NDIS Supported Decision Making Policy | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/supported-decision-making/

Details:

Supported decision making means you make the decision and other people help you make it. Help can be information in a form you understand, more time, a trusted person in the room, or a communication tool. What it never means is someone else deciding and telling you afterwards. That is substitute decision making, and it is a different thing.

This is a right, not a courtesy. Under the Aged Care Act 2024 , which commenced on 1 November 2025, older people have the right to make decisions about their own life and to have those decisions not just accepted, but respected . Under the NDIS Code of Conduct , every provider and worker must act with respect for your rights to freedom of expression, self-determination and decision making.

Bloom Healthcare's full policy is set out above. This page explains what it means for you in practice: what changes in an appointment, what your supporters can and cannot do, what happens when a decision looks risky, and what to do if you are not being listened to.

There is an easy read version of the policy: read the easy read supported decision making guide .

Supported decision making compared with substitute decision making

The difference is who holds the decision.

Supported decision making

You are the decision maker.

Other people give you information, explain options and help you communicate your answer.

The outcome reflects your will and preferences .

Support can be increased or reduced as the decision gets harder or easier. It is not all or nothing.

You can change your mind.

Substitute decision making

Someone else is the decision maker.

A decision is made on your behalf.

It applies to specific decisions where a person does not have capacity to decide independently.

Bloom's policy treats participants as the primary decision makers in matters concerning their care and service plans. Staff facilitate the process, provide clear information and then respect and implement what you decide. Staff do not decide for you.

One point worth being clear about: capacity is not a single switch that is either on or off. A person may be able to decide what they want to work on in therapy while needing considerable support with a decision about finances. Supported decision making is designed to work decision by decision.

The will and preference principle

The principle running through both the aged care and disability frameworks is that your will and preferences guide what happens, rather than someone else's view of what would be best for you.

Bloom's policy states this as four principles:

Recognition of autonomy. You have an inherent right to make decisions affecting your life.

Informed support. You get the assistance you need to make, communicate and take part in decisions.

Client-directed decisions. Your will, preferences and rights guide the process.

Safeguarding rights. Your human rights are upheld, with measures to protect against undue influence and exploitation.

That last one matters. Support and pressure can look similar from the outside. A supporter helps you reach your own answer. Someone applying undue influence steers you to theirs. The safeguard is built into the principle deliberately.

Dignity of risk

People sometimes assume a good provider is one that stops you doing anything risky. That is not what the standards say.

The NDIS Practice Standards define dignity of risk as the right of the individual to choose to take some risk in engaging in life experiences. A decision that carries risk is not automatically a decision you are not allowed to make. Living a full life involves risk, and removing all of it removes a good deal of the life with it.

What a clinician should do is make sure the risk is understood before you choose: explain what could happen, what could reduce the risk, and what the alternatives are. Then respect your decision. If a clinician has a concern, the right response is to raise it clearly with you and record it, not to quietly work around your choice.

Your rights under the Aged Care Act 2024

The Aged Care Act 2024 sets out a Statement of Rights for older people seeking or receiving government-funded aged care. It includes the right to:

Make your own decisions about your own life

Have your decisions not just accepted, but respected

Get information and support to help you make your own decisions

Communicate your wishes, needs and preferences

Feel safe and respected

Have your culture and identity respected

Stay connected with your community

The Act also allows for a registered supporter , someone you trust such as a family member or friend, who can help you make decisions about your care, communicate the decisions you make, and receive copies of information so they can support you properly.

The important part is what a registered supporter does not do. Having a supporter does not stop you exercising your own autonomy. You keep control of your care. The supporter supports; you decide.

Providers must show they understand the Statement of Rights and have practices in place to deliver services compatibly with it. The strengthened Aged Care Quality Standards also require that older people be involved in decisions about who provides their care, and when, where and how they receive it.

How this shows up in an allied health appointment

Supported decision making is not a document that sits in a drawer. In practice it changes specific things.

Informed consent

You are given transparent information about the evidence behind a proposed intervention , not just a recommendation to accept. Staff are responsible for providing clear and accessible information so you can decide with your eyes open. Consent is a decision you make, which means it is also a decision you can decline.

Goal setting

Goals are set collaboratively with you, your family and your support network, so they reflect what matters to you rather than what a professional assumed. Therapy follows the goals rather than the other way around. The questions a good planning conversation starts with are what you want to be able to do, where you want to live, learn and take part, and what gets in the way now.

Communication support

A decision you cannot communicate is not a decision anyone can act on, so communication is treated as part of the decision-making process.

Information and outcomes are provided in your preferred language and communication mode.

Translation and communication resources are provided so you are properly informed about therapy programs and recommendations.

Augmentative and alternative communication (AAC) is available where speech is difficult. Low-tech options include visual supports and Key Word Sign. High-tech options include communication apps and dedicated devices that support or replace spoken communication. Bloom offers AAC assessment and intervention.

Within positive behaviour support, AAC is used to give people a reliable way to make daily choices and express preferences, which also reduces the frustration that comes from not being understood.

Easy read materials

Bloom publishes easy read content across its disciplines and a number of other topics, including an easy read version of this supported decision making policy. A policy about your rights that you cannot read is not much use, which is the point of producing it in that form.

Decision aids and your network

The policy commits to using decision aids and other tools to help you understand your options and what each one would mean, and to engaging your support network to help you decide. Bloom also provides its clinicians with resources for running a supported decision-making process, so it is a trained practice rather than an individual clinician's habit. All new employees and contractors are trained on the policy at induction.

Where a supporter, nominee or guardian fits

Some people have a formally appointed nominee or guardian. In Bloom's process, guardians and nominees can sign consent forms and service agreements on behalf of a participant who does not have capacity to sign independently, and they take part in discussions about reports and service planning.

Being appointed does not switch off supported decision making. If the person can take part in the decision, they take part in the decision, and their will and preferences still guide it. A formal appointment covers the decisions it covers, not the whole person.

A limit worth stating plainly: the exact legal powers of NDIS nominees, plan nominees, guardians and registered supporters, how each is appointed, and precisely which decisions each can make, are set by legislation and vary between the NDIS, aged care and state and territory guardianship law. That detail is not something we can set out here, and nothing on this page is legal advice. For your own situation, check with the NDIA or My Aged Care, the relevant state or territory body, or an independent advocacy service. To discuss how it works with your Bloom services, call 1300 771 465 .

Advocates, and your right to use one

An advocate is someone who listens, helps you make decisions about your life and speaks on your behalf so your rights are respected and your needs are met. An advocate can be a trusted family member or friend, or someone from a formal advocacy service.

Under the NDIS Act 2013, registered providers must cooperate with advocates and make arrangements for them in complaints and incidents. In practice that means a provider should:

With your permission, give your advocate the information they need

Involve your advocate in service planning

Invite them to initial meetings and service plan reviews

Let them take part in any meeting, or speak on your behalf, at any time

Tell them how the complaints process works and which external bodies handle concerns that cannot be resolved internally

You can use an advocate whenever you want: during interviews and reviews, during service delivery, when making a complaint, or when giving feedback. You do not need a reason.

If you are not being listened to

Supported decision making is only real if there is somewhere to go when it fails.

Registered NDIS providers must maintain a documented complaints management and resolution system, including ways to complain anonymously and through accessible formats and languages. You must be kept informed about decisions and actions taken on your complaint.

Providers must make you feel safe raising concerns. Making threats, or trying to stop someone complaining directly or indirectly, is unlawful and can attract penalties.

If a complaint cannot be resolved with the provider, the NDIS Quality and Safeguards Commission is the independent regulator that receives and manages complaints about NDIS services, including breaches of the NDIS Code of Conduct. Its easy read resources are at ndiscommission.gov.au/easyread. For aged care, the Aged Care Act 2024 places the rights of older people at the centre of the system and providers must show their practice is compatible with the Statement of Rights.

To raise something with Bloom directly, call 1300 771 465 .

Common questions about supported decision making

What is supported decision making in simple terms?

You make the decision. Other people help you understand the options and communicate your answer. The decision stays yours.

How is it different from having a guardian?

With supported decision making you hold the decision and receive help to make it. Substitute arrangements such as guardianship involve someone else making a decision on your behalf where a person does not have capacity to decide independently. Even where a formal appointment exists, you should still be supported to take part in decisions you can take part in.

Does having a supporter mean I lose control?

No. Under the Aged Care Act 2024, having a registered supporter does not stop you exercising autonomy yourself. You keep control of your care. A supporter helps you decide, communicates your decision and can receive copies of information to support you.

What does will and preference mean?

It means what happens is guided by what you want and what matters to you, rather than by someone else's view of your best interests. It is the principle underlying both Bloom's policy and the rights frameworks in aged care and disability.

Can I make a decision that other people think is risky?

Dignity of risk is defined in the NDIS Practice Standards as your right to choose to take some risk in engaging in life experiences. A clinician should make sure you understand the risk and the alternatives, then respect your decision. A risky decision is not automatically a decision taken away from you.

What if I cannot speak, or find it hard to communicate?

Communication support is part of the process. That includes information in your preferred language and communication mode, translation and communication resources, and augmentative and alternative communication such as visual supports, Key Word Sign, communication apps and dedicated devices. Bloom provides AAC assessment and intervention.

Is there an easy read version?

Yes. The easy read supported decision making guide is here. Bloom publishes easy read content across its disciplines and other topics.

Can I bring someone to my appointment?

Yes. Engaging your support network is part of the policy, and providers are expected to work with advocates and involve them in planning, meetings and reviews. Tell Bloom who you want involved and what you want them to be told.

Can I change my mind after I agree to something?

Yes. Supported decision making is ongoing, not a one-off signature. Your preferences can change and services should respond to that. Raise it with your clinician or call 1300 771 465.

Who decides if I have capacity?

Capacity is a legal question and it is decision-specific rather than a single overall status. It is not determined by a therapy provider. If capacity is genuinely in question for a particular decision, that is a matter for the relevant legal process in your state or territory, and independent advocacy or legal advice is the right place to start. Nothing on this page is legal advice.

What do I do if I am not being listened to?

Raise it with Bloom on 1300 771 465 . Providers must have a complaints process, including a way to complain anonymously, and must keep you informed about what is done. If it is not resolved, the NDIS Quality and Safeguards Commission handles complaints about NDIS services independently. You can use an advocate at any point, and no one may threaten you or try to stop you complaining.

Where to go next

Your rights

Advocacy policy and your right to an advocate

Feedback and complaints

Positive behaviour support

Therapy for 10 to 17 year olds

Aged care allied health FAQs

Contact the team

What is Bloom Healthcare's Supported Decision Making Policy about?

The policy explains how Bloom Healthcare upholds participant choice, autonomy, and informed support under the NDIS. It sets out how the organisation empowers individuals with disabilities to make informed decisions about their care and services with appropriate support from their network.

What are the core principles behind Bloom Healthcare's supported decision-making approach?

Bloom Healthcare's approach is grounded in recognition of autonomy (acknowledging individuals' right to make decisions affecting their lives), informed support (providing assistance to make, communicate, and participate in decisions), client-directed decisions (ensuring participants' will, preferences, and rights guide the process), and safeguarding rights (upholding human rights and protecting against undue influence and exploitation).

How does Bloom Healthcare implement supported decision-making for participants?

Bloom Healthcare implements a personalised and respectful approach that includes recognising each participant's unique needs, preferences, and circumstances; providing accessible information to support informed decisions; supporting participants in expressing their decisions and preferences; and

engaging support networks such as families, carers, and support coordinators.

What strategies does Bloom Healthcare use to put supported decision-making into practice?

Key implementation strategies include staff training and education on supported decision-making, with a focus on communication skills.

Who publishes the Supported Decision Making Policy and what type of organisation is Bloom Healthcare?

The policy is published by Bloom Healthcare, a boutique disability and aged care allied health provider (legal name Bloom Healthcare Pty Ltd) that believes all people have the right to access quality healthcare, delivered through evidence-based practice and client-centric care by qualified health practitioners across Australia.

How can someone contact Bloom Healthcare regarding this policy?

Bloom Healthcare can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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