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## Skills and characteristics of a good support coordinator for people with disability and complex needs: scoping review

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### ABSTRACT

**Purpose:** Support coordinators play an essential role in Australia's National Disability Insurance Scheme (NDIS), supporting participants to navigate the scheme. Limited research describes the skills and attributes of effective support coordination, and the barriers and facilitators to high-quality support.

**Materials and methods:** A scoping review of the published literature from 2012 to 25 March 2025 was conducted using MEDLINE, PsycINFO, CINAHL, ProQuest, Scopus, Embase, the Cochrane Library, and Informit. A focused search strategy was used to identify grey literature *via* Google Advanced Search and specific websites.

**Results:** Ten peer-reviewed papers, (seven qualitative, three commentary) and 37 grey literature documents were identified. Results from peer-reviewed papers highlighted inhibitors to effective support coordination, desirable attributes of a support coordinator, and provided guidance on best practice. The grey literature revealed the need to regulate training, professional development, and quality standards for support coordination. It also highlighted flaws in NDIS processes and the need for additional hours and paid professional development.

**Conclusion:** The absence of well-defined role expectations for support coordinators contributes to confusion amongst stakeholders. Enhancing role clarity and establishing clear expectations are essential.

### ARTICLE HISTORY

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### KEYWORDS

Support coordinator; navigation; case management; national disability insurance scheme (NDIS); rural disadvantage; professional development; intermediaries


### > IMPLICATIONS FOR REHABILITATION

- Support coordinators working with people with disability and complex needs require strong professional infrastructure and minimum competency standards to support consistent, high-quality service delivery.
- High-quality support coordination requires relational, ethical, cultural, problem-solving and system-navigation skills, underpinned by disability, service systems and funding knowledge.
- Rehabilitation professionals should recognise National Disability Insurance Scheme support coordinators as implementation partners and establish early, routine communication to promote timely, coordinated, person-centred support.

## Introduction

The National Disability Insurance Scheme (NDIS) in Australia is a Federal Government program that provides funding for reasonable and necessary supports for individuals with significant and permanent disability. The NDIS is managed by the National Disability Insurance Agency (NDIA). People funded under the scheme, referred to as “participants,” can choose and pay for services using the funds in their individualised “plan.” The NDIA sets price limits for supports and services to ensure affordability and value for participants [1]. Overall, the NDIS aims to empower individuals and support community inclusion [2]. The transition from previous state-based systems, which operated under block-funded models, has led

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to the emergence of diverse organisational structures and complex market systems. Due to the complexities of navigating these systems, some people are provided with additional funding for support coordination. Broadly, the role of a support coordinator is to help individuals understand their NDIS budget and establish and implement their supports [3]. Despite the importance of the support coordination role in assisting people to utilise their NDIS funding effectively, there is limited research to guide best practices for this unique workforce. A decade after the implementation of the NDIS, recent proposed changes to the scheme and the role of support coordination underscore the importance of understanding the skills and attributes of this workforce, as it is crucial to ensure that people with disability can access funded supports that meet their needs and preferences [4].

Participant plans are time-bound and reassessed by representatives of the NDIA who revise plans based on current and foreseeable support needs. The planning process often involves assessments and recommendations from disability and allied health professionals, which help to set the financial scope for the forthcoming plan period. The participant then uses the funds to obtain necessary supports. NDIS-funded supports are separated into three main categories: core supports, which cover basic everyday needs such as disability support workers; capital costs, which include expenses for assistive devices and home adjustments; and capacity-building supports, which focus on developing wider skills and independence, including allied health assessments and interventions [5].

The NDIA provides funding for support coordination to assist some NDIS participants in accessing appropriate providers and services, understanding and implementing their plans, and developing the necessary skills to make informed decisions [3]. NDIS participants can purchase support coordination as part of their NDIS plan, which involves building capacity to understand their NDIS plan, connecting with service providers, coordinating ongoing relationships with these providers, and navigating any issues that may arise [6]. Levels of coordination that are funded vary depending on the participant's needs. The first level, *Support Connection*, focuses on helping participants build their informal support networks and access relevant services. The second level, *Support Coordination*, involves more comprehensive assistance, including developing service agreements, coordinating multiple supports, and ensuring the participant's plan is effectively implemented. The highest level, *Specialist Support Coordination*, is provided to individuals facing complex barriers and requires a higher level of expertise in addressing specific needs and challenges [7]. As of the third quarter of 2024–2025, 45.6% of NDIS participants (327,222 individuals) received support coordination services nationally [8]. NDIS participants with psychosocial disability (94%), acquired brain injury (86%), stroke (78%) and other neurological conditions (71%) have a higher incidence of receipt of support coordination funding compared to other people with disabilities [8].

The role of a support coordinator overlaps with, but differs from, that of an NDIS Local Area Coordinator (LAC) and an NDIA planner [9]. The NDIA employs NDIA planners, while LACs are typically employed by affiliated agencies [10]. Both roles conduct planning meetings with participants, which the NDIA uses to determine plan budgets. Although both roles also provide participants with their plans, LACs were originally intended to have a greater emphasis on connecting people with disability to mainstream and NDIS-funded services [11]. Workforce capacity issues have resulted in LACs spending less time providing community connections and more time conducting planning meetings [4]. In contrast, support coordinators, funded through an NDIS plan, assist participants in achieving their goals and maintaining their independence. They work only with participants who have support coordination in their plans, providing a more hands-on role in managing and coordinating supports by scheduling services, trying different providers, and adjusting supports as required, thereby providing a more involved role in managing and locating support compared to LACs [3].

Similarly, the support coordination role overlaps with, but is distinct from, traditional case management, which is an intervention frequently used to support people with complex disability or health needs in navigating, planning, and coordinating care and accessing services [12]. Support coordinators are funded directly by the NDIA under a fee-for-service arrangement and are, hence, required to provide services within the guidelines set by the NDIA. Case management can encompass a process of assessment, planning, education, coordination, monitoring, and advocacy [13]. Whilst support coordinators do provide an initial assessment of a person's needs and connect them with services, they are not expected to provide advocacy and are instructed to refer participants to external advocacy organisations if necessary [3]. Whereas traditional case management approaches typically provide coordination and linkage

across sectors, the focus of support coordination is to provide this coordination only in domains specific to the person's disability-related impairments that impact their functional capacity [6]. Any case management or planning needs that arise from non-disability-related factors (e.g. a health condition) are deemed the responsibility of the relevant system and will not be funded by the NDIA. Notwithstanding the intended differentiation of NDIS-related roles, issues of duplication, gaps, and confusion remain [4,14]. This is further complicated by the legacy of former roles, such as case management, leaving under-serviced gaps [15]. Although the NDIS has been operational for a decade, the purpose and function of the support coordination role remain "ill-defined and unclear" (Emphasis in original) [14,p.1].

Although comparable coordination roles exist internationally, their structure and functions vary across jurisdictions. Similar international models typically support people to manage self-directed funding, connect with services and monitor implementation, whereas Australian NDIS support coordination operates within a distinct context shaped by three funded levels, overlap with Local Area Coordination, and ongoing conflict-of-interest concerns [9]. Accordingly, evidence from broader case management literature or adjacent international models cannot be assumed to apply directly to the NDIS.

Despite the broad aims of the support coordination role, there is limited guidance on its implementation, leading to variations in how support coordinators perceive and manage their responsibilities, as well as the challenges they encounter. These variations can affect the consistency and quality of coordination provided to NDIS participants. An independent review of the NDIS [4], published in December 2023, highlighted that support coordination is not consistently or equally available, is not delivered in proportion to need, and that there is often unnecessary and inefficient overlap between support coordinators and other roles. The review recommended introducing a new role, "Navigator," available to all people with disability. This role should support individuals in finding and coordinating their support services, helping them achieve goals that are important to them. The report emphasised that Navigators should not be agents of the NDIA and should be able to adjust the amount of support they provide to a person based on the current level of need, rather than on the budget available. At the time of this scoping review, the industry had begun responding to the NDIS Review and proposing recommendations for consideration. Simultaneously, grant funding was announced for a pilot "Quality Supports" program with selected support coordination providers [16]. The NDIA explained, "The pilot is intended to build a clearer understanding of what quality support coordination looks like and to inform the design of future Navigator functions" [17,p.18–19].

Despite the centrality of this role within the NDIS, expectations of what constitutes effective support coordination remain poorly defined. Support coordinators often work in complex, high-stakes contexts that require them to translate plans into workable supports, navigate fragmented service systems, and respond to shifting participant needs, yet there is limited consolidated evidence about the skills and attributes required to do this well. Given that the role of NDIS-funded support coordinators is unique and distinct from that of traditional case managers, international counterparts and NDIS LACs, it warrants specific examination. Mapping the capabilities associated with effective support coordination is important not only for clarifying the role itself, but also for informing workforce development, service quality, and future policy reform. In the absence of clear and shared competency expectations, efforts to improve quality, reduce role confusion, and support workforce development risk being *ad hoc* and inconsistently applied. A scoping review is an appropriate first step to map what is known, and to clarify gaps that can inform primary research [18]. The purpose of this scoping review was to identify and synthesise peer-reviewed and grey literature describing (i) the skills and attributes associated with effective NDIS support coordination; and (ii) the barriers and enablers that shape the quality and consistency of support coordination.

## Methods

A scoping review was conducted to gain a broad understanding of recent peer-reviewed and grey literature related to our aims. A scoping review is considered appropriate when the purpose is to map a field of study, report or discuss relevant concepts, and identify research gaps [18–20]. The approach included steps identified by Arksey and O'Malley [18]: identifying research questions and key concepts, searching for relevant studies, study selection, charting the research, collating, summarising, and reporting results,

and consultation with expert stakeholders. Two extensions proposed by Levac et al. [19] were incorporated: identifying implications for policy, practice, or research, and using a team approach to extracting data. The PRISMA Extension for Scoping Reviews (PRISMA-ScR) was used to present the results [21].

### **Identifying the research question**

This scoping review sought to investigate the following two research questions: *What are the skills and attributes of an effective support coordinator? What barriers, facilitators and opportunities exist to the implementation of high-quality support coordination?*

### **Identifying relevant studies**

#### **Peer-reviewed studies**

We developed a comprehensive list of search terms that focused specifically on support coordination, and we utilised MeSH terms, syntaxes, and truncation to expand our results. As the support coordination role had functional overlap with case management, these terms were also included. Boolean operators linked the concept of support coordination to the NDIS, as this scheme is the reason their role exists. A listing is located in Appendix A. The search was conducted in July 2022 and repeated 25 March 2025. The start date, 2012, captured the transitional stage occurring in the disability landscape within Australia and the then newly created role of support coordination. All articles were in English, and the age range was limited to 18–65 years. Our search strategy (see Table 1) was guided by a research librarian whereby we developed search terms for peer-reviewed literature in eight databases: MEDLINE (Ovid), PsycINFO (Ovid), CINAHL, Social Science Premium Collection (ProQuest), Scopus, Embase, Cochrane Library (trials only) and Informit (Health Collection and complete) (see Appendix A).

The next step in identifying relevant studies involved a reference list and citation search of peer-reviewed papers. Using Scopus and Google Scholar, we identified citations for all inclusions. Consulting content experts was an integral part of the search strategy. Following the guidance of Manietta et al. [22], content experts were approached *via* email to request suggestions for potential peer-reviewed literature, journals for hand searching, and websites that may contain specific documentation relevant to support coordination. This expanded our search to incorporate grey literature.

#### **Grey literature**

Drawing from Adams et al.'s comprehensive 12-point decision-making guide for grey literature [23], the approach justified the inclusion of grey literature, devised strategies to locate pertinent documents, and established specific inclusion criteria. The well-defined criteria and search guidelines facilitated a comprehensive selection and evaluation of grey literature [23]. The process yielded valuable insights that complemented and extended information from peer-reviewed sources [23]. The assessment incorporated various forms of grey literature, including responses to discussion papers, independent reviews, commissioned research, and recommendations. To ensure the reliability and relevance of sources, the scope was limited to materials emanating from research centres, industry peak bodies, advisory bodies, government departments, and non-government organisations (NGOs).

**Table 1.** Database inclusion and exclusion criteria for peer-reviewed search.

Inclusion criteria	Exclusion criteria
1. Published since 2012	1. Published before 2012
2. Published in English	2. Published in a language other than English
3. Peer-reviewed journals and book chapters	3. People under 18 years of age
4. People aged over 18 years	4. People older than 65 years of age
5. Examines support coordination	5. Focus of the article is not on NDIS funded support coordination.
6. Examines support coordination AND NDIS	6. Grey literature
	* Grey literature (e.g. reports and proceedings, theses, official documents, informal communications, research in progress, clinical trials, working papers, white papers, technical reports).

Organisational website searches and the Google Advanced Search adopted Cullerton et al.'s process [24]; documents were restricted to those in PDF format, and the Google Advanced Search was limited to the first 50 results. Selected websites were systematically searched using their search functions, with manual searches conducted as needed [25]. The grey literature search remained consistent with the peer-reviewed inclusion criteria; however, narrower keywords, such as "NDIS" and "support coordinator," were used.

Content expert recommendations and grey literature results emanating from the peer-reviewed Google Scholar search were also included for examination. Results were reviewed by title, with full documents reviewed if exclusion criteria could not be applied based on the title. The grey literature search was conducted at three timepoints: August 2022, July 2024, and March 2025.

### **Study selection**

The peer review search and grey literature search were conducted separately. Using the functionality of the eight database search tools, the peer review search utilised the complete listing of search terms (Appendix A) and inclusion criteria (Table 1). Uniquely embedded within the NDIS, the support coordination role is designed to help participants navigate the scheme. To maintain focus, we included only peer-reviewed articles that specifically referred to both support coordination and the NDIS. The period from 2012 onwards ensured that we captured the inception of the NDIS, which would subsequently introduce the new support coordination role. Certain documentation was excluded from the peer-reviewed database search. Specifically, grey literature, including theses, was excluded in this phase.

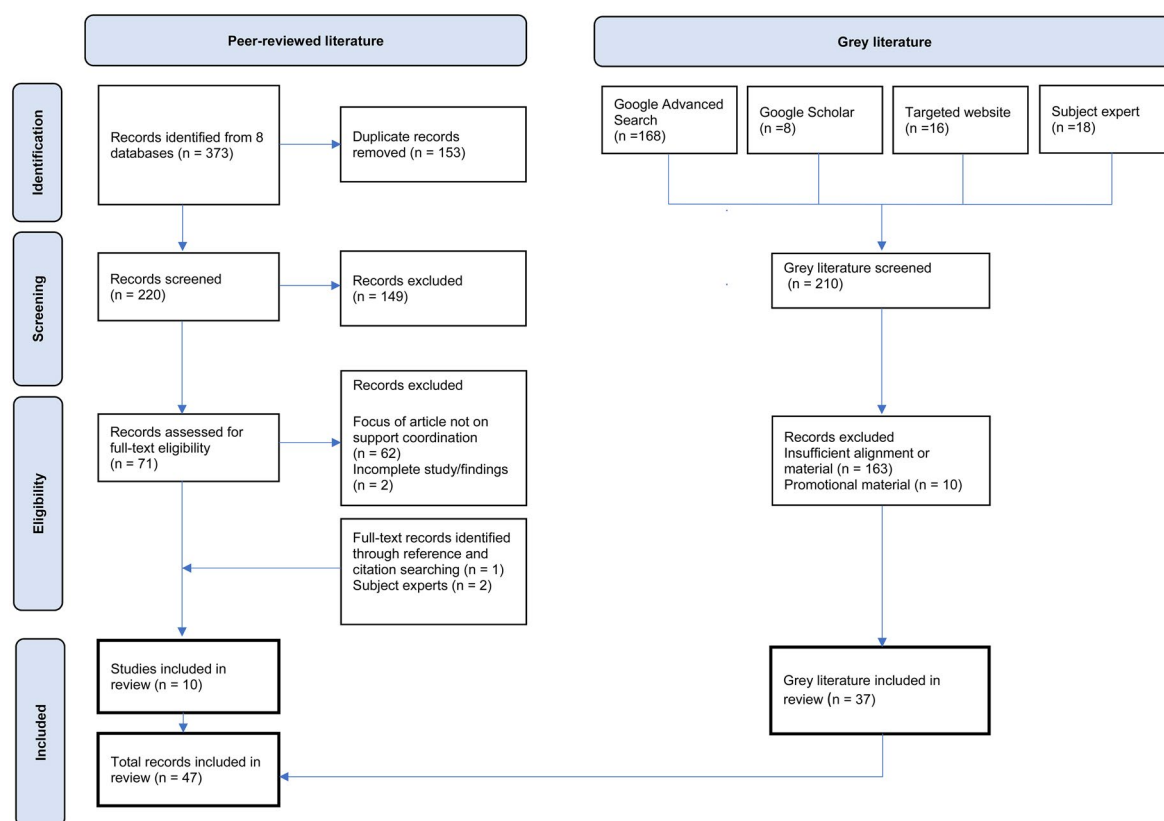
The database search revealed 373 articles that underwent title and abstract screening using Covidence. A total of 153 duplicates were removed, leaving 220 articles remaining. The title and abstracts were then independently screened by two reviewers using the inclusion and exclusion criteria listed in Table 1. Each article was read and assigned to be included or excluded. Two authors (ED and SM) reviewed all titles and abstracts. They discussed all conflicts against the inclusion and exclusion criteria before proceeding to full-text screening. Any conflicts were reviewed by a third reviewer (LC). Full-text screening for 71 articles was then conducted with two reviewers reading and assigning articles to be included or excluded (ED and SM). Any conflicts were discussed and resolved with the third reviewer (LC). A total of ten full-text articles were included: seven were retrieved from the database search, one was identified through a citation and reference list search, and two were provided by content experts. The search process is illustrated in Figure 1.

Grey literature was searched separately. To address potential bias in the grey literature, we applied strict inclusion criteria and prioritised documents produced by reputable organisations, while acknowledging that advocacy-driven perspectives may influence the framing of issues and recommendations. One reviewer (SM) located and closely examined 210 grey literature documents retrieved from Google Advanced Search, Google Scholar, targeted websites and content experts. Of these, 37 were deemed eligible for inclusion by the same reviewer (see Figure 1) and were cross-checked by a second reviewer (LC).

The peer review search and grey literature search were conducted separately. This separation was intended to transparently reflect the different evidence sources, as grey literature requires alternative search and retrieval approaches and offers distinct forms of evidence compared with peer-reviewed literature [23]. Although managed as distinct evidence streams during searching and screening, both peer-reviewed and grey literature sources were analysed in relation to the same two review questions, enabling comparison of themes across sources.

### **Charting the data**

Ten full-text reviews of the peer-reviewed literature, along with their data extraction, were conducted independently by two reviewers. An Excel spreadsheet was used for data extraction, containing author details, study aims and methodology, target population, results, conclusions, and implications. The 37 documents located through the grey literature process were charted and divided into sources, purposes, and recommendations.



**Figure 1.** Screening process for peer-review and grey literature. Adapted from the template provided by Tricco et al. [21]

### ***Collating, summarising and reporting the results***

During the next phase, the qualitative peer-review papers and grey literature were coded using the six phases of Reflexive Thematic Analysis [26,27]. One coder first familiarised themselves with the data, documented ideas, and then utilised the software program NVivo20 for inductive, line-by-line coding. A second researcher was available to discuss the resulting codes and provide their perspectives throughout this coding process. Subsequently, the multiple codes were organised into broader themes. A thematic review was then conducted, aided by the creation of a thematic map, which facilitated the identification of patterns. The coder revisited the data to ensure that the resultant themes accurately represented the content. The final themes were supported by clear definitions, with each theme presenting a comprehensive story about the data. Peer-reviewed literature and grey literature were synthesised and reported separately in the results, as per the advice from Adams et al. [23] and Borges dos Santos et al. [28].

## **Results**

### ***Peer-reviewed literature***

#### ***Study characteristics***

The ten peer-reviewed studies are located in Table 2. All papers originated from Australia, with eight conducted in state-based settings: New South Wales (NSW) ( $n=3$ ), Tasmania (Tas) ( $n=3$ ), Queensland (Qld) ( $n=1$ ), and Victoria (Vic) ( $n=1$ ). Seven articles presented primary data using a qualitative method.

#### ***Participant characteristics***

Six of the peer-reviewed studies involved a total of 181 participants, representing support coordinators, NDIS participants, family members, carers, disability practitioners, and front-line personnel (see Table 3). The largest sample comprised 99 disability practitioners in focus groups, while the smallest involved

Table 2. Study characteristics.

Authors (year)	Country State	Focus (Aim)	Type of Study	Analysis	Relevant findings
Alcorso & Stamet (2024) [29]	Australia	Analysis of key issues arising from the "Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability" [30].	Commentary	Critical analysis	Barriers to support coordination include limited funding for the service in NDIS participant budgets, variable service quality and thin markets. Recommendations include improved funding and a strategy to encourage sustained growth in this profession.
Collings et al. (2018) [31]	Australia NSW	To explore planning barriers and facilitators for people with cognitive disability and complex support needs	Qualitative Focus groups	Inductive thematic analysis [32]	Support coordinators need specialised expertise including cultural competency, and communication skills to address barriers to planning for people with complex support. They need to build trust and take time in the planning process.
Cuskelly (2022) [33]	Australia Tas	Discussing the interrelationship between solutions proposed by Jessup & Bridgman [34]	Commentary	Critical analysis	This article highlights the challenges support coordinators have in connecting providers with quality allied health services and registered NDIS service practitioners need to be attracted to and retained in non-urban settings, to be given disability-specific skills development and attitude training and new models of service delivery are needed (e.g. telehealth).
Dowse (2022) [35]	Australia Tas	Discussing the research by Jessup & Bridgman [34] with a focus on the rural-metro divide.	Commentary	Critical analysis	"Place" needs to be a central consideration in policy-making to avoid the metrocentricity that leads to support coordinators having to "make the system work" in areas with thin NDIS markets.
Hummell et al. (2023) [36]	Australia Qld	To investigate the role of support coordinator within the NDIS context	Qualitative Semi-structured interviews	Inductive thematic analysis using a framework approach [37]	Lack of clear guidelines on understandings and expectations of the role and how to manage conflict of interest leads to support coordinators adopting a range of practices based on professional principles and discretion.
Jenkinson (2021) [38]	Australia	To explore the perceptions of NDIS participants and their experiences with the planning process, NDIS staff, service providers, planners, LACs and support coordinators.	Qualitative Case study interviews	Not documented (Narrative stories told in person's own words)	Attributes of good support coordinators from the participant perspective include experience in navigating and understanding the NDIS, the ability to communicate (e.g. Auslan), and creating trust.
Jessup & Bridgman (2022) [34]	Australia Tas	To explore the challenges and strategies of support coordinators tasked with connecting NDIS participants with allied health services in Tasmania	Qualitative Semi-structured interviews	Inductive qualitative analysis [39]	There are challenges with connecting participants with quality allied health services and registered NDIS service providers in rural and regional areas. To overcome this, support coordinators need skills including persistence and proactivity and strategies including the capacity to build positive relationships and to utilise interstate providers.
Lukersmith et al. (2021) [40]	Australia NSW	Analysis of communication about NDIS Case Management roles and responsibilities, how the roles have changed and perceived gaps.	Qualitative Content analysis	Qualitative Content Analysis Procedural Model [41]	Case management roles in the NDIS (including support coordination) have ambiguity which impacts on quality and integration of support for participants. A common language around roles and communication at all levels is needed.
Prowse et al. (2022) [42]	Australia NSW	To investigate the lived experience of parenting or caring for a person with a disability accessing NDIS funding in rural Australia.	Qualitative Semi-structured interviews	Thematic analysis guided by phenomenology [43]	NDIS participants need to be funded for support (including support coordination) to help them navigate the system, particularly in rural areas where there is limited access to services.
Wilson et al. (2022) [44]	Australia Vic	To inform the design of individualised funding schemes through an examination of discourses and experiences of choice in the context of people with psychosocial disability.	Qualitative Interviews	Grounded textual analysis [45]	Some support coordinators are enablers of choice, others a barrier. Where a barrier, support coordinators had inadequate knowledge of NDIS, were not responsive and took control of decisions.

**Table 3.** Participant characteristics.

Authors	Participants (N)	Participant demographics (gender, age=mean and ranges)	Perspective (NDIS participants, Disability workforce, Family members, Carers)
Alcorso & Stamet (2024) [29] Collings et al. (2018) [31]	n/a Disability practitioners <i>n</i> = 99	n/a Male: <i>n</i> = 20 Female: <i>n</i> = 79 age not reported	n/a Practitioners
Cuskelly (2022) [33] Dowse (2022) [35] Hummell et al. (2023) [36]	n/a n/a Support coordinators <i>n</i> = 13 Front-line personnel <i>n</i> = 7	n/a n/a gender and age not reported	n/a n/a Support coordinators & front-line personnel
Jenkinson (2021) [38]	NDIS participants <i>n</i> = 7 Family <i>n</i> = 1 Support Coordinator <i>n</i> = 1	NDIS participants: Male: <i>n</i> = 3 Female: <i>n</i> = 4 age not reported	NDIS participants, Family members & Support coordinators
Jessup & Bridgman (2022) [34] Lukersmith et al. (2021) [40] Prowse et al. (2022) [42]	Support coordinators <i>n</i> = 25 n/a Parents <i>n</i> = 5 Carer <i>n</i> = 1	gender and age not reported n/a Male: <i>n</i> = 1 Female: <i>n</i> = 5 Range = 30-59	Support coordinators n/a Parents or carers
Wilson et al. (2022) [44]	NDIS participants <i>n</i> = 22	Male: <i>n</i> = 9 Female: <i>n</i> = 13 <i>M</i> = 49 Range = 28-62	NDIS participants

semi-structured interviews with six participants in a caring role. Across three studies, 39 support coordinators participated in semi-structured interviews. Two additional studies included interviews with 29 NDIS participants. Gender was reported in four studies, with males representing 24.6% of participants. Age was reported in two studies, ranging from 28 to 62 years.

### *Influences on support coordination success*

Three core themes identified from the peer-reviewed literature included: 1) desirable attributes of a support coordinator, 2) inhibitors to effective support coordination, and 3) best practice guidance (see Table 4). Themes and subthemes are reported below.

***Desirable attributes of a support coordinator.*** Personal and technical attributes were frequently highlighted as necessary attributes for a support coordinator. *Communication skills* included being accessible and providing opportunities for contact [44], listening [31], exhibiting empathy [40], and the ability to create an open and respectful environment [31]. Hummell et al.'s interviewees described support coordination as "relationship-based," establishing a "connection with the person," and employing professionalism and understanding [36,p.416]. Furthermore, support coordinators need to take an active role in ensuring that the lines of communication remain open [36]. *Confidentiality* is closely aligned with communication, as support coordinators must take precautions to protect confidential information about NDIS participants. Consent should be obtained before sharing information between support coordinators and stakeholders [36]. *Trust, honesty and integrity* were identified as foundational to building effective support coordination relationships. Unpacking relational aspects, Collings et al. [31] placed particular emphasis on taking the time to build trust and establish rapport, as support coordinators get to know and understand the participants. The critical importance of trust was further underscored when it was compromised. For instance, in Prowse et al. [42], a support coordinator reportedly continued to access a participant's funds without performing any duties. A similar concern was expressed in Jenkinson's study:

The Support Coordinator was planning things behind my back without telling me, and so I ended up paying double for things. It's really about trust, and I don't feel that I can trust right now. [38,p.411]

Collings et al. [31] highlighted the importance of *cultural competence*. They discussed the need to ensure they have cultural awareness, but to avoid making generalised assumptions about the level of importance an individual places on their culture. Additionally, support coordinators need to recognise that family dynamics can influence decisions. Communication needs are crucial to consider, including when supporting non-English speaking clients [31] and people with hearing loss [38].

Table 4. Peer-reviewed literature thematic analysis.

Theme	Subtheme	Author reference	Representative quote(s)
Inhibitors to effective support coordination	Thin markets	[29,31,34,35,42,44]	Contributing to the difficulties connecting NDIS participants with allied health services, support coordinators unanimously reported a lack of registered NDIS providers in the disciplines of occupational therapy, speech pathology, and psychology: "Tried to get a service (speech pathology) last week for a participant and rang around every single provider – unable to get one for at least 12 months" (Support Coordinator #10) [34,p.112]
	Rural disadvantage	[29,31,34,35,42]	As one participant described, "I think things have changed, not for the good, I think they've just made it harder for you to access services especially for people in the country" (mother of child aged 18, MM4). Challenges that were identified by participants included longer waiting times, limited access to experienced service providers and having to travel to access specialist services in metropolitan areas [42,p.214].
	System unfit for purpose	[34,35]	The issue remains that support coordinators, NDIS participants, and allied health professionals in non-metropolitan areas have, over time and by the design of the marketized disability system, come to assume individual responsibility for navigating and innovating to try to make this "unfit-for-purpose" system work [35,p.137].
	Inexperienced allied health	[34]	In addition to few registered providers, many support coordinators reported that it was very difficult to source allied health providers experienced enough to undertake complex NDIS work and that areas of expertise within their disciplines were poorly communicated: "Some occupational therapists working in the NDIS space are not as experienced with working with people with disabilities. All occupational therapists may have the same qualification, but experience and confidence in the area varies greatly so whilst you may get a service, the quality of that service can differ greatly. (Support Coordinator #7) [34,p.113].
Desirable attributes of a support coordinator	Conflict of interest	[36]	Front-line personnel (FL01, FL03, FL06) expressed stronger apprehensions regarding "an inherent danger" (FL03) in support coordination and other services coming from the same provider, perceiving that some NDIS participants might not understand the real or perceived conflict of interest...[36,p.417].
	NDIS funding shortfalls	[29,36,42,44]	In speaking about their principles and discretion, many support coordinators felt that they had a responsibility to provide a "safety net", ensuring "someone to call on if there's an issue" (SC02), so that NDIS participants avoid suboptimal support: "I did, because you can't just leave them. Both those participants have now got coordination because we showed how much time I had spent just connecting them with services and stuff like that. So, there was a couple of NDIS participant] start-ups that didn't even get a coordinator; we just had to be there, I just had to be their coordinator [for free, until they got it in their plan]." (SC03) [36,p.419].
	Communication skills	[31,36,40,44]	Good communication skills were repeatedly cited as an essential ingredient, and included listening to the person and viewing them as an expert [31,p.148].
	Confidentiality	[36]	[Sharing information] "was restricted by NDIS participants' choices not to consent to share their contact details: 'In terms of whether it's sort of collaborative with the clinicians depends on the client's consent. On our consent form, we have a section that refers to a communication tree, and so if they've ticked OT [occupational therapist] and physio, for example, on that communication tree, then we can sort of work together and send an email to both providers at the same time. But if that hasn't been ticked, then it's just a matter of working separately, assuming we have consent to speak to those clinicians and getting an update.' (SC02)" [36,p.11].
	Trust	[31,38,42]	Getting to know the person involved more than recording information, it was about building the rapport and trust needed to jointly embark on the planning journey [31,p.145].
	Language & cultural awareness	[31,38]	When I did my first plan there were no Support Coordinators who were fluent in Auslan. It felt like just me against the world and I had nowhere to go. I didn't know what to ask for or what to say, and everywhere I would go, like to the organisations that normally help deaf people, they didn't know either [38,p.410].
	Creative thinking	[31,34,36]	Participants gave examples of innovative and proactive support coordination work, where support coordinators devised solutions by thinking "outside of the box about where funding can be used" (FL02). Funding efficiency and helping to maintain "choice to ensure [the] dignity" (SC02) of participants was often central to support coordinators' discretionary practices [36,p.419].
	Extensive knowledge	[29,31,33,36,38,40,44]	Several support coordinators described the challenge of needing to have a very broad yet thorough understanding of support options across many support types, as summarised in the following quote: "You almost need to know anything and everything, from housing, personal care, capitals, assisted technology ... the supported independent living options. Or, that you almost need to have an overview of what's the latest, then be able to provide information" (SC09) [36,p.415].

(Continued)

Table 4. Continued.

Theme	Subtheme	Author reference	Representative quote(s)
Best practice guidance	Professional development	[31,36]	Participants consistently reported that they, like the individuals they engage with, need support through professional development opportunities to gain skills and the expertise to work with a person with cognitive disability and complex support needs [31.p.148].
	Role clarity and expectations	[31,34–36,40,44]	We found many overlaps and ambiguity between different jobs and descriptions of actions. For example, navigating, finding, linking, and connecting is perceived as an action of three case manager jobs in the NDIS (the LAC, planner, and support coordinator), which creates confusion in responsibilities for both the workers and participant [40.p.9].
	Realistic time allocation and appropriate funding	[29,31,35,36]	Enacting their judicious decisions included unpaid work to achieve outcomes for the participant... "It's not unusual for me to be speaking with guardians at seven o'clock at night to try and step them through the processes because they don't have anybody else who can show them." (SC06) [36.p.419].
	Respect and support client choice	[31,36,38,44]	Support coordinators spoke about the need to carefully navigate between NDIS participants' choice and control and the scheme's guidelines to transparently 'offer participants a variety of services, from different providers' (SC01). They stated that upholding NDIS participants' rights over choice and control was a significant part of how support coordinators navigate their role [36.p.417].

In addition to the above attributes that relate to building a trusting and collaborative relationship, people identified the desired characteristics of a support coordinator necessary for them to do their job effectively. The need to be *creative and adaptable* was important, particularly when support coordinators had to find adaptive solutions to stretch funding [36] or secure health professionals in thin markets [34].

*Extensive knowledge* was crucial across different types of disability, local services, housing, and an understanding of NDIS processes. According to Lukersmith et al.'s descriptors, the ability to educate stakeholders "about matters relevant to the client's health condition, medical, or rehabilitation treatment, functioning, situation, or strategies" is core to the support coordinator role [40,p.5]. An awareness of stakeholders informs the support coordinator of local services and housing options. Hummell et al. [36] highlighted the need for a comprehensive knowledge across multiple domains, including support services, housing, and assistive technology. Extensive NDIS-specific knowledge was emphasised by Alcorso and Stamet [29]. Both Collings et al. [31] and Jenkinson [38] highlighted that such knowledge is essential for effectively using and navigating the system. Another key attribute identified in the literature is the need to be *financially savvy*. Hummell et al. [36] reported that support coordinators require the financial acumen and skills to ensure plan funding is managed appropriately.

***Inhibitors to effective support coordination.*** A range of interlinked factors prevented support coordinators from fulfilling their roles effectively. To provide NDIS participants with service connections, it is essential to have available, experienced, and qualified health professionals and service providers. However, some studies have reported staff shortages or *thin markets*, making it difficult for support coordinators to connect participants with allied health services [29,33–35,42]. In some instances, support coordinators reported relying on *inexperienced allied health professionals* who may not provide as high-quality service to NDIS participants [34]. This problem was particularly evident in some geographical regions. In their research on access to allied health services in Tasmania, Jessup and Bridgman [34] identified problems with funding expiration dates. One Support Coordinator explained, "Most NDIS participants come with a six-month plan, and you might be lucky to get a service in that time" [34,p.116]. When support coordinators are unable to establish timely service connections, it can lead to misunderstandings about the needs of NDIS participants. One consequence is that unspent funding may result in reduced allocations in subsequent years. As another support coordinator noted in Jessup and Bridgman's study, "(It is) not enough to simply document that the NDIS participant has been referred to services and are awaiting assessment – funding will be cut" [34,p.115-6]. A lack of available service providers resulted in *rural disadvantage* [29,31,34,35,42], leading to a scheme that is "unfit-for-purpose" in non-metropolitan areas [35,p.137]. Jessup and Bridgman [34] explained that some allied health providers would only travel to rural participants if their travel costs were covered, but this could erode the participants' budgets. One solution trialled by some support coordinators is "fly in, fly out" services, but they felt this was a "short-term strategy" [34,p.117].

*NDIS funding shortfalls* were a recurring concern, with participants often receiving insufficient funds for the services they required [44]. Wilson et al. [44] described the impact of funding limitations, constraints, or restrictions that prevent NDIS participants from accessing essential services, making it difficult for support coordinators to implement plans effectively. Participants in the Collings et al. [31] study considered the current funding arrangement unrealistic, and consequently, some support coordinators felt pressured to take shortcuts. This issue was echoed in Prowse et al. [42], where some participants were forced to appeal plans that had omitted or reduced support coordination hours. The resulting strain often fell on support coordinators, who, as reported by Hummell et al. [36], sometimes felt compelled to offer their time pro bono to protect participants' access to services. Without adequate support coordination, participants were at risk of losing access to allied health services. This was illustrated by a support coordinator in Hummell et al.'s study, who stated:

"Well, in the clients where I've seen mine lose [support coordination] ... I actually see that a lot of their services just fall by the wayside. So, there's big gaps in their support, like it could be physio, exercise physiology" (SC05). [36,p.419]

The provision of service connection can result in a perceived *conflict of interest*. Support coordinators and front-line personnel alike have noted the need for caution when the same organisation delivers

support coordination and funded supports [36]. To address this, support coordinators emphasised the need to be proactive, maintain professional boundaries, and ensure transparency [36].

**Best practice guidance.** According to the included studies, the quality of support coordination could be enhanced by establishing *best practice guidance*. This can consist of accreditation, competencies, professional development, and registration. Support coordinators should engage in ongoing *professional development*, seeking opportunities to enhance their capacity to work effectively with people who have complex needs [31]. Areas for improvement identified within Collings et al.'s [31] study included the need to build capability in responding to increased complexity, apply theoretical knowledge into practical application, share expertise, and enhance negotiation skills. Collaborative teamwork, managers demonstrating best practices, and reflective practice were identified as key mechanisms to help address these improvements [31]. Complementary strategies identified by Hummell et al. [36] included forums for exchanging knowledge and opportunities for support coordinators to shadow professionals in health or housing departments. In the current climate, however, budget restrictions were considered a barrier to engaging in training opportunities [31].

Support coordinators require more precise *role clarity and expectations*. Although generic statements outlining the three levels of the support coordination role are provided by the NDIA [7], inconsistencies, gaps, and duplications arise when these are applied in practice. For example, Lukersmith et al. located overlaps and ambiguity in job descriptions with “navigating, finding, linking, and connecting is perceived as an action of three case manager jobs in the NDIS (the LAC, planner, and support coordinator), which creates confusion in responsibilities for both the workers and participant” [40,p.9]. Participants in Hummell et al.'s [36] study called for clearer guidance from the NDIA to help address misconceptions, distorted expectations, and clarify existing “grey areas.”

The lack of role clarity can be linked to support coordinators' varying interpretations of their role and levels of influence. Support coordinators in Hummell et al.'s research considered themselves “intermediaries between NDIS participants' choice and control of support and applying the scheme's rules” [36,p.417]. Despite the need to encourage NDIS participants to make their own choices, some NDIS participants requested support coordinators to make decisions: “Some of them, they don't really want to make a choice. They're like, ‘Can you pick one?’ But we can't do that” (SC04)” [36,p.417]. At the other end of the spectrum, some support coordinators inappropriately take control of decision-making [44] or make decisions without informing participants [38].

In Alcorso and Stamet's [29] analysis of the Royal Commission findings, they proposed the need for an improved operational environment. Concerns include high caseloads, which lead to high staff turnover and subsequently impact NDIS participants. Their concerns extend to the recruitment and retention of skilled support coordinators, as well as the need for a strategy to grow this profession without eroding other staff shortages in the broader disability sector.

### **Grey literature**

In total, 37 grey literature documents were included (see Table 5). Sixteen of these were responses to a 2020 consultation process conducted by the NDIA to understand and improve support coordination. Three NDIA documents collated recommendations from consultation processes. A further 16 documents focused either on the support coordination role or offered broader assessments of the NDIS that included recommendations for support coordination. These documents were authored by research centres, NGOs, government, and one independent review. Lastly, the NDIS Quality and Safeguard Commission's (NDIS Commission) inquiry into support coordination and the new consultation process was included [46,47]. Table 5 provides information about these documents, including their recommendations for improving practice.

The grey literature complemented the peer-reviewed literature by offering recommendations aimed at enhancing role clarity, funding structures and professional development opportunities (see Table 5). Additional alignment emerged around the need to prioritise staff wellbeing and establish realistic caseloads. Identified barriers included the difficulties of operating in thin markets and the need to manage conflicts of interest. Distinct and valuable insights from the grey literature contributed to the

Table 5. Grey literature thematic analysis.

Authors (year)	Organisation type Non-government organisation (NGO) Government (Govt)	Document purpose	Recommendations to improve practice						
			Establish role clarity	Improve funding &/or NDIS processes	Training & professional standards	Address conflict of interest	Prioritise wellbeing &/or sustainable caseloads	Address staff shortages	
breakthru (2020) [48]	NGO	Support Coordination Discussion Paper response	x		x				
Carers Australia Vic (2020) [49]	NGO	Support Coordination Discussion Paper response		x	x			x	
Dementia Australia (2020) [50]	NGO	Support Coordination Discussion Paper response	x	x	x			x	
Disability Intermediaries Australia (DIA) (2020) [51]	NGO	Support Coordination Discussion Paper response		x	x			x	
Inclusion Australia (2020) [52]	NGO	Support Coordination Discussion Paper response	x	x	x				x
Jesuit Social Services (2020) [53]	NGO	Support Coordination Discussion Paper response	x	x	x				x
Mental Health Victoria (2020) [54]	NGO	Support Coordination Discussion Paper response	x	x	x				x
Mind Australia Limited (2020) [55]	NGO	Support Coordination Discussion Paper response	x	x	x				x
Multicultural Disability Advocacy Association of NSW (2020) [56]	NGO	Support Coordination Discussion Paper response		x	x				
Multiple Sclerosis Australia (2020) [57]	NGO	Support Coordination Discussion Paper response	x	x	x				x
National Disability Services (2020) [58]	NGO	Support Coordination Discussion Paper response	x	x	x				x
Occupational Therapy Australia (2020) [59]	NGO	Support Coordination Discussion Paper response	x	x	x				x
Office of the Public Guardian (2020) [60]	Govt	Support Coordination Discussion Paper response	x		x				x
Summer Foundation (2020) [61]	NGO	Support Coordination Discussion Paper response		x	x				
The Public Advocate (2020) [62]	Govt	Support Coordination Discussion Paper response		x	x				x
Vision Australia (2020) [63]	NGO	Support Coordination Discussion Paper response	x	x	x				x
Allied Health Professions Australia, CEOcollab, DIA & National Disability Services (2024) [64]	NGO	Identifies pricing issues and workforce exit		x	x				x
Australian Government (28 April 2023) [65]	Govt	Identifies issues related to policies and practices of disability service providers	x		x				x
Caudrey (Jan 2023) [66]	Govt	Addressing key issues impacting NDIS successes and failures.						x	
Chesterman (17 March 2023) [67]	Govt	Identified necessary improvements for the NDIS		x	x				
Ellis et al. (2017) [68]	NGO	Barriers to effective support coordination		x	x				
Holty (Oct 2022) [69]	Govt	Identified necessary NDIS improvements that would benefit NDIS participants in correctional facilities		x	x				
Hughes & Schutz (2021) [70]	NGO	Developing effective support coordination			x			x	
Independent Advisory Council to the NDIS (2018) [71]	Govt	Developing effective support coordination						x	
Mavromaras et al. (2018) [72]	Research Centre	Assessment of the NDIS roll-out		x					x
Moskos et al. (2021) [73]	Research Centre	NDIS plan utilisation barriers		x					x
NDIS Commission (2024) [46]	Govt	Action plan to improve support coordination			x			x	
NDIS Commission (2024) [47]	Govt	Propose mandatory registration and training		x	x				
NDIA (2021) [74]	Govt	Compiles recommendations to improve SC	x	x	x			x	
NDIA (2022) [75]	Govt	Compilation of responses on SC pricing arrangements	x	x	x			x	x
NDIA (June 2023) [76]	Govt	Examining existing pricing arrangements for the NDIS	x	x	x				

(Continued)

Table 5. Continued.

Authors (year)	Organisation type	Document purpose	Recommendations to improve practice					
			Establish role clarity	Improve funding &/or NDIS processes	Training & professional standards	Address conflict of interest	Prioritise wellbeing &/or sustainable caseloads	Address staff shortages
Occupational Therapy Australia (October 2022) [77]	Non-government organisation (NGO)	Identified necessary NDIS improvements that would benefit NDIS participants	x		x			
Office of the Public Advocate (2018) [15]	Government (Govt)	Identifying inadequate supports for NDIS participants		x				x
Purple Orange (24 July 2023) [14]	NGO	Proposed role clarity and boundaries for support coordinators	x			x		
Summer Foundation (2021) [78]	NGO	Developing effective support coordination	x	x	x		x	
Summer Foundation (2022) [79]	NGO	Contribution to the Joint Standing Committee regarding the NDIS		x	x			x
Tune (2019) [80]	Independent review	Review of the NDIS Act 2013		x			x	x

development of best practice suggestions. Collectively, the recommendations were aggregated to support the delivery of high-quality support coordination.

### ***Regulate training, professional development, and standards of quality for the support coordinator profession***

Clearly defining the roles of support coordinators offers several advantages, including resetting stakeholder expectations [48,52,57,58,65], minimising overlapping duties [14,53], and informing targeted training initiatives [67,69]. Enhanced training opportunities could enable support coordinators to better understand the scope of their role [60,77]. Despite this need, there is currently no accredited course or formal qualification for support coordinators. This gap has led to calls for the introduction of accreditation pathways, professional standards, and standardised training programs.

Inconsistent and variable service quality were cited as reasons for the introduction of formal accreditation for support coordinators [56,63]. Chesterman [67] identified this variability as a key issue that could be addressed through a comprehensive review of existing training and oversight mechanisms. A 2022 NDIS consultation process highlighted the need for professional standards of practice to underpin registration and auditing processes [75], which has subsequently been recognised as a future action point for the NDIS Commission [46]. In response to findings from both the Disability Royal Commission [30] and the NDIS Review [4], the NDIS Commission [47] has proposed mandatory registration and the introduction of core training modules for all support coordinators.

Responsibility for implementing standardised training has been a point of discussion among stakeholders. Some organisations argued that the NDIA should lead this effort by investing in a formal qualification [61,78], funding mandatory training [55], and ensuring that training is continuous and readily accessible [50]. The scope of recommended training topics was extensive, encompassing areas such as housing, particularly Specialist Disability Accommodation [48,49,59,78,79], knowledge of diverse disabilities [56], cultural awareness [56,69], navigation of health systems and hospital discharge processes [61,78], administrative competencies [59], mental health [69], and the identification and management of conflicts of interest [48,49].

In the absence of a mandated training framework, alternative approaches to professional development have been proposed. Hughes and Schutz [70] recommend informal learning through peer support, communities of practice, and training offered by private providers. This was further supported by Ellis et al. [68,p.22], who advocated for the development of a “national training and development framework” and the use of existing support coordinator networks to promote shared learning and collaboration. The Summer Foundation [78] proposed that the NDIA require a minimum number of professional development hours annually. Additionally, Chesterman [67] recommended a tiered training structure, ranging from introductory to advanced levels, to support the progressive development of skills and knowledge.

While some organisations advocated for mandatory training [48,67] or formal qualifications, such as a Certificate IV or an allied health degree [53,55–57,67], others expressed concerns about the potential unintended consequences of such requirements. These included placing additional strain on an already limited workforce [61], restricting NDIS participant choice [52], and potentially excluding individuals with lived experience of disability who may face barriers to obtaining formal qualifications.

The value of lived experience was consistently recognised across the literature [60,61,68,71]. The Office of the Public Guardian [60,p.10] recommended that “an understanding of or lived experience with disability” be considered a minimum requirement for support coordinators. Similarly, while Vision Australia [63] acknowledged the benefits of formal health qualifications, they reported that NDIS participants often prioritised lived experience over formal credentials. National Disability Services [58] also cautioned that mandating qualifications could result in the loss of experienced support coordinators who lack formal credentials but possess valuable practical knowledge.

### ***Enhance support coordination by allocating additional hours, incorporating paid professional development time, and addressing the flaws in NDIS processes***

It was widely reported that support coordination was underfunded in NDIS plans [15,49,58,61,73–75,78], with allocations often exhausted during initial meetings and administrative tasks [75]. Concerns were

raised that these hours were frequently used to rectify NDIS plans that do not accurately reflect participants' needs [68], resolve NDIA errors, or navigate complex bureaucracy [75]. Some organisations have recommended mechanisms to facilitate direct communication and information sharing between planners and support coordinators [50,54,55], including a hotline specifically for support coordinators [68].

Some authors have noted that support coordination funding tends to decrease over time, regardless of participants' evolving needs [55,68]. This reduction assumes capacity-building; however, for many, support needs fluctuate based on circumstances or the progression of disability [63]. Low or inconsistent fund usage can lead to reduced allocations in future plans, placing vulnerable participants at risk of insufficient hours when needed [63].

Inadequate time allocations and current remuneration levels pose challenges to the sustainability of support coordination. Carers Victoria [49] identified high caseloads as a key concern, warning that this may compromise service quality. Similar concerns were also raised by Mind [55], citing high staff turnover, pressure to maintain financially sustainable caseloads, and limited access to professional learning opportunities as factors affecting service quality. The NDIS pricing review [75] also highlighted insufficient funding for support coordination and its financial impact on coordinators. They noted that coordinators often feel compelled to perform unpaid work when participant hours have been exhausted, thereby undermining financial sustainability [75]. According to Disability Intermediaries Australia (DIA) data reported in the NDIS pricing review, many support coordination providers operated at a loss or broke even in 2020–21 [75].

Self-imposed pressure to deliver optimal outcomes for participants may increase the risk of burnout among support coordinators [70]. Recommendations to mitigate burnout include fostering supportive professional networks, engaging in self-care practices and setting clear boundaries [70]. Due to suboptimal working conditions, many coordinators are reportedly leaving the profession in search of roles that offer greater job satisfaction [55]. In response, an NGO alliance launched the #4aBetterNDIS campaign [64], advocating for a price increase to ease financial pressures and improve workforce retention. Providers also noted that the current pricing model limits their competitiveness compared to higher-paying sectors, hindering their ability to attract and retain skilled staff [75].

Some organisations argued for dedicated funding to support professional development and training for support coordinators [55,61]. Feedback to the NDIA also recommended funding for coordinators to attend planning meetings, which was identified as one of the largest non-billable costs for providers [75]. Occupational Therapy Australia [59] presents a contrasting perspective, suggesting that support coordinators should not be permitted to attend planning meetings, citing concerns about undue influence.

Regulation of the operational environment was identified as a shortcoming. The NDIA was perceived to inadequately address 'conflict of interest' through a lack of regulation [66]. Several authors have called for the NDIS Commission to take an active role in managing conflicts of interest [14,61,75,78], including mandating conflict of interest declarations [61]. While some acknowledged that separating support coordination from service provision may not always serve participants well, particularly in thin markets [48,52,53,55,57,63,80], they emphasised the need for safeguards, including improved legislation [65,66]. Acknowledging the high number of complaints received by the NDIS Commission [47], including those involving conflict of interest, a proposed action plan includes mandatory registration to strengthen protections.

## Discussion

This scoping review identified three key themes from the peer-reviewed literature relevant to support coordination under the NDIS: the essential attributes of support coordinators, obstacles impeding effective service delivery, and principles underpinning best practice. Ten peer-reviewed papers were located that examined support coordination. In parallel, the NDIA's 2020 review and its call for submissions attracted substantial engagement from the disability sector. As a result, the grey literature enriched the peer-reviewed findings by offering broader insights. Documents from NGOs and other sector stakeholders emphasised the need for enhanced training, clearer role definitions, and improved system processes.

This review highlighted the critical need for support coordinators to possess a blend of interpersonal and technical competencies, most notably in communication, empathy, cultural competence, and a

robust understanding of NDIS processes. These competencies facilitate trust and effective relationships, which are foundational to successful support coordination. However, several systemic and structural challenges were identified. These include limited professional resources, geographic disparities in service availability, and the complexity of navigating the NDIS. Additionally, funding constraints and blurred role boundaries across NDIS support types were found to undermine service effectiveness. At the time of this review, the absence of mandatory registration meant that only registered providers were subject to audit, contributing to regulatory inconsistencies.

Support coordinators often act as intermediaries within the NDIS, requiring extensive knowledge of the system to assist participants and articulate complex information effectively. However, they face persistent challenges such as limited service options and potential conflicts of interest, particularly in rural areas where thin markets restrict participant choices and increase the risk of unspent funds and subsequent funding cuts [31,34,35,42,54,59,60,73,75,79,80].

These issues necessitate that coordinators possess strong communication skills and a broad knowledge base encompassing health systems [78], housing [49,59,78], NDIS knowledge and disability awareness [31,38,59,63]. These competencies are necessary for navigating conflicts of interest and effectively connecting participants to appropriate services. Effective support coordination also requires the ability to innovate and tailor solutions to individual needs, leveraging their comprehensive understanding of available resources [36,68].

Support coordination in the Australian NDIS combines service connection and coordination with transactional work in a model where conflicts of interest are not structurally prohibited [14]. This differs from some international models, such as the United States Medicaid home and community-based services [81], where there is a great emphasis on conflict-free coordination. These differences may explain, in part, why this review identified a broad competency profile for effective support coordination and why role ambiguity and concerns around independence emerged strongly across sources [14,31,34,40].

Professional development should address the evolving needs of NDIS participants, with a focus on disability awareness, cultural competence, and sector-specific knowledge. Establishing a nationally recognised certification could help standardise service quality across the sector. Training programs should prioritise communication strategies that foster openness and trust, including active listening, empathy, conflict resolution, and ethical transparency. Currently, there is no formal qualification or standardised training program for support coordinators. Some organisations have proposed that the NDIA is well-positioned to facilitate and invest in comprehensive training initiatives [50,55,61,78]. However, incentives may be required to encourage uptake, such as mandatory minimum training requirements and the inclusion of professional development in funding allocations. Greater uptake of training may not only enhance service quality but also contribute to job satisfaction and workforce retention. Future intervention research is needed in order to evaluate the impact of professional development on the support coordination workforce.

The existing funding framework for support coordination needs attention to ensure there is adequate resourcing for support coordinators to support people effectively. Insufficient plan allocations can leave participants disconnected from essential services [36]. Some support coordinators feel they have a responsibility to support participants with insufficient funding; however, this is often provided pro bono with financial, time and wellbeing consequences [36,75]. Although only one document identified the risk of support coordinator burnout [70], several factors were discussed that could contribute to declined wellbeing or signal the need for support. These include working for free [36], high caseloads [29,61], challenging professional boundaries [50], high staff turnover [29,55], administrative burden [68], and the frustrations experienced when communicating with the NDIA [75]. To improve efficiencies, support coordinators require direct access to NDIS planners to seek points of clarification [55], and the NDIA needs to provide clearer guidelines and expectations regarding the support coordination role [36,48,50,54,58].

The NDIA should develop clear, concise, and differentiated job descriptions for LACs, planners, and support coordinators to prevent overlap and ensure that responsibilities are well understood by all parties involved [40]. Clarifying these responsibilities would help reduce inefficiencies and ensure that tasks are appropriately distributed. Recognising and addressing these 'grey' areas, which currently default to support coordinators [36], could aid in redistributing responsibility for underserved gaps [70] and allow support coordinators to more efficiently utilise participant budgets for NDIS plan implementation. The NDIA must also reconsider its funding allocation models to better reflect the actual hours required for

effective support coordination, particularly for participants with progressive or episodic conditions. Establishing direct lines of communication between support coordinators and NDIA planners to expedite service delivery and resolution of issues. This could include a dedicated support coordinator hotline to the NDIA to address urgent participant needs and systemic issues promptly. Consideration should be given to the complexity of the NDIS system. A simplified, streamlined, and user-friendly interface could reduce the time and cost associated with support coordination, while also empowering participants to navigate the system more independently.

An independent review of the NDIS [4] concurred with many of the themes identified in this scoping review. It highlighted the need for enhanced role clarity by introducing the new Navigator role, intended to reduce duplication in navigation services and strengthen participant support within the NDIS scheme. This new role is designed to address systemic barriers more effectively, provide more comprehensive guidance to participants, and improve service linkage and planning efficiency. The review acknowledges the need for Navigators to have manageable caseloads and receive consistent, nationally standardised training [4]. Another proposed reform includes the appointment of independent 'Housing and Living Navigators' to apply specialist housing knowledge and assist participants in exploring options at key life stages. Crucially, the review emphasised the need for a re-evaluation of funding models to ensure equitable access to services and to ensure that support mechanisms are adequately equipped to meet the diverse and evolving needs of participants. These changes aim to foster a more responsive, participant-centred NDIS ecosystem. Notably, support coordinators will retain their current roles and responsibilities during a proposed five-year transition period as the new navigation model is implemented [4].

### ***Implications***

This review contributes (i) a consolidated map of skills and attributes associated with effective support coordination; (ii) a synthesis of barriers and enablers that influence service quality and consistency, and (iii) an evidence-informed agenda for workforce development, governance, and future primary research. The findings of this review highlight that high-quality support coordination depends on a combination of individual capabilities and stronger professional infrastructure. This includes adequate funding, minimum competencies, supervision and professional development. The findings also indicate the need for system reforms that clarify role boundaries, strengthen conflict of interest safeguards and address service gaps, particularly in non-metropolitan areas, so that support coordinators can focus on effective plan implementation [36,40,70].

Our consolidated recommendations incorporate lessons learned from past mistakes to create a framework for success. This can facilitate the transition of competent support coordinators and boutique support coordination agencies into navigation roles, ensuring that the best talent is retained and utilised effectively. Given that a new intermediary workforce will not emerge spontaneously, thorough planning and active market stewardship are essential to ensure roles and skills are not duplicated.

Drawing from the recommendations outlined in this scoping review, Navigators will require standardised training, robust professional development, clear role expectations, realistic caseloads, and mechanisms to monitor and maintain high standards. Addressing the current challenges experienced by support coordinators is crucial for the successful implementation of the proposed Navigator role, ensuring it brings meaningful improvements over the current support coordination framework.

### ***Limitations***

This scoping review, while comprehensive, faces several limitations that must be acknowledged. Firstly, the relative novelty and evolving nature of the support coordination role under the NDIS means that empirical research specific to this area is still limited. Most existing studies are qualitative and region-specific, which may not provide a comprehensive reflection of the diversity of experiences and challenges faced by support coordinators across different regions of Australia. This geographic focus primarily on more populated areas may underrepresent the unique challenges faced in rural and remote locations, where service provision issues are more pronounced. Another limitation arises from the inherent constraints of the grey literature. While this body of work is valuable for understanding practical and policy-driven

perspectives, it often lacks the rigorous peer review process typical of published academic research, which may affect the verifiability and reliability of the data. Additionally, the grey literature reviewed was sourced from NGOs and government bodies, which might reflect organisational priorities rather than an unbiased evaluation of the support coordination landscape.

The methodological approach of this review itself could also be a limitation. Although scoping reviews are suitable for mapping existing literature and identifying key themes and gaps, they typically do not allow for the methodological appraisal of the included studies, which can obscure the quality and robustness of the evidence base. A formal quality appraisal of included studies was not undertaken, so the review mapped the range and nature of available evidence rather than weighting findings according to methodological quality. Lastly, this review primarily focuses on the structural and service delivery aspects of support coordination, without a substantial examination of the personal experiences of NDIS participants themselves. This focus may overlook how the effectiveness of support coordination is perceived by the users of this service, whose experiences are critical to a holistic understanding of the impact of support coordination on achieving the goals of the NDIS. Future research should engage with NDIS participants who receive support coordination, using purposive sampling to ensure representation across key characteristics, such as disability type, age, gender, and geographic location (metropolitan, regional, or rural areas).

## Conclusions

Support coordinators are tasked with providing an important intermediary role between NDIS participants and the scheme, on which they rely for disability-related supports. However, there is insufficient clarity about expectations of the role, and the quality of service delivered is variable. At one end of the spectrum, overly committed support coordinators can be subject to financial losses and burnout in their efforts to ensure that their clients are looked after. At the other end of the spectrum, there are support coordinators who overcharge and underdeliver. Solutions to variable quality and systemic barriers have been proposed, covering regulation, training, funding, and processes. Greater recognition of the support coordinator profession may attract and retain talent that possesses the multifaceted skills and attributes needed to deliver a high-quality service. The NDIA should assess the barriers we have highlighted, use our consolidated recommendations to make more informed decisions and establish a successful framework for the future towards effective navigation service delivery. Future research is required to enhance the lived experience perspective of people from various backgrounds and evaluate the implementation of the abovementioned recommendations.

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## Author contributions

CRedit: **Lee Cubis**: Data curation, Formal analysis, Methodology, Writing – original draft, Writing – review & editing; **Sharyn McDonald**: Data curation, Formal analysis, Methodology, Project administration, Visualization, Writing – original draft, Writing – review & editing; **Elroy Dearn**: Data curation, Writing – original draft; **Jacinta Douglas**: Conceptualization, Methodology, Supervision, Writing – review & editing; **Di Winkler**: Conceptualization, Methodology, Writing – review & editing.

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