Support coordination and connection consultation

Summer Foundation submission

1 October 2026

Introduction

The Summer Foundation welcomes the opportunity to make this submission to the government's consultation about the design of the new Support Coordination and Connection (SCC) service.

We support the commissioning of the new SCC service to improve the quality of services for participants.

In order to properly consider major reforms to the NDIS support coordination function, the government needs to outline the vision for all NDIS intermediaries and how each role will work together to meet the needs of participants. There also needs to be consideration of potential gaps in support, for example, how participants access high-quality person-centred planning and supported decision-making.

This submission focuses on the SCC+ role, which needs to:

- Be sufficiently resourced to meet the needs of participants with high and complex support needs
- Prioritise participants who need the most support to effectively navigate the NDIS and meet their needs and goals
- Be independent of NDIS-funded supports as a safeguarding and quality measure and be an agent of the participant.

Summer Foundation

The Summer Foundation turns evidence into action by creating bold, practical and affordable solutions in housing and support that empower people with disability with high support needs to live with dignity, choice and connection. We share what works, so everyone can help build a more inclusive future.

More information

The Summer Foundation would welcome the opportunity to provide more information to the consultation.

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Summer Foundation

Key recommendations

1. DHDA, in collaboration with the NDIA, develop an intermediary strategy which outlines how intermediaries across the NDIS will work together to meet the needs of participants.
2. Commissioning criteria for lead organisations should include local connections and networks, multi-disciplinary approaches and no conflicts of interest.
3. SCC+ roles should be sufficiently resourced (1:12 caseload) to provide an average of 10 hours of support per month for eligible participants.
4. Eligibility for SCC+ should include these priority cohorts:
    a. High support needs participants with disability types that may impact decision-making and those living in group homes
    b. Participants in legacy stock
    c. Participants in the complex support needs pathway
    d. Participants currently receiving Specialist Support Coordination
    e. Participants with public guardians
    f. Participants at key transition points
5. Ensure there is capacity for participants to meet their SCC+ worker in-person if they wish.
6. Include crisis planning, prevention, mitigation and action as part of the SCC+ role scope.
7. Ensure Explore and Design is available for people who need housing and living supports.
8. NDIA should utilise Formal Relational Contracting as the contracting mechanism for the new SCC service.

General comments

Clarify the spectrum of NDIS intermediaries

This consultation about the purpose and detail of the Support Coordination and Connection function is occurring in isolation to the other intermediary functions within the NDIS and an absence of vision about how these roles inter-relate and support participants to meet their disability support needs. To be most effective, these parts of the system should be designed together with the overall outcome in mind.

The NDIS Review highlighted that there are many roles that help participants navigate within, and outside, the NDIS, finding supports and services that work for them, and providing support with coordination or key life transitions.[1] These responsibilities are split across roles, often with blurred role scope that can overlap and create confusion for participants and workers.[2] While the current proposed role scope for the SCC roles is clear, there is an overlap with the current role of LACs.

The NDIS Review also highlighted that many of the roles offer insufficient support to actually meet the needs of participants with high and complex support needs, particularly due to the overly complex nature of the NDIS.[3]

These roles are:

- Local Area Coordinators (LACs)
- Support Coordinators
- Specialist Support Coordinators
- Remote Community Connectors
- Plan Managers
- National Disability Advocacy Program (NDAP)
- Individual advocates through the NDIS Appeals Program
- NDIS Appeals Program
- Justice Liaison Officer
- Hospital Liaison Officer
- Specialised planners (under Complex Support Needs Pathway)

The NDIA currently spends over $2.15 billion on Local Area Coordinators (LACs), Support Coordinators (all levels) and Plan Managers[4] and receives poor outcomes for this investment. Commissioning can be an effective tool for market stewardship to promote better outcomes for participants, where competition is not effective.[5] However, in the case of NDIS

[1] NDIS Review (2023). What we have heard: Moving from defining problems to designing solutions to build a better NDIS. **https://www.ndisreview.gov.au/sites/default/files/resource/download/what-we-have-heard-report.pdf**
NDIS Review (2023). Working together to deliver the NDIS: Independent Review into the NDIS. **https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf**
[2] Ibid.
[3] Ibid.
[4] This is calculated by summing payments for Support Coordination (Level 1, 2 and 3) - $1,118,034,000 for 320,448 participants (excluding employment related support coordination), Plan Management $645,985,000 for 572,448 participants and $389,786,000 on Local Area Coordination provided for support for people aged 9-years and older.
NDIA (2026). Payments data as at June 30 2026. **https://dataresearch.ndis.gov.au/datasets/payments-datasets**
NDIA (2025). NDIA Annual Report 2024-25. **https://www.ndis.gov.au/publications/annual-report**
[5] NDIS Review (2023). Alternative commissioning for remote and First Nations communities: June 2023.

intermediaries, commissioning a portion of the market alone will not solve the challenges identified in the NDIS Review.

Currently, there is a gap in who assists participants with supported decision-making and person-centred planning. This will become more acute as the NDIA moves from Planners to Assessors under New Framework Planning.[6] Evidence from disability systems in England, United States, New Zealand and Ireland shows that individualised funding works best when it is built on good person-centred planning.[7]

In addition to commissioning the new SCC function and plan management,[8] the Department of Health, Disability and Ageing (DHDA) and the National Disability Insurance Agency (NDIA) need to present a comprehensive vision and reform agenda for intermediaries as a whole. Recognising that these roles need to work effectively together to meet the needs of participants, and identify gaps/overlaps in the participant experience.

Recommendation 1: DHDA, in collaboration with the NDIA, develop an intermediary strategy which outlines how intermediaries across the NDIS will work together to meet the needs of participants.

What is needed from a SCC service

(Responding to question 2 and question 5 about service models and approaches)

The consultation paper outlines a preferred approach to commissioning SCC services, utilising the lead-organisation model where one provider is responsible for delivering or coordinating all SCC services within an area.[9] The lead organisation model is an appropriate approach where the lead organisation has appropriate expertise in-house, or can engage, or sub-contract with, specialised services for tailored support. These organisations, and any sub-contracting arrangements, should be appropriately resourced and indexed annually to provide quality services.

In the selection of lead organisations, the following criteria should be priortised:

Tune, D (2019). Review of the National Disability Insurance Scheme Act 2013: Removing red tape and implementing the NDIS participant service guarantee.
https://www.health.gov.au/sites/default/files/2025-07/review-of-the-ndis-act-2013-report.pdf

[6] DHDA (2026). New framework planning overview.
https://consultations.health.gov.au/disability-and-carers-group/nfp-ndis-supports/user_uploads/consultation-paper---new-framework-planning_final-3.pdf

[7] Duffy, S and Brown, M (2023). Redesigning the NDIS: An international perspective on an Australian disability support system. Citizen Network. **https://citizen-network.org/uploads/attachment/849/redesigning-the-ndis.pdf**

[8] Department of Health, Disability and Ageing (2026). Securing the NDIS for future generations.
https://www.health.gov.au/resources/publications/securing-the-ndis-for-future-generations-timeline?language=en

[9] DHDA (2026). Support Coordination and Connection Reform Consultation paper.
https://consultations.health.gov.au/disability-and-carers-group/scc-reform/user_uploads/consultation-paper---support-coordination-and-connection-reform--2-.pdf

Local connections and networks

Organisations should have local connections to disability, health and housing services and have a collaborative approach to working in their region. Practically, this means the organisations should have:

- effective referral pathways (or connections and capability to set these up)
- knowledge of how to navigate local systems (such as public housing waitlists, local hospital and health networks, advocacy services, family and domestic violence services etc.)
- an understanding of the local service landscape and which providers can effectively meet participants' goals and needs.

The NDIS Review noted the need for intermediaries to have a good understanding of local communities and services and also highlighted the inconsistent local knowledge and local presence of key roles such as Local Area Coordinators.[10] Local capacity needs to be twofold: 1. Organisations which are known and trusted in the local area; and 2. Staff who have, or can quickly acquire, the local knowledge to be effective.

Multi-disciplinary approach

Organisations should have a demonstrated, multi-disciplinary approach to service delivery with teams of (or capacity to draw on) workers with different qualifications, skill sets and knowledge areas such as housing and living supports, psychosocial recovery and health systems. These workers should work together effectively to meet participants' needs, and each participant should be matched with one key worker.

Where it is not possible to have the knowledge or skillset in-house, organisations should sub-contract or engage with organisations with specialised knowledge in a case consultation or secondary consultation model (e.g. Aboriginal Community Controlled Organisations (ACCOs), Disability Representative Organisations (DROs) or housing and living specialists). This can also support capacity building in-house by drawing on the expertise of relevant specialists. For some participants with culturally-specific, or other specialist needs, this may look similar to a co-case management approach.

No conflict of interest

The Summer Foundation welcomes the proposal that the new SCC service would not routinely provide other NDIS-funded supports outlined in the consultation paper.[11] This should be extended to an explicit recommendation that organisations that are commissioned to provide SCC+ should not provide any other NDIS-funded services unless there are exceptional circumstances (such as thin markets) which should be declared to, and overseen by, the NDIS Quality and Safeguards Commission.

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[10] NDIS Review (2023). NDIS Review Supporting Analysis.
https://www.ndisreview.gov.au/sites/default/files/resource/download/NDIS-Review-Supporting-Analysis.pdf

[11] DHDA (2026). Support Coordination and Connection Reform Consultation paper.
https://consultations.health.gov.au/disability-and-carers-group/scc-reform/user_uploads/consultation-paper---support-coordination-and-connection-reform--2-.pdf

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (DRC) (and previous reviews such as the Tune Review) raised conflict of interest as a critical issue, where a provider provides both support coordination and other supports (such as housing and living supports) to participants. They noted this is particularly acute where the Specialist Disability Accommodation (SDA) is a group home, highlighting that the Support Coordinator may be unlikely to recommend transitioning to alternative housing.[12]

Analysis from 30 June 2023 highlighted that 5-10% of all participants who received intermediary supports during the prior quarter accessed all their supports from a single provider.[13] This includes a number of participants where their provider is also delivering their Supported Independent Living (SIL) and/or SDA supports.[14] The lack of separation of these services, or active declaration and mitigation of conflict of interest, can impinge on participant choice and pose a safeguarding risk when a participant receives their supports from one provider (effectively a closed system).

Recommendation 2: Commissioning criteria for lead organisations should include local connections and networks, multi-disciplinary approaches and no conflicts of interest.

Who will benefit most from SCC+ services and what they need

(Responding to question 3, 4 from what participants want and question 5 and 11 from service provider models)

Intensity of support required

The NDIS Review, inquiries into Support Coordination and research have all identified that participants with the highest or most complex needs received insufficient hours of support to meet their needs, and that unclear role scope adds to this challenge.[15] Currently, participants aged 18+ with Specialist Support Coordination (Level 3) are funded for an average of just under 3 hours per month. This is the same amount provided at Support Coordination (Level 2) despite these participants being identified as needing a higher level of support.[16]

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[12]Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). Inclusive education, employment and housing: Final Report. Volume 7. **https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.pdf**

[13]Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023). Inclusive education, employment and housing: Final Report. Volume 7. **https://disability.royalcommission.gov.au/system/files/2023-09/Final%20Report%20-%20Volume%207%2C%20Inclusive%20education%2C%20employment%20and%20housing%20-%20Part%20C.pdf**

[14] ibid.

[15] NDIS Review (2023). What we have heard: Moving from defining problems to designing solutions to build a better NDIS. **https://www.ndisreview.gov.au/sites/default/files/resource/download/what-we-have-heard-report.pdf**
McDonald, S., L. Cubis, D. Winkler, and J. Douglas (2026). "Barriers and Enablers for Effective Support Coordination in the National Disability Insurance Scheme." Australian Journal of Social Issues 1–12. **https://doi.org/10.1002/ajs4.70111**.

[16] Specialist Support Coordination: This is calculated by looking at the payments data as at 30 June 2026 for Specialist Support Coordinator (Level 3) for over 18s, which has an annualised payment of $96,427,000 for 15,136 participants. This is an average of $6,370 per year per participant, which at a standard national rate of $190.54 equates to 2.78 hours per month.

The SCC+ should therefore be designed to provide more intensive support (at a 1:12 ratio equating to an average of 10 hours per month[17] as outlined by the NDIS Review) than the current Support Coordination (Level 2) or Specialist Support Coordination (Level 3). These caseloads should allow flexibility for SCC+ workers to scale up, and scale down, support for participants as needed.

Recommendation 3: SCC+ roles should be sufficiently resourced (1:12 caseload) to provide an average of 10 hours of support per month for eligible participants.

Priority cohorts for access to SCC+

Access to SCC+ should be provided to cohorts with complex support needs, those interfacing with other systems and at key transition points (outlined below). These groups have been previously identified as needing specialist support. There will be considerable overlap between the cohorts below that reduce the total number of participants who require a higher level of support.

For some participants, their need for SCC+ may fluctuate over time and, with appropriate capacity building this, may reduce the amount of ongoing support required.

Priority cohorts for SCC+ should be those who are currently, or may in future, be in these cohorts:

- **SIL participants with disability impacting decision-making and living in group homes:** Participants with high support needs and disability that may impact decision-making, including intellectual disability, acquired brain injury, autism and psychosocial disability (approximately 70% of SIL participants[18] (which is approx. 25,000 participants)). Some may not need SCC+ support, particularly those who have appropriate informal supports that may reduce or eliminate the need for SCC+. This will likely overlap significantly with participants living in group homes, although up-to-date data on the number of SIL participants living in group homes is unavailable.
- **Legacy SDA stock:** Participants living in legacy SDA stock (at least 910 participants[19]).

Support Coordination (Level 2): This is calculated by looking at the payments data as at 30 June 2026 for Support Coordination (Level 2) for over 18s, which has an annualised payment of $813,921,000 for 225,095 participants. This is an average of $3,616 per year per participant, which at a standard national rate of $100.14 equates to 3.01 hours per month.
NDIS (2026). Payments data June 2026. **https://dataresearch.ndis.gov.au/datasets/payments-datasets**
NDIS (2026). NDIS pricing arrangements and price limits 2025-26.
https://www.ndis.gov.au/providers/pricing-and-payments/pricing/pricing-arrangements

[17] NDIS Review Supporting Analysis. This is the recommended ratio from the NDIS Review for the design of the Specialist Navigator that has a similar role scope.

[18] Seventy percent (70%) of current SIL participants have a primary disability that may impact their decision-making (intellectual disability (13,468), autism (4,698), psychosocial disability (4,335) and ABI (3,250) totalling 25,751 participants). NDIS (2026). Supplement to Quarterly Report 2025-26 Q4 - Supplement E.
https://dataresearch.ndis.gov.au/reports-and-analyses/quarterly-report-supplements?_gl=1*1g0vcnv*_gcl_au*MTMxOTg1NTc1My4xNzkwNTQ4MTIw

[19] As at 30 June 2023, 910 SIL participants were an exact match to SDA legacy stock. This number is likely an underestimate as the sample was only for 10,647 participants who they could exactly match to an SDA address.

- **Complex Support Needs:** Participants currently in the Complex Support Needs pathway (10,400 participants[20]) supported through the NDIA, criteria for which can include interaction with multiple service systems, identified Behaviours of Concern, Younger People in Residential Aged Care or homelessness.[21]
    - Participants who are in this pathway get access to specialised planners, and most also have access to Specialist Support Coordination (Level 3).[22]
- **Specialist Support Coordination:** Participants currently receiving Specialist Support Coordination (15,136 participants[23]).
- **Participants with public guardians:** Participants who have public guardianship arrangements who are at risk of substitute decision-making and would benefit from access to an independent SCC+ worker to provide support. There is no publicly available data on participants with these arrangements, although it is likely to overlap significantly with the above cohort with disability impacting decision-making.
- **Participants at key transition points**: For some participants, access to SCC+ may fluctuate over their life - with additional support needed for key transition points such as when they first enter the scheme or moving out from interface environments, such as child protection and youth justice, hospital, aged care or the family home. Ability to access sufficient SCC+ support at transition times will be important for achieving the best outcomes. This support could be time-bound for the period of transition rather than ongoing support and people may need to move flexibly between SCC and SCC+ levels of support over time or have SCC+ when they need it.

The table below outlines estimated demand for SCC+ services based on the above identified cohorts. We note that without more detailed data, we are unable to identify overlap in these cohorts, which is likely to be high.[24] The table sets out three potential scenarios assuming a caseload of 1:12 for an SCC+ worker:

- The lowest level outlines the number of participants if all priority cohorts identified above overlap
- The highest level outlines the number of participants if none of the priority cohorts identified above overlap
- The middle is the halfway point between the two.

NDIS Review (2023). NDIS Review Supporting Analysis.
https://www.ndisreview.gov.au/sites/default/files/resource/download/NDIS-Review-Supporting-Analysis.pdf
[20] NDIS Review (2023), FInal report
https://www.ndisreview.gov.au/sites/default/files/resource/download/working-together-ndis-review-final-report.pdf
[21] NDIS (2020). Practice Guide - Complex Support Needs Pathway.
https://disability.royalcommission.gov.au/system/files/exhibit/CTD.8000.0010.0878.pdf
[22] NDIS Review (2023). NDIS Review Supporting Analysis.
https://www.ndisreview.gov.au/sites/default/files/resource/download/NDIS-Review-Supporting-Analysis.pdf
[23] NDIS (2026). Payments data June 2026. **https://dataresearch.ndis.gov.au/datasets/payments-datasets**
[24]The NDIS Review highlighted that most participants who are in the Complex Support Needs Pathway also have access to Specialist Support Coordination. SIL participants in legacy stock and group homes are likely to be part of the 70% with primary disability types that impact their decision-making.

Table 1: Estimated number of participants requiring SCC+ and workforce required

	Lower (100% overlap in priority cohorts)	Middle	Upper (no overlap in priority cohorts)
Number of participants	25,751[25]	38,974[26]	52,197[27]
Number of SCC+ workers required[28]	2,146	3,248	4,350

This modelling is an increase in the number of participants receiving SCC+ compared to participants currently receiving Specialist Support Coordination, this is due to the inclusion of support for participants who may have disability types impacting their decision-making and those living in group homes. This could be complemented by a decrease in the number of participants eligible for SCC (currently 271,608 participants over 18 receive Level 2 support), who may be better serviced by other intermediaries.

Recommendation 4: Eligibility for SCC+ should include these priority cohorts:

- High support needs participants with disability types that may impact decision-making and those living in group homes
- Participants in legacy stock
- Participants in the complex support needs pathway
- Participants currently receiving Specialist Support Coordination
- Participants with public guardians
- Participants at key transition points

Delivery and functions of the SCC+ role

For the participants outlined above as priority cohorts, it is important to have the ability to meet face-to-face, build relationships and trust and gain an understanding of their preferences, supports and living arrangements. This can also serve as an effective safeguard for people living in congregate or closed settings, as the independent SCC+ worker can have oversight of their arrangements.

For this cohort it is also essential to offer crisis support as part of the SCC+ service - which is currently in-scope for the role of Specialist Support Coordinator[29] but not proposed for the SCC service. Although the NDIS is not a crisis service or support, many participants who have high and complex support needs may require crisis support relating to their NDIS plan and supports that will need to be responded to by an SCC+ worker, for example: sudden loss

[25] This is the highest of the identified priority cohorts figures: 70% of SIL participants.
[26] This is calculated by adding all the priority cohort figures together and then finding the mid-point between the lower bound and the upper bound.
[27] This is calculated by adding all the priority cohort figures together.
[28] Calculated at the proposed level of support as 1:12 caseload for workers.,
[29] NDIS (2026). Pricing Arrangements and Price Limits 2025-26 v. 11.
https://www.ndis.gov.au/providers/pricing-arrangements

of disability-related or informal supports, housing instability or safety concerns in a congregate or shared support environment.

Explore and Design for participants with high support needs (6 hours plus per day) is fundamental to enabling people to understand and pursue their housing and living options. If this is enabled for younger people 16+, and at key transition points, then SCC+ might not be required for everyone in the priority cohorts listed above.

Recommendation 5: Ensure there is capacity for participants to meet their SCC+ worker in-person if they wish.

Recommendation 6: Include crisis planning, prevention, mitigation and action as part of the SCC+ role scope.

Recommendation 7: Ensure Explore and Design is available for people who need housing and living supports.

How SCC should be commissioned and contracted

(Responding to question 1 from service provider models)

The new SCC service directly commissioned by the NDIA should utilise the following principles:

- **Informed consent:** Participants have provided informed consent for their funding to be restricted for the use of this support. If participants want to change their support coordinator arrangement, they should be able to move providers or coordinators.
- **Designed with participants:** The SCC service has been designed with the identified participants at a systemic-level.
- **Best practice and continued need:** The support represents 'best practice' at the time of commissioning and there are clear timeframes and quality controls to ensure that the support remains best practice and appropriate for the participants.
- **Quality and outcomes:** Services should be evidence-based and incorporate independent measurement of the user experience and outcomes.

In addition to the commissioning approach, the new SCC service should utilise Formal Relational Contracting (FRC) as the contracting mechanism. FRC can be understood as more flexible and collaborative contracts between buyers (the commissioner) and providers, in contrast to more traditional transactional or rigid contracts.[30] FRC builds a governance framework and principles to guide ongoing collaboration between buyers and providers, in pursuit of higher quality service delivery for the benefit of participants.[31] This mechanism will

[30] BSL (2025). Delivering quality care more efficiently.
https://library.bsl.org.au/bsljspui/bitstream/1/13639/1/BSL_subm_PC_Quality-care_Sep2025.pdf

[31] Considine, Bonyhady, Olney and Deane (2024). Formal Relational Contacts and the Commissioning of Complex Public Services: Position Paper.
https://figshare.unimelb.edu.au/articles/report/Formal_Relational_Contracts_and_the_Commissioning_of_Complex_Public_Services/28544528?file=52821035

support collaboration and shared goals where there is a rapid pace of change and outcomes are difficult to define.[32]

This contracting approach will be more appropriate for SCC services as it focuses on long-term results and adaptability rather than activity-based quotas, which will be needed as the NDIS continues to reform substantially (such as the introduction of Plan Management, the potential commissioning of SIL and changes to access and new framework planning) and where participant goals and needs are highly individualised. Minister Plibersek has previously announced trialing relational contracting for the Social Services portfolio, so there is precedent and learning across government that can be utilised for this approach.[33]

As part of this contracting arrangement, there should be an expectation that providers and SCC workers across regions will share learnings and practice, as well as coordinate supports across neighbouring regions where needed. Local intelligence and systemic issues, such as gaps in the market, should also be shared through an established mechanism with the NDIA and DHDA to inform policy design and market stewardship of both the NDIS and broader disability supports.

Recommendation 8: NDIA should utilise Formal Relational Contracting as the contracting mechanism for the new SCC service.

The qualities SCC+ workers should have

(Question 5 from what participants want)

The following principles could also inform the design of the SCC and SCC+ roles, and have been derived from the NDIS Review, DANA's 11 principles for proposed 'Navigator' roles, and case management approaches:

- Workers must have localised knowledge and connection to their local community
- Workers must be person-centred and be an agent of the participant
- Workers must prioritise choice and control, and be skilled in supported decision-making
- Workers must be skilled in navigating complexity across systems
- Workers must have flexibility to scale up or scale down support as needed and provide support outside of traditional 9-5 hours where required (or the provider can offer support outside of traditional 9-5 where required)
- Workers must be able to report identified system gaps and issues to the NDIA

Additionally, research undertaken by the Summer Foundation identified a competencies framework (Table 2 below) that a Support Coordinator should have that could also inform design of the role.[34] The framework includes the required knowledge, skills and attributes.

[32] Ibid.
[33] Australian Government Ministers for the Department of Social Services (2025). Address to Amplify Australia 'Reclaiming Our Place: A National Summit for NFP Reform and Renewal'. **https://ministers.dss.gov.au/speeches/18486**
[34] McDonald, S., L. Cubis, D. Winkler, and J. Douglas (2026). "Barriers and Enablers for Effective Support Coordination in the National Disability Insurance Scheme." Australian Journal of Social Issues 1–12. **https://doi.org/10.1002/ajs4.70111**

Table 2: The competencies required for an effective Support Coordinator

Competencies Framework		
Knowledge	**Skills**	**Attributes**
• Disability and health • Law, governance and ethics • NDIS systems and process knowledge • Services (e.g. Local - National)	• Active Listener • Business Acumen • Collaborative • Communicative • Efficient • Innovative problem-solving • Knowledge application • Responsive to diversity	• Adaptable • Approachable • Confident • Emotional intelligence • Honest and trustworthy

In terms of qualifications, the SCC+ role should adopt a similar approach to Specialist Support Coordinators, where support must be delivered by an appropriately qualified and experienced practitioner.[35] This might look like a social worker, psychologist, occupational therapist or mental health nurse. As identified earlier, these SCC+ workers should work in a multi-disciplinary approach and utilise the expertise, knowledge and skills of their colleagues and other relevant organisations where appropriate.

The Summer Foundation supports the introduction of practice standards for SCC and SCC+ roles that support quality service delivery for participants. These should be designed with participants who will be recipients of the services to ensure they are fit for purpose.

[35] NDIS (2026). Pricing arrangements and price limits 2025-26.
https://www.ndis.gov.au/providers/pricing-and-payments/pricing/pricing-arrangements