

Core Module Manual

Full Care Lifetime

DIVISION 1 - RIGHTS AND RESPONSIBILITIES

DECISION MAKING AND CHOICE POLICY AND PROCEDURE

The intent of this policy and procedure is to describe the Full Care Lifetime method of empowering and facilitating participants to make informed choices regarding their state of risk. Which covers all Full Care Lifetime employees and visitors and applies to all future and existing Full Care Lifetime participants, members of their families, carers, and other stakeholders of the organisation.

The policies and procedures comply with appropriate laws, regulations, legislation, and standards.

Definitions

Advocate – a person who assists a participant to express their needs, or who speaks on behalf of a participant. Advocates can be a family member, friend, or an Independent Advocate. They are not substitute decision makers but are there to ensure the participant's needs and wants are listened to.

Independent advocate, in relation to a person with disability, means a person who is independent of the NDIA, the NDIS Commission and any NDIS providers providing supports or services to the person; provides independent advocacy to assist them to exercise choice and control and have their voice heard in matters that affect them.

Child's representative – a person responsible for undertaking acts and making decisions in relation to the NDIS Act 2013 on behalf of a child. A child's representative is usually a person with parental responsibility. However, in some cases it may be a legal guardian, a state or territory government agency, or a person appointed by the NDIA.

Court-appointed decision-maker – a person who, under a law of the Commonwealth, or a State or Territory, has guardianship of a participant or who is appointed by a court, tribunal, board or panel to make decisions for the participant.

Decision making capacity - a person's ability to make decisions about things that affect their daily life. This usually means that they are able to: understand the situation and the decision required; understand what the choices are; weigh up the consequences of the choices; understand how the consequences affect them; and communicate their decision.

Dignity of risk - the right of an individual to choose to take some risk in engaging in life experiences.

Nominee – a person who is appointed in writing, at the request of a participant or their guardian, or on the initiative of the NDIA, to act on behalf of, or make decisions on behalf of a participant. Under the NDIS, there are 2 types of nominee, a plan nominee and correspondence nominee. One person can be appointed as both and either type can be appointed either indefinitely or for a specified term.

Participant-appointed decision-maker – a person who is able to make a decision on the participant's behalf under a formal arrangement between that person and the participant (e.g., a power of attorney, an advance health directive or an enduring guardian under State or Territory law).

POLICY

Participants have the rights to make their own decisions.

Participants have the right to maintain their personal attributes, preferences and the right to dignity.

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Full Care Lifetime will provide opportunities for service users to make informed decisions and choices on a day-to-day basis according to their individual needs.

Participants make informed decisions and choices with regard to themselves and the services they receive or;

If participant is unable to make decisions because of disability or impairment, an authorised representative identified, or administrator can be legally appointed to make decisions on their behalf.

PROCEDURES

- Participants have the right to the dignity of risk in decision-making.
- Participants are supported to make informed choices by understanding both benefits and risks.
- Clear and accessible information about potential risks and benefits is provided before participation.
- Participants (or their advocate/guardian) must read and sign the Risk Indemnity Form before engaging in activities.
- The Risk Indemnity Form includes:
 - o Acknowledgment of potential risks, injuries, or consequences.
 - o Confirmation that participation is a personal decision made at their own risk.
- Staff must ensure participants understand the risks before signing the form.
- Staff have the authority to deny participation if there is an immediate or serious risk to safety.
- All risk-related discussions and decisions must be documented and stored in participant records.
- The completed Risk Indemnity Form will be scanned and filed, with a copy provided upon request.
- The organization supports autonomy but ensures safety, intervening only when risks pose serious harm.
- Risk-related procedures must be transparent, well-documented, and clearly communicated.

Informal substitute decision-making

Informal decision-making is where a person making a decision on behalf of another person has not been legally appointed. People who can make informal decisions include the person's family, friends, carer or nominated support.

Most decisions can be made informally, including decisions about who a person wishes to see, their work, leisure, recreation, holidays or accessing services.

Staff must ensure that all informal decision-making arrangements are clearly recorded on the participant's file and communicated to other relevant staff. Decisions can then be pursued through the agreed informal arrangements.

Formal substitute decision-making

Formal decision-making arrangements must be implemented when informal decision-making is insufficient, such as when there is conflict over decisions being made about the person; where specific legislative requirements exist (e.g., consent to medical treatment); or where the person has a guardian or appointed nominee or decision maker.

Formal arrangements should take a rights-based approach and consider the participant's individual wishes as much as possible regardless of their impaired decision-making capacity.

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Staff must record and maintain information about formal decision-making arrangements on participant files. Any amendments to a person's decision-making arrangements must be clearly recorded and communicated to relevant staff as soon as practicable.

Staff must refer any issues relating to formal decision making to the Case Manager or Operations Manager.

Staff will undergo training and continuous professional development on responding to the needs of participants, maintaining and promoting participant's independence and decision making.

Monitoring and Review

Full Care Lifetime Management Team will review this policy and procedure at least annually. This process will include a review and evaluation of current practices and service delivery types, contemporary policy and practice in this clinical area, the Incident Register and will incorporate staff, participant and another stakeholder feedback. Feedback from service users, suggestions from staff and best practice developments will be used to update this policy.

Full Care Lifetime Continuous Improvement Plan will be used to record and monitor progress of any improvements identified and where relevant feed into Full Care Lifetime service planning and delivery processes.