inclusiondesignlab

hack your practice system

tips for driving rights, capacity building and quality in disability support organisations

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This guide was developed through the **Empowerment Fund**, administered by the **Victorian Department of Treasury and Finance**, as part of Inclusion Melbourne's 2024–25 practice system upgrade project.

It brings together the lived insight of **people with intellectual and cognitive disability**, the frontline wisdom of **disability support professionals**, and the procedural knowledge of **managers and practice leaders** – supported by a core project team of **system designers** and **researchers**.

Special thanks to the many contributors across Inclusion Melbourne who helped pilot, pressure-test, and refine these approaches through real-world implementation, particularly those who shaped updates to Brevity, reconfigured our Sharepoint system, and piloted our new planning tools.

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about Inclusion Melbourne and Inclusion Designlab

Inclusion Melbourne is Victoria's longest serving community-based support organisation for people with cognitive and intellectual disability and people who are socially isolated.

As an NDIS Registered Provider, a systemic advocacy body, and a Registered Training Organisation, our core focus is to support people to build genuine relationships, discover and develop recreational and vocational skills, exercise full citizenship, and pursue meaningful opportunities for employment and further education.

Inclusion Designlab, our centre for policy, research and development, quality, and systemic advocacy, brings together people with a disability, organisations, government, and researchers to develop new models of practice.

We have developed resources and training in oral health, LGBTQA+ inclusion, political inclusion, employment pathway mapping, NDIS readiness, and sport. You can see some of our publications on this page. Visit **inclusiondesignlab.org.au** for more information.

If your organisation would like support to implement the hacks in this guide, contact us by email or phone:

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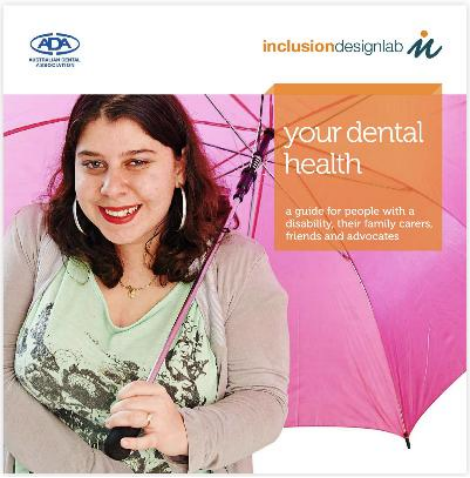
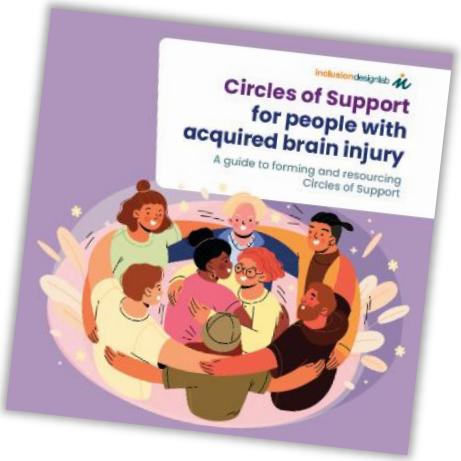




introduction

In organisations that support people with intellectual and cognitive disability, good intentions are not enough.

Rights-based, person-centred support cannot rely solely on the ethics or instincts of individual leaders or frontline workers. It needs to be built into the system – into the forms we fill out, the questions we ask, the way planning is done, the tools staff use day-to-day, and the language we use to describe people. Without this foundation, we risk falling into default patterns, managing behaviour instead of understanding it, gathering data instead of learning about the person, and planning in isolation instead of with community.

This guide is about efficiently improving the practice systems in organisations that determine how a person with disability is seen, understood, and supported. **Practice system** (or systems) is a broad term encompasses:

- Digital systems like CRMs (Customer Relationship Management systems) and Sharepoint. Inclusion Melbourne's CRM is **Brevity**.
- Quality management tools like policies, procedures, workflows, and risk management processes.
- The embedded practices and key roles that link a person's goals to the decisions made by organisations about how to action them – from Support Planning and Support Coordination to vital intake coordinators and direct support managers.
- An organisation's practice framework, which usually incorporates the practice models it uses as well as practice training and coaching.

In this context, "risk" doesn't just mean danger, physical safety hazards, or reputational and financial risk. Risk includes the erosion of autonomy, the loss of identity through poor documentation or excessive deferral to gatekeepers, and the denial of opportunity through vague planning or siloed support. It includes the subtle ways systems cause harm: by misrepresenting a person, forgetting important information, or treating someone as fragile rather than capable.

Inclusion Melbourne's practice upgrades, made possible through the Victorian Government's Empowerment Fund, demonstrate how system re-design can reduce harm, improve compliance, and embed human rights into daily operations.

The pages ahead outline **8 practice hacks**. These are clever, high-impact changes that have allowed us to more deeply embed our practice framework and values in our practice system.

Understanding the Problems

Without a clever practice system that is aligned to contemporary rights-based practice, even well-intentioned services can cause harm or find themselves ill-equipped to work with NDIS participants they support.

At Inclusion Melbourne, our concern was not just that risks were being overlooked. It was that some opportunities and risks had become functionally **invisible** to us – hiding in shift notes, intake forms, third party assessments, and conversations that were not being triangulated or flagged. Our decision to re-work our systems was grounded in our view of risk as including scenarios such as:

- An intake process that didn't confirm or establish the boundaries of legal decision-makers, gatekeepers or nominees
- A behaviour support plan accepted without scrutiny
- A Support Plan that contradicts the Support Plans of other providers
- A missed opportunity to help someone find the right job or training course

- A frontline worker being unprepared to support a person's communication needs
- A critical insight shared by a family member that does not get recorded
- A service that asks about past (or ongoing) trauma but never uses that information to sensitively guide daily support practice
- A CRM note that says "non-verbal" without a single note on communication supports
- A worker operating on unsupported assumptions about a person's capacity
- A family member being excluded when they were crucial, or a family member being given inappropriate power over how a person expresses – or does not express – their identity, particularly in matters of culture, sexual orientation, gender identity, faith, bodily autonomy, and relationships.
- A trauma trigger being overlooked until something goes wrong

These are not uncommon problems. In fact, they are widespread **systemic failures** - and they happen frequently in disability support organisations when a practice system is not robust enough to provide clarity in the midst of the complexities of rights-based person-centred service delivery.

What can good systems do?

Too often, services describe themselves as "person-centred" while relying entirely on **individual staff** to uphold that standard. It is all too common for organisations to find their practice underpinned by one or two experienced practice leaders who spend far too much time plugging leaks across frontline teams – while also being somewhat exhausted.

However, if a system cannot carry the insight, history, preferences, and needs of a person across shifts, programs, and time, then it's not person-centred.

A good system does more than record information. It also **embeds best practice** and makes it more likely that:

- Identity is respected - even when familiar workers are away.
- Rights are upheld - even in moments of perceived behavioural issues.
- Staff act with insight - even if they have not known the person long.
- Intake **asks the right questions**, not just "required" ones.
- Planning builds on what's already known, adding more colour and depth to the shared view of the person and their identity.
- Communication and risk needs are **visible in the right places.**
- Capacity building is reflected in how Support Plans are developed, then regularly reviewed.

Good systems:

- Prompt better decisions at the right moment.
- Reduce the burden on one or two people to hold an unrealistic amount of information in their head – or on their shoulders!
- Help prevent neglect, exclusion, and assumption-based practice.

This guide is designed to help organisations address these risks **not just in theory, but in workflow**.

how to use these hacks

This guide outlines **8 practical changes** Inclusion Melbourne made to align our internal tools, CRM, and decision points with what good support should look like.

Each change is called a **system hack** - not because it's a shortcut, but because it **intercepts harmful defaults** in service delivery and replaces them with more deliberate, ethical practice.

It shows how we:

- Capture identity and legal context properly in intake (Hack 1)
- Create a respectful tag-and-flag system (Hack 2)
- Review BSPs before they get implemented (Hack 3)
- Ensure quality, accuracy and alignment of Support Plans (Hack 4)
- Use tools like the WOPMAT to map work readiness, support needs, and job search focus (Hack 5)
- Bring goal focus to the frontline in real time (Hack 6)
- Include natural supports in broader support planning and capacity building (Hack 7)
- Ensure Supported Decision Making (SDM) is understood and actioned in practice (Hack 8)

Our Hacks and the Practice Standards

The NDIS Practice Standards are a critical foundation for disability support organisations. They lay out what registered providers **must** do to meet minimum requirements. However, they also point toward a deeper kind of quality that is framed by rights, dignity, and full citizenship.

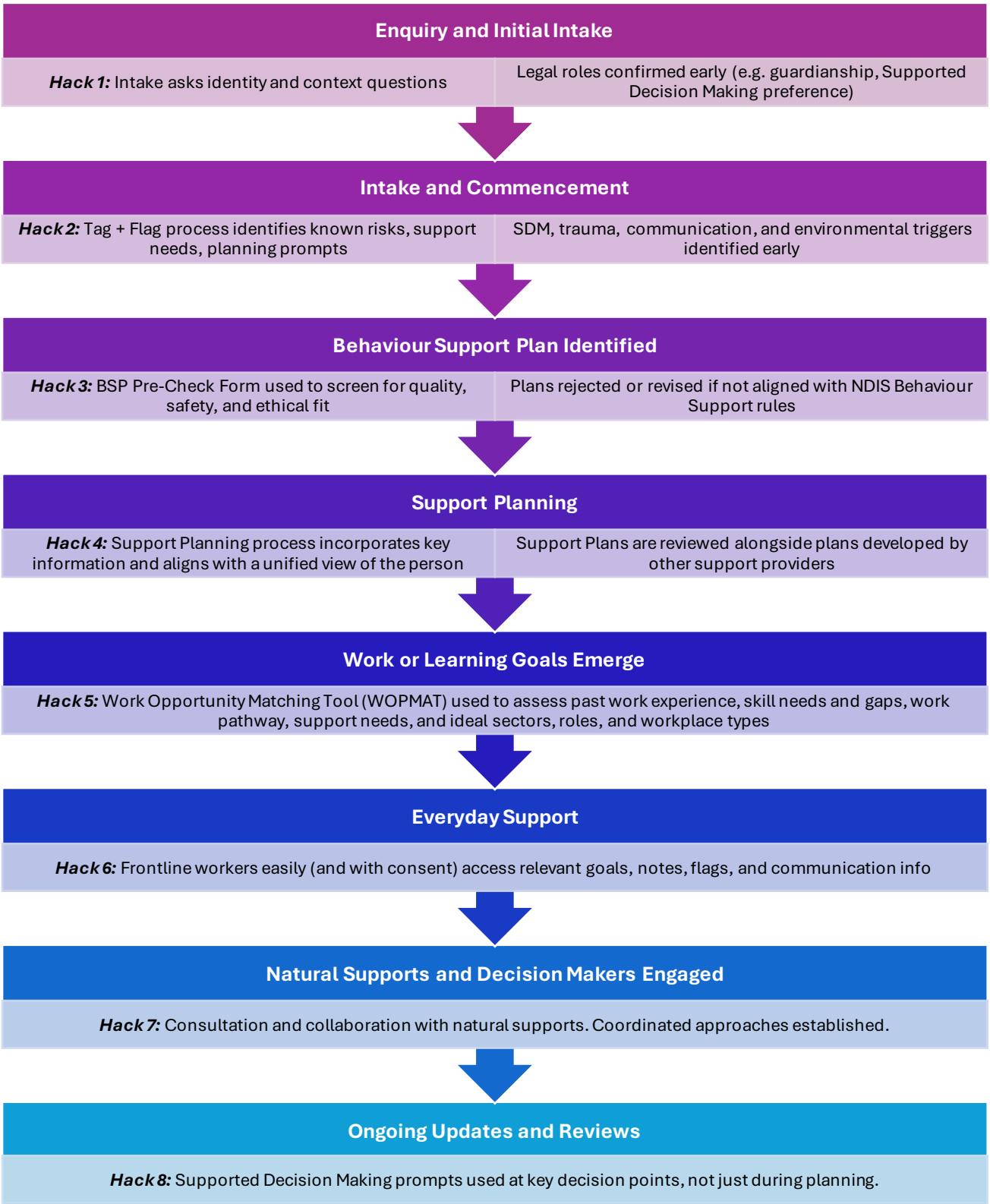
The eight system hacks in this guide directly address and strengthen the provider's capacity to meet (and go beyond) the following NDIS Practice Standards:

Practice Standard	Hacks that support this Standard
► **Person-Centred Supports**	1, 2, 3, 4, 5, 6, 7, 8
► **Individual Values and Beliefs**	1, 2, 3, 4, 7, 8
► **Privacy and dignity**	1, 2, 3, 4
► **Independence and informed choice**	1, 2, 4, 6, 8
► **Risk Management**	1, 2, 3, 4, 6
► **Access to Supports**	1, 2, 3, 4, 5
► **Support Planning**	1, 2, 3, 4, 5, 6, 7, 8
► **Safe Environment**	1, 2, 3, 4, 5
► **Implementing Behaviour Support Plans** *(Supplementary Module)*	2, 3, 4, 6, 7, 8

the 8 hacks and the participant journey

This diagram shows how the 8 hacks interact with the experience of a person with intellectual disability as they interact with a disability support organisation's practice system from enquiry and intake to planning and everyday support.

It highlights where **each hack lives**, and what is likely to be missed without it.



hack 1

finding out the right information during enquiry and intake

In most service settings, intake is treated as an administrative practice – a way to gather contact info, NDIS details, basic eligibility, and some light details about the person's interests. But when intake doesn't gather the *right* information - about identity, guardianship arrangements, communication access needs, and decision-making preferences - then risk is present sooner than most organisations may realise.

This hack transforms intake into an opportunity for embedding rights, capacity building, agency and social justice for people supported by your organisation.

It ensures that intake:

- **Confirms key supporters and guardianship arrangements** - including whether there is a legally appointed guardian, some important key support people, a plan nominee, a correspondence nominee, or someone routinely involved in supporting the person's decision-making.
- **Gathers information on support needs related to identity and support history** - including cultural background, communication access needs, trauma-informed adjustments, sensory issues and needs, languages spoken, gaps in past experiences, and known risks to safety or autonomy. It also involves creating safe, appropriate opportunities to learn about the person's gaps or needs in relation to sexuality, gender identity, and relationships.
- **Begins using Supported Decision Making (SDM) early** - asking whether the person wants support to make decisions, and a range of other SDM steps. See more about SDM in hack 8.
- **Captures essential information about existing reports, plans, or critical risks** – so that continuity, collaboration and harmony between providers is more reliable.
- **Identifying a person's aspirations beyond NDIS goals** – understanding the person's NDIS goals, personal goals, vocational goals, past experiences, and aspirations.

At Inclusion Melbourne, this meant redesigning our intake and support planning process. We redesigned the questions asked, the information captured, added guidance notes for staff, and integrated this into our Client Relationship Management (CRM) software – Brevity – to provide a seamless transition from intake to the support planning process.

This process helps acquit a number of NDIS Practice Standards:

- **Person-centred supports** – participants must be recognised as full rights-holding citizens with autonomy and identity.
- **Individual values and beliefs** – considering factors that are central to the sense of self and being for most people, yet are often not considered in sufficient depth for people with intellectual and cognitive disability.
- **Privacy and dignity**
- **Independence and informed choice**
- **Access to supports**
- **Support Planning** – plans must be based on accurate and relevant information).
- **Safe Environment** – gathering early data about risk, consent, trauma, or unsafe settings).

Implementing this hack has reduced the risk of potential issues or incidents that may occur when an intake process doesn't ask the right questions. For example, when guardianship is assumed but not confirmed, or when important information about a person's identity support needs are not asked, it may lead to instances further down the road where it becomes apparent that a person's right to decision-making has being subverted.

Some organisations may consider questions or information about the specifics of guardianship, arrangements for decision-making support, and information about sex, relationships, and sexual identity – as well as seeking to understand a person's level of background knowledge about these things – as inappropriate or even as placing the organisation at risk of being seen as too invasive. However, this risk perception would be skewed.

However, the true risk would be failing to comply with duty of care and due diligence requirements related to the boundaries placed around guardianship in state and territory **Guardianship and Administration legislation**. Not adequately checking the actual authority of a guardian, family member, administrator, or other people with power of attorney may see the person's autonomy transgressed, potentially breaching the person's rights, privacy, and even legislation such as Victoria's **Change or Suppression (Conversion) Practices Prohibition Act (2021)** – a law that outlines potential consequences for organisations that fail to take steps to prevent the suppression of a person's sexual orientation or gender identity.

Practical tips:

- Build well-designed and sensitively communicated questions around identity and support roles, including guardianship arrangements, into the core intake process -
- Provide training so staff understand why this matters (i.e., how guardianship arrangements can affect decision-making, risk, and planning)
- Use clear language when asking about guardians, powers of attorney, *supportive* power of attorney, NDIS plan or correspondence nominees, decision-making supporters, and how the person feels about any of these people in their life.

hack 2

tags and flags for human rights and empowerment

Most CRMs have some version of a "flag" system - but they often reinforce risk-based, deficit-focused, or administrative logic. For example, flagging someone as "non-verbal" without any context, or tagging "challenging behaviour" without reference to environmental triggers, trauma, or communication needs.

At Inclusion Melbourne, we built a new **Tag and Flag system** inside our CRM (Brevity), designed to:

- Make **key risks and needs visible** to the right people
- Prompt support staff to adjust their practice or identify the need for further training or planning
- Ensure **respectful framing** without reducing a person or behaviour to a 'problem' - aligned with rights-based and trauma-informed approaches
- Hold centrally located information about a person across time and services, which can be accessed by all teams supporting a person

Instead of using "alerts" that are vague or reactive, we created **carefully designed tags** in areas like:

- **Decision-making supporters** (e.g. "Person has no regular decision-making supporters" or "Person may not have had the chance to exercise autonomy or explore relationships, interest, or vocational goals")
- **Behaviour support** (e.g. "Person has a Behaviour Support Plan with Restrictive Practice/s" or "The person may have substantial behaviour issues but does not have funds available for Specialist Behaviour Support")
- **Identity and cultural needs** (e.g. "Participant wants support to access LGBTIQA+ services" or "Person has people in their life who has expressed disapproval of LGBTIQA+ identity or life")
- **Risk and safety** (e.g. "Person is at risk of homelessness" or "Critical health information missing for this person")

These tags are captured **at key moments during the intake and support planning process and can be continually adjusted as a person is supported and new information is learnt about a person.** They are not general "alerts" or red flags. They are **carefully structured insights**, built from intake, planning, and decision-making conversations.

Tags are linked to categories so that support workers can quickly understand what type of flag is being presented.

The tag and flag system directly helps acquit several NDIS Practice Standards. Additional safeguards include:

- Access is role-based: only those who need to see specific tags are able to, protecting privacy and confidentiality
- Tags are regularly reviewed during support plan updates or following incidents
- Tag categories are mapped to Brevity fields, so they are integrated with the person's participant profile in Brevity.

hack 3

pre-checking the quality of behaviour support plans

A Behaviour Support Plan (BSP) can radically shape how a person is treated - especially by support staff who rely on system documents to guide their actions. However, in many organisations, BSPs are accepted without scrutiny based on the assumption that the behaviour support practitioner was sufficiently competent and experienced, and that the BSP has been approved by the NDIS Commission. In reality, this is not a reliable assumption in the vast bulk of cases. If a BSP does not include restrictive practices, it is very likely it has not been checked and approved by a formal authority, while the Disability Royal Commission and investigations performed by the NDIS Commission itself found that some of the basic requirements of behaviour assessments are often not met by behaviour support practitioners.

If a BSP is misaligned with rights-based practice or fails to reflect the person's communication needs and context, it can be ineffective or worse.

At Inclusion Melbourne, we developed a **BSP Pre-Check Form** to ensure no plan is accepted without adequate scrutiny.

This short, structured tool is used by Support Coordinators, support managers, team leaders, and practice leaders to assess whether a BSP:

- Clearly links behaviours of concern to **unmet needs or environmental factors, communication access needs, psycho-social needs, distress or protest.**
- Includes evidence of deep engagement with the person's **communication** (and their communication access needs), not just behaviour logs.
- Reflects the **person's consent** (to the process) **and own input** or that of trusted supporters.
- Proposes strategies that are **least restrictive, trauma-informed**, and consistent with Supported Decision Making (SDM).
- Meets the core requirements for a BSP in structure, relevant fields, and format, as applicable.

Plans that don't meet these criteria are not simply "noted." They're **referred back for revision**, or held off from implementation until issues are addressed.

This hack protects both the person and the support staff:

- Staff aren't put in the position of following unethical or unclear plans
- The person is not subjected to coercive or deficit-focused responses
- The BSP becomes a living support tool - not a box-tick document filed and forgotten

This hack supports compliance with these NDIS Practice Standards:

- A range of standards for both **Specialist Behaviour Support** and **BSP Implementation** (quality and ethical implementation of BSPs)
- **Person-Centred Support** and **Privacy and Dignity**
- **Access to Supports** and **Support Planning**
- **Violence, Abuse, Neglect, Exploitation and Discrimination**

This hack requires Behaviour Support Practitioners to demonstrate a high degree of competence and empathy. The hack is about accountability, human rights, and meeting the deep unmet needs of people with disability.

hack 4

ensuring the quality, accuracy and alignment of a person's support plan

People with disability are often supported by **multiple organisations or teams** - each with their own staff, systems, practice, and language. NDIS Registered Providers are required to develop a Support Plan for each participant they support. Without alignment across a person's various support providers, Support Plans can contradict each other or leave vital information out. Some of the most serious and frequent areas of misalignment are:

- Disjointed view of a person across different services, leading to contradictory support (e.g. one service viewing a person as highly independent and another viewing them as requiring a high level of support).
- Contradictory assumptions about communication, identity, or 'behaviour'.
- Support needs and strategies being identified in one system and not in another.

This leads to people being perceived - and treated - as **a different person** depending on where they are or who's on shift.

At best, this causes confusion. At worst, it causes trauma, isolation, or a denial of identity.

The **first part** of this hack is a simple series of prompts for intake and support planning. Our practitioners working in these roles ask the participant and their supporters to share existing Support Plans to check for conspicuous differences between those supports plans and the information collected about the person during intake.

The **second part** of the hack is our redesigned CRM workflows. These upgrades now mean that:

- The first half of the support plan **auto-populates** from the intake and tagging process.
- The second half is **built collaboratively** by key staff and integrates goals, capacity building needs, relationship mapping, and support strategies.
- Every Support Plan update **triggers a review of other plans or documents** to avoid divergence.

This hack ensures that **Support Plans are not stand-alone documents**. Instead, they are:

- **Built on consistent information** drawn from enquiry, intake, BSP review, and planning conversations.
- In part, **generated automatically** from CRM fields that reflect the most up-to-date understanding of the person's context, capacity, and needs.
- Designed to prevent "resetting" of information when a person enters a new program, team, or service setting.

Relevant NDIS Practice Standards:

- **Individual values and beliefs**
- **Independence and informed choice**
- **Support Planning** (planning must be relevant, updated, and individualised)
- **Person-centred support** (ensuring consistency in rights-based interpretation)
- **Safe Environment** (reducing confusion, instability, and unsupported risk)

True person-centred support requires **coherence** across contexts. Otherwise, the person is expected to adapt to every system - instead of systems adapting to the person.

hack 5

inclusive employment and the work opportunity matching tool (WOPMAT)

Australia's disability employment systems have failed people with intellectual disability for decades.

The numbers remain stubborn:

- Only **12% of people with intellectual disability** are employed full-time, compared with 32% of people with other disabilities and 55% of the general population.
- **34%** report difficulty changing jobs or finding a preferred job, and **38%** feel restricted in the type of job they can get.
- Among NDIS participants with intellectual disability aged 25+, only **30% are employed** – and of these, **71% are in Australian Disability Enterprises (ADEs)** while just **13% are in open employment on full wages**.

On the ground, this looks like:

- People with intellectual and cognitive disability not having the chance to truly learn about the concept of work and the role it plays in our culture and society. Most employed people in the general population have an implicit understanding of concepts like career, what to expect in a workplace, the inherent reasons for going to work or choosing a particular job, and the trade-offs that most people make when making these choices. A lack of understanding of these concepts can cause a person to settle for work arrangements that are not grounded in self-determination.
- Placements and training that are not journey-focused and do not help the person progress towards their vocational goals.
- People getting 'stuck' in roles that look like stable, safe employment but are actually static and capacity-limiting.
- Fragmented planning, with families and providers left guessing about what's next. This includes poor coordination across systems like Disability Employment Services, NDIS supports, VET courses, schools, and social procurement programs.
- Ongoing risks around cultural and psychological safety in workplaces for people with intellectual disability, a cohort that experiences a range of intersecting needs and is more likely to receive direct discrimination than the general population.

This is why Inclusion Melbourne spent the past seven years developing the WOPMAT - the Work Opportunity Matching Tool.

The WOPMAT is a deceptively simple idea with a lot of ingenuity behind it. While existing assessments such as the ESAT and Job Capacity Assessments focus on generic considerations relating to function and current skills, the WOPMAT assessment deeply engages a person's past experiences, gaps in skill development,

quality of life, and ideal support arrangements. The assessment is used to create a **WOPMAT Report**, the centrepiece of which is a **vocational journey** that unfolds over 2–4 years made up of 3–4 recommended work opportunities or placements. The Report also outlines:

- **Strengths and considerations** that explain what makes success possible, and what to avoid.
- **Capacity Building Goals (CBGs)** that target the most urgent or critical gaps in skills, confidence, communication, or independence.
- **Proposed sectors, roles, and workplace environments** selected from structured lists that help supporters and employers focus on realistic, rights-based options.

The design of WOPMAT means it can be read and understood by people across the system - from disability support workers and VET trainers, to DES providers, employers, families, and the person themselves. It creates a **shared language** where there was none.

WOPMAT has been **trialled across several organisations and service types**, refined in collaboration with people with disability, trainers, and employers. Today, it is a **face-to-face service delivered by Inclusion Melbourne**, producing a concise WOPMAT Assessment and Report that replaces months of fragmented planning and trial-and-error.

And thanks to funding from the Commonwealth Department of Social Services, the WOPMAT is now being turned into a **digital platform** - enabling automated matching, integrated reporting, and much wider access across the disability employment ecosystem.

hack 6

linking daily support to planning and goal achievement

Support workers are regularly told to "work toward the person's goals." However, in most services, those goals are buried in files in a part of the person's database profile that frontline workers can't see. The result is that frontline support becomes reactive, generic, or disconnected - and the person's real aspirations being

This hack connects a person's **NDIS plan goals** to the daily work of support staff.

At Inclusion Melbourne, we updated our CRM (Brevity) and rostering tools so that:

- The **NDIS goal relevant to the day's support** appears on the support worker's shift screen in their CRM mobile app.
- Each shift includes **brief, tailored prompts** to guide support staff to write meaningful progress notes depending on the type of goal (e.g. "How did the person's personal, NDIS or vocational goals progress today?" or "How did the person build skills, knowledge, capability?" and "How did they engage with their environment?") These prompts are different based on the type of support being provided (e.g. direct support in the community versus support in a training environment).
- Case notes can be filtered by the type of information collected so that goal progress can be effectively tracked and monitored over time.
- **Flags and tags** related to risk, identity, communication, or urgent needs are shown directly on the person's CRM profile.
- Support workers can access the person's support plan, previous case notes, and other relevant information directly in the CRM app.

This keeps the system dynamic. Support workers can:

- See the big picture of what the person is working toward
- Adjust their practice to match what the person needs to work towards their goals
- Record information that can inform future changes to support provision - without being cumbersome or overly descriptive

This hack helps acquit a range of NDIS Practice Standards:

- **Provision of Supports** (supports must be tailored, responsive, and goal-aligned)
- **Support Planning** (plans must be implemented and reviewed)
- **Person-centred support** (the person must be seen and supported as an agent of their own development)

For the person with disability, this means that support **feels consistent, purposeful, and relational** - not like a revolving door of workers guessing what to do and failing to make meaningful, documented progress towards the person's NDIS goals.

hack 7

natural supports in planning and decision making

Friends, family members, mentors, and housemates often know a person far better than formal services do. They notice subtle changes, decode unspoken signals, and offer grounded insight into what makes someone feel safe, confident, or in control. Yet in many systems, these natural supporters are left out of planning - or consulted only in emergencies.

This hack ensures natural supports are **deliberately included** in planning and decision-making - from the start, not as an afterthought.

Our updated processes direct staff to:

- **Map trusted relationships early**, with consent from the person. This includes identifying who **provides emotional, practical, or decision support**, not just family or emergency contacts
- Distinguish between **natural support and legal authority** (e.g. someone may be trusted for moral support, but not hold any legal or Power of Attorney role)
- Seek insights from natural supporters in areas like routines, preferences, triggers, or decision patterns
- Embed these roles directly into **planning templates, risk review, and communication protocols**

We also introduced simple forms and fields that ask:

- "Who helps you make big decisions?"
- "Who knows when you're not okay - even when you don't say it?"
- "Is there anyone close to you who should be included in planning meetings?"

This builds **relational continuity** across time and teams - ensuring a new planner or coordinator can pick up on essential dynamics that support safety, dignity, and good outcomes.

Understanding the bigger picture of relationships and natural supports

A deeper principle behind natural supports is the right that all people have to be supported to build close, meaningful, mutual relationships. Some people with intellectual and cognitive disability do not have the opportunity to develop close, trusted friendships – for many reasons.

Inclusion Melbourne's commitment to connecting with natural supports for the purpose of providing good support is one small part of our focus on the need for – and power of – strong relationships and friendships. It is our view that people who do not have strong relationships should be supported to experience moments of encounter in community so that relationships can form in a way that is both supported and organic.

Where close relationships are present, good Support Coordinators or case managers will find ways to coordinate these people to work together more effectively in various ways. This may also include forming a Circle of Support. For more information about Circles of Support, check out our project website: www.cosam.org.au.

This hack helps acquit the following NDIS Practice Standards:

- **Support Planning** (plans must include those the participant wants involved)
- **Rights and Responsibilities** (upholding the right to relational support)
- **Governance and Operational Management** (ensuring decision-making roles are clear and documented)

hack 8

making supported decision making real

Supported Decision Making (SDM) is a way of supporting a person to make their own decisions. It recognises that some people, including people with intellectual disability, may need support to understand, consider, or communicate their choices. Here are 7 key ideas about SDM:

1. **The person is at the centre.**
   Decisions are always about the person's own life — not what others think is best for them. The starting point is the person's perspective, identity, and goals. Supporters should avoid stepping in or taking over, even if they disagree or feel worried about the outcome.

2. **Everyone is presumed able to make decisions.**
   All people can take part in decision making with the right support. Too often, people with intellectual disability are treated as if they cannot decide at all. SDM flips this by assuming ability first, and then supporting the person in clever ways to help them during the decision-making process.

3. **Support takes many forms.**
   Decision support can look different for different people. It might include:

   - explaining things clearly
   - using plain or easy language
   - showing pictures or symbols
   - offering a range of options
   - talking things through with a group of trusted people
   - breaking down big decisions into smaller steps
   - understanding how small decisions fit with big decisions

   Support is not one-size-fits-all. The right mix depends on the decision, the person, and the situation.

4. **Will and preference guide the process.**
   Supported decision making is about understanding and respecting what the person wants - not what others think is in their "best interests." The person may need help all the way through the process, including:

   - helping the person work out their will and preference
   - supporting them to express it
   - making sure it's carried through

   Sometimes this is straightforward. Other times it's complex, especially when the person has communication barriers or supporters struggle to understand them. In these situations, different strategies may be used - like communication devices, Circles of Support, or working together over a long period of time - to build a clearer picture. This is exactly where "best interests" thinking can creep back in, so supporters need to guard against it.

5. **Capacity is decision-specific.**
   A person may need support for one decision but not for others. Finding it hard to work out or express will and preference in one area does not mean they lack capacity in other parts of life. The starting point must always be that the person can decide, and a range of supports should be tried before drawing any

other conclusions. If, even with strong support, the person's will and preference for a specific decision still isn't clear, supporters can look to what is reasonably known – like the person's past choices or related preferences. But decisions can't default to what others think is in the person's "best interests."

6. **Supported Decision Making includes recognising gaps and building capacity.**
   Many people with intellectual disability haven't been supported to explore or learn across different parts of life. Gaps can be broad - sex, health, housing, identity, digital life, work - or narrow, within one area. For example, someone may choose meals confidently but never had the chance to decide about intimacy, medical treatment, or employment. Supported decision making means helping people build knowledge and experience so they can grow their confidence and capacity to make decisions across all areas of life.
7. **People have the right to make risky choices.**
   Everyone has the right to make decisions and to take risks. Risk is part of learning, growth, and living an ordinary life. Supporters need to reflect on their own fears and biases, and make sure the person's decisions are respected in practice. In this way, SDM connects everyday choices to broader human rights, safety, and autonomy.

Supported Decision Making (SDM) in policy

One of the most important legal shifts in Australia regarding SDM has come from the **Australian Law Reform Commission (ALRC)**. In 2014, the ALRC proposed a new way of thinking about legal capacity and rights.

The ALRC made four key recommendations that continue to shape practice and policy across Australia:

- Everyone has the right to make decisions that affect their life – and for those decisions to be respected.
- Substantive, carefully planned support must be provided before substitute decision making is considered.
- Will, preferences, and rights – not "best interests" – should guide decision making.
- Any limitations on legal capacity should be minimal, subject to review, and based on the person's rights. Limitations should only apply to specific areas of life in which will and preference can not be determined. Limitations to one area of life do not automatically apply to other areas of a person's life.

These principles are echoed in **Guardianship laws**, **human rights charters**, and **service frameworks** across Australia. They are also central to this guide.

The **NDIS Supported Decision Making Policy** (2023) outlines what is expected from NDIA staff, the NDIS Commission, and the broader NDIS provider marketplace. It is grounded in the ALRC Decision-Making Principles (2014) and emphasises:

- Participants should be supported to explore options, change their mind, and learn through decision making.
- Informal supporters, family members, and peers play a critical role.
- Substitute decision making should only be used when all other options have been exhausted.

The **NDIS Practice Standards** also include requirements to support decision making, including:

- Helping participants understand and make informed choices about their supports and their broader life.
- Supporting dignity of risk.
- Respecting diverse identities and communication styles.

Supported Decision Making in practice

Supported Decision Making (SDM) is often treated as a policy concept - mentioned in induction, filed in frameworks, but rarely operationalised. In reality, SDM needs to live in **forms, prompts, workflows, and team conversations** - or it won't happen.

This hack embeds SDM into the **everyday mechanics** of planning, support, and review.

We built SDM prompts, checks, and fields directly into:

- **Enquiry and intake** (e.g. "Does this person want help making decisions?" / "Who do they usually consult?")
- **Support planning templates** (e.g. "Are there areas where the person has limited decision-making experience but wants to build confidence?", "Has this decision been revisited or scaffolded over time?")
- **Behaviour Support Plan reviews** (e.g. "Were SDM principles applied before, during, and after plan development?")

SDM is also linked to other hacks:

- It begins during **intake** (Hack 1)
- It influences **tagging and flagging** (Hack 2)
- It shapes **how BSPs are reviewed** (Hack 3)
- It impacts **who is included in planning** (Hack 7)

There are many ways of doing Supported Decision Making (SDM). Some good **models** and **toolkits** have been developed in Australia.

Supported Decision Making can have many different **steps**, **processes**, or **considerations** . Each of these can be used at different times and in different situations. Some of these different situations include:

- Helping a person understand and build their identity
- Making decisions about healthcare
- Making sure guardianship arrangements respect the person's rights
- Making a set of small decisions about daily support
- Supporting someone to make decisions about something that is upsetting them, particularly when they are distressed.

The table below identifies common steps and processes of Supported Decision Making (SDM). Here are some things to note about this table:

- The Consent and Communication processes need to be a part of all approaches to Supported Decision Making step.
- Looking at the rest of the steps, some of them are a really obvious way of doing Supported Decision Making – like **Choosing not to Choose** or **Thinking about Consequences and Risk**.
- Other steps are not really a form of Supported Decision Making by themselves. They need to be put together with other steps. For example, the step called **Mapping past experiences** is a good way to help someone think about their life. When you add the **Planning for Capacity Building** step and the **Understanding how smaller goals lead to bigger goals** step, you have the beginnings of a Supported Decision Making plan!

A good way to use this table is to work out which steps and processes are highly relevant for the person as they start their journey of capacity building. Supporters and planners can make a list of five, ten or fifteen steps and weave them into the person's Support Plan.

SDM Step	Description
Consent	Consent is the foundation of supported decision making. It means the person is: ► Supported to decide (in a way that makes sense to them) if they want your **support to make a decision**. You may need to share some background information in accessible ways. ► Supported using SDM (including some of the steps below) to **work out if they agree to something or not**.
Communication Support	Effective decision making depends on communication. Supporters take time to understand and respond to the person's preferred methods – whether verbal, visual, written, or through a range of actions. Communication support also includes: ► Adjusting strategies over time and ensuring everyone involved understands how the person expresses understanding and choice. ► Supporting the person to explore new ways to communicate – with words, devices, writing, and other ways.
Mapping past experiences	Our past shapes how we see the future. This step is about helping the person explore what they've experienced - and what they haven't. It reveals gaps, missed chances, and important life areas that might need more attention, like friendships, work, identity, or community life.
Seeing the same person in every part of life	Sometimes, different services, teams, or even family members have very different ideas about the person's capacity, identity, or needs. This might be due to poor communication, missing plans, or not checking in with the person. ► Are there mixed messages in their Support Plans? ► Are parts of their life – like friendships, identity or goals – being ignored? ► Are they treated like an adult in some places, but like a child in others? ► How can you help the person think about what they want others to know about them – and where things might need to change?
Recognising types of decisions	People make many different kinds of decisions across their life - from small daily choices to big life-shaping ones. This step involves helping the person explore and name the different types of decisions in their life. It includes: ► Decisions they need to make ► Decisions they want to make ► Decisions they may want to delegate The goal is to build the person's awareness of their own decision-making landscape, and what support they might want (or not want) for different types of decisions.
Choosing not to choose	Sometimes the most powerful choice a person can make is to say, "I don't want to choose right now" or "These options don't feel right." This step recognises that the person has the right to say no, to ask for more time, or to question the options being offered. In some settings, like day programs, people might be given a small set of choices that aren't meaningful or fair. This step is about noticing when the choices aren't real or good enough, and speaking up.

Wanting someone else we trust to make a decision for us.	Sometimes we're tired, busy, or just not that interested in a particular decision. Sometimes we have too many other big decisions to make. This step is about supporting the person to choose someone they trust to make a decision for them. It's still their choice – and they can take back that decision whenever they want.
Having different supporters for different decisions.	People may want different supporters for different topics-like family for health decisions, or a friend for personal issues like intimate relationships, sexuality, or politics. This step is about helping the person choose who they want involved, based on trust, privacy, and the kind of decision.
Building background knowledge that I need to make decisions	Everyone needs some background information to make informed choices. This includes helping the person access, understand, and reflect on relevant information in ways that make sense to them. It may involve easy language text, videos, storytelling, breaking things down step by step, or sharing some history.
Using easy language	Finding easy language information. This includes recognising that supporters have a LOT of power if a person is reliant on them for mediating access to information.
Communicating in different ways	This step is about using language and non-verbal ways of sharing ideas. It means people might answer a question differently depending on how you ask it. It also means asking questions in different ways and being open to repeating or showing something more than once. It may mean **not** using questions at all, but using different types of sentences or comments to see how the person responds. It might involve: ► Changing how each person uses questions, including Yes/No questions, or not using questions at all. ► Using communication boards or pictures. ► Using options to help explore whether someone likes or does not like something.
Understanding how smaller goals lead to bigger goals	This step builds on the *It's My Choice!* model of supported decision making. It explains the difference between everyday decisions, lifestyle decisions, and long-term or big-picture decisions. It helps connect daily choices to bigger goals, and supports the person to reflect when their feelings or motivation change. For example, if someone starts skipping an activity that was linked to a bigger goal, is that just a bad day-or a sign that their goals have changed?
Reviewing communication and shared meaning	Communication support is not a one-off task. It needs to be reviewed and refined regularly. This step involves checking whether communication tools are still working, whether understanding is shared, and whether people need support to interpret or express preference.
Planning for capacity building	This step focuses on the future, but it also involves understanding some of the past. It means creating opportunities for the person to learn, grow, and try new things. Capacity building doesn't always mean formal training-it can include trying new activities, meeting new people, or developing confidence in small steps.
Exploring options and needs	People with disability often have fewer real options presented to them. This step involves broadening what's on the table during each particular decision, helping the person look at both conventional and unconventional possibilities, and comparing them in a way that is meaningful.
Bring threads together to decide	Summarise options, preferences, pros/cons, and next steps - then make the decision.

Support of key relationships to understand *will and preference*, while avoiding a *best interests* approach.	When someone communicates inconsistently or non-verbally, close relationships can help identify patterns and preferences. Supporters who know the person well can reflect on what they've observed, interpret meaning, and compare insights with others to clarify what the person wants. This differs from a 'best interests' approach, where others make decisions based on what they believe is **best**, rather than what the person **wants**. Supporters can explore risks, benefits, and consequences-but must avoid overriding, protecting, or steering the person's choices.
Testing barriers and limitations	Barriers are often built around assumptions. This step involves identifying and challenging restrictions in the person's life - whether practical, attitudinal, or systemic. It means checking whether limits are still needed, and supporting the person to push back or request change.
Thinking through consequences and risk	Supporting someone to take risks safely is part of real decision making. This step involves helping the person think through possible outcomes, plan for contingencies, and develop strategies for when things go wrong, without blocking growth. This step can also include talking through how a particular activity or experience may feel (or what it might look like) should the person choose it. This mental and conversational activity can help someone work out if an option is one they wish to choose.
Expanding life options and experiences	Sometimes people need to see and try new things before they know what they want. This step is about giving the person opportunities to explore, meet people, visit places, and discover interests that could shape their future decisions. It is vital that this happens within and across domains of life, particularly where there have been gaps in particular areas of the person's life experience. Ideas for new options and experiences can be mapped out and turned into a capacity building plan that can be supported over time then reviewed.
Making decisions in the moment	Supported decision making doesn't only happen during planning meetings. Real decisions happen all the time - in cafes, in conversations, at home. This step values and supports spontaneous, everyday decision making as a valid expression of agency. It includes developing plans and protocols for how a person will manage situations that require a quick decision to be made.
Understanding the impact of others' decisions	It's important to support the person to notice how other people's actions affect them. This might include decisions by family, services or friends. The person can then reflect, process, and make decisions about how they want to respond.
Sharing information with professionals	► Professionals often come and go. This step makes sure that information, context, and personal insight travels with the person. It prevents repetition, preserves the person's story, and promotes continuity of decision making ► Professionals – particularly health professionals can work much better with people with disability when (a) the professional has access to relevant support plans in advance, and (b) the person has had a chance to become familiarised before an appointment.
Reviewing and learning from decisions	Reflection helps build confidence. This step involves looking at how things went after a decision has been made and the outcomes of the decision have had time to land. This helps the person grow their decision-making skills over time. ► Did the supported decision making process work well? What didn't work? ► Did the outcomes of the decision look or feel the way the person thought they would?

final note

None of these practice system hacks stand alone. Each one is a mechanism that purposefully embeds rights, agency, and genuine safeguarding in organisations. Together, they form a **web of safeguards** that reduce harm, protect rights, and bring clarity to the work of support.

Implementing these hacks will allow disability support organisations to reduce the risk that:

- A person's identity, human rights and personhood are denied
- The various plans used to support a person cause unforeseen harms or adverse outcomes
- Workers operate in the dark
- Decisions are made without consent
- Behaviour is pathologised before it is understood
- People get lost in services instead of moving toward outcomes

These hacks make it harder to forget what matters - and easier to act with clarity, consistency, and courage.

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