**Support for Decision Making consultation submission**

**Name:** Individual 61 (QLD)

**Date and time submitted:** 7/3/2021 5:31:00 AM

**How do you identify:**

* A NDIS participant: No
* A family member, friend or carer of a NDIS participant: No
* A NDIS nominee: No
* 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
1. **How can we help people with disability make decisions for themselves?**
* Resources: No
* Information: No
* Decision Guides: No
* Having a person help: Yes
* Other: No
1. **Who are the best people to help you (or a person with a disability) to make decisions?**
* Family: Yes
* Friends: Yes
* Peer Support Networks: No
* Mentors: No
* Coordinators: Yes
* LAC: No
* NDIA Partners: No
* Advocates: Yes
* Service Providers: No
* Other: No
1. **What should they do to help with decision-making?**

Ask the person. That's the thing that is always missed, everyone is asked and then say what the decisions is and often the person with a disability is sitting there and noone directly asks them. I have found this with simple things like tea or coffee. Support staff say "oh B doesn't like coffee" and then i say "B, would you like a tea or a coffee" (using my hands to show tea or coffee) and every single time, B indicates coffee. If people aren't asking a simple question like that for a simple decision, it's likely they are not asking the person with disability for decisions that really matter.

1. **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

By asking the person with a disability and giving them simple ways to indicate their choices

1. **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: No
* They are a registered provider: No
* They enable the participant to take risks: Yes
* Other: No
1. **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: No
* Support Networks: No
* Other: Yes

People forget to ask the person with a disability. They often just make assumptions without giving the person simple examples/scenarios to base their own decisions on

1. **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?**

As guardian, i had to make a big decision re: end of life planning so I consulted doctors, the nurse navigator and the person with a disability and their sister. It was then easy to make the end of life decision with everyone on board and everyone indicating the same decision as the best decision

**What could have been better?**

No answer recorded

1. **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

I ask the person i am guardian for what he liked about the last plan (eg. activities, therapy etc) and would he like more or less of the same. Just things like "K, you go out with STAR three times a week, do you want to go out more next year?"

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

**An intellectual disability:** Yes, The person's opinion. It's as simple as that. I think sometimes we all think as decision makers for the person with a disability, we should make all their decisions. I consult the person i am guardian for for probably 99% of decisions. Alot of decisions don't matter in the scheme of things (like what to wear to lunch at Maccas) but i like to be in the habit of asking the person to make the decision

**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

1. **How can we help reduce conflict of interest?**

I think the NDIS implementation has helped so much. It helps to be able to have a number of service providers involved in the person's life. I am guardian of two people with a disability and the agency that provides their accom support used to provide all services (or not provide in most cases). Now that they are only there to provide accom, it is so much easier, so many more people and services in their lives (added safeguards), money administered by another agency (stopping the stealing from the person) and a better quality of life as a CAS provider takes the person out or doesn't get paid. In the former [redacted], therapy staff were paid whether or not they provided therapy services to the person with a disability. I remember an occasion where the speechie skipped six weeks of sessions with the person i am guardian of as she was making up a communication book - cutting out pictures and laminating around 100 pages. So not only did she get paid, the person with a disability threw the book in the bin as the pictures were all thumbnail size (100 pages of that!) and noone took into account that the person with a disability could not see pictures that small.

1. **How can we help reduce undue influence?**

By continuing with the NDIS and ensuring that people get funding to have a number of providers in their life, not just their accom support provider. With the NDIS funding, the people I am guardian of each have 2 therapists in house once a week, have four outings with a CAS provider and one outing with a different CAS provider. This funding means plenty of eyes on the person to safeguard them and the regular outings in the community are also a safeguard. Time away from the accom support provider then helps reduce undue influence. And now that [redacted] is only the accom support provider, they can only influence one aspect of the person's life. It used to be them as sole provider.

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

No concerns. It's how it should be. As long as they have guidance on big decisions. 99% of decisions don't really matter

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

Asking the person. It is the key.

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

No