Glossary – Supported Independent Living Practice Standards

- **Active Support:** Active support is an evidence-informed practice that supports engagement of people with intellectual disabilities in meaningful activities, social interactions, choice and control, communication, community inclusion, learning and development. Active Support is also a proactive strategy for supporting people with behaviours of concern and underpins many behaviour support plans.[1]
- **Advocate(s):** Someone who supports or represents a person (with their consent). Advocates enable the voices of the people they support to be heard[2].
- **Autonomy:** Exercising choice and making decisions about aspects of your own life. Making choices and exercising autonomy depends on the support people receive and having a range of experiences to choose from[2].
- **Behaviour support:** Positive Behaviour Support (PBS), is a human rights and values led approach. It includes an ongoing process of assessment, intervention, and data-based decision making. Behaviour Support focuses on skill building, creating supportive contexts through ecological and systemic change and reducing the likelihood and impact of behaviours of concern. It relies on person-centred, proactive and evidence informed strategies that are respectful of a person's dignity and aim to enhance the person's quality of life[3].
- **Choice and control:** The right for a participant to make their own decisions about their NDIS supports. This can involve: choosing the NDIS supports they receive, including how and when they are provided; having a range of providers to work with; and having the option to manage their own plan funding[4].
- **Conflict of interest:** When a person puts what will benefit them (their own interests) ahead of the interests of the person they are supporting. A Conflict of Interest may be:
  - Actual – it happened.
  - Potential – it might happen.
  - Perceived – it seems like , has or might happen[5]
- **Decision-supporters:** A decision-supporter anyone chosen by the participant or person with disability to support them to make a decision. They can ask any person they would like to be their

[1] Living with Disability Research Centre, Evidence about Best Practice in Supported Accommodation Services: What needs to be in place, Christine Bigby, October 2022

[2] The La Trobe Support for Decision Making Practice Framework Training Resource glossary-final.pdf

[3] behaviour-support-and-restrictive-practices-policy-20250401.pdf

[4] NDIS Commission, Information Supplement A - Glossary.pdf, NDIS Commission website, November 2023.

[5] NDIS Supported Decision Making Policy, NDIA website, April 2023 Supported-decision-making-policy (1).pdf

decision supporter, and may select more than one. Decision supporters must not make the decision on behalf of the person with disability. This is different from a 'representative'[5].

- **Dignity of risk:** Supporting people to take informed risks to improve the quality of their lives. This means rather than seeking to eliminate all risk – which can be highly restrictive and out of proportion to the level of risk involved – the NDIS should work with participants to define acceptable risk levels to achieve their goals[5].
- **Evidence-informed practice:** Evidence-informed practice is a process for making informed decisions about the delivery of supports and services. It focuses on outcomes, including those which improve the person's quality of life, inclusion and social participation[6].
- **Frontline Practice Leadership:** The tasks of Frontline Practice Leadership are defined as;
  - Focusing staff attention on the overall quality of life of the people supported
  - Allocating and organising staff to provide the support people need when they need it to maximise their quality of life
  - Observing, giving feedback, coaching, modelling to shape up the quality of staff support
  - Supervising the practice of each staff member individually
  - Facilitating teamwork and team meetings to share information, ensure consistency and teamwork[1].
- **Human rights:** Basic rights and freedoms that should happen for every person in the world[5].
- **Natural safeguards:** Natural safeguards (also called informal safeguards) are actions and features that are part of people's day-to-day lives and that support them to live safely. These include:
  - things that help people with disability to make informed decisions such as accessible information, or training to build their confidence and skills
  - a trusted network of people to support, look out for and possibly help advocate for the participant, such as family and community networks
  - civil society organisations and paid advisers who support people with disability[7].
- **NDIS Code of Conduct:** Applies to all NDIS providers and workers, regardless of whether they are registered. The Code of Conduct helps providers and workers respect and uphold your right to safe and quality supports and services and sets out acceptable, appropriate and ethical conduct for NDIS providers and workers delivering supports or services in the NDIS market[4].
- **Person-centred practice:** An approach underpinned by recognition of the fundamental human right to equality and self-determination, and the recognition and facilitation of what matters to that person. It is a holistic approach that prioritises wellbeing and quality of life directed at the person's will and by the person's needs and preferences in the context of the person's world (including environments and relationships), individual expression, values and beliefs[3].
- **Preference(s):** What I want, now at this moment in time. For example, my preference might be to move out of home and into a flat in the inner city[2].

[6] Evidence Informed Practice Guide (July 2023).pdf

[7] How the NDIS approaches participant safeguarding | NDIS Review

- **Representatives (or legally appointed supporter):** Representatives assist a person who requires support to make decisions or, where necessary, makes decisions on their behalf. The decision made by the representative should reflect the will and preferences of the person they are assisting. They may be chosen by the person who requires support or appointed by others. In the NDIS, representatives include child representatives, plan nominees and correspondence nominees[5].

- **Safeguards:** An appropriate measure or measures taken to protect participants from unnecessary risks or harm[4].

- **Service agreement:** An agreement between a participant and their provider that outlines what both parties have agreed to. Service agreements help make sure the participant and provider have the same expectations of what NDIS supports will be delivered and how they will be delivered. Making a service agreement is a negotiation between the participant and the provider.[8].

- **Substitute decision making:** This is when someone decides for the person who needs decision making support. It can take choice and control away from them. We encourage supported decision making to be used in the NDIS rather than substitute decision making[5].

- **Supported decision making:** The process of providing support to people to make decisions to remain in control of their lives. This is every person's human right. Supported decision making is a rights based approach that assists a person who requires decision making support to make, and/or communicate, decisions about their own life. It does not mean making the decision for them[5].

- **Tenancy agreement:** A tenancy agreement – also known as a lease – is a legally binding contract between a property manager/owner and a tenant/resident. It outlines each party's legal rights and responsibilities throughout the duration of the tenancy[9].

- **Trauma-informed practice:** A trauma-informed approach to care acknowledges that health care organisations and care teams need to have a complete picture of a patient's life situation — past and present — in order to provide effective health care services with a healing orientation. Trauma-informed care seeks to:
  - Realise the widespread impact of trauma and understand paths for recovery;
  - Recognise the signs and symptoms of trauma in patients, families, and staff;
  - Integrate knowledge about trauma into policies, procedures, and practices; and
  - Actively avoid re-traumatisation[10].

- **Will:** what some wants or wishes to do, and it is what a person is trying to achieve in their life. For example, a person's will might be to be more independent (and their preference is to move out of the family home into a unit with friends). Understanding a person's will helps to understand why they have particular preferences[2].

[8] Making a service agreement | NDIS

[9] Tenancy agreements | Residential Tenancies Authority

[10] Trauma-Informed Care Implementation Resource Centre, What is Trauma-Informed Care, Centre for Health Care Strategies website