**Support for Decision Making consultation submission**

**Name:** Individual 34 (ACT)

**Date and time submitted:** 8/13/2021 3:37:00 AM

**How do you identify:**

* A NDIS participant: Yes
* A family member, friend or carer of a NDIS participant: Yes
* A NDIS nominee: No
* A legally appointed guardian: Yes
* A disability support worker: No
* A health or allied health worker: No
* A community member: Yes
* Aboriginal or Torres Strait Islander: No
* Culturally and linguistically diverse: No
* From a rural or remote area: Yes
* 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: Yes
* Having a person help: No
* 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: Yes
* Coordinators: No
* LAC: No
* NDIA Partners: No
* Advocates: No
* Service Providers: No
* Other: No
1. **What should they do to help with decision-making?**

Use intimate knowledge of the person's life and values to construct an outline of what is required. Service providers have a pecuniary interest, and should NOT be involved.

1. **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
1. **How can we make sure the right people are helping?**
* They are chosen by the NDIS Participant as a decision supporter: No
* 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
1. **What should decision supporters know about so they can better help people with disability make decisions?**
* Guidelines for decision supporters: Yes
* Scenarios or Examples: Yes
* Information Sessions: No
* Support Networks: No
* Other: No
1. **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

1. **What is the best way to support people with disability to make decisions about their NDIS plan?**
* Practice: Yes
* Peer Support Networks: Yes
* Information and Resources: No
* Guidance Tools: Yes
* Not Sure: No
* Other: No
1. **Are there different things to consider for people with different disabilities or cultural backgrounds?**

**An intellectual disability:** Yes, How to achieve tangible independence, no matter how small it may be. People with Intellectual/Development Disability (IDD) should participate in their life, NOT be observers (i.e. performing domestic chores). The goal should be to scaffold their learning experience. The goal should be to slowly remove the scaffolding. People with IDD should also be afforded the dignity of risk.

**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?**

Support for people with IDD should, ideally, lessen or become more complex if the support is delivered competently. Service providers tend to maintain the level of support they provide. Deliverable goals should be incorporated in NDIS plans, detailing what skills have been acquired by the person with IDD. Service providers should be judged (rated) in how they lessen their support or improved the independence skills of the people they support i.e. how they improve Quality of Life.

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

Undue influence should not be confused with the dignity of risk. The latter can also make people with IDD anxious and uncertain. To prevent undue influence, group homes should have CCTV and third party surveys, audits and inspections should occur. Training and vetting of support staff should also be significantly increased.

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

Apart from undue influence and dominance of support providers, I'm OK with people with IDD to make decisions.

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

The adage 'its difficult to dream if you're not allowed to dream' rings true in this context. Support providers predominate the lives of people with IDD, controlling every aspect of their life. Monosupport should not be allowed.

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

Those that find innovative or novel ways to improve the independence, competence and Quality of Life (QoL) of people with IDD should be recognised, rewarded and seen as achieving gold standard support. This can be manifested by lower than average support costs (when compared to the IDD cohort), greater independence of the individual with IDD and overall improved QoL. Currently, the normative view by service providers is to maintain the status quo of support.