



Office of the
Public Advocate

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Supported Decision-Making in Victoria



The information in this guide relates to adults and to Victoria.



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Public Advocate's message

Supported decision-making is one of the most important human rights concepts for people with cognitive disability. It points to the rights of all people to play active roles in decisions that affect them.

Supported decision-making is different to other decision-making practices such as traditional guardianship, where a person with a disability is represented by another in their decision-making. As its name suggests, supported decision-making provides support for the person to make their own decisions.

Supported decision-making has been promoted in a range of places, most importantly in the United Nations Convention on the Rights of Persons with Disabilities. In Australia, there have been a number of high-level reports calling for increased legal recognition for supported decision-making, including from the Australian Law Reform Commission and the Victorian Law Reform Commission.

Laws are beginning to be enacted recognising supported decision-making. This has happened both nationally and here in Victoria in many areas including powers of attorney, mental health, medical treatment, and the National Disability Insurance Scheme. The general principles of new Victorian guardianship and administration laws that commenced in 2020 also recognise the importance of supported decision-making.



This guide - the first of its kind - takes readers through the various ways in which supported decision-making can occur in Victoria, taking account of all the legal possibilities, while also providing best-practice advice.

The guide shows how the promise of supported decision-making can be realised for people with cognitive disability.

I commend it to all those working with people with a disability including interested family and carers as well as, of course, people with a cognitive disability themselves.

Supported decision-making evolves our understanding and appreciation of everyone's human right to exercise their maximum autonomy.

Colleen Pearce
Public Advocate

Who is this guide for?

This guide is for people with a decision-making disability, and their family members, carers and friends who have been appointed, or have been asked to be, a legally appointed decision-supporter in Victoria.

In recent years, a number of laws have been created in Victoria that enable people with cognitive disabilities to appoint or nominate someone to assist them to make decisions. The Office of the Public Advocate (OPA) has produced this guide to provide people accepting these appointments with practical information about supported decision-making.

Where is this guide available?

publicadvocate.vic.gov.au



Introduction

What is supported decision-making?

Supported decision-making is the provision of support which enables people with cognitive disabilities to exercise their legal decision-making rights (also called legal capacity).

What do we mean by cognitive disabilities?

Cognitive disabilities refers to a range of medical conditions affecting a person's thinking and decision-making. It can include people with intellectual disability, acquired brain injury, neurodegenerative diseases like dementia and mental illness.

What do we mean by legal decision-making rights?

People exercise their legal decision-making rights such as when they consent to a medical procedure, sign a service contract or open a bank account. Some people with cognitive disabilities are unable to make these type of legal decisions without the support of family, carers and friends.

What does supported decision-making aim to do?

Supported decision-making is a framework within which a person with disability can be assisted to make valid decisions.

It is based on the premise that everyone has the right to make their own decisions and to receive whatever support they require to do so.

Supported decision-making aims to be an alternative to substituted decision-making.

Substituted decision-making, where other people make decisions on behalf of a person with disability, takes away people's rights to make their own decisions and control their own lives.

While mechanisms for substituted decision-making still exist in Victoria, new laws enable people with cognitive disability to appoint people they trust to support them with a variety of legal decisions. The person appointed is called a decision-supporter.

What are the new laws that allow people with cognitive disabilities to appoint decision-supporters?

Five laws operate in Victoria which allow for supported decision-making:

Commonwealth -

- *National Disability Insurance Scheme Act 2013*

The Victorian -

- *Powers of Attorney Act 2014*
- *Guardianship and Administration Act 2019*
- *Medical Treatment Planning and Decisions Act 2016*
- *Mental Health Act 2014.*

The legally recognised roles for decision-supporters

Supportive attorney (Powers of Attorney Act)

A supportive attorney is appointed by a person to support them to make and act on their decisions.

The person gives their supportive attorney power to:

- access or provide information about them to organisations such as hospitals, banks and utility providers
- communicate with organisations
- communicate their decisions
- give effect to their decisions.

The person decides what type of decisions they want support to make and act on, which can include personal matters, such as access to support services, and financial matters, such as paying expenses.

A supportive attorney cannot act on decisions about significant financial transactions such as selling a house.

Supportive guardian and supportive administrator (Guardianship and Administration Act)

Supportive guardian and supportive administrator appointments are very similar to supportive attorney appointments. The main difference is that the Victorian Civil and Administrative Tribunal (VCAT) makes the appointment.

The role of a supportive guardian or supportive administrator is to support a person with disability to make their own decisions.

They support the person to make, communicate and/or give effect to decisions about:

- the personal matters set out in the order (supportive guardian)
- the financial matters set out in the order (supportive administrator).

Any person can apply to VCAT for a supportive guardianship or supportive administration order for an adult with disability. However, the application needs to propose someone for the role and they need to agree to take it on.

For a supportive guardian or supportive administrator to be appointed, the proposed supported person needs to agree.

As well as other personal matters set out in the order, a supportive guardian can support the person to make medical treatment decisions if the supportive guardianship order states this.

Support person (medical)

(Medical Treatment Planning and Decisions Act)

A person (including a child who has decision-making capacity) can appoint another person as their medical support person (known as their 'support person'). The role of a support person is to help the person make, communicate and act on their medical treatment decisions.

When the person does not have decision-making capacity to make medical treatment decisions their support person represents their interests in relation to their medical treatment, for example explaining previous treatment preferences to medical staff. A support person does not have the authority to make a person's medical treatment decisions unless they are also appointed to be a medical treatment decision maker.

Plan nominee

(National Disability Insurance Scheme Act)

A plan nominee is someone appointed in writing at the request of a National Disability Insurance Scheme (NDIS) participant or on the initiative of the National Disability Insurance Agency (NDIA), to act on behalf of someone participating in the NDIS.

A plan nominee has a duty to:

- ascertain the wishes of the participant
- act in a manner that promotes the personal and social wellbeing of the participant
- only act if the participant is not capable of doing the act
- develop the capacity of the participant
- avoid or manage conflicts of interest.

Nominated person

(Mental Health Act)

A nominated person is chosen by a mental health a person receiving mental health services to represent their interests and support them in the event that they become a patient under the Mental Health Act.

The role of a nominated person is to:

- provide the patient with support and help to represent their interests
- receive information about the patient in accordance with the Act
- be one of the people who must be consulted in accordance with the Act about the patient's treatment
- assist the patient to exercise any right they have under the Act
- undertake the role until the nomination is withdrawn by the consumer.

A person who is nominated by a consumer may refuse if they do not want to undertake the role.

Case studies

The following four case studies illustrate the role of decision-supporters.

The case studies explore the key supported decision-making strategies used by the decision-supporters.

Case studies

Case study one

Supportive attorney (Powers of Attorney Act)

Antonio, 35, has a severe traumatic brain injury and signs a mobile phone contract he is unable to pay. Over the course of three months, he accrues over \$1000 in debt, exceeding the data usage of his plan. Antonio ignores the initial payment notices and, after his phone is disconnected, tells his father, Don. Antonio tells Don he is angry that his new phone is not working anymore.

Don was not aware that Antonio had a mobile phone or had signed a mobile phone contract. Antonio was unable to locate the contract and was unclear about how much he owed the phone company.

Antonio could not remember signing the contract or exactly how much he owed the phone company. Antonio asked Don to call the company to try and sort things out. Don found one of the bills from the company lying around Antonio's home and contacted the phone company to try and clarify the situation.

When Don called the phone company, the representative was unwilling to speak with him because he was not the contract holder. Frustrated about the situation, Don did some research online and found out the supportive attorney provisions of the Powers of Attorney Act would allow him to assist Antonio in his interactions with the phone company.


Together, they read the supportive attorney guide, *Side by Side*, which explains that, if Antonio appoints his

father as a supportive attorney, it will give him the power to:

- access, obtain or provide information about Antonio relevant to his decision-making
- communicate with organisations on Antonio's behalf
- communicate Antonio's decisions to others
- give effect to Antonio's decisions.

After talking about the role of a supportive attorney, Antonio decides he wants Don to be able to help him access information and communicate with companies. He agrees Don should become his supportive attorney. They go ahead with the appointment by completing the form and signing it in front of two witnesses. Antonio keeps the original document and Don gets a certified copy which he takes to a meeting with the phone company.

During the meeting, Don supports Antonio to obtain a copy of the mobile phone contract and understand how much money he owes. The phone



company offers Antonio a payment plan to assist him to pay off his debt over a longer period of time. Don is unsure whether Antonio should agree to this option. Don suggests Antonio find out more about his rights before agreeing to another plan.

Don suggests Antonio see a financial counsellor to become better informed about his financial situation and options. Antonio agrees and after the counsellor has all the relevant information, they advise the contract Antonio signed may not be enforceable. Antonio asks the financial counsellor to negotiate with the phone company on his behalf and, because Antonio did not understand the contract when he signed it, the contract and debt are cancelled.

Don's role as Antonio's supportive attorney was helping Antonio understand the situation he was in, communicate with the phone company, obtain important information, support Antonio to understand his options and ensure he was connected with the right people to assist him with his financial situation.

For more information on the supportive attorney provisions, see *Side by Side: A guide to appointing supportive attorneys* on OPA's website at publicadvocate.vic.gov.au

To order a free hard copy of *Side by Side* contact OPA at opa_advice@justice.vic.gov.au or by phone on 1300 309 337.

Supportive guardians and supportive administrators

The way that a supportive attorney can support someone is very similar to the way a supportive guardian or supportive administrator can.

This means that if Don was appointed by VCAT to be a supportive administrator for Antonio he could also support Antonio in the same way as in the case study.

Key supported decision-making strategies:

- assisting Antonio to access and understand important information about his situation
- ensuring Antonio has considered all his options before agreeing to a payment plan
- supporting Antonio to understand his options by consulting a financial counsellor who knows more about dealing with unmanageable debt
- helping Antonio to communicate his decision to the phone company through the financial counsellor.

Case study two

Support person

(Medical Treatment Planning and Decisions Act)

Elizabeth, 79, is a widow with dementia. She has a fall at home where she lives with her cat, Eric. She uses an alarm to alert emergency services and is taken to hospital with a broken hip. Elizabeth has one daughter, Catherine, who lives interstate. Catherine receives a call from the hospital telling her Elizabeth needs surgery. The doctor seeks consent from Catherine to operate because Elizabeth cannot provide it herself. Catherine tells the doctor Elizabeth has appointed her as medical treatment decision maker and support person. Catherine provides verbal consent for the surgery to go ahead and catches the first available flight to be with Elizabeth. Catherine knew her mother would be confused and resistant to remaining in hospital when she woke up after surgery.

At home, Elizabeth uses a diary and calendar system to help manage her memory loss. She writes down everything she wants to remember in the diary and keeps track of the day using the calendar. Catherine brings the diary and calendar to the hospital to help reduce Elizabeth's confusion when she comes out of surgery. Over the next few days, Catherine spends time simplifying information, providing reassurance and helping with practical tasks like opening Elizabeth's cutlery packets at meal times.

One week after surgery, the treating team discuss for Elizabeth to go to rehabilitation. Initially, she says she just wants to go home. Catherine asks Elizabeth why and she says she hates being in hospital and wants to see her cat, Eric. From their conversation, Catherine believes Elizabeth does not understand the importance of rehabilitation and, that if she does not do more exercise, she will be unable to

walk like she did before the fall. To help Elizabeth become more aware of the situation, Catherine starts writing down in Elizabeth's diary the physiotherapist's information about the benefits of exercise after each session. Catherine also brings in photographs of Eric, her radio with head phones and favourite blanket from home.

When the doctor comes to discuss transferring to the rehabilitation unit, Catherine asks a number of questions about the rehabilitation unit. The doctor explains it is not like the hospital: the facility has a nice outdoor area and coffee shop next door. Catherine asks if it is possible to take Eric in to visit Elizabeth. The doctor explains the unit has a resident cat that is very friendly. While a visit from Eric is not possible, towards the end of the rehabilitation period Elizabeth could go home on day leave and visit him. This additional information changes Elizabeth's perspective. She wants to be able to

walk around at home and rehabilitation doesn't sound as awful as hospital. Elizabeth agrees to transfer to the rehabilitation unit. Catherine documents the conversation in Elizabeth's diary because she knows her mother will have difficulty remembering the conversation when hospital staff transfer her to the rehabilitation unit tomorrow.

Catherine's role as Elizabeth's support person meant she was able to be present for important conversations with her doctor. Catherine's knowledge of her mother's personality, priorities and cognitive changes from her dementia meant she was able to provide Elizabeth with helpful support. Sometimes, the support occurred during the meetings but it also occurred before and after. By clarifying her preferences, providing her with additional information, and using strategies to help minimise the impact of her memory loss, Elizabeth supported her mother to be able to make a decision about whether to go to rehabilitation.

Key supported decision-making strategies:

- having a close relationship with Elizabeth giving Catherine knowledge of her personality, priorities and the impact of dementia on her daily life and decision-making
- using tools such as the diary and wall calendar helping reduce Elizabeth's confusion and improve her ability to retain important information
- participating in meetings with Elizabeth's treating team, including her doctor and physiotherapist, giving Catherine important information she then made more accessible to her
- asking questions and clarifying information in the meetings giving Elizabeth access to new information that changed her perspective.

For more information about the Medical Treatment Planning and Decisions Act see OPA's website at **publicadvocate.vic.gov.au**

Case study three

Plan nominee

(National Disability Insurance Scheme Act)

Jenny, 43, has a severe intellectual disability and needs advocacy and support engaging with the NDIS.

Jenny lives in a group home with three other women and, having grown up in foster care, has no contact with her family. Jenny is an unintentional communicator. This means she relies on other people to interpret her will and preference by observing and listening to her non-verbal communication such as eye gaze, vocalisations, gestures and physiological responses. Although the support staff who work with Jenny appear to know her well, they often disagree about what is best for her, and interpret her communication differently and inconsistently.

Jenny has a close friendship with a former staff member, Ruby. Six years ago Jenny and Ruby connected over shared interests, and, when Ruby stopped working in the group home, they stayed in regular contact. Ruby believes she is very familiar with Jenny's communication and is concerned the staff who work with her friend are unable to correctly and consistently interpret her will and preferences.


Ruby hears from Jenny's group home manager that a support planner from the NDIS has been in contact to discuss the development of her support plan. Ruby gets the planner's contact details because she wants to raise her concern that the day program and group home seem to have very different ideas about Jenny's will and preferences.

The NDIS support planner listens to Ruby's concerns and lists her as one of

Jenny's key contacts in the support plan. Ruby could consider becoming Jenny's plan nominee (an appointment made by the CEO of the NDIA). In the role, Ruby would be able to ensure Jenny's will and preferences are reflected in the goals and decisions made in relation to her support plan. The role would also involve entering into contracts with services on Jenny's behalf. Ruby was open to exploring the role.

The NDIS support planner closely observes Jenny's communicative behaviour when with Ruby and sees both women are very comfortable with each other and, from this, infers they have a genuine and trusting relationship. Jenny's group home manager agrees with this observation and supports the idea of Ruby becoming Jenny's plan nominee. The NDIS support planner assesses Ruby as meeting the necessary criteria and submits the relevant internal paperwork for Ruby to be appointed Jenny's plan nominee.

In preparing for the review of Jenny's NDIS support plan, Ruby brings together key support staff from Jenny's day program and group home to create a circle of support. Initially, they discuss Jenny's involvement in both environments and discover staff interpret her communication differently. This prompts the circle to start documenting Jenny's non-verbal signals and discuss the differences in their interpretation. Over time, they



begin to build greater confidence and reliability in how they interpret and respond to Jenny's communication. Based on the consensus of Jenny's will and preferences, gained through regular circle of support meetings, they develop a new list of goals for her new plan. The new goals are discussed at the support plan review meeting. The NDIS support planner changes three of the four primary goals in Jenny's support plan are then funded and implemented.

Ruby's role as a plan nominee was ensuring Jenny's will and preferences were at the heart of all decisions made for her in regard to her NDIS support plan. To be able to do this well, she needed to bring together all of the people who knew Jenny, and collaboratively explore interpretations of her communication across a variety of settings in her life.

Key supported decision-making strategies:

- acknowledging that all behaviour is communicative consisting of gestures, vocalisations, eye gaze and physiological responses
- having a close relationship allowing Ruby to understand and interpret Jenny's communication as expressions of her will and preferences
- recognising the importance of consistency in interpreting Jenny's communication
- ensuring Jenny's will and preferences were directing the development of her goals and decision-making which were reflected in the new NDIS support plan.

For more information on the plan nominee rules, see the operational guideline on the NDIS website at [ndis.gov.au](https://www.ndis.gov.au)

Case study four

Nominated person (Mental Health Act)

Ben, 20, is admitted to an acute mental health unit as an involuntary patient after self-harming. Ben lives with his mother and sister, Sally, who is his nominated person under the Mental Health Act. Ben nominated Sally because they have a close relationship and, after speaking with her, he was confident she would accurately express his wishes to his treating team when consulted.


Ben was diagnosed with schizophrenia when he was 16 years old and his mental health has fluctuated ever since. Six months ago, when Ben was in recovery, he talked about his views in relation to treatment and recovery with Sally. Together they wrote an 'advance statement' which outlines his preferences when receiving compulsory medical treatment. Ben does not want specific medications such as Clozapine, because of side effects such as weight gain and sleep loss. Also Ben does not want ECT because he has experienced memory loss after receiving treatment in the past.

Sally is close to her brother and knows a lot about his life goals and priorities. She wants Ben's mental health team to have this important information when they make treatment decisions for him. She also wants to ensure his right to have his views and preferences heard and enacted when he is in hospital. Over time, Sally becomes frustrated when the information she provides about Ben's preferences is lost when hospital staff change shifts. Sally discusses with Ben that he has a right to complain to the Mental Health Complaints Commissioner. She contacts Ben's treating team daily for updates and formally requests an invitation to

all meetings discussing changes to his treatment.

Initially, Ben is very unwell and only has limited involvement in discussions with his treatment team. During this time, Sally uses Ben's advance statement to make sure his preferences are communicated to his psychiatrist. When the team suggests changing Ben's medication to Clozapine, she tells them about his previous trials of the medication, which left him unable to sleep and made his paranoia worse. They discuss increasing Ben's dosage to help manage his auditory hallucinations.

Ben is initially angry about an increase in his medication. Sally supports Ben to have conversations with the treating team over the next three days to discuss the change in medication. Sally makes Ben aware that he could access an independent advocate through Independent Mental Health Advocacy (IMHA) to help with these conversations. The treating team meet with Ben and Sally several times to discuss his medication options, pros and cons, and other alternatives that may address his concerns. The treating team also explain his right to a second opinion within the hospital or through the Second Psychiatric Opinion Service.




A new medication dosage is negotiated taking Ben's views and preferences into consideration, and, once he is feeling better, he takes a more active role in his discharge planning meeting. Sally sits beside Ben in the meeting but does not say very much. She reminds Ben of a few practical things he had forgotten, as agreed between Ben and Sally prior to the meeting.

Sally's role as Ben's nominated person was quite different at different times during his hospitalisation and shifted according to changes in Ben's health. Ben valued Sally's input because he trusted her and knew she would respect his wishes as discussed prior to admission and in the advance statement.

For more information:

- about advocates who can assist someone who is on a compulsory treatment order, visit the Independent Mental Health Advocacy Service website at **imha.vic.gov.au**
- on raising concerns about a mental health service, visit the Mental Health Complaints Commissioner website at **mhcc.vic.gov.au**
- about seeking a second psychiatric opinion, visit the Second Opinion Psychiatric Service website at **secondopinion.org.au**

Key supported decision-making strategies:

- having a close relationship with Ben allowing Sally to know his will and preferences, including his treatment and recovery goals
 - supporting Ben to document his treatment preferences in an advance statement giving Sally greater confidence to communicate Ben's will and preferences when he was unable to do so himself
 - formally requesting and participating in meetings as well as communicating Ben's will and preferences to the treating team allowing Sally's knowledge about Ben's life goals and priorities to inform decisions about his treatment
 - giving Ben time to understand how a change in medication may or may not affect his health, opportunities to understand and consider other options, support to have his views and preferences presented and assistance to ask questions of the treating team, resulting in him being able to decide to try medication
 - taking a back seat once Ben was able to navigate decision-making about discharge planning and future medical treatment.
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Frequently asked questions

How do I know if the person I support would benefit from one of these legal mechanisms?

To determine whether the person you support may benefit from one of these legal mechanisms, you need to identify the type of barriers you and the person who you think needs support are experiencing in relation to legal decision-making.

If the barriers relate to gaining access to information, communicating with agencies, attending appointments with health professionals, advocating when they are unwell, and giving effect to the person's decisions, then one of these legal mechanisms may benefit the person significantly.

What are the benefits of being a legally recognised supporter?

Legal recognition as a supporter gives you authority to advocate alongside the person in creating decision opportunities, exploring their will and preferences, and implementing their decisions.

Formal recognition can provide a clear, authoritative role in specific situations. Legal recognition can also resolve the problems created by concerns about privacy of information when the person interacts with hospitals, banks, disability organisations, utility providers and government agencies.

What does a legally appointed decision-supporter do?

A legally appointed decision-supporter provides support to the person who appointed them with decision-making. The support will differ depending on the needs and circumstances of the people involved.

In general, decision-support involves:

- creating and identifying opportunities for the person to make decisions
- helping the person access information and identify their options
- supporting the person to form and express their will and preferences
- interpreting and helping the person clarify their will and preferences
- interpreting the person to implement or act on their decision.


Are there supported decision-making principles to follow?

The Australian Law Reform Commission developed a set of national decision-making principles to guide the development of new laws, policies and practice in 2014.

In Australia, these principles are the foundation of supported decision-making practice.

They are:

1. All adults have an equal right to make decisions that affect their lives and to have those decisions respected.

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2. People who may require support in decision-making must be provided with the support necessary for them to make, communicate and participate in decisions that affect their lives.
 3. The will, preferences and rights of people who may require decision-making support must direct decisions that affect their lives.
 4. Decisions, arrangements and interventions for people who may require decision-making support must respect their human rights.

What are will and preferences?

The term 'will and preferences' is not defined in legislation. It could be thought of as what is important to the represented person.

A person's will may be thought of as what drives them and gives their life meaning. Sometimes this can only be seen through their actions.

A person's preferences reflect the things they like.

A person's particular will and preferences may arise from experience, knowledge or intuition. Our will and preferences can change over time.

It may be necessary to try to reconcile evidence of a person's will and preferences that appears to be inconsistent. For example, a person with dementia might say they want to stay at home but reject services to assist them.

Some people with a disability may not have been encouraged to reflect on and communicate their will and preferences. It is expected under the 2019 Guardianship and Administration Act that effort will be made to support people to develop and convey their will and preferences.

Can I assume to know the person's will and preferences because I know the person well?

It is important you do not make assumptions regarding the person's will and preferences. Even though you may know the person very well, they are always growing and changing. People need to be given the opportunity to try new things and change their minds. If you assume to know the person's will and preferences, you can unknowingly close off opportunities and options for the person. It is critical the person's will and preferences direct the decision-making process and your assumptions do not limit the process.


What do I do if I disagree with the person's will and preferences?

There may be times when you disagree with the person's goals or priorities which can make providing support very difficult. You may believe the person's will and preferences are not in their best interest and could result in a situation that is dangerous or detrimental to themselves or others.

It is important to note that the expression 'best interests' no longer has a place in any of the law relating to substituted or supported decision making and is considered paternalistic, but nonetheless still in common use.

If you believe the person's will and preferences could result in a situation that is dangerous or detrimental to themselves or others, you need to be able to reflect on your values and beliefs and become aware of how they impact on your perception of the person's will and preferences.

Greater self-awareness can lead to greater understanding about why you



disagree with the person's will and preferences and whether this is the result of bias. Supporters need to aim to have a neutral, non-judgmental stance. This is only possible if you are able to step back and reflect on the values, beliefs, goals and priorities you have for the person and how they may differ from your own.

If you have difficulty reflecting on your own values and beliefs in relation to a particular decision, it may be helpful to discuss the decision with someone independent of both of you. Discussing any disagreement may assist you to identify whether you have any biases in relation to the person's will and preferences. If you become aware you are not able to resolve your own biases, it could be helpful to access an independent advocate to support the person with their decision-making process.

Is it okay to try and change the person's will and preferences if you disagree with them?

The intention behind the support you provide is important. If, as a supporter, you respond by trying to change the person's will and preferences (to align with what you think is best), you take control away from the person in the decision-making process.

Supporters may try to change the person's will and preferences by framing, shaping and withholding information, bargaining, linking an activity to something the person likes and offering them rewards to change their will and preferences.

When supporters try to intentionally change the person's will and preferences they are directing the decision-making process and acting against the principles of supported decision-making.


What if the person may be at risk?

As a supporter you may find yourself in a difficult situation where the person you are supporting wants to make a decision that involves serious risk. In this situation, you need to have regard to a few important ideas. Firstly, taking risks is part of a healthy life. The person has a right to take risks and make decisions that other people may not like. Secondly, we all make mistakes and having the opportunity to try things and learn from our mistakes is an important part of developing skill in decision-making. Thirdly, when supporting someone to make a decision involving risk you need to support them to explore the risk. It is important to ensure the person is as informed as they can be about the potential consequences of the decision and the risks to themselves and others. You can explore the nature and consequences of the risk, its likelihood, and what can be done to mitigate any harm that might arise from the risk. It is also important to consider whether the potential benefits of the decision outweigh the possibility of harm to the person and others.

Is it okay for the person to change their decision?

Yes. Sometimes when we make a decision, it allows us to realise that we want something else. It is okay to change our minds when we make decisions.

When you support the person to make a decision it is important to recognise that they might change their mind, in which case you start another decision-making process.



Why is the quality of your relationship with the person so important?

The quality of the relationship you have affects how you see the person and changes how you go about providing them with support.

Research into the experiences of people with acquired brain injury has shown supportive relationships involve mutual respect and trust, honest and effective communication, and long-term commitment to the relationship.

To be able to provide support well, supporters need to have a deep understanding of the person. An understanding of the vision they have for their life, their values and beliefs, goals and priorities, as well as likes and dislikes.

The supporter also needs to see the person as an equal human being who they respect.

When supporting people with severe or profound intellectual disability, research has shown the closer that supporters said they were to the person they were supporting, the more likely they were to be responsive to them, acknowledging, interpreting and acting on their will and preferences.

A quality support relationship characterised by equality, respect, knowledge and trust is the foundation of good supported decision-making practice.

Why are your beliefs so important?

The beliefs you bring to the supported decision-making process shape how you see the person you support and your role as a decision-supporter.

If you see the person as capable of making decisions and communicating their will and preferences, you will be responsive and listen to their expressions of will and preference. If you don't see the person as capable of making decisions, it can limit your willingness to hear and accept their expressions of will and preference.

If you believe your role as a supporter is to help the person make the right decision, you will act with the intention of changing the person's will and preferences to align with the right decision.

If you believe your role as a supporter is to be as neutral as possible, you will act with the intention of minimising your influence over the person's will and preferences.

Self-awareness is an important skill as a decision supporter. The more aware you can become of the values and beliefs you bring to the supported decision-making process, the more aware you can become of the role they play in shaping the supported decision-making process.

Where can I obtain more information about supported decision-making?

A number of Guides have been produced to help families, carers and friends learn more about supported decision-making.

They are free and available to be downloaded at the following websites.

Victoria

SCOPE, in collaboration Carers Victoria, produced a guide on decision-making support for families and carers. Find it at scopeaust.org.au

New South Wales

Family and Community Services, Ageing, Disability and Home Care produced a handbook for supporters called *My life, my decision: A handbook for supporters*.
facs.nsw.gov.au

Western Australia

Western Australia's Individualised Services produced a series of videos and booklets on aspects of supported decision-making such as getting to know the person, supporting decision-making and understanding the person's communication. Find it at waindividualisedservices.org.au



Easy Read

For the person you are supporting

Help to make decisions



Sometimes we all need help to make decisions. Decisions are like choices.



In Victoria you can choose a person to help you to make decisions.



You can give the person **authority** to help you.



Authority means the law says the person is allowed to do things like:

- get the information you need to make a decision





- talk to people and organisations about you
- talk to people and organisations about the decision you need to make.



- go to meetings with you



- help you when you are in hospital.



We have written this booklet for people who support you to make decisions.



The booklet tells them what the law says they can do to help you make decisions.



It gives them ideas about how to help you make decisions.



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