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Considering Human Rights in Decision Making: Evaluation of the Introduction of Structured-Decision Making Framework in the Public Trustee Queensland

Professor Christine Bigby, Professor Jacinta Douglas and Dr Elizabeth Smith

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Suggested Citation

Evaluation of the Introduction of Structured-Decision Making Framework in the Public Trustee Queensland

Background

Since the 2006 United Nations Convention on the Rights of Persons with Disabilities, significant change has occurred in the provision of decision-making support for people with cognitive disabilities both in Australia and internationally. The rights of people with disabilities to make decisions, have access to the support necessary to do so and for their will, preferences, and rights to be central to all decisions about their lives are increasingly operationalised, through legislation, policies and mechanisms such as supported decision-making. The 2019 amendments to the Guardianship and Administration Act, 2000 and the introduction of Human Rights Act 2019, placed new responsibilities on all Queensland public sector entities to act in ways compatible with human rights and consider rights in all their decisions.

This report evaluates the introduction of a *Structured Decision-Making Framework* (SDM Framework) which was one component of the changes made by the Public Trustee Queensland (QPT) to reorient their practice to reflect the new human rights legislative imperatives. It formed part of a new *Customer First* agenda for the Office. The SDM Framework aimed to assist frontline staff in making better decisions through stronger engagement with customers and their support network throughout the decision-making process (QPT Annual Report, 2020/2021).

Implementation of the SDM Framework was identified as a priority for 2020/2021 and supported by the delivery of a training program for all staff. The SDM Framework was based on the evidence based La Trobe Support for Decision Making Practice Framework (Douglas & Bigby, 2018) and the associated online training resources (supportfordecisionmakingresource.com.au). Staff from QPT's training division in collaboration with the La Trobe team, adapted the La Trobe Framework to reflect the specific requirements of the 2019 amendments to the Guardian and Administration Act, 2000, (GAA Act) and the context of QPT. These adaptations did not substantially change the underpinning concepts, steps or principles of the La Trobe Framework but notably the primary term was changed from *support for decision making* to *structured decision making*.

The QPT SDM Framework and the GAA Act, 2000

Chapter 2A of the 2019 amendments to the GAA Act included principle 9 that required:

A person or other entity, in performing a function or exercising a power under this Act in relation to an adult, or in making a decision for an adult on an informal basis, must do so—

(a) in a way that promotes and safeguards the adult's rights, interests and opportunities; and

(b) in the way that is least restrictive of the adult's rights, interests and opportunities.

Principle 10 sets out that a **Structured decision making** approach must be used when applying principal 9. It states in part,

2. First, the person or other entity must—

   (a) recognise and preserve, to the greatest extent practicable, the adult's right to make the adult's own decision; and

   (b) if possible, support the adult to make a decision.

3. Second, the person or other entity must recognise and take into account any views, wishes and preferences expressed or demonstrated by the adult.

4. Third, if the adult's views, wishes and preferences cannot be determined, the person or other entity must use the principle of substituted judgement so that if, from the adult's views, wishes and preferences, expressed or demonstrated when the adult had capacity, it is reasonably practicable to work out what the adult's views, wishes and preferences would be, the person or other entity must recognise and take into account what the person or other entity considers the adult's views, wishes and preferences would be.

5. Fourth, once the person or other entity has recognised and taken into account the matters mentioned in subsections (2) to (4), the person or other entity may perform the function, exercise the power or make the decision.

Structured decision making incorporates aspects of supported decision making, requiring that the views, wishes and preferences of a person must be considered even if the power to make decisions on a person's behalf is exercised by another entity. QPT's SDM Framework recognised that in many instances staff did have authority, because of QCAT orders under the GAA Act, to make decisions on behalf of their customers.

The SDM Framework and training translated the intent of the legislation into process that included steps and principles for staff to use in their everyday work of supporting decision making for customers. The diagrammatic representation of the Framework was superimposed on a work mat (Figure 1) which was used extensively in the training and displayed in offices. Figure 2 illustrates the La Trobe Framework on which the SDM Framework was based.

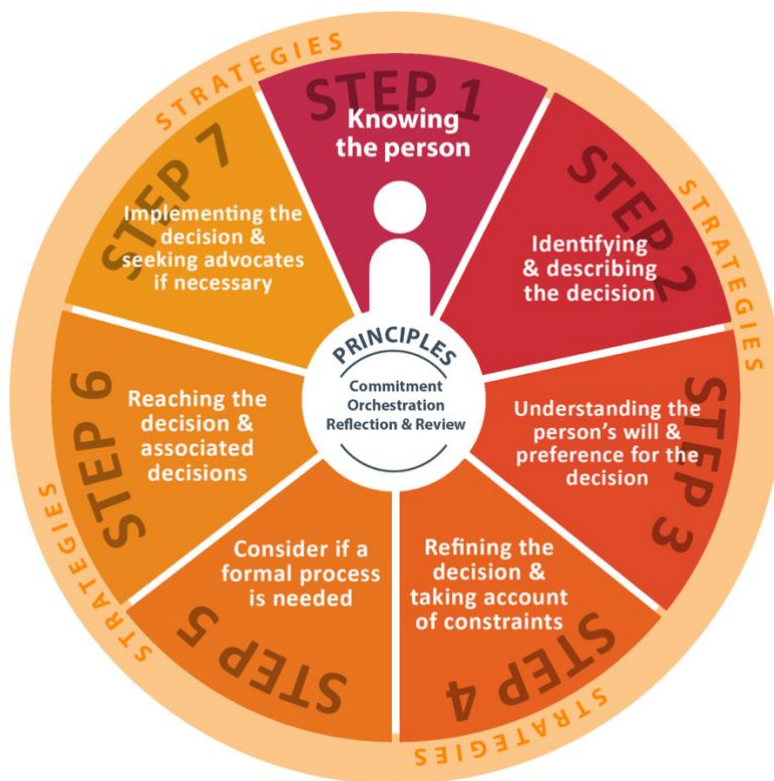Figure 1. Structured Decision Making, Steps and Principles

Figure 2. La Trobe Support for Decision Making Practice Framework (Douglas & Bigby, 2018)

After an initial session with the La Trobe team, QPT developed the suite of training materials during the first part of 2020 and began delivering the one-day training course across the organisation in August 2020. As the 2020/2021 annual report notes from August to November 2020 frontline staff attended full day workshops on the SDM Framework, and workshops with supervisors and other non-frontline staff were held in May 2021.

An outline of the full SDM Framework training program is included in Appendix 1. It was designed to be delivered face to face and be interactive. There were illustrative examples, worked case studies, video clips, exercises, quizzes and opportunities for discussion. A comprehensive workbook and set of resources were also developed and available to staff as part of the training program.

Overview of Training and Adaptations to the La Trobe Framework

The first part of the training discusses QPT's new Customer First agenda and the changing legislative context. It includes summaries of the various pieces of legislation and organisations impacting on the work of QPT; the new Human Rights Act, the GAA Act 2000, Power of Attorney Act 1998, Public Guardian Act 2014, and bodies such as Queensland Civil and Administrative Tribunal, and Offices of the Public Guardian and Public Advocate. This introductory section stresses a refocus of QPT to become a more customer centric, professional, ethical and sustainable organisation that provides valuable services for all Queenslanders. This section is followed by material on recognising and managing stress and ways in which language and stance impacts on the success of communication. Two personas of typical customers are introduced as a means of illustrating the application of the SDM Framework and are used throughout the rest of the training. A structured decision-making approach is defined as "Working to share power with and not power over our customer - Actively engage in the shared decision-making process".

The training then explores the three principles of SDM, Commitment, Coordination and Reflection and Review and the seven steps. Notably, the principle of Orchestration in the La Trobe Framework was replaced with Coordination for both simplicity and to recognise the need for staff to draw on, as well, as coordinate information from multiple sources including past and current records, family and others involved in the person's life.

Step1, different ways of knowing the person, draws attention to the many different perspectives you may gather about an individual, considers what makes a good supporter and how to think about and become familiar with a person's support network as well as the need to review previous records relevant to the person.

Step 2, identifying the need for a decision and describing the need is similar to the original Framework, and alerts staff to the different types, scope, timeframes and consequences of decisions.

Step 3, obtaining the customer's views, wishes and preferences covers issues such as taking the time to listen to the customer, exploring options and thinking about risk. It introduces ideas about unconscious bias that can interfere in hearing preferences of others. The change of language from 'understanding will and preferences' in the original Framework may not quite have captured the nuanced differences between *will*, as long-term visions for one's life, compared to *preferences*, as being more immediate and the potential for preferences to undermine attaining a long-term vision.

Step 4, identifying the priorities and constraints; engaging with the support network, has slightly different wording to the La Trobe Framework highlighting that the decision has not yet been made.

Step 5, 'undertaking a structured process' was adapted from the La Trobe Framework where it was 'consider if a formal process is needed'. This adaptation reflects the QPT context where a formal process is already in train in terms of decision support and for some customers, through QCAT orders staff may hold the authority to make decisions on their behalf. For QPT staff this step alerts staff that they need to stop and reflect on the earlier steps, to check that they have considered their customers preferences and consider if there are any grounds to override these. If they are planning to override preferences, it encourages staff to refer to the legislative requirements for structured decision making and to think about overriding preferences in terms of limiting human rights, and the need to communicate and justify such actions. The step is a reminder that their actions must take account of the Human Rights Act, and in many instances a senior person in the office must make or approve such a decision.

Step 6, reaching the decision and associated decisions is the same as the original La Trobe Framework and alerts staff that having a reached a decision, there are likely to be further consequential decisions that flow from it.

Step 7, actioning and evidencing the decision emphasises the need to document the process by which a decision has been reached and the evidence that has been used. It differs from the La Trobe Framework where this step was more concerned with ensuring that decisions were implemented and deciding if advocates were necessary or available to make this happen.

Evaluation Aims

The overall aim of this study was to evaluate the adoption of the SDM Framework by QPT, by exploring whether the SDM Framework was used in everyday work of staff with their customers and whether staff practice had changed following training in the Framework. Specifically, the research questions were:

- What do QPT staff think about the introduction of the new SDM Framework?
- Do QPT staff use the steps and principles of structured decision making in their everyday work?
- How has staff practice changed as a result of the new SDM Framework and receipt of training in structured decision making

As the finalisation of the training materials were delayed due to COVID 19. This also delayed the conduct of the evaluation and led to changes in the design which meant customers were not interviewed and a further follow up survey was not conducted.

Methods

Quantitative research methods provide indicators of the degree to which things have changed following an intervention such as in this study, training in the SDM Framework. In contrast qualitative methods are suited to exploring experiences and the ways that individuals engage with new ideas. Accordingly, mixed methods, i.e., quantitative and qualitative were used in this evaluation to identify and quantify changes in practice following training and capture staff perceptions and experiences of training and using the new SDM Framework.

The quantitative component to quantify changes to staff practice involved a survey completed by staff before and after they participated in training. The qualitative component used interviews to explore staff experiences of applying the training to their practice, and their perceptions of both the training and new ways of working. A sample of staff were interviewed by phone using a semi structured approach between 3- 6 months after they had completed the training.

The study was approved by the Human Research Ethics committee of La Trobe University.

Recruitment and Participants

Survey participants

The QPT training division sent information about the study and a link to the online survey to QPT staff as they were scheduled to participate in the training. Multiple reminders were sent

to staff to complete the survey and once they had done so, a post training survey was generated after the training. Multiple reminders were sent to complete the post training survey via the online system.

A total of 164 QPT staff completed all or part of the online surveys. Respondents were mostly female (74.5%) and many worked in a regional area of Queensland (65.1%,). Just over half had worked at the QPT for five or more years (58.7%). Of these respondents 164 completed the pre-training survey and 57 the post training survey. Not all respondents who completed the post-training survey completed all questions in the pre-training survey. Table 3 shows the number of staff who completed each measure as well as the number who completed each of these at both the pre and post-training time points.

Interview participants

Interviewees were recruited through invitations sent from the training division. In order to ensure representation of staff from across the organisation, two front line staff members and one supervisory member from each region were randomly selected and invited to participate in an interview. Staff who indicated their interest in participating were subsequently contacted directly by the research team to organise interviews. All interviews were conducted by phone following staff participation in a training session. Eighteen staff participated in interviews which lasted between 30-60 minutes. Most were involved in financial administration or worked as Trust Officers, and they represented varying levels of seniority. They had worked at QPT for between 6 months and 30 years, with most having been there for more than 5 years.

Data Collection

Surveys

Similar surveys were sent to staff pre and post training, although only the pre training survey included collection of individual and work-related characteristics of staff such as sex, work role, years of experience with QPT. All the surveys included two measures:

- the SDM Confidence Rating (SDM-CR),
- the Decision Support Questionnaire – Supporter version (DSQ-sup) (Douglas & Bigby, 2016)

These measures are summarised in Table 1.

Table 1. Details of quantitative measures

Measure	Focus	Subscales	Number of items	Response format	Reference
SDM-CR	Confidence providing support for decision making	NA	1	0 – 10-point scale 0 – worse possible 10 – best possible	
DSQ-sup	Strategy use consistent with supported decision-making principles	NA	32	4-point scale: 1 – Never or rarely 2 – sometimes 3 – Often, 4 – Usually or always	(Douglas & Bigby, 2016)

The SDM-CR measures the level of staff confidence in providing decision making support to their customers. Respondents are presented with a visual analogue scale, with ten points, from not confident to very confident, and asked to move it to the point that reflects their confidence.

The DSQ - sup was developed from a body of qualitative research about experiences of supported decision making. It assesses decision support strategies, and comparison of pre- and post-training results provides a measure of changes in these following training based on the La Trobe Framework i.e., whether strategies used by decision supporters change in a direction consistent with the rights-based principles and strategies of supported decision making. Survey respondents are asked to indicate how often they use 32 decision support strategies with their customers (on a four-point scale: never/rarely, sometimes, often, usually/always).

An analysis of two prior data sets collected by the La Trobe team indicates that the DSQ – sup has content reliability i.e., is internally consistent, and construct validity i.e., is sensitive to change (see Douglas & Bigby, 2021). In the context of the QPT training, we hypothesised that following training in supported decision making 14 items would show increased frequency of use and 5 items would decrease in frequency indicating a shift to practice more consistent with rights and supported decision making. These items are shown in table 2.

Table 2. Expected direction of change in line with SDM principles and strategies

Increased frequency if following SDM principles and strategies	Decreased frequency if following SDM principles and strategies
• Consult other people who know the person in different situations • Seek advice from a professional/expert • Seek advice from a colleague • Check the person wants your support to make the decision • Let the person try out several options to inform the decision • Rely on what the person wants or prefers • Weigh up advantages and disadvantages of options with the person • Check the person understands what is involved in the decision • Think about the decision with respect to the person's life goals • Work through each of the steps involved in the decision with the person • Think about how you might be influencing the decision • Consider the consequences of the outcome with the person • Point out a range of options for the person • Consider the significance of the decision for the person	• Rely on what you think is best for the person • Make the decision with the person on the spur of the moment • Choose for the person based on your knowledge of the person • Take the option the person will resist least • Wait and see what will happen with time.

The survey was housed on survey platform REDCap which meets ethical requirements of housing data in Australia and being accessible only to the named researchers.

Interviews

Interviews were semi-structured to allow flexibility of responses while also providing a thematic framework to ensure that interview responses could be compared across participants. The schedule included open ended questions for the interviewee about their experience of the training and what they had learned. It sought information about decision support practice using each of the steps in the SDM Framework and the principles as prompts. All interviews were recorded and transcribed verbatim. The transcripts were subsequently deidentified.

Data Analysis

Quantitative data

Descriptive statistics were used to collate the basic demographic and employment data. The DSQ-sup and the SDM-CR were analysed using paired sample T-tests to compare means, direction, and strength of change on those items hypothesised to change following training. The level of significance was set at $p < .05$.

Qualitative data

Data were analysed using grounded theory inductive methods. Systematic line by line coding and constant comparison of initial and then more focussed coding was used. NVIVO v.12 software was used to support the management and coding of data. The initial coding was discussed among the authors and codes were refined.

Findings

Quantitative Data

Not all respondents completed a pre and post survey, and some of those who did, only partially completed the measures. Hence paired pre and post training data on the SDM-CR were available for 50 respondents and on the DSQ sup for 29 respondents.

Table 3. Number of survey respondents for measures at each time point.

Measure	Time-Points – Number of Respondents		
	Pre-training	Post-training	Paired – pre- and post-training
SDM-CR	146	57	50
DSQ-sup	100	38	29

Confidence in Providing Supported Decision Making

There was a significant difference in the self-reported pre-training (M=7.0, SD=1.9) confidence level compared to post-training (M=7.8, SD=1.3); t (49) = - 3.92, *p* < .001. This

change indicated that survey respondents reported significantly increased confidence after completing the training.

Support Consistent with Principles and Strategies of Supported Decision Making

Twenty-nine respondent completed this measure both pre and post training. Statistical tests showed that their responses changed significantly ($p<.05$) in the expected direction on 12 of the 19 items where change was hypothesised; change on the remaining 7 items where change was hypothesised did not reach statistical significance. Table 4 below shows the statements for which change was statistically significant, the direction and strength of the change post-training. In summary after the structured decision-making training QPT staff were more likely to:

- consider the consequences of the outcome with the person

- seek advice from a colleague

- check the person wants to be supported to make the decision

- rely on what the person wants or prefers

- weigh up the advantages and disadvantages of options with the person

- check the person understands what is involved in the decision

- work through each of the steps involved in the decision with the person

- consider the significance of the decision for the person

After the training, they were less likely to:

- make the decision with the person on the spur of the moment

- choose for the person based on their knowledge of the person

- take the option that the person will least resist

- wait and see what happens with time

Table 4. Change in expected direction of decision support post training

Item	Pre-training Mean (SD)	Post-training Mean (SD)	Direction of change (more or less often)	Strength of change
Work through each of the steps involved in the decision with the person	1.55 (.50)	3.34 (.50)	More often	Extremely strong
Consider the consequences of the outcome with the person	2.10 (.90)	3.34 (.81)	More often	Strong
Weigh up the advantages and disadvantages of options with the person	2.38 (.82)	3.27 (.70)	More often	Strong
Consider the significance of the decision for the person	2.48 (.74)	3.41 (.78)	More often	Strong
Check the person understands what is involved in the decision	3.10 (.67)	3.58 (.62)	More often	Moderate
Rely on what the person wants or prefers	2.25 (.84)	2.82 (.90)	More often	Moderate
Seek advice from a colleague	2.06 (.96)	2.48 (.51)	More often	Weak
Check the person wants your support to make the decision	2.51 (.63)	2.90 (.90)	More often	Weak
Choose for the person based on your knowledge of the person	2.86 (.79)	2.03 (1.05)	Less often	Moderate
Take the option that the person will least resist	2.59 (.73)	1.76 (.74)	Less often	Moderate
Make the decision with the person on the spur of the moment	2.65 (.81)	1.38 (.62)	Less often	Very strong
Wait and see what happens with time	2.45 (.83)	1.49 (.51)	Less often	Strong

Qualitative Data

Refocussing on Rights

All the staff agreed the training had encapsulated a changed ethos in the work of QPT towards a greater focus on the rights of the customer to be involved in decision making about their financial affairs. As Prue said, "now we've got the human rights to consider when we're making decisions". Staff perceptions about the extent and suddenness of the change differed. Some thought the new model of structured decision making consolidated what they had been doing for some time, confirming the directions set by the new the Human Rights Act in Queensland. Talking about the new model they said for example,

> …it was more or less confirming what we did, and just the importance of basically the choices that the customer has these days, and their rights as well, with the change in the legislation…So, it's basically letting them have a lot more say, I've noticed, than what they used to have. (Mary)

> …it was a bit confronting I suppose initially because I suppose we did things this way, but it was a bit more informally…I wouldn't say - it was a substantial change. (Peter)

Other staff thought the change was more significant, referring to it as 'pivotal' or 'cultural,' but also acknowledged QPT had been working towards it for some time. From the perspective of these staff, their role had fundamentally altered from doing substitute to supported decision making. They said for example,

> We tipped everything on its head and had a different approach to it…a big change in our culture as well…the way we actually perform our role has changed. We're no longer the substitute decision maker, we're the supported decision maker. (Sally)

> …that attempt to obtain the views, wishes and preferences of the customer and stakeholders cannot be a cursory one…we have really got to take all reasonable steps to empower and enable the customer to make the decision for themselves. I suppose that was the key take-out for me…it was a departure from the substituted decision-making regimes that we had used up until that point. (Nathan)

Having a Framework and Being More Accountable

Staff thought the introduction of the new SDM Framework and the training had provided them for the first time with a clear framework or process for their decision-making work. Although it may not have represented a significant departure from the way they had done

things before, it provided a structure and gave staff a point of reference to assure themselves they had followed all the necessary steps. They thought that having these things, meant a greater sense of accountability for their work which benefited the organisation and their customers. They said for example,

> A lot of what we were doing was already in that area, so if we were making a decision I'd always want to know what the views, wishes, and preferences of the customer were. So, a lot of that didn't change, but in terms of having a framework, I think, it solidified a better way to move forward in light of the new legislation. (Julia)

> It means that the client is the focus of that decision the entire time and it means that from an employee perspective…we are covering ourselves in terms of what the organisation expects of us, that we've got a process in place and we can evidence that we followed that process and yeah, we're covered on both sides (Jasmine)

Many referred to the diagrammatic representation of the Framework as the 'wheel' which was displayed around offices and provided a quick point of reference for the decision support process.

> That wheel is extremely valuable. It everything and underpins all the general principles that we have to deal with. I think it's well constructed and for new people coming into the office looking at that wheel makes it easier because there's so much to learn. (Clover)

Staff also thought that accountability had been strengthened through having to document their decisions against the SDM Framework and by referencing the relevant legislation. For example, Nathan explained this really helped in explaining the reasoning behind decisions, and Sally talked about how documenting the decision against the model provided a way of checking whether there might have been a less restrictive approach.

> Some of the decisions we make aren't necessarily popular because there are competing interests, but by following this process and documenting the process, it really enables us to explain to the various stakeholders how we arrived at the decision we made. That is very useful. I can recall when I first started in the Public Service, sometimes a decision would simply have "Approved" and the person's signature there, and not an evidence-based decision. I think it is a really good process. (Nathan)

> So, evidencing it and explaining – trying to determine whether there's a less restrictive way to support the decision, which in our role, a lot of the time there's not. So, it's just making sure that we've said "Okay, well, this is the human rights we

believe that we are limiting. This is why. There is no less restrictive way to do this and this is what will happen once the decision has been approved".

Reflections on Training

Although for staff it had been some time since the training, most recalled various aspects of it and were positive about its value. They thought it had been well designed and had liked its participatory aspects which gave them a chance to share ideas with colleagues. Many staff also commented on the energy and enthusiasm of the training team. For example,

> Well, what I really liked was how within the group that I had, they were quite vocal. I liked how everyone shared their opinions about what they do that works for them, or how they manage a customer in certain ways. Anything that can be improved? Not really, I think you guys did a really good job. I think it's definitely more entertaining [than some] trainings that I've sat through…the trainers that we had, they were very upbeat as well. There was a quiz at the end that was really cute. (Sarah)

Although some of the training content was already familiar to staff from earlier sessions about the new legislation, staff appreciated the worked examples which applied the theory into practice and enabled them to check they had correctly interpreted the intent of the legislation. Talking about the training they said for example,

> Probably the working on examples standout most in my mind. Obviously, there's a lot of information…a lot of it was reiterating information that we'd had and things that we had, to some extent, informally implemented in the local office. But the opportunity to sit with people and work through specific examples and discuss it more reiterated that everyone or the majority of people in our office were on the same page and that we were on the right track. We weren't widely off the mark in the way we were making decisions. (Aden)

> I really enjoyed the training, and the feedback that I got from the other staff here in our office who did it was that they enjoyed it as well…I think everyone got something positive out of it, and particularly I remember the videos that were shown with particular case examples; I think they were very beneficial. (Kim)

Some staff were less positive and thought examples used in the training might have more closely reflected the work done by QPT and it could have been more directive about tackling some of the difficult situations often faced by staff. Several staff were concerned that the trainers were not experienced in the work of the office. They said for example,

I think with a proper example of the steps from beginning to end. So rather than just saying, "This is what you do, this is what you do, this is what you do," say, "Righto, this is a situation that we are faced. Here's the scenario. Now we're going to talk you through exactly what each of those steps looks like." That would be really helpful. …The people providing the training to us have never done this, I guess, and so it was maybe a little bit hard for them to relate to some of the issues that we have and some of the time pressures that we have. (Susie)

Changing Practice and Applying the Steps of the QPT SDM and La Trobe Framework

All staff talked about the various ways their practice had changed after the training so that customers 'could have more say' in decisions. This included, using different language, better listening, more careful exploration of options and ensuring customer understanding of the implications of these. They said for example,

…so, you're actually asking them [customers] and not telling them. (Sally)

…a bit more conscious of making sure that the customer has been consulted where possible. (Rose)

…definitely to make sure that we listen to the needs of our clients, make sure we understand not just what they're saying but all the circumstances surrounding it as well. That we respect their wants and their needs, not just listen but try to assist them in that way. (Sarah)

Staff remarked on the additional time required to carry through these types of practice changes. This might be longer appointments to ensure customers could give instructions 'without being rushed' or consulting with others who knew them well. They said for example,

It's a big difference to how we have done things in the past… a lot of our clients can't provide input, and it's then finding relevant people that can provide us with input as to what their views, wishes, and preferences would have been. (Susie)

Staff descriptions of their decision support or supervisory work reflected many of the components of the Framework. Each is considered in the sections below and helps to illustrate how the Framework might have informed their practice.

Step 1. Knowing the Person

Staff directly involved in decision making talked about the importance of getting to know their customers. Sarah for example, said that the first thing she had to do was "find out who

they are, and then find out what their needs are". Mary commented that there had been a shift from customers being regarded as "files" to seeing them as people whom you could get to know through face-to-face contact.

She said,

> …basically, it's drummed into us know the person, get to know the person…I love the idea of when they are able to come into the office and you know them face to face and you get to know their personalities and what their likes and dislikes are. Whereas, if you're just dealing with what you would refer to as a file, you don't really get to know the person. (Mary)

Staff explained that their strategies for getting to know customers included reviewing information on their file about things such as their reasons for referral, personal circumstances, family history, life goals, past decisions, and talking directly to the person to get a sense of who they are or talking to others who knew them well such as family members or other professionals to get their perspectives. They said for example,

> Some of the customers have a cognitive impairment that diminishes over time, so if they have previously expressed a view that was relevant, we would look at that. We often, in the absence of being able to get comment directly from the customer, will talk to support persons, both family and friends, but also professional stakeholders as well, Directors of Nursing, support staff, social workers. (Nathan)

> I initially look at the QCAT documentation when we're initially appointed, that gives a little background into family history or how we became to be acting for this person, and also about what their disability might be…I look at then more recent communications to see what the current circumstances are...I look at if there's an NDIS plan; they're always a good source of information because they'll have a little personal bio on it about the customer and what their goals are…I look at any notes or budget comments and things, and then I will speak directly obviously with the customer. I like to have that little bit under my belt first so that they're not repeating themselves…And then it's just a conversation with them, getting to know what's important to them, asking them what's important to them, asking who's important to them in their life…the family dynamics aren't always necessarily what they were, so I don't want to be consulting with people if the customer isn't wanting me to or isn't relevant in their life. Yeah, speaking with then those people that are those supportive relationships in their life, getting maybe a bit of background on them, looking at

whether they have any cultural or linguistic considerations, whether I need to adjust how I communicate with them; perhaps I'll have to go and meet them in person. Perhaps I can't talk with them over the phone. (Jasmine)

Staff saw building relationships with their customers as an important strategy and suggested new technology over the last few years had helped facilitate this process. They said for example,

… they have phone, text, email, we now have teams; there's multiple ways that they can build a relationship with their Trust Officer. So, it's something that we've been working actively on - probably, I think, for at least two to three years, but certainly even more so in the last 18 months - of really removing every part of bureaucracy that we possibly can and freeing up our Trust Officers' time to have more ability to relationship build with our customers. (Marian)

I always try to build a relationship with the person because I always put myself in their shoes…how would I feel if they had my money and I had to ask for this or had to ask for extra and – it's taking away my right to spend my money…I try always to try to come back to their way of thinking. (Clover)

Step 2. Identifying the Need for a Decision and Describing the Need

Comments from staff suggested they saw this step in the Framework as ensuring they treated each new request from a customer separately and indicative that a new decision needed to be made. They saw this as a way of avoiding simply carrying over outcomes of past decisions to new situations. For example, Clover commented,

… towards the end of the year because a lot of these people have a lot of requests and we try to facilitate that the best way we can. I think it's important that every time they – that they may do a budget and if they go outside the budget, if they ring up you don't say no. You go back and revisit and think is there any money I can find to give them because it's important to them. We try to take that on board each time. (Clover)

Another staff member also alluded to the importance of identifying the need for a decision when she talked about later or consequential decisions that might flow from an earlier one. She saw the value of identifying and treating each decision separately, recalling how she had discussed this with one of her customers,

…this is a journey, so your one decision about you wanting to do this is going to have multiple optional decisions afterwards, and so we're going to need to keep working

with you in relation to that, and we'll support you all the way through, but it is a long journey and it's not just one decision… (Melanie)

Step 3 Obtaining Customers' Views, Wishes and Preferences

This step was identified by many staff as central to their changed practice and ensuring customers had more say about decisions. As Sally said, "it's probably just giving them the options whereas once a upon time that wasn't required". Phillippe, saw his role at this step as to "suggest other options, recommend cheaper options, just put other ideas in their head that they may not have necessarily considered". While Marian explained this step involved not only exploring all the possible options but also ensuring customers understood the implications of these,

> …a real refocus on ensuring that we are exploring more options with our clients and making sure that we are really working with them to help them to understand what the decision entails, and what the outcomes might be, what their preferences are in relation to those, why they're choosing a preference over another. (Marian).

Sally talked about the strategies she used to check that her customers had understood options, and Phillippe about digging deeper to ensure preferences were fully understood. They said,

> I like to get them to repeat it back to me. I like them to use lots of questions so you can see whether they're actually understanding. (Sally)

> …get as much information as you can. Not just what they want, but how they plan to do it, why they want to do it…Because sometimes if you're just scratching the surface …some of our clients can't express themselves as well as what we can, and so you have to ask more questions to get deeper into the meaning of what they want and why and all that. (Phillippe)

Several staff also spoke about the need to ensure customers' own preferences rather than those of others were reflected in options being considered, particularly those customers who were reliant on others to interpret or communicate their preferences. Rose for example, talked about making sure she asked questions of supporters to confirm customers had been involved in making a choice about a purchase,

> …sometimes it can be like we just make sure we ask the question…which one did she [prefer]…the other day looking for an outdoor setting and I spoke with the supporters and this guy's non-verbal; I just can't speak with him on the phone…I said, "Well did he go shopping, did he see it?" She said, "Yeah he did actually." And I said, "Well

you send me through again the picture, the one that he likes." So, she sent it through to me in email, "This is the one that he wanted." (Rose)

Sally explained that she had felt it important to check the perspective of one customer's son that the customer would not be able to directly talk to her about his preferences. She said,

…he just said "it's my dad, he's not going to understand". So, I said "Look, that may be the case, but I would like to understand that for myself rather by speaking to your dad"…he set up someone to support him so we were able to ring and I was speaking to him...And just by asking questions and listening, it was - he had no idea. He had dementia. He thought I was somebody else that was – but at least - once upon a time we would have said "Well okay, well, there's no use talking to him because he has dementia", but now we're willing to do that communication piece with everybody to ensure that we get to the right outcome. (Sally)

Step 4. Identifying the Priorities and Constraints: Engaging with the Support Network

Staff talked about the multifaceted aspects of this step that included identifying priorities among options, constraints, such a lack of resources and risks, particularly financial ones that might result from customers' preferences. Many staff gave examples of how they prioritised, managed constraints, or enabled risks. Marian said for example,

…if they've got different options on the table, what is it for them that is important in that decision? And then do we have any, legislative barriers, in terms of where does the responsibility lie in the decision at the end of the day? Is it something that we can say 'yes, this is fine, you can make the decision and we'll support that through'? Is it something where we're not putting any barriers in place and we can say 'yes', or is there something that's preventing us from being able to make that decision? And if there is, then what other options can we explore to help the customer get their outcome?…for me it's trying to work out is there any other way of achieving what the customer wants that isn't quite what they perhaps came in with, but also isn't just us saying 'no, this isn't possible'. (Marian)

Julie talked about her concern that the preference of one of her customers to commit to paying the full cost of a lease on property was risky and not financially prudent. She had sought the views of her customer's partner and her guardian, had fully explained the risks involved but also attempted to manage these by talking with the landlord to alert him to raise concerns if the rent started to fall behind. She said,

…we've now got to make a decision and identify the consequences of what it's going to mean for her…moving on to what constraints there are around signing a lease, where she's responsible for the full amount of rent…there's quite a bit in that she's got limited financial means and a disrupted income from time to time. So, I guess, when I apply the framework it does make it clearer. Well, it's something that would need to be communicated to her, and the partner, clearly. And there is the risk that he won't pay half the rent, and then she could be, potentially, without a home to live in. So, we need to manage the communication quite clearly, but also talk to the landlord and make sure that all of the stakeholders are aware of our decision.

Step 5. *Undertaking a Structured Process*

As already suggested staff commented on the benefits of QPT now having a Framework to guide staff in their decision making and which made the work more accountable by having steps to follow which could also be easily documented. It was clear they were using the diagrammatic wheel of the Framework to remind them of the expected process.

> …we do keep the decision-making wheel, it sits right next to my desk. (Prue)

> …I have my wheel sitting up on my desk so I can see it, it's there. So, it's just a visual that's there and it reminds you as well. (Vivienne)

> I refer everyone to the wheel, the structured decision- making wheel and the seven steps. (Kim)

However, several staff questioned whether it was necessary to include step 5 in the Framework, expressing the view that in fact it represented the whole process rather than one step.

> On our wheel, it just says, "Undertake a structured process." So, it's one, two, three, four, five, six, seven, and that is step five…shouldn't that be step one? Does it even need to be on the wheel?…if that's a step on the wheel, what does that represent in a written decision? How do we show step five, undertake a structured process, when step one, two, three, four, six, seven are showing that we have undertaken a structured process. (Susie)

Step 6. *Reaching the Decision and Associated Decisions*

Few staff mentioned this step when they were talking about their work. For those that did it seemed particularly relevant to more complex decisions that may involve legal action. For

example, Marian talked about 'consequential decisions' that may result from a decision to challenge a will. She said she had told the customer she was working with,

> …this is a journey, so your one decision about you wanting to do this is going to have multiple optional decisions afterwards, and so we're going to need to keep working with you in relation to that, and we'll support you all the way through, but it is a long journey and it's not just one decision and then it's done; this is one that's actually quite complex and there will be points of time where you'll need to make the decision about do you go A, B, C or D, and we will keep working with you on (Marian)

Step 7. Actioning and Evidencing the Decision

This step has two distinct components. Staff had mixed views about how far their responsibility extended to actioning decisions. Their contrasting views were illustrated by Mary and Phillippe's comments who both talked about decisions involving the purchase of consumer goods. Mary's comments about a decision to purchase a recliner chair suggest the release of funds tied to a specific chair the customer had selected gave her control over actioning the decision. Phillippe queried this degree of involvement but suggested potential consequences for customers in the future if they didn't action decisions appropriately themselves.

> …they would bring quotes back to us. And we don't always go with the cheapest quote. The first thing I say is, "Which one do you like?" And yeah, so then we make the decision, "Okay, we'll go with that." And she's given the funds to purchase the chair. (Mary)

> We could say that 'we're not going to put the cash in your account, we'd prefer you go and get quotes and we'll pay the supplier direct'…there's a trust element there, we've got to treat them within their human rights. If they go away and do something else, then we can't control that. But we do make them aware that 'if I give you money to go buy this bike, or go buy this mobile phone, and you don't, don't come back to me for another six months and ask for the same thing, because I can justify not approving it'. (Phillippe)

Many staff highlighted that evidencing the decision, the second part of this step was a significant aspect of their practice that had changed. They thought that the Framework provided a good template for documenting the steps of decision support they had followed. They considered the task was now more onerous than previously but that having to document

their processes of decision support made them more accountable from a human rights perspective. They said for example,

> So, our previous documenting was a request from a customer for extra funds, may have only been two or three lines. Whereas now, we're documenting how we came about the decision. It's more important for not just that decision, but reference to it in the future, if the customer rings and requests funds maybe for the same reason – what has the previous Trust officer taken into consideration, that maybe I haven't taken into consideration when I've taken this request. So, I think documentation of our decisions, and how we get to that decision is very important, and probably what I took away from the training. (Kelly)

Applying the Principles of the SDM Framework

One of the three principles from the original version of the Framework, orchestration was renamed coordination to provide greater clarity in the QPT context but retained essentially the same meaning. Although few used the specific terms, coordination, commitment and reflection and review, the application by staff of all three principles was illustrated by their comments.

Coordination

This principle suggests that SDM should draw in others who have relevant knowledge to contribute to the decision or who are involved in the person's life and might offer different perspectives. Staff said they had often involved family members but after the training were involving support networks, "a lot more, now, than I used to (Prue) and there was "more involvement in the decision-making by the customer, and their support network (Marian). They suggested a wider range of people, family, support workers, other professionals or guardians were called upon more often to be involved in shaping options around a particular decision, thinking about consequences and informing the person's own thinking. They said for example,

> …we meet with the different interested people with the person. We let the person let us know what they would like with input from everybody and then put it back to the person once all the information is done. Because a lot of people once they hear other people's point of view they stop and think (Clover)

> …I've been trying to contact her guardian; she has an appointed guardian. So, I'll talk to her about, "This is the decision we're looking at making. What are your views about it?" just to see if there's any risk associated – well, just if they made a decision

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about the accommodation first, and to make sure it's suitable to her situation. But then, just making sure that everybody's aware of what's on the table, and what's been presented to us, and the constraints around the request.(Julia)

Staff also talked about the value of involving others who knew the person well in their interactions with their customers so they could provide support through the decision process to help ensure they had fully understood. Marian said for example,

> …with the customer's permission [we do] relationship building with the support networks, as well...We do encourage them [customers] always to have somebody with them that can help to break down what we're talking about, because sometimes, in those early parts, we need support ourselves in learning the best style of communication for our customer…we would want them to have a support person with them to make sure that we're not getting off-track, that when we're talking to them we're not confusing them with language that we've not thought about. (Marian)

Commitment

As indicated earlier many staff talked about refocussing the work of QPT to give more attention to rights of those who used their services and ensure they were at the centre of decision making. Jasmine said for example, "the client is the focus of that decision the entire time" (Jasmine) and Prue, said, "seeking what the customer's views are, and not just making a decision based on what I think would be best for them". Staff illustrated their commitment to rights by talking about their customers' equal status and the strategies they used to stay neutral and minimise their own influence on decisions. Rose and Sally said, for example, about their customers,

> …they have the right to have a choice…I always think just because they're disabled they shouldn't be missing out on anything. So that's the way I look at it whether how it's written in the legislation or whatever. To me personally that's how I reflect it like that they a right to have what everybody else has...To have a right to have a say or have a want or have a need just like we do. (Rose)

> …we did do a lot of work around some wording…It's changing the wording so you're actually asking them and not telling them…So it is in the way you speak to them, so you don't want to be using words that could sound like you are influencing them to make a decision (Sally)

Reflection and Review

This principle refers to being self-reflective during the decision support process as well as afterwards reflecting on and reviewing support against the principles and Framework to identify what might have been done differently and learn from experiences. Staff appeared familiar with this principle and talked about how useful they found it. It was clear that some staff also used a review process to revisit earlier decisions to improve outcomes for their customers. They said for example,

> Sometimes I do ask for time, before making a decision, and just wait a little bit, have a think about the next day and then give them a call back, and that allows me time, and a different frame of mind. I find, sometimes, when they call and they're hot headed, and they get even – like sometimes I get flustered, and it's better just to have time otherwise my decision could be different to what I would make the following day. (Prue)

> I think it's always important that we do a follow up. If we reflect on something we do and something has been put into place it's always nice to follow up to make sure it's been successful for the customer and if not, what areas didn't cover and there may be an answer for that or you might need to review it and go that wasn't considered at the time or we didn't know about that at the time so maybe we do need to review it. (Clover)

Embedding the Framework in QPT's Work.

Staff comments suggested that the new SDM Framework was becoming embedded in the way decisions were made at QPT through the various tools and information sources used as part of everyday work. The Framework's steps and aspects of the new Human Rights legislation as indicated earlier had been embedded in new required documentation for decisions, as well as other types of templates that staff used. The application of the Framework was also being discussed in regular staff meetings and used by supervisors when they reviewed draft decisions of their staff. They said for example,

> We had templates for submissions generally…they've basically been adapted to be more comprehensive of that decision making process…(Kim)

> We're given a lot of tools and information to be able to understand and follow this process…we are really empowered to take ownership of it and we have every resource at our fingertips to be able to drive our own learning around it. (Jasmine)

Staff with supervisory responsibility were using the Framework as part their everyday work to inform judgements about the draft decisions that they had to sign off and regularly discussing it in staff meetings and individual supervision with staff. They thought their actions helped to reinforce the changed focus of practice that meant giving more say to customers and as well as adherence by staff to the process of decision support. Supervisors said for example,

> …when talking to a staff, especially if they come over to me saying, "This has got to be done today or the family members requested this." I'd be like, "Have you spoken to the customer? What is the customer wanting?" That's probably the biggest thing when speaking with staff. Then obviously, the rest falls into line…I'm emphasising at the moment with the staff is that you need to see the customer's views, wishes and preferences…I've bounced back a lot more submissions where I've noted the Trust Officer hasn't made that attempt or effort to seek the views, wishes and preferences from the customer, customer's family members, where the customer can't be consulted. (Tess)

> … we have a monthly staff meeting; these are the things that we talk about at all of those meetings, just to make sure that we're keeping it front of mind. We've developed our coaching tools around it, as well, so when we do our monthly coaching sessions with each individual team member we're talking about 'how is this working for you, and what are you finding difficult, and have you had an instance where you feel perhaps you didn't put the customer in the driving seat, you didn't' put them first, and how did that work?'…So we've got lots of tools like that, as well, to try and help our most junior staff understand the parameters of what they're doing…They're not just me saying 'yes' or 'no' or whatever I feel like today.(Marina)

One supervisor was quite certain that through such means the new Framework had become well incorporated into his staffs' practice. He said,

> Very rarely now do I need to go to someone, "Have you obtained the views, wishes and preferences?" They understand now that that is just the expectation, to actually seek that…I am talking back about, probably, more than six months now. We have a monthly all-of-office meeting, and in addition to that, each of my teams also have a monthly meeting for the team itself. I also have a regional leadership team meeting that is conducted fortnightly. Each of those meetings, the standing agenda item is all about the structured decision-making process, the importance of obtaining the views,

wishes and preferences, and the importance to having regard to human rights.
(Nathan)

Although, overall staff were very positive about the changes to their ways of working and the training, some were still hesitant about the challenges that lay in implementing the new Framework. Their comments indicated they were not fully convinced of the new thrust towards rights, as they could often see tensions between the rights of the individuals they were involved with which had to be balanced against each other. For example, Aden said,

…There'll be a marriage separation involved. So, things of that nature, trying to balance the wants of the client who is quite impaired in his ability to retain information and to communicate with. Balance that against what his carer and son's requests, balance that against his wife's, who he's separated from, and her interest in the properties. (Aden)

In a similar vein Kelly and Clover talked about the imperative to protect people who were vulnerable which might mean undermining their rights or prioritising one right against another.

…it is important sometimes that funds aren't released to customers, because of their disability. Because you've got to remember, we're appointed for a reason, and that's usually because these customers can't manage their money. And all we seem to be doing is releasing money to their bank accounts, which is not to me, my personal view, is not what we're appointed for. We're appointed to manage their funds, and to assist them to manage their funds. And just because they ring up and request money into their bank account, doesn't mean you've got to do it, just because they've got sufficient money. I think there's a lot more to it, than just that – and I feel like we've lost our way a little, and we're just giving customers money every time they ring up and request. (Kelly)

…it's just there is always – no matter what you do there's always somebody that doesn't quite fit and could be a little bit vulnerable and, yeah, it's just probably the years of experience in financial management and meeting people and understanding their dynamics and you know that they need other support outside our system and if it's not there they are quite vulnerable in the community. (Clover)

Kelly also made the point that the implementation of the new approach was compromised at times because of the demanding workload staff had to carry. She said,

And when you've got a pile of work, I think sometimes you don't always adhere to, like our wheel – structured decision-making wheel, when taking calls, because all you see is your phone flash and that you've got someone else trying to ring in while you're talking to someone, or someone's sending you a message, "please ring", or someone's at the counter. Sometimes your ability to apply your training is subject to your workload, and your work pressures. (Kelly)

Finally, several staff thought that more of their customers were having issues associated with mental ill health and it may be useful to add some additional training around working with this group, or employ some specialist staff. They said for example,

I think we probably need to employ people in the mental health sphere who, if you're having difficult interactions with a customer, you can call. They'll probably know more about the clinical side, and nature, of the illness and give them ideas and support them through discussions with them. (Julia)

Discussion and Conclusion

The implementation of a new SDM Framework was one of the priorities identified by QPT for 2020/21. Much of the implementation took place during the COVID pandemic and new restrictions on face-to-face contact, which placed many additional demands on staff across the organisation. Inevitably there were delays in conducting the training and recruiting staff to the study which led to fewer responses than anticipated. Nevertheless, by mid 2021, all frontline staff across QPT had been trained in the new Framework, as well as supervisors and managers. This report provides indications of changes in staff practices that suggest the SDM Framework has been accepted by staff and is becoming embedded in the organisation. The evidence suggests there were mixed views from staff about the extent of change required to comply with the new legislative and SDM Framework, as some felt they had already been working in ways that reflected these requirements. However, all of those who participated perceived QPT had refocussed to some extent and was becoming more customer centred and orientated towards rights. As part of this change staff perceived greater accountability of their decision making to both customers and the organisation. They valued having the clear processes and principles articulated in the new SDM Framework to guide their work.

Following the training, staffs' confidence in supporting decision making increased. There were statistically significant changes to the practice of the 29 staff who fully completed the survey both pre and post the training. These changes demonstrate their increased use of decision support strategies commensurate with rights based supported decision making. The

types of change found among QPT staff are similar to those of earlier studies which have involved training in the La Trobe Framework for staff working as service coordinators with people with acquired disabilities and parents of adults with intellectual disabilities (Bigby et al., 2021; Douglas & Bigby, 2020).

Similar to earlier studies, the qualitative data from interviews with QPT staff reflected change identified in the survey data, providing examples of the changes that had occurred and helping to illustrate how staff perceived the training has influenced their practice. These data showed the relevance of the SDM Framework and thus original La Trobe Framework to the everyday work of QPT staff and the many ways they were applying all aspects of it. One staff member queried the inclusion of Step 5 suggesting that the entire process was one of structured decision making. This interpretation suggests the purpose of this step in alerting staff to the requirements of the Human Rights Act if they are intending to override a customer's preferences may require some clarification.

These data also provided indications that the SDM Framework was becoming embedded in QPT not only through the practice of frontline staff but also their supervisors, and the value of the new tools and templates in achieving this. Notably, staff felt the new approach could be more time consuming, particularly in terms of building relationships with customers, involving others in their social network, and in preparing the documentation required to evidence the process they had followed. Several staff expressed the desire for a more directive and procedural approach to decision making. However, there is an inherent tension between a procedural approach and being person centred which requires the application of principles and processes to the unique situation of each individual customer. Such comments do nevertheless suggest the need to develop and work through further case studies focussed on some of the more complex issues that confront frontline QPT staff.

The qualitative data suggest that most staff interviewed were positive about the training and appreciated its participatory design and energetic delivery. Some however, felt the case studies and illustrative content could have more closely reflected the work of QPT. All respondents were aware of the diagrammatic representation of the SDM Framework, which had been reproduced as a work mat and felt the 'wheel' acted as an important reminder of the steps and principles they were expected to follow. As is the case with most practice change initiatives, it will be beneficial to review outcomes, identify barriers to effective practice and develop solutions to maintain best practice in SDM.

Conclusion

The evidence from this study indicates that QPT has begun to successfully implement a new more rights based and customer centric way of working, and training delivered to staff in the SDM Framework has had a positives impact on their practice. Significantly, the indications from both the qualitative and quantitative data are that staff practice has shifted to better reflect a rights based supported decision-making approach. The challenge for QPT will be to build on these changes and ensure they continue in the long term. It will be important for example, to ensure that SDM training is included in the induction program for new staff and that regular refresher or advanced training is available to all staff to maintain and develop their skills in applying the Framework. Development of additional case studies and short vignettes that draw more directly on the dilemmas staff experience in using the Framework could help to strengthen the training program and assuage concern about the relevance of SDM to the work of QPT staff. Finally, it may be useful to share the adoption of the SDM Framework and its role as a catalyst furthering rights-based decision support with other Guardianship and Trustee bodies across Australia.

References

Bigby, C., Douglas, J., Smith, E., Carney,T., Then, S-N., & Wiesel, I (2021). I used to call him a non decision maker. parental reflections about training to support decision-making of their adult offspring with intellectual disabilities *Disability and Rehabilitation, https://doi.org/10.1080/09638288.2021.1964623* .

Douglas, J., & Bigby, C. (2018). Development of an evidence-based practice framework to guide support for decision making. *Disability and Rehabilitation* https://doi.org/10.1080/09638288.2018.1498546

Douglas, J., Bigby, C., & Smith, E. (2020). Building Capability to support Client Decision Making. TAC Project No: T005. Living with Disability Research Centre, La Trobe University. https://doi.org/10.26181/5fa20ac4bba07

Guardianship and Administration Act, 2000, Queensland

Human Rights Act ,2019, Queensland

Queensland Public Trustee Annual Report, 2020/2021

Support for Decision Making on line training resources
supportfordecisionmakingresource.com.au

United Nations Convention on the Rights of Persons with Disabilities (2006). United

    Nations.