has not worked in the past, current informal (unpaid) and formal (paid supports), safeguards, past and future needs etc]. Planning should be top down from goals, steps and determination of need for support based on strengths, motivation and functioning in activities and participation (WHO-ICF) (not function or impairment). At present, as identified in the Review, the planning approach is bottom up with a focus on participant impairments (medical model perspective) rather than a biopsychosocial perspective (WHO ICF) which focuses on the participant's functioning and performance within their context, their strengths, motivations, informal (unpaid) and formal (paid) supports, rather than 'capacity', which is a standardised assessment performed outside of the person's usual context. Effective planning to establish goals, supports and responsibilities typically takes time.

3. Communicate expectations to people in the NDIS case management role and measure the actions

Case management needs to be responsive and adapt to the participant context if it is person-centred. People in all case management roles need to understand when their role begins, ends and another is responsible. Using an ontological approach to better understand the range of actions any case manager can perform at any time would reduce the confusion and identify gaps. For example, coordination is not one action, rather involves multiple actions (e.g. naviagating, collaborating, facilitating, advocating, linking and bridging), proactively and responsively. Coordination actions are performed at different times according to temporal and contextual factors of the participant. There is an internationally validated Case Management Taxonomy (CMTaxonomy) which provides a useful toolkit. Its systemic use would enable the NDIS, an organisation (e.g. provider) and 'intermediaries' managers to establish expectations, undertake quality appraisal, service planning and benchmarking [8]. The people in these case management roles are able to code their actions using

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[5] Veli-Gold, S., Gilroy, J., Wright, W., Bulkeley, K., Jensen, H., Dew, A., & Lincoln, M. (2023). The experiences of people with disability and their families/carers navigating the NDIS planning process in regional, rural and remote regions of Australia: Scoping review. *Australian Journal of Rural Health*.

[6] Lukersmith S, Taylor J, Salvador-Carulla L. Vagueness and Ambiguity in Communication of Case Management: A Content Analysis in the Australian National Disability Insurance Scheme. *International Journal of Integrated Care,* 2021; 21(1): 17, 1–13. DOI: https://doi.org/10.5334/ijic.5590

[7] Lukersmith, S., Salvador-Carulla, L., Chung, Y., Du, W., Sarkissian, A., & Millington, M. (2023). A Realist Evaluation of Case Management Models for People with Complex Health Conditions Using Novel Methods and Tools—What Works, for Whom, and under What Circumstances?. *International Journal of Environmental Research and Public Health*, *20*(5), 4362.

[8] Case Management https://www.canberra.edu.au/research/centres/hri/research-projects/the-case-management-taxonomy

the taxonomy to develop an evidence base of what works for which participants, and under what circumstances over time for continuous improvement at case manager, provider to NDIS level [9].

4. **Use the ICF classification to code participant goals and measure outcomes**

The ICF has been used in organisations and individual practices to code participant goals around functioning. Use of the coding of goals also would allow 'functional impairment' only goals to be identified (therapy based goals) across participants for quality appraisals. The WHO ICF online browser is available for anyone or any organisation to use[10]. Attaching a code via the ICF browser to the goal and using a simple goal achievement scale the participant's goal achievement can be tracked at the individual and system level.

Conclusion

The NDIS Review "What we have heard" report highlights priority areas around the NDIS. We have identified several tools which would contribute to solutions to some of the priority areas the NDIS has identified.

The University of Canberra and colleagues will be pleased to provide further input to the Independent Review Panel. We would be happy to discuss explore and discuss the use of tools suggested in this submission, to enable the NDIS develop a stepwise approach to reform the planning and case management roles in the NDIS ecosystem.

[9] McRae, P., Kobel, C., Lukersmith, S., & Simpson, G. (2022). What Does It Take to Get Somebody Back to Work after Severe Acquired Brain Injury? Service Actions within the Vocational Intervention Program (VIP 2.0). *International journal of environmental research and public health*, *19*(15), 9548.

[10] https://apps.who.int/classifications/icfbrowser/