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| **Date Written: 1/7/20** | **Reviewed on: 9/10/20** |

**Commitment to Support Active Participation of all Service Users**

**Mission Statement:** The mission of *Specialist Behavioural Support Services (SBSS)*is to support society’s most vulnerable individuals to live in a way which promotes optimal levels of independence, freedom from unnecessary restrictions and as a meaningful part of their local and wider community.

**Our Commitment**

Across all services, SBSS will ensure participants and services users are consenting to and actively participating in the development and design of their service provision. SBSS will support service users to voice their concerns and feedback in order to co-create their service design and make informed choices. SBSS does this by acknowledging and responding the person’s communication needs. The following procedures demonstrate how SBSS will differentiate our support model across service users, to ensure everyone is supported to make their own choices in their lives and behavior support.

**Policy Procedures: Decision Making**

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| **Autonomous Decision Making** | Service Users and participants with the capacity to make their own choices without support, all decisions must be referred to them   * Participants with the capacity to make their own choices can talk to family or friends, or carry out their own research before making any decisions * Participants are supported to make informed choices about the benefits and risks of decisions under consideration. * SBSS has developed an easy read version of the participant information booklet to support the service user and participant autonomous decision making as the most preferred option. |
| **Supported Decision Making** | * Participants that need help to make decisions and give consent will be supported in ways that best suits the individual, e.g. arranging an interpreter, supporter or advocate, getting information, communication tools, or arranging a certain time or place that best supports the participant * Where a participant has been assessed as not having the capacity to make his or her own decisions, we will support substitute decision makers, either informal or formal * Participants are always assumed to have capacity to make their own decisions no matter if their decision-making capacity is only small * at any stage, participants are provided sufficient time to consider and review their options and seek advice if required, e.g. during assessment, planning, provision, review and exit. This is written into Participation Information Booklet, Service Agreement and Consent documents. * SBSS do not provide participants financial advice. Participants have access to their own money and they determine how they spend their money. |
| **Impaired Decision-Making Capacity** | If a participant is assessed to have impaired decision-making capacity, substitute decision making is required   * Impaired decision-making capacity is when a person is unable to make decisions at a particular time because they are incapable of either:  1. understanding any information that may be relevant to the decision 2. retaining such information 3. using such information in the course of making the decision 4. communicating his or her decision in any manner  * A participant’s capacity can be lost or regained depending on a number of factors. |
| **Informal Decision Making** | Informal decision making is where a person making a decision on behalf of another person has not been legally appointed   * Informal decision makers can include the person’s family, friends, a *carer* or nominated support, and can help make decisions on behalf of a participant about who the participant wishes to see, their work, leisure, recreation, holidays or accessing services * Details for informal decision makers is recorded for each participant and this information is available to all relevant workers.   Note: a *carer* here does not include a paid staff member. |
| **Formal Decision Making** | Formal decision making is where a legally appointed guardian or person responsible can make decisions for a participant   * Formal decision making can assist if there is conflict over decisions being made about the person * Formal decision making can assist if that person’s safety or the safety of others is at risk and a guardianship order is in place by the relevant state or territory authority * Formal decision making can assist where there is specific legislation that requires it, such as consent for medical treatment * Details for formal decision makers is recorded for each participant and this information is available to all relevant workers * Details of formal decision makers are recorded for participants, if relevant, and are available to all relevant workers |
| **Substitute Decision Makers** | * If there is uncertainty over who can provide consent when a participant with an impaired decision-making capacity requires it, the order of priority is:   1. a guardian (including an enduring, private or public guardian) who has been appointed with a medical and dental consent function   2. a spouse, de facto spouse, or partner who has a close and continuing relationship with the person   3. the carer or person who arranges care regularly and is unpaid (the carer’s pension does not count as payment)   4. the carer of the person before they went into residential care, or   5. a close friend or relative * If a person above is not capable of consenting for the participant, or they refuse to consent, the next person in the hierarchy can consent * if we think it is in a participant’s best interest to get help from a substitute decision maker, SBSS staff should:  1. Explain to the participant why SBSS think someone needs to make a decision for them. 2. Ask the relevant state or territory authority (usually a civil administrative tribunal) to look at whether or not to appoint a guardian or administrator |

**Policy Procedures: Consent**

**Context:** It is imperative consent is required and obtained every time a participant or service user seeks access to services to ensure they are fully informed of their rights and our obligations. Consent is continued to be obtained throughout the duration of services delivery relation to assessment methods and procedures and treatment / strategies.

**The Rights of Service Users and Participants**

* Participants have the right to make decisions about things that affect their lives and to take calculated risks
* Children and young people have a right to be involved in decisions that affect them in ways appropriate to their age and stage of development.
* Each participant must have sufficient time to consider and review their options and seek advice if required, at any stage of support provision, including assessment, planning, provision, review and exit.
* Each participant has the right to withdraw or amend their consent if they wish.

**Our Responsibilities, SBSS will:**

* Encourage and support participants to make informed decisions when their consent is required;
* Ensure consent arrangements for participants, including any legal authorisations required, are recorded in the participant’s file, and are reviewed and updated regularly. Consent arrangements are included in initial referral documentation;
* Ensure consent for financial matters (i.e. Service Agreements) is obtained from the participant, or legally appointed financial manager or person appointed under a Power of Attorney;
* Obtain consent from the participant or legally appointed guardian, for life decisions such as accommodation, medical and dental treatment, forensic procedures, and behaviour support;
* Obtain consent from the participant prior to collecting, using and storing a participant’s information and provide reasons why the information is needed;
* Obtain consent before disclosing any of a participant’s personal information (such as case notes, management plans or assessments) to other parties;
* Only disclose participant information without consent if SBSS believe the person is at risk of harm, an unlawful act has occurred or as otherwise required by law;
* Not influence or limit decision making and self-determination with our interests, beliefs or values when providing decision making support.

**Obtaining consent:**

* Consent from a participant or a substitute decision maker should always be in writing but if this is not practicable, verbal consent is acceptable providing it is later confirmed in writing. If consent is provided verbally this will be case noted and dated in the person’s file on the client management system.
* SBSS use a document sign program that assists participants or a decision maker to sign consent documents without requiring to access a printer or if face to face contact is not available.

**When consent is refused**

A participant has the right to refuse consent. In this event, there are no consequences for a participant in terms of receiving services, however services will not be able to commence until consent is provided.

* A note of a participant’s refusal to consent must be stored in the participant’s file
* For persons that are required to access SBSS (such as, as a condition of their criminal order), the practitioner will notify the appropriate case manager or support coordinator of the persons’ refusal to consent. This discussion will be noted in the person’s file.

**When consent is not possible**

* Informal decision making can help make decisions for the participant when there is no legal arrangement.
* Formal decision making may be required if there is conflict over decisions about the participant, the participant’s safety or the safety of others is at risk, or the law requires.

**Related Documentation**

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| Information Booklet and Consent form | Consent to access Behaviour Support and Consent to share information with SBSS and *Third Parties* should be obtained prior to commencing any direct work with the person.  This form should be reviewed and updated regularly, and/or as requested. |