

Support Coordination and Connection

Submission to the Department of Health, Disability and Aging

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Northern Territory Public Guardian and Trustee

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Introduction

The proposed Support Coordination and Connection reforms will directly affect the overwhelming majority of people represented by the Northern Territory Public Guardian. As at 30 June 2025, 95 per cent of eligible represented people had a National Disability Insurance Scheme (NDIS) plan in place.

For this cohort, Support Coordination is not an ancillary NDIS service. It is fundamental to the establishment and maintenance of adequate disability support, as well as the effective exercise of public guardianship.

The Public Guardian is appointed as a decision-maker of last resort for adults with impaired decision-making capacity. Its role is to make, or support the person to make, decisions within the authority of a guardianship order. It does not extend to case management, social work or day-to-day coordination of services. Effective guardianship therefore depends on skilled coordination that understands the person, identifies viable support options, brings together information and services, and ensures decisions can be implemented. It is important to note that there is no other service, mainstream or disability specific, that offers this function in the Northern Territory.

The proposed commissioned SCC model provides an opportunity to improve consistency, capability and accountability. However, it must not reduce participant choice, continuity, local capability or access to skilled coordination, nor allow coordination gaps to default to families, informal supporters or the Public Guardian.

For the Northern Territory, the model must be grounded in local conditions. National consistency should not mean metropolitan service models delivered at a distance. SCC should have a genuine Northern Territory-based presence, demonstrated local knowledge and community relationships, face-to-face and culturally safe delivery, and specialist capability that can respond where needs are complex or circumstances change.

The Public Guardian and Trustee therefore considers that the future model should:

- Ensure people represented by the Public Guardian have reliable access to SCC at a minimum, with SCC+ available where complexity, safeguarding risk or intensive cross-system coordination requires it.
- Preserve participant choice, continuity and trusted relationships.
- Require genuine Northern Territory-based delivery and demonstrated local knowledge.
- Support a skilled, appropriately qualified and supervised workforce.
- Be a specialist disability, purpose driven, not-for-profit organisation.
- Ensure commissioning, funding and transition arrangements reflect the realities of regional, remote and very remote service delivery.

Background

Under current NDIS arrangements, support coordination may be funded at three levels depending on the participants' circumstances and complexity:

1. Support Connection
2. Support Coordination/Psychosocial Recovery Coaching
3. Specialist Support Coordination

The National Disability Insurance Agency (NDIA) announced that from 1 July 2028, the current model will be replaced by a new commissioned Support Coordination and Connection (SSC) service.

The proposed model includes two service levels.

1. **SCC** would support participants who require ongoing assistance to connect with and coordinate supports and services.
2. **SCC+** would provide a more intensive response to a smaller group of participants with very complex circumstances, including intensive support coordination needs, significant safety considerations, complex support environments, involvement with multiple interacting service systems, or a heightened risk of disengagement.

SCC+ is expected to involve more contact hours and specialist workforce capability.

Table: Overview of key changes.¹

Today – support coordination and other NDIS intermediaries	Proposed future – Support Coordination and Connection service
You pay for support coordination from your NDIS plan.	You would not receive funding for support coordination through your NDIS plan budget. The NDIA would fund the SCC service.
Many different support coordination providers.	The NDIA would make an agreement with an organisation to provide the SCC service in your area, so there would be fewer approved providers.
Role of the support coordinator is not clear.	Clear roles and responsibilities to outline how the SCC worker can support you.
No consistent standards for support coordination services.	The same standards for all SCC services.
Three levels of support coordination and Psychosocial Recovery Coaching.	Two levels of support: SCC and SCC+.
Support coordinators can also provide other NDIS supports.	SCC services and workers cannot provide other NDIS supports.

Under the proposed commissioned model, the NDIA would directly contract organisations to deliver SCC services within defined geographic areas, replacing the current arrangement where participants use funding in their individual NDIS plans to purchase support coordination from the open market. The consultation is considering different commissioning approaches, including a lead-organisation model and multi-provider models, as well as regional service areas, payment arrangements, workforce capability, quality and safeguarding requirements, participant choice and continuity of relationships.

The consultation gives particular attention to access for participants in regional, rural and remote areas and other thin markets, including how specialist and culturally responsive services might be delivered through partnerships, subcontracting and regionally tailored arrangements. The detailed design of SCC measures remains subject to consultation, including eligibility criteria, service design, market arrangements, quality and safeguarding requirements, and implementation.

The Northern Territory context

The Public Guardian and Trustee provides services across the Northern Territory, a vast geographic area encompassing urban, regional, remote and very remote communities. Remoteness, dispersed populations, workforce shortages, thin service markets, limited specialist services, transport and telecommunications challenges can significantly affect whether disability supports are genuinely available and accessible. A service being commissioned or technically available in a location does not necessarily mean that a person can access it in practice.

These challenges are particularly significant for Aboriginal and Torres Strait Islander people with disability living in remote and very remote communities. Culture, language, family and kinship relationships, connection to Country and community, access to interpreters and culturally safe services are important considerations for service design and delivery in these populations.

The Public Guardian has previously identified a risk that NDIS coordination delivered from outside a community can create a disconnect between identifying a person's needs and implementing their supports.

The future SCC model must therefore be place-based, flexible and responsive to local conditions, with a genuine Northern Territory-based presence and locally based workers wherever practicable, regular outreach and face-to-face engagement, access to specialist SCC+ expertise, appropriate funding for remote delivery and contingency arrangements where local services are unavailable.

Public Guardian and Trustee position on Support Coordination

Support Coordination is fundamental to putting appropriate and effective supports in place for people with disability and ensuring their NDIS plans are implemented in practice. This, in turn, supports the effective exercise of public guardianship in the Northern Territory. The Public Guardian and private guardians are appointed as decision-makers for adults with impaired decision-making capacity, with the Public Guardian acting as a guardian of last resort. A guardian's role is to make, or support the person to make, decisions within the authority of the guardianship order. Crucially, the guardianship role does not extend to day-to-day care, social work or whole-of-life case management.

Effective guardianship depends on there being practical and viable service provision options for the Guardian to consider when making decisions. Support Coordinators play a critical role in understanding a person and their circumstances, identifying and developing care options, bringing together information from providers and mainstream services, coordinating across systems and progressing implementation of decisions. They must also understand the role and limits of guardianship, the NDIS and other service systems, supported decision-making and the person's communication needs. For many people it is their Support Coordinator who knows them best, centrally holds relevant information and coordinates the services involved in their support. This is not a 'set and forget' function. A participant's needs, circumstances, risks and services can change frequently, requiring ongoing coordination, review and adjustment to ensure supports remain appropriate and the NDIS plan continues to be effectively implemented.

Where adequate Support Coordination is not available, these requirements do not disappear. The Public Guardian or a private guardian may instead be left without the information or practical options needed to make and implement decisions, or Adult Guardianship Officers may be required to undertake coordination and case-management functions, outside the Public Guardian's statutory role and existing capacity. Neither outcome is appropriate or sustainable.

For example, where a person required a decision about accommodation, the guardian may need to choose between suitable service options. It is the role of the Support Coordinator to identify available providers, explore vacancies and service models, gather relevant information, coordinate

assessments, arrange opportunities for the person to visit potential services, meet providers or other participants where appropriate, and support the person to understand and express their views about the available options before bringing viable options forward for decision. Without this work, the guardian may have legal authority to make the decision but no practical options on which to exercise that authority.

Being represented by the Public Guardian should be sufficient to meet the threshold for SCC, as guardianship is a strong indicator of complexity in a participant's circumstances, impaired decision-making capacity in relation to relevant matters and reduced or conflicted informal supports. SCC may be required not only to respond to service complexity or risk, but also to ensure the participant is able to use their NDIS plan effectively and optimise the supports that can be delivered within their available plan funding. Recognising this would acknowledge that represented people may require a higher level of coordination to maintain stable and appropriate supports, make effective use of their NDIS funding, and enable earlier intervention before service failures or other risks escalate. SCC+ should also be available where the participant's complexity, safeguarding risks or intensive cross-system coordination needs require a higher level of support.

Responses to Consultation Questions

Question 1. What works well about support coordination now that should be retained?

Support coordination works best when it is proactive, skilled, organised and relationship based. A strong Support Coordinator knows the participant, understands their circumstances, has a disability rights focus within the social model of disability, stays up to date with NDIS processes, communicates effectively with the person with a disability and stakeholders, identifies issues early and coordinates effectively across disability, health, housing, justice and other services.

For people represented by the Public Guardian, continuity and trusted relationships are particularly important. Effective Support Coordinators provide more than administrative plan implementation: they help identify realistic options, bring services together, follow issues through, promote rights and respond when circumstances change.

In the Northern Territory, local knowledge, cultural capability and an understanding of remote and thin-market service delivery are also critical. These features should be retained and strengthened under the new model.

Question 2. What could be improved about support coordination?

Note: Funding availability and the adequacy of Support Coordination hours are addressed at Question 13.

Support coordination needs to be more consistent, proactive and capable of supporting people with complex circumstances over time.

A future model should:

- Improve worker capability and consistency, including expertise in disability, communication support, supported decision-making and NDIS processes;
- Provide proactive case coordination and follow-through, rather than administrative plan implementation alone;
- Include a broader coordination role where required, including functions traditionally associated with case management;
- Assist participants to access mainstream services, arranging appointments where necessary, organising disability supports required to attend appointments, and coordinating relevant information and follow-up actions across services.

This is particularly important at the interface between health and disability services, where effective coordination can help prevent service gaps, deterioration and avoidable disability-related complications;

- Establish effective and responsive pathways into the NDIA when planning or service issues require escalation in response to circumstances, risks or supports changing.

These improvements are particularly important in the Northern Territory, where workforce shortages, thin markets and remote service delivery add further complexity.

Consistent with the findings of the Disability Royal Commission, support coordination would also be strengthened through improved quality assurance, greater independence, enhanced professional standards, better access for people with complex needs and those in remote communities, and a stronger focus on safeguarding, participant capacity building and genuine choice and control.

Together, these improvements would help support coordination fulfil its intended role of assisting participants to navigate service systems, establish and maintain appropriate supports, respond to changing circumstances and achieve meaningful outcomes in their daily lives.

Question 3. When should SCC be face-to-face or virtual?

For people represented by the Public Guardian, face-to-face engagement should be the primary mode of SCC delivery. Virtual engagement may supplement in-person support for straightforward administrative matters but should not replace it where the person has significant communication, decision-making, safeguarding or support needs.

Face-to-face contact allows the SCC worker to better understand how the person communicates, the supports they require to participate in decisions, their living circumstances, the quality of their current supports and any emerging risks. It also provides greater opportunity to observe the person's living environment and support arrangements, build trust and rapport, identify subtle changes in wellbeing or circumstances, and recognise indicators of neglect, abuse, exploitation, coercion or service failure. These matters can be difficult to assess reliably through virtual contact alone.

Virtual engagement may also create additional barriers for participants with intellectual or cognitive disability, psychosocial disability, sensory impairment, limited digital literacy, or who rely on non-verbal communication, communication aids or interpreters. It can also be more difficult to determine whether a participant understands the information being discussed or is able to express their views freely, particularly where other people are present during the contact.

This is particularly important in remote Aboriginal communities. Virtual delivery should not be treated as a solution to workforce shortages or distance, especially considering its practical barriers such as poor or unreliable internet and phone connectivity, limited access to suitable devices or private spaces, difficulties arranging interpreters or communication supports, and the importance of building trust and culturally safe relationships.

The delivery model should therefore remain flexible, but for this cohort virtual SCC should generally be supplementary rather than substitutive. Regular face-to-face engagement should be maintained where required by the participant's communication, safeguarding, decision-making or support needs, rather than determined primarily by service efficiency or workforce availability.

Question 4. What participant groups will benefit most from SCC? What do their needs for connection and coordination look like?

Support Coordination and Connection will deliver the greatest benefit for participants experiencing complexity, vulnerability or significant challenges navigating service systems independently. This includes people with high and complex support needs, intellectual or psychosocial disability, First Nations participants, people living in remote communities, those experiencing housing instability or

family and domestic violence, people with limited or conflicted informal supports, and participants interacting with multiple government systems. These groups may require coordination that goes beyond service referral and actively supports relationship building, safeguarding, advocacy, system navigation, crisis response and continuity of supports. The Disability Royal Commission similarly identified the importance of adequate support coordination for NDIS participants at heightened risk of violence, abuse, neglect or exploitation.

However, all NDIS participants may require connection or coordination support at particular times, including when commencing a first plan, changing or losing providers, moving, experiencing a significant change in circumstances or responding to a crisis. The future model should allow participants to access proportionate support quickly when these needs arise.

There must also be no gap for participants who need assistance to understand their plan and connect with NDIS, mainstream and community supports, but do not require ongoing coordination. These participants should have access either to SCC or to a clearly defined alternative connection service, with clear responsibility for ensuring that assistance is available.

For people represented by the Public Guardian, access to ongoing SCC is essential. These participants have impaired decision-making capacity in relation to one or more matters and may also have limited or conflicted informal supports, complex service arrangements and involvement across multiple systems. The involvement of a guardian does not replace the need for connection or coordination. SCC should support participants to establish and maintain appropriate services, navigate changes and barriers, exercise meaningful choice and control and, where required, coordinate across multiple service systems.

Question 5. What experience, skills and knowledge should an SCC worker have?

SCC should be delivered by skilled, experienced and appropriately qualified professionals, with capabilities matched to the participant's complexity and safeguarding needs.

Workers should have strong knowledge of the NDIS and disability service system, supported decision-making, accessible communication, human rights and safeguarding, and be able to coordinate effectively across health, housing, justice and other systems. They must also understand the respective roles of the participant, informal supporters, legally appointed decision-makers and service providers.

Best practice should include working inclusively with family, carers and other informal supports where appropriate, recognising that they often hold important knowledge about the person's history, communication, preferences and support needs.

SCC workers should practise within a person-centred, rights-based framework grounded in the social model of disability. They should promote supported decision-making, independence, autonomy and dignity of risk, recognising that their role is to support participants to understand options and make choices about their own lives rather than to eliminate risk or direct decision-making. Organisations delivering SCC should demonstrate and support these same values through their culture, governance and service delivery.

SCC+ should be a genuinely specialist service, not simply additional hours of generalist support coordination. Workers should hold relevant tertiary qualifications, such as social work or a comparable field, together with appropriate professional registration or accreditation that requires ongoing professional development. They should also have demonstrated experience working with people with complex and overlapping needs and access to appropriate professional supervision.

This aligns with the consultation paper's focus on workforce capability, minimum practice standards, safeguarding and specialist workforce skills for SCC+.

Question 6. What would help participants feel safe and encourage them to report an issue?

Participants need to understand their rights, know how to raise concerns and trust that doing so will not jeopardise their access to supports. Information about complaints and reporting should be accessible, including through Easy Read, interpreters, communication aids and supported communication where required. However, accessible information should supplement, not substitute for, active support to help the person understand their rights, recognise when something may be wrong and communicate a concern.

For some participants, particularly those with impaired decision-making capacity, a significant safeguarding issue is that they may not recognise that abuse, exploitation, neglect or service failure is occurring, or may be unable to communicate it. Safeguarding therefore cannot rely on participants self-reporting concerns.

Regular face-to-face contact and continuity of SCC workers who know the person well are important safeguards. A consistent, skilled worker may notice changes in behaviour, living conditions, relationships or service delivery that indicate something is wrong.

Across the Scheme, participants should also be supported to build their understanding of their rights, self-advocacy skills and confidence to speak up, raise concerns and make complaints. This should be funded within participants' plans where identified as a goal and an active and ongoing part of safeguarding, rather than relying on participants to independently identify and navigate complaints processes.

Strong safeguarding also requires multiple independent points of contact and oversight around participants who may be at heightened risk. Independent advocacy and community visitor programs can provide an important additional safeguard by creating opportunities for concerns to be identified outside the participant's immediate service arrangements. Changes to funding or service models should not inadvertently reduce face-to-face contact, independent oversight or the number of people able to identify and respond to emerging concerns.

Participants should also have access to independent advocacy, clear escalation pathways, strong conflict-of-interest controls and transparent complaints processes. These safeguards align with the consultation paper's proposed focus on complaints mechanisms, safeguarding requirements, conflict-of-interest controls and performance oversight.

Question 7. What else should be considered when designing the future SCC service?

Clear responsibility for coordination and follow-through is essential, particularly for participants involved with multiple service systems. The future model must be designed to avoid situations where an issue falls between services because responsibility is unclear.

For people represented by the Public Guardian, this is particularly important. The Public Guardian is a statutory decision-maker and does not provide case management or coordinate the day-to-day operation of a person's supports. SCC should therefore provide the practical coordination needed to bring disability, health, housing, justice and other services together, identify gaps and ensure issues are progressed.

While SCC should not replace the responsibilities of mainstream services, clear role boundaries must not create service gaps. Where needs overlap, there should be an identified service responsible for coordination and escalation until the relevant issue is resolved.

Health is a key example. While responsibility for providing health care remains with the health system, SCC should coordinate the participant's disability supports around their health needs, including facilitating access to appointments, sharing relevant information between services and ensuring agreed follow-up actions occur. Effective coordination at this interface may help prevent

avoidable deterioration, service disruption and escalation of disability support needs, with flow-on benefits for both mainstream services and NDIS funding.

In remote areas, the future model should also build on existing local capability, including Aboriginal community-controlled organisations and other established community-based services, rather than relying solely on new stand-alone service structures. The consultation paper itself contemplates partnerships, subcontracting and regionally tailored delivery in specialist and thin markets.

Question 8. What commissioning arrangements would best balance participant outcomes, quality, sustainability and choice and control?

Commissioning should be person-centred, rights-based and responsive to Northern Territory conditions. National consistency is important, but equitable access will require different delivery arrangements in regional, remote and very remote areas.

Commissioning should preference organisations with a genuine Northern Territory-based operational presence and demonstrated local capability, including locally based workforce, established community and service-system relationships, cultural capability, face-to-face service delivery and access to specialist SCC+ expertise. Commissioning should support partnerships with Aboriginal community-controlled organisations and established local and specialist providers, and recognise the additional costs of travel, outreach, interpreters and maintaining workforce capability in thin markets.

Importantly, commissioning must preserve meaningful participant choice. Participants should have a real say in who provides their SCC and, wherever possible, their individual worker, with an alternative available where an arrangement is ineffective, culturally unsafe or presents a conflict of interest. This is particularly important if a lead-organisation model results in fewer providers within a region. The consultation itself recognises that commissioning must balance service capacity and local responsiveness with participant choice.

People who require decision-making support must be actively supported to express their will and preferences about SCC arrangements. A guardianship order should not displace that choice. This is consistent with the Convention on the Rights of Persons with Disabilities, including its protections relating to support to exercise legal capacity, choice and inclusion in the community

Question 9. What types of providers are best placed to act as lead organisations, and why?

Lead organisations in the Northern Territory should have a genuine local presence, demonstrated expertise in disability and complex service coordination, strong community relationships, a rights and purpose driven approach, cultural capability and the capacity to deliver across urban, regional, remote and very remote areas. Organisational size or contract-management capacity alone should not demonstrate suitability.

Given the Territory's small population, thin service markets and the extent to which participants may interact with health, housing, justice and other government systems, a Northern Territory Government or government co-delivery model may warrant consideration alongside non-government commissioning models. Any such arrangement would need clear role boundaries and safeguards to preserve the independence of SCC, particularly where coordination requires identifying gaps or escalating concerns about government services. Service delivery must not under any circumstances be compromised by the chosen model.

Regardless of the model adopted, lead organisations should work closely with Aboriginal community-controlled organisations, local providers and specialist services, and demonstrate local capability through workforce, relationships, cultural safety and actual service delivery.

Question 10. What are the advantages and disadvantages of a lead organisation model?

Advantages

A lead organisation model could provide clear accountability for regional coverage, consistent service standards and a single point of responsibility for ensuring SCC is available to eligible participants. In the Northern Territory, where provider markets and specialist workforces are limited, it could also help coordinate workforce, specialist expertise and service delivery across a large geographic area. A suitably designed government or government-led co-delivery model may offer additional advantages through established links with health, housing, justice and other mainstream systems.

Disadvantages and risks

A single lead organisation could concentrate significant influence in one provider and reduce meaningful participant choice. There is also a risk that an organisation could hold responsibility for a large region without sufficient local workforce, relationships, cultural capability or specialist expertise to deliver effectively on the ground. Smaller local, specialist and Aboriginal community-controlled organisations could also be disadvantaged or effectively reduced to subcontractors without adequate funding or influence.

What would be needed

Any lead organisation model should require demonstrated local capability, accountability for coverage and quality, strong conflict-of-interest safeguards and practical alternative arrangements where the lead organisation is unsuitable for a participant. Local delivery partners should be appropriately funded, involved in service design and decision-making, and not expected to carry disproportionate delivery risk.

The consultation paper identifies the lead-organisation model as the NDIA's preferred early option, while recognising the need to balance capacity, quality, local responsiveness and participant choice.

Question 11. What regional areas should be used for commissioning SCC?

SCC regions should reflect how people live and access services, including cultural connections, established service pathways, workforce availability, travel realities and specialist expertise, rather than being determined by administrative convenience.

In the Northern Territory, a small number of broad commissioning regions, such as the Top End and Central Australia, may provide a practical starting point, provided this does not result in services being delivered remotely from major centres without genuine local presence. Regional commissioning that included the Katherine, Barkly and East Arnhem/Nhulunbuy areas in the Northern Territory would allow for local and community-based delivery arrangements within those broader regions, particularly in remote and very remote areas.

Regional design should be developed with communities, Aboriginal community-controlled organisations and local service networks, and allow participants to access specialist SCC+ expertise across regional boundaries where required.

Question 12. How should the model respond to variable participant need, workforce availability, caseload and provider capacity?

Participant need is not static. For people with complex circumstances, a change in accommodation, health, staffing or another essential support can rapidly increase their coordination and safeguarding needs.

SCC worker caseloads should therefore reflect participant complexity, risk and intensity of coordination, not simply participant numbers. Providers must maintain sufficient capacity to increase support when circumstances change, while ensuring continuity when individual workers or local services are unavailable.

This is particularly important in the Northern Territory, where workforce shortages and thin markets can leave few alternatives when a provider withdraws or capacity is exhausted. Commissioned organisations should be required to maintain contingency arrangements and access to specialist capability, including SCC+.

Where coordination capacity is insufficient, responsibility must not default to families, informal supporters, private guardians or the Public Guardian. The Public Guardian is a statutory decision-maker and is not resourced to provide case management or day-to-day service coordination. Requiring Guardianship Officers to fill these gaps is outside that role, is not sustainable, and reduces capacity to perform their core decision-making functions. Gaps in coordination may also contribute to unnecessary applications for guardianship, or applications for broader or an increase or more restrictive guardianship arrangements, where the underlying issue is a lack of service coordination or practical support rather than a need for substitute decision-making.

The commissioned model may provide an opportunity for greater flexibility than individual plan-based funding, allowing providers to adjust the intensity of SCC as participant needs change. The consultation paper proposes that SCC organisations manage changes in participant circumstances within their service capacity and that the payment model supports different levels and intensity of need.

Question 13. What payment and funding arrangements would best support the SCC model?

Funding should reflect the complexity, intensity and real cost of providing effective SCC, rather than reward high caseloads or volume-based delivery. SCC+ funding should support specialist expertise, lower caseloads and the capacity to respond quickly to safeguarding concerns, service breakdown or other significant changes in circumstances.

The commissioned model should move away from rigid individual hourly allocations and provide organisations with flexible or bulk funding that can be accessed according to participant need. Providers should have sufficient discretion to increase coordination quickly when circumstances change, without requiring repeated NDIA approvals before responding. Delays in approval can directly affect the timeliness and effectiveness of Support Coordination.

The assumption that coordination can substantially taper once supports are established does not reflect the circumstances of people with disability and in particular those represented by the Public Guardian. Their needs often remain dynamic over time: providers change, plans are reviewed, risks emerge, accommodation or health circumstances change, and new decisions may be required. Ongoing coordination is therefore necessary to identify options, bring relevant information together, keep people safe and support implementation of decisions.

Flexibility must be balanced with accountability. Every participant should continue to receive regular contact and review, and funding arrangements should not create incentives to under-serve people whose circumstances appear stable or to avoid participants with greater complexity.

In the Northern Territory, funding must also recognise the additional costs of remote and very

remote delivery, including travel, outreach, interpreters, face-to-face engagement and maintaining workforce and specialist capability in thin markets. Appropriate geographic or remote loadings should form part of the model.

Question 14. What quality, workforce and safeguarding requirements should apply to SCC providers?

SCC providers should operate within a strong and consistent quality and safeguarding framework, which may help address the current variability in workforce capability, quality and oversight.

The future model should retain a clear and independent role for the NDIS Quality and Safeguards Commission. NDIA commissioning, contractual performance monitoring and provider oversight should complement, rather than replace, the Commission's regulatory and safeguarding functions. The respective responsibilities of the NDIA and the Commission should be clearly defined, including in relation to provider standards, complaints, incidents, compliance and enforcement.

Requirements should include appropriately qualified and experienced workers, relevant professional registration or accreditation where applicable, worker screening and clearances, ongoing professional development, documented practice standards, regular supervision and clear complaints and incident-management processes.

For SCC+, the standard should be higher. Workers supporting people with complex and overlapping needs, significant safeguarding risks and communication or decision-making support needs should have demonstrated specialist expertise, appropriate professional qualifications, regular clinical supervision and manageable caseloads.

Providers should be responsible for identifying and managing conflicts of interest and for ensuring appropriate oversight of subcontracted services and the quality of work undertaken on their behalf, with clearly defined monitoring and escalation arrangements in place.

In the Northern Territory, workforce shortages or geographic isolation must not result in a lower standard. The practical test is whether the provider knows the person, understands the local service environment, can identify and escalate risk, coordinate supports competently and uphold the person's rights wherever they live.

Question 15. How should the model attract, build and retain a capable workforce, including maintaining participant relationships?

The workforce model must reflect the realities of delivering services across the Northern Territory and deliberately build local capability.

SCC should be recognised as a skilled social services and allied health function, not an administrative role. Attracting and retaining capable workers will require competitive remuneration and conditions, realistic caseloads, clear career progression pathways, ongoing professional development, reflective practice and access to professional or clinical supervision.

Investment should prioritise Northern Territory-based recruitment and workforce development, including building Aboriginal and Torres Strait Islander workforce capability and strengthening locally based organisations. For people represented by the Public Guardian, continuity and trusted relationships are particularly important. Commissioned organisations should minimise unnecessary worker changes and require effective handover where changes occur.

Success should be measured not simply by whether positions are filled, but by whether skilled workers are retained, know the people and communities they support, and can provide consistent, effective coordination over time.

Question 16. How should local knowledge and community connection be defined and assessed?

In the Northern Territory, local knowledge and community connection must be demonstrated in practice, not inferred from having an office or contractual presence in the Northern Territory.

Local knowledge means understanding which services are genuinely available in a particular community, how reliably they operate, where the gaps are and how people actually access support. It also requires innovation and creativity in working with limited local options, including drawing on professional relationships, informal networks and established service partnerships.

Community connection should include trusted relationships with communities, Aboriginal community-controlled organisations, local services, families and community members, together with appropriate cultural and language capability.

Providers should be required to demonstrate local capability in each region through their workforce, relationships, service partnerships and feedback from communities and local organisations.

Ultimately, local knowledge should be assessed by whether it results in practical, accessible and culturally safe supports that work for the person where they live.

Question 17. How should the model work in regional, rural, remote and thin markets?

The SCC model in the Northern Territory must be flexible, place-based and developed with communities, rather than applying one delivery model across very different locations.

Where a permanent locally based specialist workforce is not viable, the model should use partnering arrangements with established local agencies, Aboriginal community-controlled organisations and cultural liaison or community-based roles, supported by regular outreach from specialist SCC and SCC+ workers. Communities should be involved in determining a delivery model which will work locally. As a last resort, regular in-person travel to the community should be utilised to maintain service levels and quality and be built into the service model.

Funding must recognise the additional costs of remote delivery, including travel, interpreters, outreach and the time required to build relationships and coordinate services. Participants should also be able to access specialist expertise across regional boundaries where it is not available locally.

Virtual contact may supplement service delivery but should not replace face-to-face engagement and relationships on the ground.

The model should build local capability and contingency arrangements, rather than normalising reliance on a single distant provider. The consultation paper recognises partnerships, subcontracting, regionally tailored delivery and the value of Aboriginal Community Controlled Organisations, Aboriginal Community Controlled Health Organisations and other specialist organisations in thin markets.

Question 18. What additional barriers should be considered for people with complex or overlapping needs, including people who require decision-making support?

People with complex and overlapping needs may experience multiple and compounding barriers, including communication and decision-making support needs, cognitive disability, limited informal supports, unstable housing, poverty, childhood and psychological trauma, safeguarding risks and long-term involvement with government and service systems.

In the Northern Territory, these barriers may be compounded by remoteness, limited services,

workforce shortages, transport, language and telecommunications barriers, and limited access to culturally safe services. For Aboriginal and Torres Strait Islander peoples, culture, family and kinship, connection to Country and community, interpreters and trusted supporters must also be considered.

People requiring decision-making support may face additional barriers to understanding information, communicating their will and preferences, navigating complex systems, recognising when supports are failing and exercising their rights.

Importantly, complexity should not be viewed as a characteristic of the individual. Systems should recognise that it can also arise from factors in the broader service system, including fragmented supports, inaccessible processes, limited service availability, and poor coordination between agencies. SCC should therefore address both the person's individual support needs and the systemic barriers that contribute to complexity.

Question 19. What should be considered in transitioning to the new SCC model?

Transition must prioritise continuity of relationships, decision-making and supports, particularly for people with complex needs, limited informal supports or significant safeguarding risks. For people subject to guardianship or financial management, a poorly coordinated or abrupt transition may increase the risk of service gaps, missed information, delayed decision-making and uncertainty about responsibility between agencies. Even a short disruption may have significant consequences where disability, health, housing and other services need to work together to maintain a person's safety and wellbeing. This may also increase the risk of matters escalating to the Public Guardian and Trustee where existing supports break down, particularly where there is no family or other informal network able to identify and respond to emerging risks. Transition planning should therefore clearly identify responsibility for ongoing coordination, information sharing, decision-making and escalation before existing arrangements cease.

People transitioning to SCC, particularly those likely to require SCC+, should receive a planned warm handover involving the participant, existing and incoming workers, family or trusted supporters, the Public Guardian where relevant, and key service providers. Handovers should capture the person's communication and decision-making support needs, current supports and risks, unresolved issues, important relationships, what has previously been tried and what has or has not worked, and clear responsibility for outstanding actions. Adequate funding for this transition period will need to be made available to exiting Support Coordinators and any new providers including information exchange and in person meetings with the person.

This is particularly important for people with complex histories or previous provider and worker turnover, where critical knowledge may otherwise be lost.

In the Northern Territory, transition should be based on demonstrated service readiness. Existing arrangements should not cease until commissioned providers have an established Northern Territory-based workforce or delivery presence, demonstrated local knowledge and relationships, completed effective handovers, and sufficient specialist capability to safely assume responsibility.

Conclusion

The Public Guardian and Trustee supports reform that delivers more consistent, capable and accountable support coordination, while preserving participant choice, trusted relationships and responsiveness to individual circumstances.

For people represented by the Public Guardian, support coordination is critical to effective support arrangements. Effective guardianship depends on skilled coordination that understands the person, develops viable options, brings together information and services, and ensures decisions can be implemented. NDIS participants represented by the Public Guardian should therefore have SCC as a minimum level of coordination, with SCC+ available where greater complexity, safeguarding risk or intensive cross-system coordination requires it, and access thresholds should be adjusted accordingly.

In the Northern Territory, the success of the commissioned model will depend on whether it can translate national standards into services that work in practice across urban, regional, remote and very remote communities. This requires qualified and adequately supported workers, genuine Northern Territory based presence, demonstrated local knowledge and community relationships, face-to-face engagement, person-centred, culturally safe and place-based delivery, flexible funding that responds to changing needs, and appropriate recognition of the additional costs and challenges of thin markets.

The reform should not create new gaps in responsibility or allow coordination needs to default to families, informal supporters or, inappropriately, to the Public Guardian. Transition must protect continuity and trusted relationships, and commissioned services should commence only when they have the workforce and capability to safely meet participant need.

Ultimately, the reform should be judged by whether people with disability, including those who require support with decision-making, can exercise their rights, choices and control and receive safe, effective and culturally appropriate coordination wherever they live to maximise the quality of their lives.