**Support for Decision Making consultation submission**

**Name:** Individual 13 (WA)

**Date and time submitted:** 9/9/2021 3:25:00 AM

**How do you identify:**

* A NDIS participant: No
* A family member, friend or carer of a NDIS participant: No
* A NDIS nominee: Yes
* A legally appointed guardian: Yes
* A disability support worker: No
* A health or allied health worker: No
* A community member: No
* Aboriginal or Torres Strait Islander: No
* Culturally and linguistically diverse: No
* From a rural or remote area: No
* A person with an intellectual disability: No
* A person with a cognitive impairment: No
* A person with a communication disability: No
* A person with a psychosocial disability: No
* Other: No

# **How can we help people with disability make decisions for themselves?**

* Resources: No
* Information: Yes
* Decision Guides: No
* Having a person help: Yes
* Other: No

# **Who are the best people to help you (or a person with a disability) to make decisions?**

* Family: Yes
* Friends: No
* Peer Support Networks: No
* Mentors: Yes
* Coordinators: Yes
* LAC: No
* NDIA Partners: No
* Advocates: No
* Service Providers: Yes
* Other: No

# **What should they do to help with decision-making?**

No answer recorded

# **How can they get better at helping?**

* Getting to know the participant well: Yes
* Doing some training on decision support: Yes
* By having resources and information about providing decision support: Yes
* Other: No

# **How can we make sure the right people are helping?**

* They are chosen by the NDIS Participant as a decision supporter: Yes
* They value the rights of people to make decisions with support: Yes
* They are a registered provider: No
* They enable the participant to take risks: No
* Other: No

# **What should decision supporters know about so they can better help people with disability make decisions?**

* Guidelines for decision supporters: Yes
* Scenarios or Examples: No
* Information Sessions: Yes
* Support Networks: No
* Other: No

# **Can you tell us about a time when someone helped you (or a person with disability) to make a big decision?**

Yes

## **What worked well?**

Listening to and understanding the wishes of the individuals (I support two people), locating sufficient human resources to allow these people the freedom to make the choice to increase independence from family, being available 24x7 for emergencies

## **What could have been better?**

Having access to sufficient capacity building funding through the NDIS plan (I had to purchase this support), staff moving on at short notice requiring me to fill in while finding replacements

# **What is the best way to support people with disability to make decisions about their NDIS plan?**

* Practice: Yes
* Peer Support Networks: No
* Information and Resources: Yes
* Guidance Tools: Yes
* Not Sure: No
* Other: No

# **Are there different things to consider for people with different disabilities or cultural backgrounds?**

**An intellectual disability:** Yes, The need for ongoing capacity building funding to support continued input from the occupational therapist, physiotherapist, dietician particularly. These allied health professionals are pivotal in supporting someone to be safe with the day to day support of support staff. Obesity is a real problem, the issue of developing diabetes is not understood well by someone with cognitive impairment as they seek the comfort of food. There is a need to balance a restrictive practice against a safeguard - this is where the allied health professional is important to prescribe a safety measure that might otherwise be deemed a restrictive practice. A person's need for friendship can cause safety issues if the person isn't aware of keeping safe boundaries. A person needs so many lines of support that many of us take for granted on a daily basis. Kind, considerate vigilance and respect for the individual is so important.

**A disability that impacts how they think, a cognitive impairment:** No

**A psychosocial disability:** Yes, The need for psychology appointments with an organisation understanding autism, for example. In my experience a community-based psychologist does not have a sensible level of understanding of disability. The impact of the disability combined with a need for psychological services is best served by a professional working within the disability sector. It is all very well to expect NDIS participants to fit into the Medicare scheme for this service but some can't afford the $28 gap for each service either, let alone navigate the location of the psychologist.

**A disability that impacts their ability to communicate:** No

**From a CALD community:** No

**From an Aboriginal or Torres Strait Islander Community:** No

**From the LGBTIQA community:** No

# **How can we help reduce conflict of interest?**

Ensure that a "significant other" is involved in supporting the person as often as possible. I have not found the disability organisations I have been involved with ever reticent to discuss any detail with my family member NDIS participants and myself. Unlike the NDIS, where it is impossible to form a relationship with anyone, disability organisation personnel work closely with people and their families and do built relationships which are mutually beneficial to the people and their families and give satisfaction to the practitioner. Once you take out that personal factor, as the NDIS has done, it is difficult for people to access options of their choice. Perhaps I am fortunate but in 53 years of dealing with professional and support staff, I have not found too many instances of "conflict of interest".

# **How can we help reduce undue influence?**

By providing values and skills training and supervision to support staff and knowing who is working with your people. Being aware of any friendships which do not appear to be in the best interests of your family member and providing sufficient support for the person to maintain a relationship with that person if that is what the individual wants.

# **What are your concerns (if any) around people with disability being more involved in making decisions for themselves?**

I have no concerns about the people I support being involved in making decisions that affect their lives. We talk about the issues openly, call in advice and provide as much independence as we can. Respect and unconditional love is so important. My family members have an abundance of that. The need of the professional allied health staff to help us enables them to be involved.

# **What else could we do to help people with disability to make decisions for themselves? Is there anything missing?**

I have already indicated this above. Please take note that if you fund professional support, the support staff are much better equipped to do the job and families are much more able to step back.

# **Do you have any feedback on our proposed actions in Appendix C of the paper?**

If the NDIS reduces nominee appointments, it removes that one bastion of safety left to the participant. The participant is then reliant of trying to communicate with strangers who cannot know what supports are best because they do not know the person. This sums up my feelings.