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Barriers and Enablers for Effective Support Coordination in the National Disability Insurance Scheme

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ABSTRACT

Support coordinators act as intermediaries between the National Disability Insurance Scheme (NDIS) and participants, facilitating access to funded supports. To optimise outcomes, they must navigate NDIS complexities, identify services that meet individual needs and engage with diverse stakeholders. This multifaceted role demands extensive system knowledge, specialised skills and key personal attributes. However, understanding how these factors interrelate and the barriers that may constrain effective delivery has received limited attention. We addressed this through semi-structured interviews, conducted remotely, with NDIS participants, family members, allied health professionals and support coordinators across metropolitan and rural Australia. Reflexive thematic analysis was used to interpret patterns across data. Two representative themes were identified. “Unveiling hidden labour” examined the causes and consequences of system strain, while “Capacity and fit” considered the factors that sustain an effective workforce. Data highlighted systemic challenges, personal suitability and professional readiness. Our recommendations support current and future intermediaries, including the proposed Navigator role that is expected to supersede existing support coordination functions. To address inefficiencies associated with unclear role delineation and system complexity, we identify opportunities to strengthen pathways towards a respected, professionalised workforce through stronger government recognition, regulatory reform and sustained investment in standardised training and professional development.

1 | Introduction

Support coordinators occupy a pivotal position within the National Disability Insurance Scheme (NDIS), acting as intermediaries who enable people with disability (NDIS participants) to exercise choice and control over the supports and services they receive. When performed effectively, this role can significantly enhance a person's quality of life. However, the delivery of high-quality support coordination is frequently undermined by systemic and structural barriers, including funding constraints (Hummell et al. 2023), ambiguous role definitions (Lukersmith et al. 2021) and a service system described as being ‘unfit-for-purpose’ (Dowse 2022: 137). While some support coordinators

navigate these challenges effectively, others can struggle to deliver meaningful outcomes (Jessup and Bridgman 2021). This research investigates the factors underpinning effective support coordination and identifies the barriers that must be addressed to ensure consistent, ethical and empowering service delivery.

This paper outlines the evolution of disability funding in Australia and the development of the support coordinator role within the current NDIS model. We then examine published findings on the support coordination workforce to isolate factors influencing service quality. In response to identified gaps, we conducted qualitative interviews with support coordinators, NDIS participants, family members and allied health

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professionals (AHPs) to explore the supports and hindrances to effective support coordination in practice. Our findings identify key challenges and propose enablers towards professional readiness.

2 | Background

Since its introduction in 2013, the NDIS has provided funding to over 717,000 Australians with disability (NDIA 2025a). NDIS funding covers four key classifications: core, capacity building, capital and recurring (NDIA 2023). Core funding supports daily activities; capacity building aims to strengthen independence and coordinate supports; capital funding covers assistive technology and home modifications; and recurring funding supports ongoing transport costs (NDIA 2023). Each NDIS participant's plan outlines the allocation of funds across these categories, tailored to their individual goals and support needs. To support navigation of the scheme, the National Disability Insurance Agency (NDIA) funded the role of support coordinators, who primarily connect NDIS participants with services that facilitate daily living, enhance independence and promote choice and control (NDIA 2024). Support coordinators have significant oversight of the supports and services NDIS participants receive and therefore perform an important safeguarding role (NDIA 2021).

Support coordination operates as a three-tiered model. Level One supports plan understanding and service connection. Level Two assists those requiring more complex service coordination, including capacity building and crisis preparedness and response. Level Three is allocated to participants with high and complex support needs, whereby coordinators address barriers and work collaboratively with broader support networks to resolve problems or crises (NDIA 2024). Complex needs refer to multiple, intersecting health, disability and social factors requiring comprehensive support (Rankin and Regan 2004).

Despite the formalisation of a tiered support coordination model, concerns persist around role ambiguity, inconsistent service quality and safeguarding issues. A 2020 NDIA consultation resulted in 421 submissions highlighting poor role clarity, variable support quality and out-of-scope work undertaken to fill gaps (NDIA 2021). Lukersmith et al.'s (2021) analysis of government documents and job advertisements similarly identified variable, vague and inadequate role descriptors, which in turn highlighted gaps in responsibility and confusion among stakeholders. This information vacuum leads to multiple interpretations of the role (Hummell et al. 2023), further fragmenting service quality.

Consultation findings also revealed knowledge gaps among support coordinators, including a limited knowledge of diverse disability types and local services (NDIA 2021). Non-government organisation (NGO) submissions identified further gaps in housing and living options (National Disability Services 2020), NDIS systems and processes (Vision Australia 2020), and health and NDIS interfaces (Summer Foundation 2020). Peer-reviewed studies have similarly highlighted the importance of these key knowledge areas in delivering high-quality support coordination (Collings et al. 2018; Hummell et al. 2023; Jenkinson 2021; Lukersmith et al. 2021; Wilson et al. 2022). Beyond knowledge, desirable skills, such as effective communication (Collings

et al. 2018; Hummell et al. 2023; Lukersmith et al. 2021; Wilson et al. 2022) and personal attributes, for example, honesty (Collings et al. 2018), have also been identified. NGO submissions further emphasised the need for increased investment in training and professional development (PD) (breakthru 2020; Mind Limited Australia 2020; Summer Foundation 2020). However, much of this understanding derives from grey literature and disparate contexts, with limited empirical research capturing how support coordination is practiced, particularly from the perspectives of people with lived experience. Hence, critical aspects of capability, particularly those relating to knowledge, skills and attributes, remain underexplored.

Training modules are currently provided by the NDIS Quality and Safeguards Commission (NDIS Commission), addressing legislative knowledge, including the *NDIS Code of Conduct* and *NDIS Practice Standards*, which outline expectations for professional behaviour (NDIS Commission 2023). Despite these measures, an inquiry documented increased reportable incidents since 2020, including breaches of integrity, conflicts of interest and unethical behaviour (NDIS Commission 2023). These findings raise concerns about safeguarding and potential misconduct within the support coordination role.

Calls for a sustainable disability workforce highlight the need to improve operational conditions, including realistic caseloads, adequate funding and improved training and PD pathways (Alcorso and Stamet 2024). Hummell et al. (2023: 421) call for a 'support coordinator workforce strategy' to improve consistency and quality. Building on this literature, there is an opportunity to advance an empirically informed framework development.

In summary, while existing literature recognises the need for clearer role definitions, transparent quality standards and PD, empirical evidence remains limited regarding how support coordination is implemented in practice and what enables or hinders effectiveness. Accordingly, this study aimed to understand how effective support coordination is experienced and to identify the knowledge, skills and attributes perceived as contributing to high-quality practice.

3 | Method

3.1 | Study Design

This study used a qualitative descriptive design guided by reflexive thematic analysis (Braun and Clarke 2006) to explore the experiences and perspectives of stakeholders involved in NDIS support coordination. This approach was deemed suitable for capturing participant experiences and producing practical, policy-relevant insights (Sandelowski 2000).

3.2 | Participant Sampling and Recruitment

Using purposive sampling (Patton 2002), participants were recruited to capture diverse perspectives aligned with the research aim. Accordingly, we aimed to reach distinct stakeholder groups through professional networks, sector newsletters, social media platforms, communities of practice and a database

of individuals who had previously consented to be contacted for research. Snowball sampling further supported recruitment across stakeholder groups.

Eligible participants had direct experience with NDIS support coordination in Australia, as a provider, recipient or relevant stakeholder, and were aged 18 years or over. Sampling sought variation in role type, geographic location, service setting and experience with the NDIS. Participants who expressed interest and met eligibility criteria were invited to participate until sufficient diversity across groups was achieved. The resulting sample comprised 55 participants: 20 support coordinators, 14 NDIS participants, five family members of NDIS participants and 16 AHPs.

3.3 | Data Collection

A semi-structured interview guide was developed from the research aims and refined through team discussions. All participant groups were asked questions about the skills and attributes of effective support coordinators, and how they could better assist people with disability and complex needs. Participants were also invited to discuss barriers and enablers impacting service delivery.

Interviews were conducted between July 2022 and April 2023 by a female research team member with experience in qualitative interviewing and knowledge of the disability sector. Prior to interviews, the researcher addressed any outstanding matters, reinforced that participation was voluntary and confidential, and obtained informed consent. Interviews were conducted by phone or video conference, depending on the participant's preference and lasted an average of 54 min.

Demographic data were collected, including age, gender, role type, years of experience, disability type and geographic location. These data were aggregated to ensure anonymity, and pseudonyms were used for all participants, with each assigned a character and numeric code: AHPs (AH), NDIS participants (NP), family members (FM) and support coordinators (SC). All interviews were audio-recorded and transcribed verbatim.

Ethics approval was obtained from the La Trobe University Research Ethics Committee (Approval number HEC19026; 12 April 2019).

3.4 | Data Analysis

Transcripts were reviewed for familiarisation, followed by open coding to identify units of meaning across the dataset. The interviewer drew on contextual knowledge to inform inductive analysis, recognising the value of researcher subjectivity in qualitative work (Braun et al. 2019).

To support reflexivity and offer alternative perspectives (Braun et al. 2019), a second researcher undertook sample coding and engaged in regular discussions with the lead analyst. Through iterative refinement, codes were organised into themes that captured 'patterns of shared meaning' (Braun and Clarke 2021:

209). Data were analysed within and across participant groups. NVivo 20 was used to manage and organise the data.

Researchers used interpretive judgement to assess when data sufficiently addressed the research aims and supported the analytical process (Braun and Clarke 2021). The study's narrow focus, cohesive participant groups and consistent interview questions across groups generated rich, meaningful data.

4 | Results

4.1 | Participant Characteristics

Fifty-five individuals participated, including 42 females, 11 males and two non-binary participants, from five Australian states. Most lived in metropolitan areas ($n=40$), with 15 from rural or regional locations (see Table 1).

4.2 | Support Coordinators

Among the 20 support coordinators interviewed, the majority were female ($n=16$). Participants represented a range of service settings: eight based in medium to large organisations (11+ employees), seven in small organisations (2–10 employees) and five operated as sole traders. Participants included practitioners ($n=11$) and managers or owners ($n=9$). As shown in Table 2, support coordinators held varied qualifications and prior work experience. Within this representation, six support coordinator participants are identified as having lived experience of disability.

Eighteen participants estimated the duration of their employment as support coordinators, ranging from approximately 4 months to 7 years. Based on these self-reported timeframes, the approximate mean was 3.27 years. Two participants were excluded from this calculation due to insufficient detail.

4.3 | Allied Health Professionals

The 16 AHPs primarily included social workers, occupational therapists and physiotherapists. They had substantial knowledge of the NDIS and routinely engaged with support coordinators. Employers included hospitals, care facilities, government departments and private practices.

TABLE 1 | Location of all participants.

State	Regional or rural	Metropolitan	Total by state
NSW	7	15	22
Qld	4	3	7
SA	—	3	3
Vic	4	13	17
WA	—	6	6
Total	15	40	55

4.4 | NDIS Participants and Family Members

Fourteen NDIS participants and five family members were interviewed. The NDIS participants or their family members provided demographic information for NDIS participants (aged 30–63 years, $M = 47.55$ years). Reported disability support ranged from none to 24-h support, 7 days per week. Support coordination hours varied widely, from zero to 100h per year. One participant had recently opted out of support coordination, and five were unsure of their current allocation. Collectively, the 19 participants, representing NDIS participants and family members, drew on their experiences with approximately 53 support coordinators.

4.5 | Thematic Findings

Two core themes and six interrelated subthemes (see Figure 1) are presented, illustrating how structural constraints and misaligned expectations shape the quality and sustainability of the support coordination role, and how workforce readiness is understood and enacted in practice.

5 | Theme 1: Unveiling Hidden Labour: Causes and Consequences

Insights emerged about the tensions support coordinators experienced as they navigated the diverse needs and expectations of multiple stakeholders. These tensions were shaped by role ambiguity, service gaps and broader systemic barriers. The following theme explores how these challenges were experienced and their impact on support coordination. While themes were identified across the dataset, the ways these challenges were described and experienced varied according to participants' roles and perspectives. We examine how these challenges are experienced across NDIS participants, family members, support coordinators and AHPs.

5.1 | Subtheme 1.1: Support Coordinators Can't 'Do Everything': The Burden of Gap-Filling

NDIS participants and family members described support coordination primarily in terms of functional competency,

TABLE 2 | Education level and professional experience of support coordinator participants.

Education level	Broad fields of study	Broad role experiences
Master's degree (or higher) ($n = 6$)	Business management Health administration	Disability-related management or service
Bachelor's degree ($n = 11$)	Health-related (e.g., occupational therapy, social work)	Allied health Disability coordination services Disability support
Certificate/Diploma ($n = 3$)	Disability-related	Disability coordination services

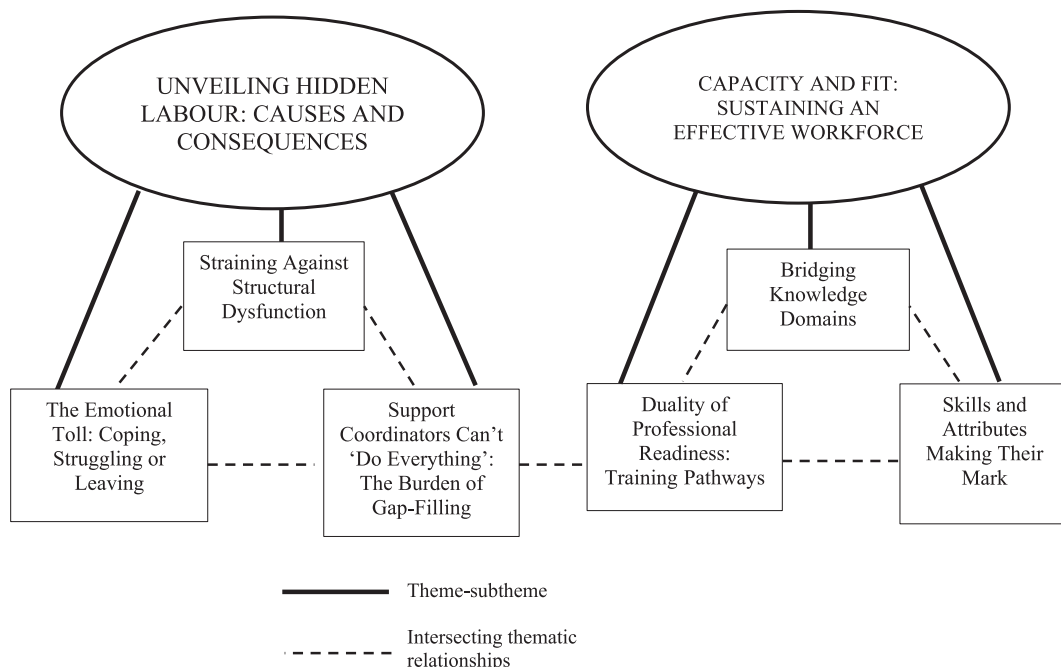


FIGURE 1 | Development of themes towards support coordination effectiveness.

responsiveness and the extent to which support coordinators progressed individual goals over time. Accounts indicated considerable variation in service quality and consistency, with many participants having worked with multiple support coordinators. Several described support coordinators who did not follow through on commitments. As an NDIS participant explained, 'I've been through quite a few support coordinators until I got to this one. I didn't really get any help from the ones that I had, they kind of would promise the world and then do nothing' (NP3). Others described situations where support coordinators did not take action or lacked urgency, leading NDIS participants or family members to undertake tasks themselves. One NDIS participant stated, 'But that's not my job. It's the job of the support coordinator' (NP8). Across accounts, NDIS participants and family members described filling service gaps themselves, including vetting services and progressing administrative requirements.

Beyond these experiences, some NDIS participants and family members with prior exposure to the NDIS or earlier service models demonstrated detailed knowledge of system-level processes, barriers and perceived biases. Some described actively navigating or contesting NDIA decisions themselves, while others noted that their support coordinator undertook this system-level work on their behalf. Accounts also described support coordinators who worked beyond funded hours, including undertaking unpaid tasks and careful negotiation of NDIA requirements, contrasted with reports of support coordinators who performed only minimal tasks, leaving some needs unmet. Participants associated this variation in effort with unclear role boundaries, differing interpretations of scope and limited funding.

AHPs traced role ambiguity to the introduction of the support coordinator role, noting that early implementation occurred with limited guidance or communication about scope and expectations. Several support coordinators cited allocations as low as 12h per year, alongside expectations that they should 'do everything', only to be criticised for undertaking tasks later deemed 'out of scope'. AHPs contextualised this mismatch by highlighting the constraints imposed by limited funded hours: '[with] 12 hours of coordination in a 12-month plan, that's an hour a month. There's not much you can do' (AH11). Within this context, some support coordinators expressed the view that NDIA funding levels undervalued the support coordination role, citing the disconnect between limited funded time and the breadth of expectations placed upon them. A support coordinator recalled their client's disbelief of uncompensated labour: '[the client said] I just saw how much you actually get...I can't believe that that's it...everything that you have to do...everything that I expect of you' (SC3).

Unrealistic expectations were further illustrated through pro bono work, with some support coordinators describing a sense of obligation to continue assisting NDIS participants beyond allocated hours, particularly those considered at-risk and vulnerable. A coordinator reported providing 40h of support for a client funded for only 12h, with months remaining on the plan, expressing concern that unpaid labour had become an expectation of the role.

Expectations of support coordination were also shaped by familiarity with earlier service models, particularly case management. Participants from all groups contrasted the current support coordination role with earlier models perceived as more holistic and better resourced. Tensions emerged between expectations of capacity building and the ongoing need for intensive coordination, especially for people experiencing cognitive decline. As a support coordinator explained, 'it's really hard to build capacity with a person with a neurodegenerative condition... there's cognitive change' (SC12).

Family members supporting relatives with complex needs described assuming substantial coordination responsibilities in response to inadequate funding which includes personal financial strain. For example, one family member explained, 'I've had to draw down on my funds, my super' (FM4). Another described anxiety about sustaining this role over time, stating, 'At some point in time, someone is going to have to do this, and I don't want to leave it until the day I'm on my deathbed!' (FM1).

Across accounts, poorly defined role boundaries, conflicting expectations and service gaps have generated hidden labour and frustrations that are often invisible to new support coordinators. Support coordinators described the relentless pace of work, with one noting being 'slammed by 300 emails a day', and '50 things coming in sideways and you're constantly re-prioritising' (SC14). Participants expressed concern that the absence of prerequisites for entering the role left new coordinators underprepared for these demands, allowing individuals to assume support coordination responsibilities without relevant experience or oversight. As one support coordinator explained, 'You can wake up tomorrow and want to be a support coordinator and then be available to do support coordination for a plan or self-managed people, and there's nobody checking on you' (SC11). These conditions highlight how gap-filling within an under-resourced system not only contributes to hidden labour but also exposes weaknesses in workforce readiness that are examined further in the following subtheme and in Theme Two.

5.2 | Subtheme 1.2: Straining Against Structural Dysfunction

Participants reported that structural dysfunction and sector-based barriers further complicated the support coordination role. Inefficiencies were associated with NDIA communication systems, inconsistent decision-making and limited service availability, particularly in thin markets. NDIS participants recognised that system-level flaws can constrain their support coordinators' ability to deliver a high-quality service. As one NDIS participant reflected, their support coordinators had 'been fantastic... they've tried their damndest...but it's not about them. It's about NDIS. It's a system that is not working' (NP2).

Participants described that funded support coordination hours were wasted on resolving NDIA-related inefficiencies. As one support coordinator noted '...sometimes, up to 50% of my time is just fixing NDIS [errors]', adding that 'following up agency errors and inconsistencies' led to 'wasting peoples' support coordination hours' (SC2). Participants also described rushed

planning processes, inconsistent guidance and decisions made without adequate engagement with NDIS participants. Frequent rule changes further compounded inefficiencies, with one NDIS participant describing an application delayed for over a year that ultimately required resubmission under revised criteria: 'We're having to basically rewrite a whole new application to conform to the new rules' (NP4).

Across participant groups, poor communication and inconsistent advice from NDIA staff were described as significant barriers. A support coordinator noted, 'You can call the agency five different times and get five different answers' (SC2). Support coordinators emphasised the need for caution when engaging with NDIA staff, particularly when challenging errors, following up delays or justifying plan reviews for participants with changing or progressive needs. As one support coordinator explained, 'If you put a planner offside, then they can ruin a person's life for the next year' (SC2).

Geographic location further shaped access to services. Participants described challenges linking NDIS participants with essential services in rural and regional areas, resulting in limited choice and long wait times, such as a 12-month wait to see an occupational therapist. These pressures were compounded by workforce shortages, high turnover and variable service quality.

Within thin markets, participants identified potential conflicts of interest where support coordination and service provision were delivered by the same organisation, including contexts where coordinators were employed by providers of Supported Independent Living (SIL) or Specialist Disability Accommodation (SDA). An AHP viewed these arrangements as pragmatic where service options were limited. Support coordinators working within multi-service organisations acknowledged these risks and described strategies to manage them, including maintaining professional distance and offering participants a choice of providers. Despite these safeguards, some family members reported ongoing concerns and described seeking independent support coordination when internal referral patterns persisted.

The cumulative effect of these systemic barriers, alongside the unrealistic expectations outlined in Subtheme 1.1, contributed to the emotional and professional impacts explored in the following subtheme.

5.3 | Subtheme 1.3: The Emotional Toll: Coping, Struggling or Leaving

Support coordinators and AHPs described a strained work environment shaped by high caseloads, underfunding and emotional labour. A small number of NDIS participants also recognised this strain, with one noting their support coordinator was 'feeling a strong responsibility and ... a lot of guilt that they could give some clients what they needed, but other ones they couldn't put in the time and effort because [they were] overloaded with work' (NP11). These pressures, which were reported across participant groups, were associated with exhaustion, compassion fatigue and stress, and could manifest as burnout.

Participants contextualised factors associated with burnout, including high caseloads, financial strain, unpaid work, underfunding and the emotional toll of the role. An AHP explained that support coordinators often needed to 'take on more and more participants to actually make a viable living' (AH11). One support coordinator highlighted organisational pressures, noting that 'people that work in agencies have really high KPIs' and explained that 'margins are really low' (SC3). A further pressure was the extent of unfunded labour, with an AHP noting that 'some support coordinators go way above and beyond ... and do a lot of work unpaid, and that potentially leads to burnout' (AH11). Underfunding was identified as a cause of unpaid work: 'people just don't get enough funding in their plans' (SC11). The emotional toll further compounded these pressures, with one participant describing coordinators 'taking the client's situations home with them, they can't sleep, some are exiting the role...they're working all hours of the day and night...' (AH5).

Burnout was associated with attrition. Participants reported that some support coordinators exited the role within six to 12 months, with typical role longevity estimated at 18 months to 2 years. An NDIS participant expressed concern that support coordinators were 'overworked, they're underfunded, and there's not enough of them' (NP7).

Workforce turnover created additional pressures for NDIS participants and remaining coordinators. Successive handovers required new coordinators to invest time in understanding the NDIS participants' situations, further depleting plan funding. One support coordinator described receiving referrals from peers stating, "this person's too hard for me," or "I'm out of my depth. Can you take them over?" (SC11). Another reported a NDIS participant cycling through five support coordinators within 13 months, prompting calls for 'a support coordination provider of last resort' to manage complex cases (SC3).

These findings highlight how structural pressures impact both the well-being of the workforce and the quality of service provided. Factors supporting workforce readiness are addressed in Theme Two.

6 | Theme 2: Capacity and Fit: Sustaining an Effective Workforce

NDIS participants and family members drew on their experiences to describe the qualities they regarded as central to effective support coordination. Some described commencing their NDIS journey with highly capable support coordinators whose knowledge and approach enabled positive outcomes; when these coordinators moved on, participants reported difficulty finding subsequent coordinators with comparable capability and responsiveness. Others described improvements over time, reflecting on how differences in knowledge, approach and relational skills shaped outcomes.

Experiences also varied according to the complexity of participants' goals. Those seeking support to progress complex objectives, such as disability housing, emphasised the importance of broad, applied knowledge across multiple domains. Participants who had worked with support coordinators drawing on lived

experience identified this as a valuable and complementary aspect of practice, particularly where it informed responsiveness to individual needs and system navigation.

Building on the challenges outlined in Theme One, Theme Two examines the knowledge, multidimensional skill sets and personal attributes required to navigate this complex and dynamic role alongside participant perspectives on workforce retention and the adequacy of current education and training systems.

6.1 | Subtheme 2.1: Bridging Knowledge Domains

Participants identified several key knowledge domains required for effective support coordination and emphasised the consequences of knowledge gaps and inexperience. Essential knowledge was described as extensive, multifaceted and requiring ongoing development to remain effective.

Aware of the NDIS's significant breadth, participants emphasised the need for support coordinators with thorough operational knowledge, including 'NDIS systems and budgets...how the NDIS bureaucracy works or doesn't' (FM2). A support coordinator attributed successful outcomes to deep system knowledge, explaining they knew 'legislation inside and out' adding they were 'very good at finding all the relevant information and being able to justify funding' (SC11). Given frequent changes to the NDIS (see Subtheme 1.2), staying informed was essential.

Authentic knowledge of local and intersecting government services was considered essential for tailored support. NDIS participants and family members sought local service recommendations grounded in trusted referrals or credible client feedback, supported by diligence and consideration of individual needs, so they had sufficient information to make informed choices. However, some NDIS participants described being referred to unvetted services, prompting questions about the value of support coordination when recommendations appeared to rely on Google reviews. An NDIS participant captured this perceived redundancy: 'Can a support coordinator bring anything to the role which Google can't?' (NP1).

Participants emphasised the importance of having a good understanding of specific disability types. One AHP stressed the importance of understanding individual nuances of each person's experience with a specific disability, stating, even with the same diagnosis, 'not every person...has the same journeys, and needs the same support, or has the same social history' (AH7). Another AHP identified a training gap, suggesting that the 'NDIS should provide some basic education on the variety of disabilities that they have to empower and enable their support coordinators to better meet the needs of their clients' (AH6).

Participants spoke favourably of support coordinators who specialise in particular disability types or who work within boutique agencies. Boutique services were described as companies that specialise in 'a particular type of disability' and tailor their training to understand the 'main... and recurring issues' experienced by their clients (AH11). Participants also emphasised the value of lived experience, noting that individuals with personal experience of a specific disability often bring a more authentic

understanding of client needs. For some, lived experience was considered more valuable than formal qualifications, particularly when combined with ongoing PD.

Housing was identified as a critical yet underrepresented area of knowledge. An AHP observed substantial variability in support coordinators' capacity to prepare effective housing applications, highlighting the need to 'apply reasonable and necessary criteria, the SDA criteria [and] understanding other housing options' to justify their suitability (AH3). Another AHP described a situation where the health team completed the paperwork and located SDA housing themselves because the support coordinator 'didn't have any education on the SDA pathway' (AH13). Similarly, a family member expressed frustration with outdated housing knowledge, noting that support coordinators were 'not up to speed' on supporting 'clients living in their own apartment' (FM4).

Some participants reported breaches of confidentiality and privacy, underscoring the importance of understanding relevant legislation, governance and ethics. Concerning instances included the disclosure of personal information without consent, inadequate record-keeping systems, favouring agreeable allied health providers, pressuring clients to sign paperwork, signing documents without authorisation, and undocumented spending.

Knowledge alone is insufficient without the skills to articulate and apply it effectively. The next subtheme explores the skills and personal attributes considered essential for success.

6.2 | Subtheme 2.2: Skills and Attributes Making Their Mark

Beyond knowledge, participants identified specific technical skills and personal attributes as key indicators of suitability for the role. This subtheme highlights qualities that support both role effectiveness and personal fit.

Effective communication was identified as a core skill. Support coordinators were expected to adapt their language to suit different stakeholders, particularly in response to disability-related needs. One AHP emphasised the need for adaptive 'communication techniques' to engage 'people with varying degrees of disabilities' (AH6). Another highlighted the importance of reframing information: 'You might need to have that same conversation three times in three different ways' (AH7). Participants also emphasised effective communication with people from diverse cultural and linguistic backgrounds, and those with hearing impairment. The capacity to 'deeply listen' (NP11) was also valued.

In contrast, some participants expressed frustration because of absent or inadequate communication. Several AHPs described some support coordinators as inaccessible or unresponsive; for example, phone calls and emails were ignored despite multiple attempts. The perception that support coordinators were 'too busy' created reluctance among some NDIS participants or family members to follow up on their queries. An NDIS participant, reflecting on social media posts, noted that many NDIS participants 'can't contact their coordinators' and their 'coordinators [are] so busy they just don't have time to fit in to do what they need' (NP11).

Concerns were also raised about selective communication, with some support coordinators reportedly engaging only with certain individuals rather than maintaining open dialogue with all stakeholders. One AHP recalled a situation where a family member was contacted instead of the NDIS participant, who asked, 'Why is that person phoning my [relative] when I have capacity?' (AH10). Selective communication was further compounded for AHPs when support coordinators made decisions without consulting the broader multidisciplinary care team.

As noted in Subtheme 2.1, participants emphasised the importance of extensive NDIS knowledge. From a client-facing perspective, participants highlighted the need for support coordinators to be able to translate complex NDIS terminology and systems information into simple language (AH3; SC13). From a system-facing perspective, participants considered the use of NDIS-preferred terminology essential. An NDIS participant noted how language choice could directly impact funding outcomes: 'NDIS doesn't like certain words [and may] knock you back. But if you frame it in the right way with the right boxes, they want ticked, then they're more likely to support it' (NP11). As such, strength-based, clear and concise written communication was viewed as essential to effective practice.

Beyond written communication skills, participants described a range of business-related competencies as important to support coordination practice. Independent support coordinators and business owners, in particular, described skills such as managing IT systems, registration and audit requirements, budgets and employment processes. Some participants reported undertaking business-related postgraduate qualifications, while others described the value of engaging with business communities of practice for problem-solving.

Participants described effective working environments as those that are reinforced by collaboration. AHPs highlighted that 'collaboration is key' (AH1) and 'a two-way street' (AH12). Collaboration was accompanied by several personal attributes, including being approachable, open, accessible, flexible, time-responsive, understanding and available.

Additional personal attributes identified included adaptability, confidence, empathy, honesty and trustworthiness. These traits were seen working in tandem; for example, 'You need to be honest, and confident enough to speak out and against, you know, all the stakeholders who are involved' (SC8). Personal attributes were highly valued, particularly when contrasted with formal qualifications. A support coordinator explained, 'I honestly think it's more about the innate skills that a person has; skills and personality type, because you can teach someone from scratch everything about the NDIS and how it works' (SC2). The next subtheme discusses the environment in which essential knowledge can be acquired.

6.3 | Subtheme 2.3: Duality of Professional Readiness: Training Pathways

Participants emphasised the need to strengthen the structures supporting the development of knowledge, skills and attributes,

shaping professional readiness. A family member suggested that the 'industry is behind the curve [and] not up to speed', attributing this to insufficient training (FM4). In a similar vein, an NDIS participant proposed a singular course through which new support coordinators could 'learn the language of NDIS [and how to] challenge it', noting that this 'would need to be for everyone, regardless of what degree they've already got' (NP8).

Participants noted inconsistencies in educational backgrounds and a fragmented training landscape, delivered through multiple formal and informal channels, including online or in-person courses, web-based knowledge repositories, communities of practice, peer networks, podcasts and webinars. Content was disseminated by nonprofits, peak bodies, employers, professional networks and peers.

Communities of practice played a dual role, functioning as both a knowledge-sharing platform and a professional networking forum. These networks enabled support coordinators to refer clients to colleagues whose expertise was better suited to the client's needs (SC11). An AHP identified the need for both training in supporting people experiencing 'challenging behaviours' and the provision of a 'support system' that enables support coordinators to 'know where to go if they can't handle something, not to just leave things, [those that say], "That's not my job" or "That's too much to handle"' (AH14). Across all participant groups, mentoring and supervision were consistently identified as essential support mechanisms. Independent support coordinators highlighted the value of networks and peer connections for troubleshooting and shared learning, while those employed within organisations described the added resource of internal team support.

Participants identified relevant accredited courses with broader curricula delivered through Technical and Further Education (TAFE) and some universities. Several participants recommended TAFE-delivered Certificate IV qualifications in Community Services, Disability Support or Mental Health as minimum entry-level training. Others noted that support coordinators with Bachelor-level qualifications in allied health, particularly social work and psychology, were better prepared.

Participants emphasised that current training and PD opportunities were 'expensive' (AH8; SC9; SC11) and often took place 'outside of work hours' (SC3). In response to the fragmented, optional training offerings, some participants called for mandatory, standardised and competency-based training to address skill gaps, alongside regular PD opportunities. Two participants suggested that the support coordination workforce adopt a model similar to allied health, whereby registration is mandated, and all staff must maintain continuous PD to remain in the profession (NP12; SC2).

Given the fragmented training landscape, participants reflected on the need for a minimum educational standard. While there was general support for existing training pathways, several participants proposed a more tailored qualification designed explicitly for support coordinators. It was suggested that the NDIA play a central role in customising training programmes to meet these needs.

7 | Discussion

Our findings confirm the critical role of support coordinators in enabling NDIS participants to pursue and achieve their goals. Effective support coordination was characterised by continuity achieved through credible, well-vetted service recommendations aligned with NDIS participants' needs, supporting safeguarding in practice. However, support coordinators operate within multiple constraints, including conflicting role expectations, unmet service gaps, disparate workforce readiness and inadequate funding. Consequently, support coordination in its current form, when combined with structural dysfunction, generates unrealistic expectations, undermines efficiency and results in variable service quality. These frustrations echo Dowse's (2022: 137) summation that the current NDIS system is 'unfit-for-purpose'.

A clear link was evident between underfunding, overworked support coordinators and underserved NDIS participants across the reported experiences. Building on Hummell et al.'s (2023: 419) identification of unpaid support coordination time, our findings highlight the consequences: emotional and physical exhaustion, a sense of obligation leading to pro bono work, and increased caseloads to remain financially sustainable. These pressures are associated with burnout, with some support coordinators exiting the role within 6 months.

In this study, person-centred practice was characterised by a holistic and responsive approach to clients' changing needs. Sustaining this level of service may fill a gap, but some face risks, including health impacts and criticism for operating outside their scope of practice. Conversely, other coordinators narrowly interpret vague role descriptors, with some delivering only the minimum required. The variation in practice generated tensions among stakeholders whose expectations often exceed current role definitions. These findings align with Hummell et al.'s (2023) conclusion that role interpretation is primarily left to individual discretion. Support coordinators prioritising a person-centred approach often did so through unsustainable, unpaid work rather than through a formally resourced, holistic coordination role comparable to earlier models of case management.

Legacy models of disability support, specifically case management, also shaped stakeholder expectations. Several of the

participants in our research had direct experience with case management, which they felt was more effective in addressing clients' holistic needs, particularly for people experiencing cognitive decline. Although case management has historically been criticised for issues such as poor role clarity and flawed system design (see Bigby 2007), it nonetheless provided an explicitly intended holistic and person-centred approach (Meltzer et al. 2018), an aspect our research found to be largely absent at a structural level within the current support coordination model. As the NDIA evaluates the future direction of the support coordination role (Commonwealth of Australia [CoA] 2023; NDIA 2021), there is an opportunity to draw on lessons from these legacy models. Engaging stakeholders with knowledge and experience in both case management and support coordination may help shape a more individualised and sustainable model of care that meets the needs of NDIS participants and families across their lifespan.

Challenges identified in our research underscore the need for systematic reform, particularly through a structured and uniform approach to workplace readiness. Our findings highlight the importance of customised training programmes designed and delivered by accredited and authoritative education providers, in collaboration with the NDIA and relevant regulatory bodies. To address this, we present a competency framework developed through analytic synthesis of participant descriptions from this study and informed by existing literature on support coordination. This responds to Hummell et al.'s (2023) call for a workforce strategy by presenting a practice framework to support consistency and quality. This framework integrates study findings with previously identified knowledge, skills and attributes (Collings et al. 2018; Hummell et al. 2023; Jenkinson 2021; Jessup and Bridgman 2021; Lukersmith et al. 2021; Wilson et al. 2022) and provides a foundation for tailored curriculum development.

In consolidating overlapping concepts, we developed a distinctive synthesis of essential knowledge areas. Table 3 summarises four core knowledge domains derived from participant accounts, each capturing critical knowledge necessary for support coordinators to operate effectively at a base level. These domains encompass an understanding of the intersection between *disability and health*, as well as a genuine understanding of NDIS participants' individualised needs. Knowledge around legal compliance, encompassing *law, governance and ethics*,

TABLE 3 | Knowledge domains for effective support coordination.

Knowledge domain	Descriptor
Disability and health	Disability types, related health conditions and tailored support needs.
Law, governance and ethics	Knowledge of legal, regulatory and ethical requirements underpinning practice including, privacy, compliance, governance, financial accountability, conflicts of interest, confidentiality and professional ethical judgement within complex service systems.
NDIS systems and process knowledge	NDIS legislation, policy, procedures, practice standards, Code of Conduct and housing and living supports.
Services	Authentic knowledge of local and community services, and intersecting health and government systems.

may enhance the appropriate management of personal information and accurate documentation of expenditures. Additionally, *NDIS systems and process knowledge*, and authentic knowledge of reputable *services*, would optimise funding and support more individualised, tailored practice.

Our findings demonstrate that support coordination requires not only specialised knowledge but also specific technical skills and relational competencies for effective, sustainable practice. Skills are understood as observable capabilities enacted in practice, while attributes reflect professional values and shape how practice is undertaken. Although attributes are not necessarily directly teachable, they may be supported through training, supervision and reflective practice. Eight essential skills (e.g., innovative problem-solving) and five valuable attributes (e.g., adaptability) are synthesised through interpretive analysis of participants' experiences in this study (see Table 4). Participants consistently emphasised the importance of understanding individualised needs through an interplay between essential knowledge, skills and attributes. Importantly, complementary skills enable knowledge application, while personal attributes enhance its delivery. Participants also identified lived experience as a valuable and complementary influence that informed professional values shaping ethical and relational practice.

The need for knowledgeable and experienced intermediary personnel was identified through a process of sector-wide introspection, as documented in the NDIS: Independent review into the National Disability Insurance Scheme (NDIS Review) (CoA 2023). The proposed introduction of 'Navigators' could transform the role of intermediaries within the NDIS, including support coordination, by offering a more clearly defined and enhanced function. The NDIS Review proposes that Navigators operate independently of the NDIA and be accessible to all people with disability (CoA 2023).

Our research similarly underscored the importance of clearer role definition and workforce upskilling, particularly in relation to personalised housing and living options, where we identified a gap in expertise. Reflecting this need, the NDIS Review independently proposes a specialised 'Home and Living Navigator' role to assist people with disability in exploring appropriate housing and living arrangements across their lifespan (CoA 2023).

The NDIS Review also reflects other themes identified in our research, including the importance of manageable, needs-based caseloads and standardised training. To ensure effectiveness, future intermediary roles must be supported by well-defined responsibilities from the outset, alongside aligned training frameworks. This may help to avoid the ambiguity and inconsistency that have historically challenged support coordination.

Our proposed competency framework offers a timely opportunity to guide holistic training for intermediaries by integrating four core knowledge domains with targeted skill development. A co-design process led by people with lived experience (Lamontagne et al. 2021) could validate and transform the framework into a training prototype, supported by stakeholder consultation and feasibility testing. Embedding this within a comprehensive structure and delivering it through a credible education provider may strengthen and standardise the current

TABLE 4 | Skills and attributes of effective support coordinators.

Skills	Descriptor
Active Listener	Attentive, clarifies through questions, responds thoughtfully and retains information.
Business Acumen	Proficient in IT systems, budget-astute and communicates clearly in verbal and written formats.
Collaborative	Engages accessibly and responsively with others, builds rapport, contributes to team cohesion and sustains working relationships.
Communicative	Clearly and effectively exchanges information with stakeholders.
Efficient	Manages time well, is organised, thorough and meets deadlines.
Innovative problem-solving	Curious, challenges conventions and constructs creative solutions.
Knowledge application	Integrates and applies expertise across disability and health, law, governance, ethics, the NDIS and services in practice.
Responsive to diversity	Recognises and responds to cultural, linguistic, disability and communication access needs.
Attributes	Descriptor
Adaptable	Adjusts to change and demonstrates resilience and flexibility in practice.
Approachable	Creates a respectful, open environment for non-judgmental engagement.
Confident	Demonstrates determination, persistence and perseverance.
Emotional intelligence	Demonstrates awareness of others' perspectives and emotions and an empathetic disposition.
Honest and trustworthy	Acts with integrity, transparency, accountability and reliability.

training landscape. With the NDIS Review recommending regulatory reforms, including mandatory provider registration and a risk-proportionate governance model (CoA 2023), the feasibility of enforcing mandatory training has increased.

As NDIS reforms progress, this period presents a critical opportunity to address persistent service gaps and unresolved grievances, particularly around funding. Proposed budget reforms have been recently announced whereby the NDIA aims to deliver more accurate and equitable budgets that reflect individual support needs, while enhancing flexibility and NDIS participant control over how funds are used (NDIA 2025b). These reforms begin to align with Duffy and Brown's (2023: 41) call for self-directed support and flexible personal budgets, designed to empower NDIS participants 'to find good solutions to fit their own circumstances and objectives'.

Notably, several of the proposed reforms address challenges independently identified in our research, which was conducted prior to the release of the NDIS Review. This alignment reinforces the validity of our findings and underscores the urgency for change. While our findings may contribute to the ongoing reform process, we acknowledge the limitations of generalisability, particularly at this juncture.

8 | Limitations

The voluntary recruitment process yielded a sample primarily of support coordinators who were highly engaged in improving their roles, work environment or training. Consequently, all interviewed support coordinators likely possessed a combination of knowledge, skills and attributes required to be effective in their role. Thus, the nature of this group may have introduced some personal bias, as current practising support coordinators would likely hold disparate views on the need for formal training. Similarly, NDIS participants and family members who volunteered tended to hold polarised views, either having experienced high-quality support coordination or having had negative experiences.

All NDIS participants in this study were 18 years or older; consequently, the perspectives of children and young people with disability, and their families, were not represented. Experiences of support coordination for this younger population may differ and involve distinct considerations. Future research should therefore examine recipient and provider experiences of support coordination for people under 18 to determine whether different or additional requirements are needed to inform future practice.

Additionally, while 27% of participants were from rural areas, further representation could have provided more comprehensive insights into the unique needs of geographically dispersed individuals. A limitation of our study is its Australian focus, which limits the generalisability of the findings. Comparative research on intermediary roles in other countries is needed to assess transferability. Future research could explore the evolving knowledge requirements for those in intermediary roles to ensure universally relevant learnings can inform the design and implementation of coordination roles for people with disability.

9 | Conclusions

The effectiveness of a support coordinator relies on an interplay of personal attributes and the capacity to navigate complex systems, manage stakeholder expectations and maintain

occupational well-being. Those best suited to the role demonstrate a commitment to developing, retaining and renewing key knowledge areas, while maintaining a diverse skill set that enables them to respond to complex NDIS participant needs. Personal attributes such as adaptability and emotional intelligence further enhance role suitability.

Given the complexity of the NDIS, well-equipped support coordinators with the necessary knowledge, skills and attributes are essential to help NDIS participants navigate the opaque processes of providing evidence, negotiating and appealing funding decisions. As the scheme undergoes reform, there is an opportunity to simplify and make the NDIS more equitable and transparent for NDIS participants. This would make the role of support coordinators more achievable, and they could add greater value by working with NDIS participants to plan and realise a good life.

As the NDIS continues to evolve, current support coordinators and future intermediaries must remain flexible and responsive to ensure NDIS participants can fully benefit from their funded supports. Realising this vision will require targeted government investment in standardised training and ongoing PD to build and sustain a respected, professionalised intermediary workforce.

Author Contributions

Sharyn McDonald: investigation, formal analysis, writing – original draft, writing – review and editing, visualization, project administration. **Lee Cubis:** validation, formal analysis, writing – original draft, writing – review and editing. **Di Winkler:** conceptualization, methodology, writing – review and editing. **Jacinta Douglas:** conceptualization, methodology, writing – review and editing, supervision.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

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