Support for Decision Making consultation submission

**Name:** Yourkids - children, youth and adult support services (SA)

**Date and time submitted:** 8/31/2021 4:26:00 AM

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

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

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

Work with PWD directly to understand day to day needs. Know their actual needs and work with allied health, medical & any other external professionals to gain the full picture of support needs.

# How can they get better at helping?

* Getting to know the participant well: Yes
* Doing some training on decision support: No
* By having resources and information about providing decision support: No
* 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: 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: No
* Scenarios or Examples: Yes
* Information Sessions: Yes
* 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?

No

## What worked well?

No answer recorded

## What could have been better?

No answer recorded

# 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: No
* Not Sure: No
* Other: Yes

PWD, specially complex, should have a case manager allocated. Support Coordinators are not case managers as they do not have enough time/funds. Also SCs / SSC are there to set up and coordinate service providers. PWD need a go to person. case management has been removed from the service delivery model with the introduction of NDIS. This has been detrimental to the PWD in many cases and will continue to create bottle necks and delays and incorrect plans delaying the whole process.

# 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:** No

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

**From a CALD community:** Yes, Language and all methods of communication need to be carefully considered. Not only is there a barrier to communication due to the disability but also the ability to grasp a different language and culture.

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

**From the LGBTIQA community:** No

# How can we help reduce conflict of interest?

by allocating a case manager who is the "go-to" and attached to an organisation you will remove individuals getting involved in the NDIS scheme. The disability sector has never experienced this level of interest from criminals in the past. This sector did not require funds to be allocated for a Fraud department. The NDIS scheme has allowed for this to occur with a service delivery model which does not insulate from misuse. Removal of unregistered providers may significantly decrease this risk.

# How can we help reduce undue influence?

Constant monitoring of the PWD. A Case manager will have regular contact with a PWD and will not be limited by the amount of funds available. The case manager will have their own managers and supervisors and a registered provider of case management will be audited to ensure appropriate levels of supervision are in place.

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

The only issue is when they are not capable of making decisions. However, this is when with the help of a case manager we would be able to get a guardian appointed. While SC/SSC help with this application, it has always taken months as they do not have enough time.

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

Case management is missing.

The planning meeting does not provide sufficient information, nor are they carried out by people who are well informed. Further to this issue, while the planner is at least meeting with the PWD, the ultimate decision is made by someone else who may or may not have any understanding of the real issues at hand. The number of plans that are problematic has now become the norm. It chews into the time the service provider should be providing for the PWD, instead of the administrative constraint it creates and compounds as the errors are not rectified. The only option is to submit a CoC however, this becomes challenging and stressful to explain in details to the PWD.

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

I have a query regarding the introduction of the formal process to identify a participants decision-making capacity. It is unclear at this stage how this is being aligned to the policy framework and which aspect of the framework is it addressing.