

**Su**

**bmission on**

*Su*

*pport for Decision Making*

**in the National Disability**

**Insurance Scheme**

**EXERCISE & SPORTS SCIENCE AUSTRALIA**

**(ESSA) SUBMISSION**

# RE: SUPPORT FOR DECISION MAKING

**National Disability Insurance Agency**

To whom it may concern

Thank you for the opportunity to provide feedback in relation to the National Disability Insurance Agency’s Support for Decision Making consultation.

ESSA is the peak professional association for exercise and sports professionals in Australia, representing more than 8,000 members comprising university qualified Accredited Exercise Physiologists, Accredited Sports Scientists, Accredited High-Performance Managers and Accredited Exercise Scientists.

ESSA Accredited Exercise Physiologists (AEPs) currently work within the National Disability Insurance Scheme (NDIS), by providing exercise physiology supports, while Accredited Exercise Scientists (AESs) provide supports as therapy assistants alongside allied health professionals, or as personal trainers, social engagement facilitators and support workers.

This submission highlights the key factors that influence participant decision making, the most significant being accountability of the NDIA for the lack of training, skills and knowledge, and subsequent poor funding decision making, of NDIS planners. In this submission, ESSA advocates that the NDIA and NDIS planners must have effective oversight and accountability to ensure plan funding decisions are evidence-based. This is because participant plans and budgets are the most limiting factor regarding participant decision making.

Allied health professionals, including AEPs, who provide reasonable and necessary supports to NDIS participants and provide evidence-based recommendations for supports are subject to rigorous regulatory measures, including, but not limited to, ongoing professional development, adhering to practice standards and codes of conduct. Yet NDIS planners, whose funding decisions determine the livelihood of participants and have profound impacts on participants’ goals, health and wellness, remain effectively unregulated and unaccountable for funding decisions that can undermine evidence-based practice delivered by allied health professionals.

We welcome the opportunity to work with the National Disability Insurance Agency on improving participants’ ability to make decisions about their own goals, care, and lives. Please contact ESSA Policy & Advocacy Advisor, Carla Vasoli, on 07 3171 9693 or at Policy@essa.org.au for further information or questions arising from the following submission.

Yours sincerely

**Joanne Webb**  **Carla Vasoli**

Manager Policy & Advocacy Policy & Advocacy Advisor

*Exercise & Sports Science Australia*  *Exercise & Sports Science Australia*

# 1.0 ABOUT ACCREDITED EXERCISE PHYSIOLOGISTS AND ACCREDITED EXERCISE SCIENTISTS

AEPs are four-year university degree qualified allied health professionals who design and deliver prescribed exercise for people with or at risk of chronic disease, injury or disability. Exercise physiology services are recognised by Australian compensable schemes including Medicare, the National Disability Insurance Scheme (NDIS), Department of Veteran Affairs (DVA), workers’ compensation schemes and most private health insurers. Exercise Physiologists are dual qualified with a foundational undergraduate degree in exercise science followed by a fourth year, Masters or Honours, in exercise physiology. Australia’s exercise physiology profession comprises approximately 6,500 AEPs.

AESs are three-year university degree qualified professionals who deliver exercise programs to Australia’s well populations to prevent chronic disease, injury and disability, and improve health, fitness and performance. Exercise Scientists empower, motivate and coach clients to adopt long-term behavioural changes. Exercise Scientists work in numerous sectors spanning allied health as Allied Health Assistants (AHAs); the NDIS as support workers; personal trainers in the fitness industry; coaches in sporting organisations; and as program coordinators in education and corporate health. There are more than 700 AES working in Australia today.

# 2.0 SUMMARY OF RECOMMENDATIONS

**Recommendation 1:** That the NDIA develop a consumer resource, in consultation with organisations and peak bodies that provide services under the NDIS, including ESSA, to provide to all participants to review prior to their planning meetings.

**Recommendation 2:** That the NDIA recognise the role that allied health professionals, such as exercise physiologists, have in supporting people with disability in making decisions to optimise functional capacity outcomes.

**Recommendation 3:** That the NDIA create, and publicly publish, a policy outlining when planners will, and will not, adopt allied health recommendations, including explanation around why recommendations will not be adopted and the evidence to support their decision.

**Recommendation 4:** That the NDIA support planners by providing continuous professionals development on the existing and emerging research and evidence of the role and value of allied health outcomes in supporting people with disability, including AEPs.

**Recommendation 5:** That the NDIA employ planners that have qualifications and/or experience in health or human services and support planners to develop a strong understanding of the complex needs associated with participants’ disabilities.

**Recommendation 6:** That the NDIA employ an exercise physiology advisor that can educate and provide guidance to NDIS planners.

**Recommendation 7:** That the NDIA engage ESSA to implement the Exercise is Medicine© program for NDIS planners and Local Area Coordinators to augment workforce knowledge on AEP supports to better support NDIS participants.

**Recommendation 8:** That the NDIA internally mandate a minimum level of knowledge of each NDIS therapeutic support and allied health profession for internal NDIA decision making staff, including planners and Local Area Coordinators.

**Recommendation 9:** That the NDIA internally mandate ongoing NDIS planner and Local Area Coordinator training to ensure their knowledge of therapeutic supports and allied health professions are regularly updated, in accordance with new and emerging evidence.

**Recommendation 10:** That the NDIA request the Minister for the NDIS create a Unit within the NDIS Quality and Safety Commission to monitor and enforce the mandated requirements of internal NDIA staff with delegations to make life impacting decisions on participants, including as NDIS planners and Local Area Coordinators.

**Recommendation 11:** That the NDIA create, and publicly publish, a policy to ensure planners and LACs cannot allocate plan budgets to a specific support item, and that budgets can only be allocated to support categories, at a minimum. This policy should include a requirement for planners and Local Area Coordinators to provide education to the participant on their ability to choose which supports they can access within a support category that has been allocated funding.

**Recommendation 12:** That the NDIA include guidance to planners in the new support for decision making Operational Guideline that participants require surplus funds in their budget to encourage them to explore the various reasonable and necessary supports available.

**Recommendation 13:** That the NDIA introduce a new support category in the Price Guide called ‘Supported Decision Making’, for participants to use to trial any supports or providers.

**Recommendation 14:** That the NDIA promote informed participant decision making, choice and control via the provision of clear information and education resources for participants about conflict of interest within support coordination providers.

**Recommendation 15:** That the NDIA consult stakeholders to inform the development of the new support for decision making Operational Guideline, to ensure it is appropriately clear and prescriptive, so that planners, participants and families all share the understanding of how decision making will be supported.

**Recommendation 16:** That the NDIA work with the Federal NDIS Minister to develop a legislative instrument to support NDIA staff accountability in enabling participant decision making, and to be administered by the NDIS Quality and Safety Commission.

# 3.0 CONSUMER GUIDANCE MATERIAL

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

Allied health organisations, including ESSA, have identified the need to educate NDIS participants on the range of services available to them and suggest that the NDIA develop a consumer guide to provide such information. It would be a useful tool for participants to have prior to planning meetings and will provide participants an opportunity to educate themselves on the different therapy options suitable for them, that are likely to assist in achieving their goals. This is particularly relevant for education on newer, less well-known supports, but proven to be effective in optimising outcomes for participants with a variety of conditions, including exercise physiology.

ESSA members have also suggested that guidance material should be provided to the participant to explain how to write goals and determine which services are best placed to help meet participant goals. This is important given AEPs have reported that there are discrepancies in the funding allocated for therapy based purely on the terminology used in the development and justification of goals.

Such guidance material may empower participants to exercise informed choice and control in the pursuit of goals and the planning and delivery of supports.

**Recommendation 1: That the NDIA develop a consumer resource, in consultation with organisations and peak bodies that provide services under the NDIS, including ESSA, to provide to all participants to review prior to their planning meetings.**

**4.0 PEOPLE BEST PLACED TO PROVIDE DECISION MAKING SUPPORT**

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

#  4.1 EXISTING ALLIED HEALTH PROFESSIONALS

Due to the relationship that a treating allied health professional can build with their clients over time, and the level of expertise they obtain by working as part of multidisciplinary teams, allied health professionals should be considered an appropriate stakeholder to support participant decision making, via recommendations in initial assessments and ongoing progress reports.

ESSA notes the importance of establishing trust and confidence when working with participants, particularly for some types of disability. An example of this includes autism spectrum disorder (ASD). Diagnosis assessment and therapeutic support of ASD typically requires time and collaboration with a variety of health professionals, including clinical psychologists, paediatricians and a range of allied health professionals such as exercise physiologists, speech pathologists and occupational therapists. As such, the allied health team supports the person, builds rapport with both the person and their family, and observes/supports the person at home and in other settings, such as school, work and the community. This provides the allied health professional the opportunity to build and maintain rapport with the person they are treating, gain a deeper understanding of the person and their individual condition, as well as understand the most appropriate mix of therapeutic supports required for the individual to achieve optimal outcomes. As allied health professionals are university qualified and often work in multidisciplinary teams, they are well-equipped with the knowledge to confidently recommend other supports when a participant requires therapy that is outside the existing professional’s scope.

ESSA acknowledges that the NDIA has expressed concern about existing healthcare professionals exhibiting bias when making support recommendations for their NDIS clients, i.e., concern that an allied health professional will likely make recommendations for their own therapy, even if it is not the best option for the participant. However, ESSA notes that all recognised allied health professionals are required to operate under regulated codes of conduct to maintain professional accreditation. These codes inhibit allied health professionals from operating in a biased or unethical manner. For example, AEPs are required to practice under ESSA’s Code of Professional

Conduct and Ethical Practice, which outlines that AEPs must practice with honesty, integrity and transparency.

Further, ESSA’s AEP Scope of Practice document states that AEPs must at all times, demonstrate evidence-based practice, critically evaluating and communicating the scientific rationale for their decision-making and service delivery, and practice ethically, collaboratively, and innovatively within their scope of practice, including referring to relevant medical and health professionals and/or services when appropriate.

Despite these requirements on the AEP profession, the appropriateness of existing allied health professionals to support NDIS decision making relating to therapeutic supports; and participants’ preference to access their existing allied health professionals with their NDIS funds, ESSA members have seen NDIS planners cutting funds to AEP

**Recommendation 2: That the NDIA recognise the role that allied health professionals, such as exercise physiologists, have in supporting people with disability in making decisions to optimise functional capacity outcomes.**

# 4.2 NDIS PLANNERS

NDIS planners are also well placed to support participant decision making. This is because planners are currently responsible for supporting participants in creating their NDIS plans and allocating the necessary funds for a participant to execute the plan. Planners have the delegation to decide the amount of funding a participant will be allocated, which ultimately dictates the supports accessible in a participant’s NDIS plan. Appropriate planning and budgeting processes are vital to supporting participant decision making.

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

While allied health professionals are well versed in the role of various therapeutic supports, how each support may benefit each disability, and how each therapeutic support may complement one another, ESSA members have expressed that NDIS planners have insufficient knowledge or understanding. In multiple instances across the nation, this lack of understanding has resulted in declines in participant functional capacity and social inclusion because either no or insufficient funds were allocated for the required therapeutic supports. Furthermore, ESSA is observing a trend for such decisions to be made against reported recommendations by allied health professionals. When AEPs have asked for feedback from planners around why certain supports have not been funded, planners often provide misinformed explanations that are not supported by evidence or best clinical practice.

**Recommendation 3: That the NDIA create, and publicly publish, a policy outlining when planners will, and will not, adopt allied health recommendations, including explanation around why recommendations will not be adopted and the evidence to support their decision.**

**5.0 METHODS TO IMPROVE DECISION MAKING SUPPORT**

*How can they get better at helping?*

#  5.1 TRAINING

ESSA advocates that the best way to support participant decision making is to ensure NDIS planners and Local Area Coordinators (LACs) are appropriately trained and educated in relation to the reasonable and necessary supports available to participants. This will enable planners and LACs to recommend and fund services that are most appropriate to each NDIS participant based on the individual’s disability, functional capacity and goals.

Under the current planning arrangements, ESSA members have noted that there are several factors leading to the inappropriate allocation of funding for therapy:

* Planners have insufficient knowledge, qualifications or experience to determine the allied health needs of a participant and make appropriate plan recommendations, which result in decisions that go against the recommendations made by qualified allied health professionals in progress reports.
* Planners lack understanding of the role, scope of practice and value of available allied health professions and often look to identify lower value alternatives which can be to the detriment of the client’s functional capacity outcomes. For example, ESSA members have reported that it is common for planners to assume that personal trainers or disability support workers can deliver the same supports as university qualified exercise physiologists.
* Participants are required to develop personal goals and justify to planners and LACs why specific supports are needed from exercise physiologists. This further evidences the lack of knowledge and understanding of the full spectrum of allied health services available to participants within the NDIS, including AEP, and the need for additional training for planners and LACs.

Many AEPs are currently dedicating unpaid time to educate individual NDIS planners and LACs on the role of exercise physiology and the benefits of prescribed exercise for NDIS participants as part of plan funding. This situation could cause the NDIS to be commercially unviable for AEPs to work in, compared to other schemes. This trend also risks limiting the choice and control for NDIS participants, who will have limited choice of NDIS allied health service providers.

NDIA decision makers need to be supported with continuing professional development to ensure contemporaneous knowledge and awareness of best practice and innovative evidence-based interventions for people with disabilities.

**Recommendation 4: That the NDIA support planners by providing continuous professionals development on the existing and emerging research and evidence of the role and value of allied health outcomes in supporting people with disability, including AEPs.**

**Recommendation 5: That the NDIA employ planners that have qualifications and/or experience in health or human services and support planners to develop a strong understanding of the complex needs associated with participants’ disabilities.**

ESSA is aware that the NDIA employs advisors for other allied health professions and suggests that access to an exercise physiology advisor would facilitate a greater understanding of the profession and support planners’ capability in selecting services and allocating funding within a personalised budget to best suit each participant’s unique situation. ESSA notes that the appointment of exercise physiology advisors in other compensable schemes, such as the Department of Veteran Affairs (DVA), some workers’ compensation schemes, and some Private Health Insurers, has generated better value-based outcomes and service equality for beneficiaries as well as the compensable schemes.

**Recommendation 6: That the NDIA employ an exercise physiology advisor that can educate and provide guidance to NDIS planners.**

ESSA welcomes the opportunity to assist the NDIA with the development and delivery of continuing professional development to better inform planners and LACs via education and resources on the evidence-based benefits of exercise treatments for NDIS participants as well as the role and value of exercise physiology services.

Collaboration and shared understanding will enhance NDIS participants’ outcomes and service experience and ensure participant choice and control.

ESSA operates Exercise is Medicine© (EIM©) Australia, which is a bespoke education program facilitated by local AEPs and can be delivered via face-to-face and online. EIM sessions are currently designed to increase primary healthcare provider’s literacy on the role that physical activity plays in health, wellbeing, inclusion, self-efficacy and the prevention and treatment of chronic disease. However, ESSA would be delighted to work with the NDIA and EIM to modify and tailor the content of our current EIM program specifically to suit NDIS planners and LACs on the role of AEPs and benefits that AEP supports have on people with various disabilities.

**Recommendation 7: That the NDIA engage ESSA to implement the Exercise is Medicine© program for NDIS planners and Local Area Coordinators to augment workforce knowledge on AEP supports to better support NDIS participants.**

# 5.2 ACCOUNTABILITY

ESSA strongly supports the legislation and regulations that ensure NDIS provider compliance and accountability to providing high quality and safe NDIS supports by the NDIS Quality and Safety Commission. ESSA understands that this is due to the recognised risk to participant wellbeing, should poor quality supports be provided.

Unfortunately, though, this accountability is limited to providers and should be extended to those NDIA employees whose delegated authority has significant impact on a participant’s life, such as NDIS planners.

NDIS planners who chose to reduce participant plan funding or limit funds to services against allied health professionals’ evidence-based recommendations and participant choice see no repercussions for the harm and stress they cause to the participant. This is despite the *National Disability Insurance Scheme Act 2013* Object

(1)(e), which states that the Act aims to “enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports.” One example that ESSA has seen of this occurring is provided in Case Study A, below.

**Case study A**

A nine-year-old male with Autism Spectrum Disorder (ASD) presented with communication shut-down, emotional regulation issues, lack of motivation and below average fine and gross motor skills. Short term goals included developing communication and social skills so he can build and maintain friendships and relationships with others, and to recognise and understand emotions, learn strategies to self-regulate his emotions. Medium to long term goals included improving fine and gross motor skills. During the 12-month plan period, as a result of weekly AEP intervention the client had improved confidence in the gym environment; increased engagement and communication with AEP with little to no signs of communication shut down; increased exercise tolerance; increased time engaging within a community environment; improved gross motor skills; and required little to no parental support and supervision during therapy compared to last plan period. The participant’s AEP recommended in progress report to continue to receive ongoing support to progress further towards his goals and recommended that a future goal be to increase his exercise tolerance from 45 minutes to 1 hour per week.

However, at plan review, all AEP funding was removed and only funding for occupational therapy and psychology were provided (costed out for specific number of sessions with each therapy), despite the family’s preference for him to continue seeing his AEP, over other therapies. The planner indicated that funding for AEP was removed, as the child would now be able to get the physical activity they needed from school. After a few months of engaging with the new plan, the child’s parents contacted his AEP to provide feedback that he was disengaging from school, with reduced confidence to participate in social and sporting activities, due to reduced coordination and social skills. The participant was not responding to new allied health therapies, resulting in them being ineffective.

The decision made by this planner has resulted is significant stress to the participant’s family and has caused regression away from the participant’s goals, resulting in higher care needs. This is just one example of many that have been reported to ESSA by our members in the past 12 months. ESSA can provide further deidentified examples of the cause and effect of poor decisions on participant functional capacity, social inclusion and quality of life, if requested by the NDIA.

ESSA believes a large reason for these occurrences is that there is no enforced requirement for planners to undergo training, including ongoing training, on the value of allied health supports or the importance of enhancing participant choice and control, given self-directed care is well known to provide the most optimal participant outcomes, quality of life, independence1-3 and long-term scheme sustainability.

**Recommendation 8: That the NDIA internally mandate a minimum level of knowledge of each NDIS therapeutic support and allied health profession for internal NDIA decision making staff, including planners and Local Area Coordinators.**

**Recommendation 9: That the NDIA internally mandate ongoing NDIS planner and Local Area Coordinator training to ensure their knowledge of therapeutic supports and allied health professions are regularly updated, in accordance with new and emerging evidence.**

**Recommendation 10: That the NDIA request the Minister for the NDIS create a Unit within the NDIS Quality and Safety Commission to monitor and enforce the mandated requirements of internal NDIA staff with delegations to make life impacting decisions on participants, including as NDIS planners and Local Area Coordinators.**

# 6.0 FLEXIBLE PLANNING AND BUDGETING

*What is the best way to support people with disability to make decisions about their NDIS plan? This includes decisions about using or changing their plan.*

#  6.1 FLEXIBLE PLANNING

ESSA members frequently report that NDIA planners prescribe how participant budgets are to be spent, down to the hour. The family described in Case Study A expressed that they could not use their child’s plan for anything other than the plan dictated by the planner, in fear of having funds cut in the following year. Additionally, if planners dictate how each hour of support is to be spent in a plan budget, participants are not empowered or enabled to explore multiple therapies to determine which will best suit their needs. Strict planning by NDIA planners does not support participant decision making, nor does it allow participants to achieve their plan goals, live well and gain independence.

ESSA notes the NDIA were planning to implement flexible plan budgets alongside independent assessments, and has put this on hold as independent assessments were no longer being implemented in their current form. ESSA understands that the NDIA will be reviewing and redesigning this model prior to implementation. Given the number of reported planning issues from ESSA members, ESSA suggests that, in the interim, a simplified form of flexible planning should be implemented to allow participants to exercise choice and control, and to support participant decision making. ESSA suggests that, while awaiting a final planning and budgeting model, NDIA planners should not be allowed to prescribe plan budgets to an individual support item, making the lowest level of plan budget allocation from planners to be the support category. Planners should clearly indicate to participants that budget allocated to a support category can be spent on any form of support within that category.

**Recommendation 11: That the NDIA create, and publicly publish, a policy to ensure planners and LACs cannot allocate plan budgets to a specific support item, and that budgets can only be allocated to support categories, at a minimum. This policy should include a requirement for planners and Local Area Coordinators to provide education to the participant on their ability to choose which supports they can access within a support category that has been allocated funding.**

#  6.2 SUFFICIENT BUDGETS

In addition to flexible planning, the NDIA will need to ensure that participants have sufficient budgets to support this process. Participants should be supported to trial various therapies and/or providers, so that they can make informed decisions about their supports. Further, if planners limit participant budgets, they may limit their choice of provider only to those who charge lower fees. This is of particular concern in rural and remote areas and where there are thin markets. This limitation is likely to significantly impact on participant outcomes.

**Recommendation 12: That the NDIA include guidance to planners in the new support for decision making Operational Guideline that participants require surplus funds in their budget to encourage them to explore the various reasonable and necessary supports available.**

**Recommendation 13: That the NDIA introduce a new support category in the Price Guide called ‘Supported Decision Making’, for participants to use to trial any supports or providers.**

# 7.0 CONFLICT OF INTEREST

*How can we help reduce conflict of interest?*

ESSA members have reported cases where support coordinators arrange inhouse services and prioritise referral to these internal supports, which results in limiting participant choice and control when selecting support providers.

The NDIS Commission’s Code of Conduct requires providers to declare to a participant when a conflict of interest exists (e.g., a support coordinator must tell the participant that they are referring them to an inhouse service), but it does not encourage the support coordinator or participant to search for additional options for their supports.

ESSA suggests that the NDIA provide participants with additional accessible education to ensure they can optimise their choice and control when they use support coordination services. Education should include:

* responsibilities of support coordinators e.g., requirement to provide multiple quotes when seeking appropriate services
* support resources such as “Questions to ask your support coordinator” including questions to address potential conflicts of interest
* information on how a conflict of interest from support coordination providers can limit the supports received by the participant.

**Recommendation 14: That the NDIA promote informed participant decision making, choice and control via the provision of clear information and education resources for participants about conflict of interest within support coordination providers.**

**8.0 FEEDBACK ON APPENDIX C**

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

#  8.1 GOAL 1: INCREASE OPPORTUNITIES FOR PARTICIPANTS

ESSA commends the NDIA for the proposed actions to increase opportunities for participants to make decisions about their care, specifically those that recognise NDIA staff require guidance and upskilling to support participant decision making, including:

*“Develop a new support for decision making Operational Guideline. This will bring consistency and structure to our approach. This will also bring clarity to participants and families.”*

*“Build the capability of our staff and partners by developing internal guidance. This will help them to recognise and support decision making opportunities.”*

*“Develop learning resources for our staff and partners on how to apply the policy framework.”*

However, ESSA cautions that these actions alone will not result in increasing participants’ ability to make decisions.

Historically, ESSA has found that NDIA resources have used vague language, leaving the intent of the documents open to interpretation. This does not promote clarity or consistency, as is the intention of the document. ESSA is concerned that a new Operational Guideline will likely follow this pattern.

**Recommendation 15: That the NDIA consult stakeholders to inform the development of the new support for decision making Operational Guideline, to ensure it is appropriately clear and prescriptive, so that planners, participants and families all share the understanding of how decision making will be supported.**

Operational Guidelines are not enforceable, and to ensure practices will change to support participant decision making, increased NDIA accountability is required for the actions outlined in Appendix C. Therefore, ESSA advocates for the development of a legislative instrument such as a Code, Standard or Rule to align the NDIA’s operations with the required accountability under the *National Disability Insurance Scheme Act 2013*. This instrument would support NDIA employees and provide clear requirements for accountability in enabling NDIS participant decision making.

**Recommendation 16: That the NDIA work with the Federal NDIS Minister to develop a legislative instrument to support NDIA staff accountability in enabling participant decision making, and to be administered by the NDIS Quality and Safety Commission.**

# 9.0 CONTACT

Thank you for the opportunity to provide feedback into the inquiry into independent assessments. Please contact Carla Vasoli in ESSA’s Policy and Advocacy Unit at Carla.Vasoli@essa.org.au for further information or with any questions regarding the content of this submission.

# REFERENCES

1. Byrne H, Caulfield B, De Vito G, (2018) Self-directed exercise programmes in sedentary middle-aged individuals in good overall health; a systematic review. Preventive Medicine. 114: 156-163. https://doi.org/10.1016/j.ypmed.2018.07.007

1. Spaulding-Givens, J. C., & Lacasse, J. R. (2015). Self-directed care: Participants’ service utilization and outcomes. Psychiatric Rehabilitation Journal, 38(1), 74–80. https://doi.org/10.1037/prj0000103

1. Fu V, Weatherall M, McPherson K, et al. Taking Charge after Stroke: A randomized controlled trial of a person-centered, self-directed rehabilitation intervention. International Journal of Stroke. 2020;15(9):954-964. doi:10.1177/1747493020915144

**Support for Decision Making consultation submission**

**Name:** Exercise & Sport Science Australia (National)

**Date and time submitted:** 9/9/2021 4:35:00 AM

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

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

As outlined in our attached submission

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

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

As outlined in our attached submission

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

Please see our attached submission

# 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: Yes

As outlined in our attached submission

# 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: Yes
* Other: Yes

As outlined in our attached submission

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

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

As outlined in our attached submission

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

Not applicable

## **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: No
* Information and Resources: No
* Guidance Tools: No
* Not Sure: No
* Other: Yes

As outlined in our attached submission

# 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:** No

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

**From the LGBTIQA community:** No

# How can we help reduce conflict of interest?

Please see our attached submission

# How can we help reduce undue influence?

Please see our attached submission

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

Please see our attached submission

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

Please see our attached submission

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

Please see our attached submission