Support for Decision Making consultation submission

**Name:** Individual 35 (VIC)

**Date and time submitted:** 8/12/2021 8:50:00 AM

**How do you identify:**

* A NDIS participant: Yes
* A family member, friend or carer of a NDIS participant: No
* A NDIS nominee: No
* A legally appointed guardian: No
* 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: Yes
* Information: Yes
* Decision Guides: Yes
* 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: No
* Coordinators: Yes
* LAC: No
* NDIA Partners: No
* Advocates: No
* Service Providers: No
* Other: No

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

Assist to be a part of the problem rectification and give recommendations

# How can they get better at helping?

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

Understanding what a medical practitioners advise as to what NDIS decides against the practioners.

# 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: Yes
* 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: No
* Support Networks: Yes
* 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?

Nothing

## What could have been better?

NDIS to be honest and transparent. Be prepared to put their names on correspondence. Make founded decisions.

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

* Practice: No
* Peer Support Networks: Yes
* 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:** No

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

**A psychosocial disability:** Yes, What is required and what is not required according to professionals. Understanding what effects different persons suffer from.

**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?

Honest and transparency are a pre requisite, and answerable to the CEO when making NDIS decisions for NDIS benefit (cost reduction)

# How can we help reduce undue influence?

Honesty and transparency. Don't tell the participant and coordinator one thing and the LAC something completely different and continue to lie to the participant to meet their own decisions.

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

NDIS do not listen, reviews are a non event, if the participant can tell NDIS how a problem effects their disability, NDIS should listen and take action.

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

Accept the word CHRONIC, don't tell professionals that chronic can be cured and is not life long. Disabled are more apt to make a decision based on medical advice instead of a desk bound decision maker who has no idea of what a disabled person is going through due to their unqualified decisions.

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

Only that NDIS must show more empathy to the disabled. Disabled can still think, they are not unable to communicate effectively