



Practice Manual

DANSW Vision, Mission and Values

Our Vision

The DANSW vision is that people with a disability have a right to equality, fairness, and a good quality of life.

Our Mission

DA provides high quality social advocacy and support to people with a disability across NSW, with a commitment to servicing regional and remote communities. Our focus is to empower clients to navigate the legal and social systems and achieve fair outcomes in the pursuit of their goals.

Our Values

Trustworthy – we are committed to an independent, professional and ethical approach in all our dealings with clients and stakeholders.

Persistent – we are committed to strong advocacy and support for those in need and recognise this involves persistence when navigating the system.

Empathic – we acknowledge that people experience difficult times in their lives and recognise support can have a positive impact.

Innovation – we believe in continually striving to improve.

Contents

1	DEFINITION OF KEY TERMS	8
2	STRATEGIES & KEY CONCEPTS	9
2.1	STRATEGIES	9
	2.1.1 INDIVIDUAL ADVOCACY	9
	2.1.2 ADVOCACY INFORMATION AND ADVICE	9
	2.1.3 SYSTEMIC ADVOCACY	9
	2.1.4 EDUCATION	9
	2.1.5 NDIS APPEALS SUPPORT	9
	2.1.6 DECISION SUPPORT PILOT PROGRAM	10
	2.1.7 DISABILITY ROYAL COMMISSION INDIVIDUAL ADVOCACY SUPPORT PROGRAM	11
2.2	KEY CONCEPTS.....	12
	2.2.1 SELF DETERMINATION	12
	2.2.2 CAPACITY	12
	2.2.3 DUTY OF CARE	12
	2.2.4 ADVOCACY & CASE MANAGEMENT	13
	2.2.5 INDIVIDUAL & SYSTEMIC ADVOCACY	13
	2.2.6 LEGAL ADVICE	14
3	SERVICE ACCESS	14
3.1	POLICY STATEMENT.....	14
	3.1.1 ACCESSIBLE INFORMATION – SERVICE ACCESS	14
	3.1.2 IDENTIFYING BARRIERS TO ACCESS	15
	3.1.3 ENSURING PHYSICAL AND CULTURAL ACCESS	15
	3.1.4 PROMOTION OF SERVICE	16
	3.1.5 MONITORING ACCESS STRATEGIES	16
3.2	ENTRY CRITERIA.....	16
3.3	DETAILED ENTRY CRITERIA.....	16
	3.3.1 DISABILITY	16
	3.3.2 GEOGRAPHIC AREA	16

3.3.3	UNFAIR TREATMENT	17
3.3.4	CONFLICT OF INTEREST	17
3.3.5	CASE MANAGEMENT	17
3.3.6	MORE APPROPRIATE AGENCY AVAILABLE	17
3.3.7	STAFF SAFETY	17
3.3.8	REASONABLE PROSPECT OF SUCCESS	17
3.3.9	DISPUTES AND APPREHENDED PERSONAL VIOLENCE ORDERS (APVO)	17
3.4	ACCESS PRIORITIES	17
3.5	PRIORITY RATING – ADVOCACY ASSISTANCE	18
3.5.1	RATING CATEGORIES	18
3.6	INTAKE AND ASSESSMENT PROCEDURE	20
3.7	REGION AT CAPACITY	20
3.7.1	ELIGIBLE CLIENT WAIT LIST	20
3.7.2	CLOSURE OF ECWL	22
3.8	SAFETY RISK ASSESSMENT	22
3.9	TARGETING	22
3.10	EXIT CRITERIA	22
3.10.1	ISSUE RESOLUTION	22
3.10.2	CLIENT DECISION	23
3.10.3	EFFECTIVE ASSISTANCE NO LONGER POSSIBLE	23
3.10.4	APPEAL OF CASE CLOSURE DECISION	24
3.11	CLIENT FEEDBACK.....	25
3.11.1	POLICY STATEMENT	25
3.11.2	PROCEDURE	25
4	INDIVIDUAL NEEDS	26
5	DECISION MAKING AND CHOICE	27
5.1	SELF DETERMINATION.....	27
5.2	INFORMED CONSENT	28
5.3	CLIENTS WHO LACK DECISION MAKING CAPACITY & NON-INSTRUCTED ADVOCACY	28
5.3.1	TAKE THE LEAST RESTRICTIVE OPTION	29

5.3.2	CONSIDER THE CLIENT'S WISHES	29
5.3.3	CONSULT WITH RELEVANT OTHERS	29
5.3.4	ENCOURAGE AND SUPPORT CLIENTS TO USE AND DEVELOP SKILLS	29
5.4	ADVOCACY PROCEDURE – DECISION MAKING AND CHOICE	29
6	CONFIDENTIALITY & PRIVACY	30
6.1	CLIENT INFORMATION	30
6.2	INFORMATION DISCLOSURE & CONSENT	31
6.3	ACCESS TO CONFIDENTIAL INFORMATION	31
6.4	CLIENT RECORDS	32
6.4.1	SUBPOENA (UNLESS LEGALLY PRIVILEGED INFORMATION)	32
6.4.2	NECESSITY	32
6.4.3	STANDARDS AUDITING	32
6.4.4	LEGISLATION	33
6.4.5	REQUESTS FOR ACCESS – CLIENT RECORDS	33
6.5	MAINTENANCE OF FILES	34
6.6	FILE SECURITY	34
6.7	FILES AND RECORD MANAGEMENT	34
6.7.1	RECORDS MANAGEMENT	35
6.7.2	RETENTION AND ARCHIVING	35
6.8	PERSONAL PRIVACY	35
7	PARTICIPATION AND INTEGRATION	35
7.1	SELF-ADVOCACY	36
8	VALUED STATUS	36
8.1	SUPPORTING PEOPLE WITH A DISABILITY TO ACHIEVE VALUED STATUS	36
8.2	PROMOTING VALUED STATUS IN THE COMMUNITY	37
9	DISABILITY ADVOCACY NSW – SERVICE PROVISION PROCEDURE	37
9.1	REQUEST FOR ADVOCACY ASSISTANCE	37
9.1.1	DIRECT CONTACT BY POTENTIAL CLIENT	37
9.1.2	REFERRED BY AGENCY OR PROFESSIONAL	38

9.2	GATHERING INFORMATION ABOUT THE ADVOCACY ISSUE	38
9.3	INITIAL INTAKE ASSESSMENT	38
	9.3.1 ADVOCACY - “A” MATTERS	38
	9.3.2 ADVOCACY - “B” MATTERS	39
	9.3.3 ADVOCACY - “C” MATTERS.....	40
	9.3.4 TAKING ON MORE THAN ONE ADVOCACY ISSUE FOR A CLIENT.....	40
9.4	DETAILED ASSESSMENT AND ALLOCATION.....	41
	9.4.1 WEEKLY REGIONAL INTAKE MEETING.....	41
	9.4.2 ALLOCATION PROCESS.....	42
	9.4.3 ALLOCATION DECISIONS - WORKLOAD EXPECTATION.....	42
9.5	ADVOCACY ASSISTANCE - “A” MATTERS.....	43
	9.5.1 PREPARE TO PROVIDE ADVOCACY SUPPORT – “A” MATTERS.....	43
	9.5.2 INITIAL CLIENT MEETING – “A” MATTERS	44
	9.5.3 ONGOING ADVOCACY SUPPORT – “A” MATTERS	46
	9.5.4 CASE CLOSURE – “A” MATTERS	47
9.6	CLIENT NOTES.....	47
9.7	CLIENT RISK ASSESSMENT	48
	9.7.1 PREVENTING AND DEALING WITH VIOLENCE	50
	9.7.2 DEALING WITH A SUICIDAL CLIENT	52
9.8	CASE REVIEW PROCEDURE.....	53
9.9	STAFF AND TEAM MEETINGS	54
10	COMPLAINTS	55
10.1	DEALING FAIRLY WITH DIFFICULT CLIENTS AND COMPLAINANTS.....	56
10.2	COMPLAINTS MANAGEMENT	56
10.3	STEPS TO COMPLAINTS RESOLUTION	57
	10.3.1 COMPLAINTS AND APPEALS MANAGEMENT PROCEDURE.....	58
	10.3.2 COMPLAINTS INVOLVING BOTH PROGRAMS (DANSW AND MNCCLC)	59
10.4	GENERAL.....	59
11	SERVICE MANAGEMENT	59
11.1	INPUT INTO THE QUALITY ASSURANCE AND PLANNING PROCESS.....	60

11.2	QUALITY ASSURANCE – LINKING IMPROVEMENTS TO PLANNING AND ACTIONS	60
11.3	STRATEGIC & BUSINESS PLANNING.....	60
12	PROTECTION OF HUMAN RIGHTS AND FREEDOM FROM ABUSE	60
12.1	PERSONNEL REQUIREMENTS	61
12.2	OUTREACH TO VULNERABLE PEOPLE WITH DISABILITY	61
12.3	WORKING WITH VULNERABLE PERSONS	62
12.4	REPORTING ABUSE AND NEGLECT – ETHICAL AND POLICY CONSIDERATIONS	62
13	INDEPENDENCE AND CONFLICT OF INTEREST	62
13.1	CONFLICTS OF INTEREST	63
13.2	REGISTER OF KNOWN CONFLICTS OF INTEREST	63
13.3	IDENTIFICATION AND DECLARATION OF CONFLICTS OF INTEREST	64
13.4	MANAGEMENT OF CONFLICTS OF INTEREST	64
	13.4.1 FOR STAFF MEMBERS	64
	13.4.2 STAFF INVOLVEMENT IN EXTERNAL ACTIVITIES.....	65
	13.4.3 CONTRACTORS	65
	13.4.4 BOARD MEMBERS	65
13.5	CONFLICT OF INTEREST – CLIENTS	66
	13.5.1 CLIENT-ADVOCATE CONFLICT OF INTEREST	66
	13.5.2 CLIENT – ADVOCATE CONFLICT OF INTEREST (Pre-existing Relationships with Clients)	66
	13.5.3 CLIENT-CLIENT CONFLICT OF INTEREST.....	67
	13.5.4 CONFLICT OF INTERSET – PERSON WITH A DISABILITY - CARERS	68
	13.5.5 CONFLICT OF INTEREST – SPECIAL ADVOCATES.....	69
	13.5.6 CLIENT- ADVOCATE CONFLICT OF INTEREST	69
13.6	SEXUAL RELATIONSHIPS WITH CLIENTS	70
13.7	GIFTS AND OTHER BENEFITS FROM CLIENTS	70
14	SYSTEMIC ADVOCACY.....	70
14.1	CRITICAL DISABILITY STUDIES.....	71
14.2	SCOPE OF RESEARCH AND SYSTEMIC ADVOCACY ACTIVITIES	71
14.3	RESEARCH ETHICS AND PRIVACY.....	72

14.4	RESPONSIBILITIES	72
14.5	RESEARCH AND PLANNING - PROCEDURE	73
	14.5.1 RESEARCH AND PLANNING	73
	14.5.2 DOCUMENTING DANSW SYSTEMIC ADVOCACY WORK	74
14.6	SYSTEMIC ADVOCACY PROJECT - PROCEDURE	75
	14.6.1 SYSTEMIC ADVOCACY PROJECT PROPOSAL	75
	14.6.2 SYSEMIC ADVOCACY PROJECT DOCUMENTATION	75
14.7	EVALUATION OF SYSTEMIC ADVOCACY ACTIVITIES.....	75
	14.7.1 COMPLETION OF ACTIVITY REPORTS.....	76
14.8	REGIONAL SYSTEMIC ADVOCACY PROJECTS - PROCEDURE.....	76
15	APPENDIX A: INTERVIEWING CLIENTS AT EXTERNAL LOCATIONS	77
16	APPENDIX B: DEALING WITH A SUICIDAL CLIENT.....	80
17	APPENDIX C: NSW OMBUDSMAN GUIDELINES – DEALING FAIRLY WITH DIFFICULT CLIENTS AND COMPLAINANTS.....	81
18	APPENDIX D: DEALING WITH WORKPLACE VIOLENCE.....	84
19	APPENDIX E: DISPUTES AND APPREHENDED PERSONAL VIOLENCE ORDERS (APVO)	86

1 DEFINITION OF KEY TERMS

Advocate: A member of DANSW’s team who is supporting a client who has been treated unfairly.

ALA: Advocacy Law Alliance Inc.- the association and legal entity which governs Disability Advocacy NSW and the Mid North Coast Community Legal Centre.

ARC: Assistant Regional Coordinator

Board: Board of management of ALA

CEO: Chief Executive Officer

Client: A person or group of people with a disability or carer or family who is being advised and/or assisted by DANSW’s advocates (i.e., service user, consumer etc.).

DANSW: Disability Advocacy NSW or “DA”

Disability: A broad definition of ‘disability’ is utilised by DANSW, as suggested by the Disability Discrimination Act 1992, namely; “(a) total or partial loss of a person’s bodily or mental functions; or (b) total or partial loss of a part of the body; or(c) the presence in the body of organisms causing disease or illness; or (d) the presence in the body of organisms capable of causing disease or illness; or (e) the malfunction, malformation or disfigurement of a part of the person’s body; or (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or (g) a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour; and includes a disability that: (h) presently exists; or (i) previously existed but no longer exists; or (j) may exist in the future; or (k) is imputed to a person.”

DCEO: Deputy Chief Executive Officer

ECWL: Eligible Client Wait List

FO: Finance Officer

IA: Intake Advocate

IVO: Current client management system

MA: Manager Advocacy

MNCCLC: Mid North Coast Community Legal Centre

MSO: Management Support Officer

RC: Regional Coordinator

2 STRATEGIES & KEY CONCEPTS

2.1 STRATEGIES

DANSW will use a combination of the strategies below to meet its aims.

2.1.1 INDIVIDUAL ADVOCACY

Assisting individuals to deal with disadvantage, discrimination and other barriers which they face because of their disability.

2.1.2 ADVOCACY INFORMATION AND ADVICE

Provision of information and advice to ensure that people with a disability, and those who support them, have the best access to relevant information and advice on advocacy matters.

2.1.3 SYSTEMIC ADVOCACY

Assisting individuals or groups to deal with recurrent or systemic problems which relate to disability. This strategy may involve assisting people to undertake community action such as lobbying decision makers or using community development strategies to reduce disadvantage.

2.1.4 EDUCATION

Educate the community and people with a disability to reduce disadvantage and discrimination faced by people with a disability. This strategy will promote the abilities of people with a disability and inform them of their rights and ways to obtain them.

2.1.5 NDIS APPEALS SUPPORT

The National Disability Insurance Scheme (NDIS) is Australia's first national scheme for people with disability. It moves away from the previous system of providing block funding to agencies and community organisations, to give funding directly to people with a disability. The National Disability Insurance Agency (NDIA) is the government agency who manages the schemes operations and makes decisions about who can access the scheme and what funding eligible people are provided with. There are certain decisions made by the NDIA that can be reviewed if an individual participant or prospective participant is unhappy and does not agree with the decision made.

The Department of Social Services (DSS) funds NDIS Appeals Support services to ensure that people with disability, and other people affected by reviewable decisions of the NDIA, have access to support when seeking review of those decisions in the Administrative Appeals Tribunal (AAT).

- Helping applicants navigate the NDIS Appeals process
- Helping applicants self-advocate
- Providing individual advocacy for applicants
- Supporting applicants at case conferences, conciliations and hearings
- Helping applicants access legal services

2.1.6 DECISION SUPPORT PILOT PROGRAM

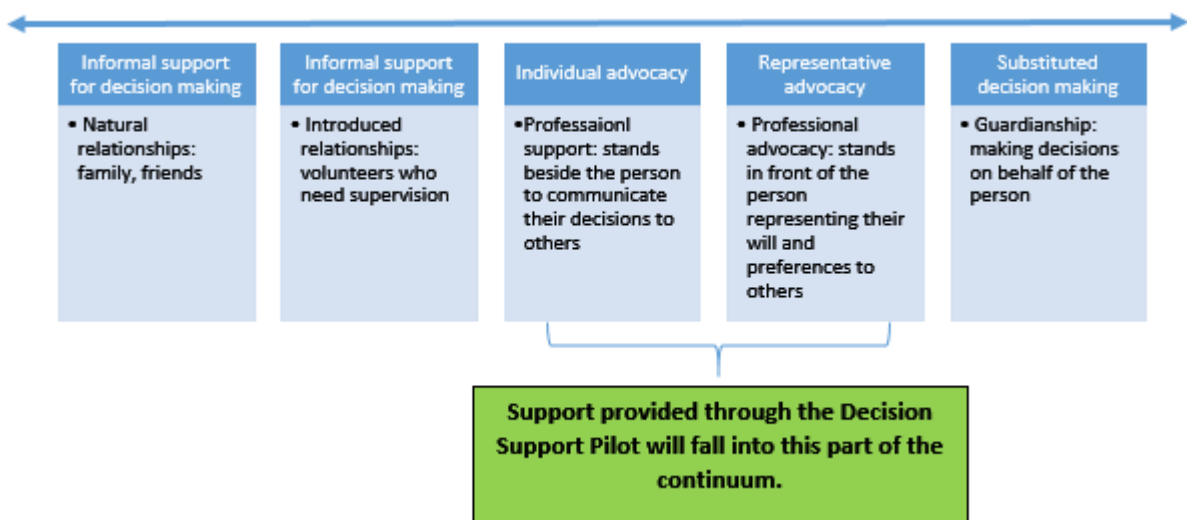
The Department of Social Services (DSS) has initiated a program for the provision of decision-making support for people interacting with the National Disability Insurance Scheme (NDIS) who have limited decision-making capacity and no other 'viable' decision-making support. This program has been initiated to support a cohort of people with disability who are being prevented from making access requests or proceeding through NDIS planning and plan implementation processes because they are unable to make informed decisions on their own and do not have any family, carers or friends who are viably able to assist them with the necessary decision making.

The advocate will work with the person in the following ways to assist in the decision-making process:

- Building knowledge of the person's context through building a supportive and respectful relationship.
- Considering the decision-making history of the person including opportunities, efficacy, and significance of the consequences of past decision-making.
- Considering any other expert or relevant information or reports that are available.
- Mapping the people in the participants life to identify possible informal decision support.

The information gathered will be used to develop and implement decision supports based on the individual needs of the person and the issues.

Decision Support provided by advocates through this program will fall into the two categories identified on the continuum below:



2.1.7 DISABILITY ROYAL COMMISSION INDIVIDUAL ADVOCACY SUPPORT PROGRAM

DA NSW has been funded to provide Individual Advocacy Support for people with disability and their carers/ families throughout the duration of the commission inquiry (3 years).

Funding has been distributed in line with existing (NDAP) coverage area/s to ensure the target group engages with and understands the activities of the Royal Commission.

Advocacy support is available for **people with disability or family members or carers acting on their behalf** who live in our NDAP funded regions (see table below) and cannot advocate for themselves because they have difficulty in communicating or understanding how to engage with the Commission.

Central West Dubbo Region Cobar Bourke – Brewarrina Bathurst and Mudgee Nyngan – Warren Orange and Narromine Lachlan Valley and Wellington	New England Tamworth Region Tenterfield Armidale Glen Innes Inverell Gunnedah Shire Council area Liverpool Plains (Quirindi area)	Sydney West Lithgow Bankstown Sydney - Outer South West Sydney - South West Sydney - Outer West & Blue Mountains
Far West NSW Far West Region Broken Hill	Mid North Coast Mid North Coast Region Coffs Harbour	Hunter / Central Coast Maitland Newcastle and Lake Macquarie Port Stephens Lower Hunter Upper Hunter

WHAT ADVOCACY SUPPORT IS AVAILABLE?

An advocate will be able to help people with disability to understand how to tell their story to the Disability Royal Commission, how to work out problems or avoid discriminatory issues, find communication supports such as interpreters, and access other supports such as legal or financial services.

Advocacy support under this program may include, but is not limited, to the following services:

- inform people about the Royal Commission, including through outreach;
- help people understand the purpose of the Royal Commission;
- provide advice on issues/risks that may arise while engaging with the Royal Commission (noting legal issues/risks will be referred to appropriate legal advisory services);
- help people work out whether they want to participate in the Royal Commission, and explain the difference between public hearings, private sessions (if such sessions are to occur) and written submissions;

- help people who want to participate in the Royal Commission plan the best way to tell their story;
- help people communicate with the Royal Commission about required communication supports (e.g., interpreters, accessible interview techniques, recordings);
- refer people to other agencies for ongoing counselling and/or psychological support as needed; and
- deal with other related issues faced by people engaging with the Royal Commission e.g., accessing services, finding housing, stopping discrimination, or making complaints.

2.2 KEY CONCEPTS

The following section contains discussion of key principles and ideas which underpin policies in this document.

2.2.1 *SELF DETERMINATION*

One of the key concepts related to Advocacy by DANSW is client self-determination. This is where advocates act to achieve outcomes requested by clients based on the client's informed consent. However, the outcome the client desires must also be balanced by two key concepts: capacity and duty of care.

2.2.2 *CAPACITY*

DANSW must seek to act on the instructions of the client, but this is balanced with the client's capacity to give the advocate instructions. Capacity in this context means that a client has the ability to understand the information that is relevant to the decision; is able to balance the various risks and benefits associated with the available alternatives and, on this basis, make a decision. In addition, capable decisions are not based on delusional constructs. For clients of DANSW there will be a presumption of capacity. Also, capacity will be considered as decision specific (i.e., capacity is considered in relation to a specific decision, at a specific time and under specific circumstances).

2.2.3 *DUTY OF CARE*

DANSW must also balance against the client's instructions its duty to take reasonable care to avoid causing harm by its actions

To ensure that reasonable Advocacy actions on behalf of a client are not excessively subdued by duty of care requirements the Advocate will:

- Assess the likelihood and extent of the foreseeable harm
- Assess the likelihood and extent of the foreseeable benefit
- Look for ways to minimise the risk of harm without sacrificing the benefits of

the Advocacy intervention

- Balance the foreseeable harm against the benefit.

Capacity Toolkit

https://www.justice.nsw.gov.au/diversityservices/Pages/divserv/ds_capacity_tool/ds_capacity_tool.aspx

“Who Can Decide”, P Darzins, D Molloy, D Strand (eds), 2000 Memory Press Aust.
Duty of Care is more than the legal concept in this case and relates to the principle of non-maleficence which can be summed up by the famous saying “primum non nocere” which means “above all do no harm”. The principle is also stated in the Hippocratic Oath where it says: “I will use treatment to help the sick according to my ability and judgement, but I will never use it to injure or wrong them”. (Ethics and Law for the Health Professions 2nd Ed, 2005, Ian Kerridge, Michael Love and John McPhee).

2.2.4 ADVOCACY & CASE MANAGEMENT

DANSW’s main role is to provide advocacy. However, there is often confusion and overlap between what is commonly known as case management and advocacy. This section should be read in conjunction with other relevant policy in this document such as entry and exit policy.

A common definition of an advocate is an individual who speaks on behalf of another. Implicit in the concept is the notion that the person represented lacks the knowledge, skill, ability, or standing to speak for themselves.

A common definition of a case manager is an individual who facilitates the access of a client to appropriate support programs, and coordination of the delivery of services. This role may involve liaison with various professionals and agencies and Advocacy on behalf of the client.

The key differences between Advocacy and case management relates to the concepts of independence and service provision. A case manager is often part of an organisation which provides services whereas an advocate strives to be as independent as possible from disability service providers (please refer to 13.0 Conflict of Interest policy). An advocate will become involved where there has been a violation of a client’s rights or unfair treatment whereas the basic task of a case manager will be to facilitate and coordinate service delivery.

While an advocate may become involved in facilitating service delivery (for instance if access to a service has been unfairly denied) this will be part of a specific Advocacy plan related to an outcome requested by the client.

Where DANSW believes that a client needs case work type assistance it will seek to refer the client to the appropriate case work service. Nevertheless, DANSW sometimes has to make difficult decisions in situations where there are no case management services available or where poor access to case work services may be the Advocacy issue itself.

2.2.5 INDIVIDUAL & SYSTEMIC ADVOCACY

DANSW will seek to use both forms of Advocacy to get the best outcomes for clients. Systemic

Advocacy actions will be based on evidence from actual client issues and evidence from research. In systemic advocacy actions DANSW will take reasonable steps to get informed consent from clients. DANSW will also seek to take up systemic advocacy issues in alliance with people with disability and carers. In circumstances when consent is not possible (e.g., lack of capacity) DANSW will take reasonable steps to safeguard the interests and rights of clients where there is well founded evidence of a systemic problem.

2.2.6 LEGAL ADVICE

Disability Advocates do not provide legal advice as part of their role. Clients are notified of this in a number of ways:

- at intake when a potential client contacts DANSW;
- verbally by advocates in initial discussions with clients;
- in the Client Handbook which all clients receive before using DANSW for each Advocacy issue;
- on the Disability Advocacy NSW website www.da.org.au;
- in initial correspondence when clients are offered service;
- in the process of creating a disability Advocacy agreement with a client; and
- in regular correspondence with the client.

If legal advice is needed as part of assisting a client this will be done through assisting the client to obtain advice from a qualified legal practitioner (e.g., Disability Law NSW www.dalnsw.org.au)

If an advocate is not sure if the information or assistance that they provide to a client could be construed as legal advice they will contact their supervisor.

3 SERVICE ACCESS

3.1 POLICY STATEMENT

DANSW will ensure that each person or group has access to the Service on the basis of relative need and available resources. DANSW adopts, applies and promotes non-discriminatory entry rules in respect of age, gender, race, culture, religion or disability, living arrangements, consistent with the contractual obligations and purpose of the agency.

3.1.1 ACCESSIBLE INFORMATION – SERVICE ACCESS

DANSW will provide information about DANSW and its policies in a range of formats which are appropriate for clients. A policy and procedure summary is provided to all clients in the form of a Client Handbook. To ensure that all levels of understanding are taken into account the Advocate will provide an oral summary of key policies contained in the Client Handbook at a level compatible with the client's level of understanding. [An easy English version of the client handbook](#) is also available for use as needed.

DANSW will:

- identify and address barriers to access for people in the target group/s.
- use service planning to maximise accessibility for people in the target group/s, ensuring that all services, activities, facilities and premises are designed to maximise physical and cultural accessibility for service users
- use proactive information strategies for potential service user groups to increase knowledge of and understanding about the organisation and the services offered
- regularly review how accessible services are and use this information to improve access wherever possible.

3.1.2 IDENTIFYING BARRIERS TO ACCESS

DANSW provides services to all people with a disability, and their carers* or families* of these people (please refer to [13.0 Conflict of Interest](#) policy).

To identify barriers to access, the organisation will:

- compare the profile of service users with local population data and past service records on an annual basis to identify groups who are underrepresented.
- review relevant literature and practice experience.
- consult with service users and/or their advocates, other agencies and staff.
- seek advice from relevant community groups or members.

RC's will be responsible for coordinating this process and reviewing the research outcomes as part of the annual planning process.

3.1.3 ENSURING PHYSICAL AND CULTURAL ACCESS

DANSW will ensure the following:

- Its premises are accessible by public transport.
- Its premises and facilities are physically accessible to people with limited mobility or disability.
- Its opening hours provide access to the full range of service users.
- Services are provided in as flexible manner as possible to meet the needs of individuals.
- It maintains effective messaging systems for service users to contact the organisation.
- Client areas are kept clean, comfortable and welcoming.
- The cultural and language needs of people within the target group/s are identified and accommodated.
- Interpreters or bilingual staff are available for any person requiring assistance.

3.1.4 PROMOTION OF SERVICE

RC 's will be responsible for developing and reviewing a regional service promotion and information strategy in consultation with the MA

DANSW will produce information about its services and activities in a range of formats suitable for the full range of people who may need to access them.

3.1.5 MONITORING ACCESS STRATEGIES

The MA and RC's will be responsible for reviewing the effectiveness of physical and cultural access strategies as part of the annual planning process.

3.2 ENTRY CRITERIA

DANSW will advocate with and for people with a disability, and the carers or families of these people (please refer to [13.0 Conflict of Interest](#) policy).

All requests for advocacy must proceed through the regional intake and assessment process to determine eligibility (please refer to Request for Advocacy Assistance policy [9.1.1](#) - [9.1.2](#)).

If a person is not eligible, they will be told why (without disclosing confidential information) and, when appropriate, provided with the Client Handbook which details DANSW's complaints and resolution process. DANSW will also endeavour to provide general advice/information and, where possible, help with or suggest alternative assistance.

3.3 DETAILED ENTRY CRITERIA

A person will be eligible for Advocacy assistance if the following criteria are met:

3.3.1 DISABILITY

The person has a disability or is a carer whose interests are compatible with those of the person with a disability (note: the client will be the person with a disability).

3.3.2 GEOGRAPHIC AREA

The person lives within the geographic areas DANSW is funded to cover.

3.3.3 UNFAIR TREATMENT

The person with a disability has been treated unfairly. This occurs if the person is treated contrary to; law, human rights, policy, standards or well accepted conventions (such as procedural fairness).

3.3.4 CONFLICT OF INTEREST

There is no conflict of interest in DANSW advocating for the person (please refer to [13.0 Conflict of Interest](#) policy).

3.3.5 CASE MANAGEMENT

The matter that a person needs assistance with is Advocacy as opposed to case management (please refer to key concept definition [2.2.4](#)).

3.3.6 MORE APPROPRIATE AGENCY AVAILABLE

There is no other more appropriate agency that the person can seek assistance from either independently or with a specific referral from DANSW.

3.3.7 STAFF SAFETY

The client displays behaviour that endangers DANSW's staff (please refer to [3.10 – 3.10.3 Exit](#) policy).

3.3.8 REASONABLE PROSPECT OF SUCCESS

There remains a reasonable prospect of success (i.e., all reasonable avenues of complaint and appeal in relation to the Advocacy matter have not been exhausted and further effort is not futile or unwarranted on the evidence available (please refer to [3.10 – 3.10.3 Exit](#) policy).

3.3.9 DISPUTES AND APPREHENDED PERSONAL VIOLENCE ORDERS (APVO)

An advocate can assist with disputes and APVO's only when mediation has been attempted and when it is a reasonable option to resolve the dispute (e.g., neighbour dispute) and that assistance from other appropriate agencies (e.g. court support scheme) has been sought (please refer to [Appendix E](#)).

3.4 ACCESS PRIORITIES

DANSW will endeavour to assist all individuals and groups in the above categories who seek its assistance. However, the following factors will be considered if assistance needs to be prioritised or alternative assistance needs to be recommended to the potential clients.

1. The actual or potential seriousness of the problem the person or group is facing.
2. The lack of alternative assistance to resolve the problem
3. The seriousness of the person's disability in terms of the way it affects his or her ability to deal with the problem they are facing.
4. Whether the matter is an icare dispute or complaint. Under funding guidelines, DANSW must respond to a request for advocacy support to submit an iCare dispute or complaint within 24 hours. An advocate must then contact the client within three (3) business days.
5. Whether DANSW has capacity (available resources in a region) to take on the advocacy issue in accordance with Priority Rating timeframes (please refer to [3.5 Priority Rating – Advocacy Assistance](#)).
6. The probability of successful outcome for the person in relation to: (a) DANSW's resources and (b) other high priority Advocacy matters (please refer to [3.5 Priority Rating – Advocacy Assistance](#)).
7. DANSW will generally only deal with one Advocacy issue per client at a time for reasons of fairness to all people eligible to use DANSW.
8. The ability of DANSW to ethically deal with the matter in relation to DANSW's Independence and Conflict of Interest policy (please refer to [13.0 Conflict of Interest](#) policy).

3.5 PRIORITY RATING – ADVOCACY ASSISTANCE

In accordance with DANSW's policy, the seriousness of a person's disability (especially when it affects a client's ability to advocate for themselves) and the lack of alternatives for Advocacy assistance, should be considered when assessing priority.

3.5.1 RATING CATEGORIES

High

Requires *Initial Contact Date* (ICD) within one week of allocation or less.

Urgent situation – a client is extremely vulnerable because of presenting issue and there are no other reasonable alternatives for assistance.

All iCare and external NDIS Appeals matters will be allocated a high priority rating.

For example:

- A vital service (e.g., accommodation, income support) is at immediate risk.
- A client needs assistance with a serious criminal matter (e.g., sexual assault).
- A vital court hearing or meeting is to be held which will have a significant impact on a client's life.
- A client is in extreme distress and Advocacy intervention has the potential to alleviate this distress.
- The unfair treatment of a client is extreme or likely to have a serious effect on many others.

Medium

Requires *ICD* within two weeks of allocation or less.

Immediate response is not vital, but the issue is still important and must be dealt with as soon as DANSW's resources allow.

For example:

- A vital service is at risk in the near future.
- A vital court hearing or meeting is to be held in the near future.
- The unfair treatment of a client is relatively serious.
- Advocacy action within the medium priority time frame will provide a satisfactory outcome for the client.
- A dispute where a short cooling off period may potentially benefit the client before making decisions about outcomes required.

Low

Requires *ICD* within two to four weeks of allocation or less.

Response is not as urgent as a High or Medium priority issue, because the presenting issue is one where the response time will not unduly affect the outcome.

For example:

- Where a client may request an outcome to a less serious issue that has the potential to use significant DANSW's resources.
- A long running issue that has only recently been referred to DANSW (e.g., assisting a client to get legal help to write a will).
- Issues where the client cannot yet be clear about the outcomes they require (e.g., a client may raise an issue of unfair treatment but is yet unsure if they wish to follow through with any action).
- A dispute where a longer cooling off period may potentially benefit the client before making decisions about outcomes required (e.g., dispute with a neighbour where violence is not involved).
- A situation where a client, having the ability to do so, has taken no action to rectify the issue (e.g., a neighbour dispute where a previous agreement has not been adhered to by

the client).

If a client comes back with the same advocacy issue within 3 months, their matter must be prioritised through the intake process. Wherever possible, the matter will be allocated to the same advocate who worked on that matter to ensure continuity for the client.

3.6 INTAKE AND ASSESSMENT PROCEDURE

A weekly intake meeting is convened in each DANSW region. Eligibility, priority access and allocation details for all new advocacy requests are discussed during the meeting. The Intake Advocate (IA) will then take the following action:

Contact **eligible** clients (phone, SMS or email) to advise them they have been accepted for service, their ICD and advocate name (See [SMS Template](#).)

Contact **ineligible** clients to advise them they have not been accepted for service and:

- provide the person with the reason (without breaching privacy policy)
- document the reason on IVO
- provide information and/or referral as appropriate
- provide self-advocacy advice as appropriate
- provide information about complaints and disputes (contained in Client Handbook) as appropriate

3.7 REGION AT CAPACITY

If a DANSW region is unable to provide advocacy assistance to eligible clients in accordance with priority timeframes (please refer to [3.5.1 Priority Timeframes](#) policy) due to lack of available resources, DANSW will:

- offer to refer the client to another service and/or
- offer placement on the **Eligible Client Wait List (ECWL)** in the region (please refer [3.7.1 Eligible Client Wait List](#) policy).

3.7.1 ELIGIBLE CLIENT WAIT LIST

If DANSW is unable to allocate advocacy matters in accordance with the priority timeframes (please refer to [3.5.1 Priority Timeframes](#) policy) due to lack of available resources, the RC of the region may initiate an ECWL.

When an ECWL is in operation, all new advocacy requests proceed through the standard intake and assessment process (please refer to [9.0 Service Provision](#).) to determine eligibility.

iCare matters are NOT placed on the ECWL but proceed through to allocation in accordance

with funding guidelines (please refer to [3.5.1 Priority Timeframes](#) policy). All other matters are considered for placement on the ECWL at the weekly regional intake meeting.

Following the weekly intake meeting, the IA will take the following actions:

Contact **eligible** clients and advise that they have been accepted for advocacy assistance and offered a place on our ECWL, or where possible, be given the option of a referral elsewhere.

- a. If a client agrees to be placed on the ECWL, they will be advised of the following information regarding management of the wait list:
 - i. Specific timeframes cannot be given as allocation timeframes will be dependent on when current active cases are finalised, and there is capacity to take on a new case(s).
 - ii. Self-advocacy advice/support will be provided where possible.
 - iii. Advocacy capacity in the region will be formally reviewed at the weekly regional intake meeting.
 - iv. If there is capacity in the region to allocate a case/cases from the ECWL, allocation decisions are made on a weekly basis during the regional intake meeting and in accordance with [3.5.1 Priority Timeframes](#) policy.
 - For allocated cases, the IA will contact the client to advise of the allocation, the advocates name and ICD (please refer to [3.6 Intake and Assessment](#) policy).
 - For unallocated cases, contact is made with each client following the weekly regional intake meeting to confirm the status of their advocacy issue and their place on the ECWL.

Contact **ineligible** clients to advise them they have not been accepted for service and:

- provide the person with the reason (without breaching privacy policy)
- document the reason on IVO
- provide information and/or referral as appropriate
- Provide self-advocacy advice as appropriate
- provide information about complaints and disputes (contained in [Client Handbook](#)) as appropriate

3.7.2 CLOSURE OF ECWL

If a DANSW region has an ECWL in operation and the number of clients on the ECWL reaches 20% of the region's total capacity, the wait list may be closed after consultation between the RC of the region and the MA. If this occurs, DANSW will endeavour to provide general advice/information, offer self-advocacy advice, and, where possible, help with or suggest alternative assistance.

If a region's waitlist is closed, a notice will be displayed on the Referral page of the DANSW website (www.da.org.au/referral/).

If a DANSW regional office has a closed waitlist, it will be reviewed every four weeks from date of closure by the RC and an update on the region's capacity will be provided to the MA. If the number of clients on the ECWL approaches 5% of the region's total capacity, the waitlist may be reopened after consultation between the RC of the region and the MA.

3.8 SAFETY RISK ASSESSMENT

As part of DANSW's safety risk management approach all new clients will receive a simple assessment prior to allocation based on the facts available to ascertain the safest location for the advocate to meet with the client. This risk assessment will be documented on the client's file in IVO (client management system) by the IA. The assessment will be reviewed and updated by the advocate in consultation with the RC as needed (please refer to [9.7 Client Risk Assessment](#) policy).

3.9 TARGETING

DANSW will ensure that Aboriginal and Torres Strait Islander (ATSI) people and people from culturally and linguistically diverse (CALD) background have access to DANSW by actively seeking connections with these communities. DANSW will take appropriate measures to make sure these people feel comfortable about accessing and using the Service. DANSW will also ensure that appropriate translating or interpreting services are provided, if required, assisting the client during the assessment of eligibility and entry process.

3.10 EXIT CRITERIA

The provision of Advocacy support may cease in the following circumstances.

3.10.1 ISSUE RESOLUTION

The issue that the client sought assistance with is resolved.

(Note: a new application for Advocacy assistance may be made for a new issue through our standard intake process (please refer to [3.6 Intake and Assessment](#) policy).

3.10.2 CLIENT DECISION

The client decides not to continue or decides to pursue an alternative type of resolution.

3.10.3 EFFECTIVE ASSISTANCE NO LONGER POSSIBLE

DANSW believes it can no longer effectively assist the client. DANSW will assist the person to pursue alternatives if this is possible. Some examples are listed below to clarify this policy.

Negative Impact on Service:

A client's requested action may negatively affect DANSW's Advocacy for other clients.

Example 1: A client wishes DANSW to assist them to go to the media or write a letter using DANSW's letterhead, when there is limited evidence to back up the client's case. This may damage DANSW's ability to take such actions for other clients if DANSW is seen to make unsubstantiated claims.

Example 2: A client wishes to pursue a matter, however based on the limited chances of a successful resolution, continued Advocacy assistance negatively impacts on other client matters with a high priority

Example 3: A client wishes DANSW to participate in making a false statement to a government department

Negative Impact on Client:

After DANSW has made attempts to resolve the advocacy matter, a client wishes to persist with the Advocacy matter that will clearly have a significant and foreseeable negative impact on their life.

Example 1: Against independent advice a client may wish to pursue action that may cost them their savings, be illegal or jeopardise access to subsidised accommodation

Lack of Confidence:

A client may express a lack of confidence in an advocate and/or DANSW to pursue the outcome they wish.

Example 1: A client may express the view that DANSW does not have the skills or experience to

pursue his/her advocacy matter.

Note: If the client wishes to appeal the decision about lack of confidence in the advocate and/or DANSW, advocacy should be suspended while the appeal is considered (please refer to [10 Complaints](#) policy).

Lack of Capacity:

A client's decision-making capacity may impact a client's ability to give and receive advocacy directions (please refer to [2.2.3 Duty of Care](#) policy).

Example 1: A client experiencing an episode of mental illness who is requesting DANSW to take Advocacy action that may have a significant negative impact upon the client and DANSW. DANSW may seek advice from an alternative decision maker in some circumstances.

More Appropriate Service Available:

There is a more appropriate agency that a client can seek assistance from for their advocacy issue, either independently or through referral.

Example 1: A client who needs to seek legal advice and representation to properly deal with an advocacy issue

Example 2: A client who needs assistance with a tenancy (housing) related issue and would benefit from specialised support/advice from a tenancy advocacy service e.g., tenant's advice and advocacy service.

Staff Safety

The client displays behaviour that presents as a risk to the safety and wellbeing of staff.

No reasonable prospect of success

There is no reasonable prospect of success as all reasonable avenues of complaint and appeal in relation to the Advocacy matter are exhausted and further effort is futile or unwarranted on the evidence available.

Example 1: A client wishes to continue appealing decisions they believe to be unfair, however, all reasonable avenues have already been explored.

3.10.4 APPEAL OF CASE CLOSURE DECISION

Sometimes a client may disagree with a decision to close an advocacy matter and has a right of appeal through the DANSW complaints process (please refer to [10 Complaints](#) policy).

Where there are threats that endanger staff safety, the client involved can seek the assistance of an independent external Service (e.g., NSW Ombudsman or CRRS) to challenge DANSW's decision to discontinue service.

3.11 CLIENT FEEDBACK

3.11.1 *POLICY STATEMENT*

DANSW actively seeks the input of clients and encourages them to provide feedback, both positive and negative, as a source of ideas for improving services and activities. The organisation will:

- Foster a service culture that encourages open and honest communication.
- Inform clients about the standard of service they can expect.
- Protect the right of clients to provide feedback and to make complaints about service delivery.
- Encourage and make it easy for people to provide feedback.
- Provide anonymity to people providing feedback.
- Record and analyse information arising from feedback and use it to improve services.

3.11.2 *PROCEDURE*

Encouraging client feedback

All staff and volunteers will be responsible for ensuring that clients are informed of what they can expect from DANSW and how they may provide feedback. Information will be provided to clients through a Client Handbook and exit surveys sent to clients, as well as through client consultations.

All staff and volunteers working with clients are responsible for ensuring they are familiar with the procedures for clients to provide feedback, and for:

- accepting and reporting informal feedback
- offering clients an opportunity to provide formal feedback when appropriate.

Initiating and collecting client feedback

Feedback may be provided by individual clients [and stakeholders] on their initiative or in response to requests from the organisation.

Individual clients may provide feedback by:

- Exit surveys (via post, phone or online).
- Face to face consultations with a sample of clients.
- Complaints.
- Unsolicited feedback.
- Website information and feedback option <https://da.org.au/feedback-complaints/>

For DANSW, the MA will be responsible for receiving and making a record of feedback and reporting on de-identified feedback to the CEO and Board.

Using feedback for service improvement

The MA will maintain and manage de-identified feedback statistics for service improvement.

The MA will be responsible for preparing a report on de-identified feedback to the Board and to members in the Annual Report.

Results from client de-identified feedback will be reviewed by senior staff and Board and used to:

- Inform service planning by including a review of client feedback in all service planning, monitoring and evaluation activities.
- Inform decision making by including a report on client feedback as a standard item on staff and management meeting agendas.

4 INDIVIDUAL NEEDS

Policy Statement

DANSW will ensure that each person with disability receives advocacy that is designed to meet their individual needs and interests.

Procedure

DANSW will ensure that the individual advocacy process meets the individual need of the client through negotiating an individual advocacy agreement with clients.

DANSW's actions on behalf of the client in the advocacy process will be planned around the preferred outcome of the client.

The advocacy process will be sensitive to each client's age, sex, cultural and religious background.

Where feasible, DANSW will provide estimates of the time frame for undertaking actions

requested by the client. If this time frame alters significantly, DANSW will inform the client.

When appropriate, DANSW will follow up clients after advocacy assistance. During the follow up, outcomes will be checked, and clients will have the opportunity to review the role of DANSW (exit survey).

Please refer to [5.0 Decision Making and Choice](#) policy for more information about client participation in individual advocacy process

5 DECISION MAKING AND CHOICE

Policy Statement

DANSW will ensure that each person with disability can participate where possible in making decisions about the advocacy activities undertaken.

DANSW is also aware that the law indicates that decision making capacity of young people with a disability (i.e., under the age of 18) is not automatically referred to parents or guardians. Therefore, when feasible the Advocate will seek the views of the young person, who is a client. Advocates also understand that common law¹ says that the older the young person is (e.g., 14-18) the greater the input they will generally have into decision making should they have the mental capacity to do so.

¹a young person has the capacity to consent if he/she has “sufficient understanding and intelligence to enable [him/her] to understand fully what is proposed” (‘Gillick Test’). DANSW’s approach is to encourage and support clients to make informed choices about advocacy support. However, in some circumstances this must be balanced against DANSW’s responsibility not to participate in decisions by a client that might pose a significant and foreseeable risk to the client’s safety or interests, DANSW’s ability to assist other clients, and the safety of staff and volunteers.

Procedure

The following are basic principles which will guide advocates in the process of assisting clients with advocacy matters.

5.1 SELF DETERMINATION

Advocates respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Advocates may limit clients' right to self-determination when, in the advocate’s judgment, a client’s actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others (please refer to [3.0 Service Access Policy](#)).

5.2 INFORMED CONSENT

1. Advocates should provide services to clients only in the context of valid informed consent. Advocates should use clear and understandable language to inform clients of the purpose of advocacy actions, risks related to advocacy actions, limits to advocacy because of the requirements of the funding body, relevant costs, reasonable alternatives, client's right to refuse or withdraw consent, and the time frame covered by the consent. Advocates should provide clients with an opportunity to ask questions.
2. In instances when clients are not literate or have difficulty understanding local language, advocates should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation, providing information in pictorial format or arranging for a qualified interpreter or translator whenever possible.
3. In instances when a client lacks the capacity to provide informed consent, advocates should protect the clients' interests by seeking permission from an appropriate third party recognised by the law (e.g., guardian, parent, person responsible), informing clients consistent with the client's level of understanding. In such instances, advocates should seek to ensure that the third-party acts in a manner consistent with the client's will and preferences. Advocates should take reasonable steps to enhance such client's ability to give informed consent.
4. If there is no alternative decision maker for the client, DANSW will, in the first instance, support relevant agencies or people to make application to the Guardianship Tribunal. DANSW will take this avenue in the first instance to allow the advocate more freedom to support the client through the Guardianship Tribunal process if necessary. However, in circumstances where DANSW is particularly concerned about the client's welfare and there are no alternative applicants, it may seek to make an application for an alternative decision maker itself.
5. In instances when clients are receiving services involuntarily (e.g., a financial management or community treatment order), advocates should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

5.3 CLIENTS WHO LACK DECISION MAKING CAPACITY & NON-INSTRUCTED ADVOCACY

If there is no alternative decision maker, or the decision maker appears to be acting against the client's will and preferences, the advocate should take reasonable steps to safeguard the interests and rights of the client. In doing so the Advocate may use the following principles to guide their actions.

5.3.1 TAKE THE LEAST RESTRICTIVE OPTION

The intervention by the advocate will be the least restrictive in relation to the freedom of the client.

5.3.2 CONSIDER THE CLIENT'S WISHES

The advocate will consider the client's present, and past will and preferences so far as they can be ascertained.

5.3.3 CONSULT WITH RELEVANT OTHERS

The advocate will seek and consider the views of relevant people who are close to the client or who may know the client well. In weighing up the views of relevant others the advocate will consider issues such as conflict of interest (please refer to [13.0 Conflict of Interest](#) policy)

5.3.4 ENCOURAGE AND SUPPORT CLIENTS TO USE AND DEVELOP SKILLS

The advocate will encourage their client to exercise whatever skills they may have to participate in decision making about their welfare and, where practicable, help the client develop new skills.

5.4 ADVOCACY PROCEDURE – DECISION MAKING AND CHOICE

Advocates of DANSW will ensure that clients, if they so wish, participate in decision making during the advocacy process and will follow a procedure (listed below) with each client or group of clients to ensure this happens.

The following procedure should be undertaken as soon as possible after the client has contacted DANSW.

1. Clarify with the client what their preferred outcome is regarding the issue they have raised and plan the advocacy process around this preferred outcome.
2. Clarify with the client any foreseeable consequences of actions that may achieve their preferred outcome. This may involve suggesting a range of actions along with providing alternative information sources.
3. Inform the client about options for participating in the advocacy process. For example, the client may prefer DANSW to handle the matter based on the client's instructions, or DANSW could support the client to undertake the advocacy process themselves.

4. Consider whether the client understands the options before them? Would the advocacy process be improved if the client was supported by a formal support (e.g., support worker) and/or informal support (e.g., carer, family member, friend) who knows the client well? (Please refer to [13.0 Conflict of Interest](#) policy).
5. Inform the client about DANSW’s policy relating to consent if the client wishes information disclosed to people outside DANSW during the advocacy process.
6. If feasible, provide the client with an estimation of how long any action may take.
7. Arrange to provide the client with information about DANSW’s policies in an appropriate format. This may mean discussion of the main points of DA policies with the client in an accessible way.
8. Work with the client to create an advocacy agreement which will describe the advocacy issues to be worked on, provide a summary of options discussed (following discussion of the pros and cons of these options) and agreed actions to be undertaken by both the client and advocate in addressing the advocacy issue.
9. Advocates will not commence advocacy actions in accordance with the advocacy agreement in full advocacy matters (‘A’ matters) until the client; guardian or ‘person responsible’ has approved the agreement. Preferably this will be done by signature or voice recorded consent. However, in special circumstances (e.g., client finds it difficult to sign, practical challenges to obtaining a signature, the matter is urgent etc.) an advocate may undertake agreed actions based on noted verbal consent. The details of this verbal consent must be noted clearly on IVO. Written or recorded consent should be followed up as soon as possible.
10. Advocates will regularly review advocacy agreements with clients to ensure the agreement reflects the current status of the matter. It is expected that this will occur at least annually, and/or if there are changes to the current advocacy agreement. All changes should be recorded in IVO, with a clear identifiable heading, (e.g., “REVIEW OF ADVOCACY AGREEMENT”).

6 CONFIDENTIALITY & PRIVACY

Policy Statement

DANSW will ensure that clients have the same right to privacy, dignity and confidentiality as all citizens.

To maintain consistency across the whole organisation (ALA) the following policy and procedure on privacy and confidentiality is contained in the ALA Policy Manual.

Procedure Summary

6.1 CLIENT INFORMATION

1. Any information obtained by DANSW about clients, both past and present, must be regarded as confidential and must not be used for any purpose other than that for which it is given (i.e., to provide quality advocacy support). This includes discussion or disclosure of any information likely to identify a client on social networking sites.
2. A client will be advised and made aware of what information is kept about him or her, why it is kept and who has access to it.
3. DANSW will only collect client information that is directly relevant to effective advocacy assistance.
4. DANSW client paper records will normally be destroyed after five years.

6.2 INFORMATION DISCLOSURE & CONSENT

1. All clients have the right to access any information that DANSW keeps about them. Any person, except for a DANSW staff member or approved volunteer, must obtain consent from the client before obtaining access to the client's file.
2. Before any client information is disclosed to, or obtained from, an individual or organisation, written or audio authority is to be obtained from the client. An authority can also be verbally recorded where appropriate. Verbal authority may be obtained from the client if there is an urgency that corresponds with the client's will and preferences. If verbal authority is obtained an advocate must make clear notes about reasons, date and time this verbal authority was obtained. An advocate must also obtain written consent as soon as possible (please refer to 5.4 Advocacy Procedure- Decision Making and Choice).
3. Advocates should be aware that some individuals and organisations (including those who refer clients to DANSW) may have a conflict of interest with the client (please refer to [13.0 Conflict of Interest](#) policy). Sharing information with such individuals/organisations, regardless of a client's authority, may have a detrimental effect on a client's interests. Advocates should discuss, with their RC, or the MA, the implications of sharing authorised information with individuals/organisations whose interest's conflict with the client. Please refer to [6.2 Information Disclosure & Consent](#) policy.
4. If another organisation wishes to contact a client, DANSW may either invite the client to contact the organisation or obtain consent from the client to provide relevant information.
5. Paper and electronic records may be destroyed after 7 years.

6.3 ACCESS TO CONFIDENTIAL INFORMATION

Policy Statement

DANSW is committed to transparency in its operations and to ensuring it is open to public scrutiny. It must also balance this with upholding the rights of individuals to privacy and of the organisation to confidentiality on sensitive corporate matters.

DANSW will prevent unauthorised persons gaining access to an individual's confidential records and permit individual's access to their own records when this is reasonable and appropriate.

Accordingly, access to DANSW's documents and records will be limited to specified individuals and not be available to others for viewing.

This policy applies to the internal records, client records and unpublished materials of DANSW.

6.4 CLIENT RECORDS

Client records will be confidential to clients and to authorised staff members and volunteers.

Information about clients may only be made available to other parties with the consent of the client, or in the case of:

6.4.1 SUBPOENA (UNLESS LEGALLY PRIVILEGED INFORMATION)

If a client's file is ordered by a subpoena, the client will be notified as soon as possible. Only information ordered by subpoena will be released. The MA is to be notified immediately. (The CEO delegates authority to the MA to deal with subpoenas in accordance with the most recent legal advice. The CEO should be notified of the subpoena, using de-identified information).

6.4.2 NECESSITY

Where DANSW reasonably believes that the use of disclosure is necessary to prevent a serious and imminent threat to the individual's life, health or safety or, a serious threat to public health or safety.

- A decision to disclose information to seek help or protect the client will pay due regard to the client's capacity to make decisions.
- Any need to disclose client information based on necessity should be discussed with the RC or MA wherever possible.

6.4.3 STANDARDS AUDITING

As part of DANSW's funding contracts and to independently improve the quality of advocacy, DANSW regularly undergoes standards auditing. This process entails a person independent of DANSW checking a sample of individual files and records of complaints to ensure that DANSW is

complying with the agreed standards.

In terms of privacy legislation, this is a secondary purpose (checking that good quality disability advocacy is carried out) that directly relates to the primary purpose (providing good quality advocacy assistance) of gathering client information.

Clients will be informed of the audit process in the client handbook (an easy-read accessible version is also available). Advocates also explain key policies, including confidentiality, to clients who may have difficulty understanding the client handbook at the initial meeting. At each initial meeting clients will also be given the opportunity to choose whether they wish to participate in the standards auditing by completing and signing an audit consent form (this note will be documented in the client synopsis on Ivo and the consent form will be scanned to the client file and titled 'audit consent – yes or no').

If a client does not respond to the audit consent form or is unsure enough not to complete it, DANSW will consider it as an opt out of the audit.

Standards auditors will be required to sign and adhere to a confidentiality agreement that prohibits them disclosing or identifying any client information they view during the audit.

6.4.4 LEGISLATION

Under the Children and Young Persons (Care and Protection) Act 1998, DANSW's disability advocates may be defined as "mandatory reporters" (legal advice suggests that this is still an uncertain area of law). However, DANSW believes on ethical grounds that it should disclose relevant client information to the Department of Communities and Justices if that staff member has reasonable grounds to suspect that a child is at risk of serious harm.

NB. Any need to disclose client information based on mandatory reporting should be discussed with the MA first.

All client records will be kept securely in a lockable or electronically protected by password filing system. The client records will be updated, archived and destroyed according to the organisation's client records policy.

6.4.5 REQUESTS FOR ACCESS – CLIENT RECORDS

All clients have the right to access their records and advise the organisation about inaccuracies.

- Clients are informed of their right to access records containing personal information about themselves in the client handbook
- Requests can be made in writing or in person with enough identification provided (see the [request for copy of client file](#) form).
- Providing a copy of the document requested may take between 1-2 weeks and must be approved by the MA
- A record of the request and information provided will be kept on the clients file in Ivo.
- Generally, only a photocopy of the documents will be supplied to the client.
- The MA will seek to make fair and appropriate decisions about permitting or refusing

access to personal information.

Requests for information about clients from outside agencies or individuals will be referred to the MA before any information is released. The designated person will contact the client concerned to obtain consent.

Appeals

Individuals who are refused access to their own records or information files may appeal by contacting the MA who will review the decision in the context of this policy.

6.5 MAINTENANCE OF FILES

Documentation should contain objective information. Care should be taken with the choice of language used (please refer to [8.0 Valued Status](#) policy).

Ivo client management system should contain copies of the originals of incoming documents and copies of any outgoing correspondence.

All incoming and outgoing correspondence must be dated.

6.6 FILE SECURITY

Any paper files for client's will be kept in a locked cabinet when not in use.

Information kept on computer and back up will be kept in a secure fashion and password protected.

A client file should not be removed from the office unless special circumstances prevail and permission is first sought from the staff member's supervisor. If a file is removed from the office in a special circumstance, it must be kept in a plain folder that covers the client's name and details to protect confidentiality.

6.7 FILES AND RECORD MANAGEMENT

Policy Statement

All DANSW's records will be filed and managed systematically so that:

- material related to the governance and administration of DANSW is clearly identified and retained for the required periods of time;
- material of ongoing relevance to DANSW's activities or of potential historical significance is identified and archived accordingly;
- material related to clients and service users is stored, reviewed, archived and disposed of according to DANSW's procedures for client records;
- regular reviews remove and dispose of material that is no longer required;

- disposal methods protect the privacy of individuals and the confidentiality of DANSW's business.

Procedure

6.7.1 RECORDS MANAGEMENT

Advocates are responsible for the management of Client records which are kept on the IVO client management system and the Company Drive. Copies of all material (documents, emails etc.) relating to individual clients must be attached to the client's file in IVO. Access is restricted to DANSW staff and approved volunteers.

In line with DANSW's privacy policy, the CEO, DCEO and Board do not have access to client files without specific permission from the client.

6.7.2 RETENTION AND ARCHIVING

The archiving storage or disposal of DANSW client files is the responsibility of the Regional Coordinator in consultation with the MA.

6.8 PERSONAL PRIVACY

DANSW will respect a client's rights to personal privacy.

7 PARTICIPATION AND INTEGRATION

Policy Statement

DANSW will ensure that clients are supported and encouraged to participate and be involved in the community. In accordance with the philosophy and aims of DANSW, clients will be supported to obtain the things reasonably expected by people without disabilities.

Procedure

DANSW will:

- Educate staff regarding the importance of ending the discrimination, segregation and neglect of people with disability in the community.
- Educate staff regarding the importance of participation by people with disability in regular activities in the community.
- Encourage staff, volunteers and advocates to develop links between DANSW and people and groups that will benefit people with disability.
- Participate in community education or activities to promote understanding and awareness of disabilities
- To enable effective integration and participation, DANSW has relationships with the local community as well as coordinating with other agencies to be an effective community

partner.

Where appropriate, DANSW will:

- Provide information about resources, activities and opportunities for client participation and inclusion in local community events/ activities. Provide clients with information about general community facilities and services and how to use them.
- Support people with disability to form and maintain a variety of appropriate ties, connections and involvements in the community.

7.1 SELF-ADVOCACY

An important part of DANSW's philosophy is for clients to participate directly in the advocacy process. This includes, where appropriate, undertaking agreed tasks to help reach the outcome the client has requested. The advocate will advise, and where appropriate, assist the client with some self-advocacy tasks. Self-advocacy tasks will be noted in the advocacy plan/agreement.

DA NSW's limited resources and the potential success of achieving a positive outcome for a client will sometimes be dependent upon the client undertaking some self-advocacy tasks.

Self-advocacy will potentially provide a client with skills to deal with issues they may face in the future.

8 VALUED STATUS

Policy Statement

DANSW will ensure the intrinsic value of each person with a disability is recognised and each person is supported and encouraged to enhance their valued status in the community. In accordance with DANSW's philosophy and aims, clients will be supported to achieve valued status in the community through the advocacy process of supporting them in practical ways to obtain the same rights as others.

Procedure

8.1 SUPPORTING PEOPLE WITH A DISABILITY TO ACHIEVE VALUED STATUS

DANSW will:

- Support people with disability to obtain the same rights as others through the advocacy process (whether on a collective or individual basis).
- Encourage people with a disability to work and volunteer for DANSW.
- Operate from a physical environment which encourages participation of people with disability and their family members/ carers (i.e., fully accessible premises in local community areas).
- Ensure that venues for meetings, conferences, workshops, etc. are accessible.
- Involve people with disability in the governance, planning or operations of DANSW,

where possible and appropriate.

- Work with the broader community to foster opportunities for people with disability to participate in ways which will be valued.
- Provide clients with real opportunities to maintain and develop skills and capacities which will support their aspirations and strengths (e.g., self-advocacy).
- Be responsive to the individual needs of people with disability wishing to develop and maintain valued roles in the community.
- Support each person with disability to have the opportunity to develop and maintain skills, capacities and lifestyles that are valued in the community.

8.2 PROMOTING VALUED STATUS IN THE COMMUNITY

DANSW's community education/ awareness strategy will promote the abilities and competencies of people with disability. DANSW recognises and promotes the inherent value of all people with disability and values the contributions and skills of people with disability and their family members/carers.

Any publications or promotional material produced by DANSW will promote the abilities, skills and contributions to the community of people with disability, by:

- Advocating that language acceptable to people with a disability should be used.
- Not using the term 'disability' in a negative way to attract support, financial or otherwise.
- Presenting the concerns of people with disability and their carers positively to the media, in publications, conferences etc.
- Providing the best quality information available to people from an Aboriginal or Torres Strait Islander or Culturally and Linguistically Diverse background with disability, and their carers, in a culturally appropriate way.

9 DISABILITY ADVOCACY NSW – SERVICE PROVISION PROCEDURE

Policy Statement

DANSW will ensure that the provision of advocacy service is fair, timely and accessible. The following policy will also consider DANSW's WHS responsibilities to its staff.

Procedure

9.1 REQUEST FOR ADVOCACY ASSISTANCE

9.1.1 DIRECT CONTACT BY POTENTIAL CLIENT

Person with a disability or carer contacts DANSW directly seeking assistance for an advocacy issue.

9.1.2 REFERRED BY AGENCY OR PROFESSIONAL

Referrer (e.g. disability service provider, government agency etc.) recognises there is an advocacy issue and makes a referral (with the client's permission) to DANSW (online referral, phone referral etc.)

9.2 GATHERING INFORMATION ABOUT THE ADVOCACY ISSUE

Within **14 days** of initial contact with the service, the Intake Advocate follows up with the potential client/refer to obtain further details about the advocacy issue, assist in clarifying the problem and determine what outcome the client is seeking (if known).

9.3 INITIAL INTAKE ASSESSMENT

The Intake Advocate makes an initial assessment regarding eligibility and whether the advocacy issue falls into the following groups:

- **"A" (full advocacy matter)** - ongoing assistance is required, or the matter exceeds three hours of support or,
- **"B" (partial advocacy/advice matter)** - requires assistance for more than 20 minutes but less than 5 hours or,
- **"C" (brief advocacy-related advice or referral (i.e., IVO dataset "inquiry"))** - advice not exceeding 20 minutes.

9.3.1 ADVOCACY - "A" MATTERS

If the matter is likely to be a "A" (full advocacy matter), the Intake Advocate will:

- Create a "Wait List Record" activity on IVO and file note relevant information about the advocacy issue
- Complete an initial risk assessment and record this on IVO. Any issues/ concerns about risk should be raised with the RC.
- Add the client / case details to the Intake meeting spreadsheet for priority rating and allocation discussion at the weekly intake meeting.

"A" matters will be managed in accordance with guidelines outlined in [9.5 Advocacy Assistance](#) policy.

9.3.2 ADVOCACY - “B” MATTERS

If the matter is likely to be a “B” (partial advocacy/ advice matter), the Intake Advocate will:

- Create a “Wait List Record” activity on IVO and file note relevant information about the advocacy issue.
- If possible (considering available time and resources), IA will work with the client to resolve the issue and close a B matter.
- If the B matter is not able to be resolved prior to the intake meeting, IA will add the client / case details to the Intake meeting spreadsheet for priority rating and allocation discussion at the weekly intake meeting

“B” matters will be managed based on the following guidelines:

- A **risk assessment** is only required if face-to-face contact is expected, or it is determined necessary by the IA or RC/ARC
- All information must be recorded on IVO (advice, actions, relevant documents)
- A formal **Advocacy Agreement** is not necessary however, a simple advocacy agreement will be recorded in a file note on IVO and include the following details:
 - A summary of the advocacy issue
 - Options discussed with the client
 - Identified actions for client and advocate
- **Verbal consent** may be obtained to contact relevant parties. This verbal consent should be recorded in a file note on IVO. Written or voice recorded authorities should be used where possible and when significant personal information needs to be shared (please refer to [6.0 Privacy and Confidentiality](#) policy).
- If the “B” matter is resolved in less than 5 hours the case may be closed in accordance with the following case closure process:
 - Advise client that the advocacy matter has been finalised and the case will be closed
 - Explain the Outcomes Reporting requirements to the client and determine whether the client wishes to opt in/out of the process.
 - Complete outcomes reporting requirements (for client’s who opt in)
 - Complete the Pre and Post Advocacy Survey

- Complete the Satisfaction Survey
 - Enter all survey responses in the “SCORE Assessment” section of IVO
- Ensure all client documents and file notes are completed
 - Complete Stats of IVO
 - Close file on IVO
- If the “B” matter exceeds 5 hours of support the matter is considered an “A” matter and must adhere to the requirements set out in the [9.5 Advocacy Assistance](#) policy.

9.3.3 ADVOCACY - “C” MATTERS

If the matter is likely to be a “C” (inquiry – advice/referral), the Intake Advocate will:

“C” matters will be managed based on the following guidelines:

- Create IVO “inquiry” activity.
 - Provide information and advice as needed
 - Record all relevant information (actions, advice etc.) on IVO
 - Make referrals as needed
 - Close Inquiry on IVO
- If the “C” matter exceeds 20 minutes of support, the matter is considered a “B” matter and must adhere to the requirements set out in the B Matter guidelines.

9.3.4 TAKING ON MORE THAN ONE ADVOCACY ISSUE FOR A CLIENT

If a client has additional issues DANSW will attempt to work on what the client sees as the most important issue at the time. Should other issue/s come up while an advocate is working with a client each issue will be reassessed through the eligibility and prioritisation guidelines as a new matter.

If a region is deemed to be at capacity and operating an Eligible Client Wait List, DA NSW will only work with clients on one advocacy issue at a time. Should a situation arise where is considered necessary to take on multiple issues for a client when an ECWL is operating, the RC will consult with, and seek approval, from the MA.

If a region is not at capacity, the Regional Coordinator has discretion in allowing advocates to take on multiple issues so long as:

- Advocacy does not become case management (see Key Concepts definition and discussion).
- Taking on the issue does not disadvantage new clients’ access to DANSW.

- There is not a more appropriate person to advocate for the client (e.g., a solicitor in a legal matter)
- The client does not have the ability to self-advocate.

If the Regional Coordinator has doubts or concerns about taking on multiple issues, they should discuss with the Manager Advocacy prior to making a decision.

9.4 DETAILED ASSESSMENT AND ALLOCATION

9.4.1 WEEKLY REGIONAL INTAKE MEETING

A weekly regional intake meeting is convened by the Regional Coordinator of each region, in conjunction with the Intake Advocate, to review all advocacy matters on their respective intake lists (Wait List Record on IVO) and make decisions regarding eligibility and allocation timeframes.

- The intake meeting spreadsheet (minutes) is prepared by the Intake Advocate prior to the meeting and will include all matters on the Region’s intake list at the time of the meeting.
- The Intake Advocate (in consultation with the RC as needed) will make an initial determination regarding eligibility for all matters prior to the intake meeting.
 - For client matters deemed **ineligible**, the criteria NOT met must be clearly identified on the intake spreadsheet (minutes) and file noted in the client file on IVO.
 - For client matters deemed **eligible** will be marked with a Y in the eligibility column on the intake spreadsheet.
 - For client matters whose eligibility has **yet to be determined** will be marked with TBC on the intake spreadsheet.
- At the weekly intake meeting the following decisions are made and recorded on the intake spreadsheet:
 - whether the matter is an “A” or “B” matter
 - The Advocacy Support Program the support will be provided through
 - The priority rating for the case – High/Medium/Low (refer to the [priority rating system - Policy 3.5](#)).
 - The initial contact date (ICD)
 - The designated advocate

- Any relevant actions/notes
- For cases requiring further actions/follow up to determine eligibility and/or make any of the intake decisions outlined above, a note is made on the intake spreadsheet (minutes) detailing:
 - actions required
 - person responsible
 - anticipated timeframe(s).

9.4.2 ALLOCATION PROCESS

Note: If a matter is deemed urgent (critical due date pending, client determined to be at risk etc.) allocation should occur as soon as practicable.

Within 2 working days of the intake meeting the Intake Advocate will:

- Contact **eligible** clients **within 2 working days** to advise of the outcome and allocation details (ICD and Advocate name)
 - Create an allocation note in IVO and allocate the client to the advocate.
 - Add the ICD to the IVO status bar for the client
- Contact **ineligible** clients to advise that DA NSW is unable to assist and:
 - provide the person with the reason (without breaching privacy policy)
 - document the reason on IVO
 - provide information and/or referral as appropriate
 - provide self-advocacy advice as appropriate
 - provide information about complaints and disputes (contained in Client Handbook) as appropriate
- The intake spreadsheet is filed by the Intake Advocate on the company drive and will form a record of the intake process for that week.

9.4.3 ALLOCATION DECISIONS - WORKLOAD EXPECTATION

- As a guide, workload expectations for advocates are calculated at 66% of an advocate's contracted weekly work hours. For example:
 - 38 hours x 66% = 25.08 – round down to workload score of 25

- 24 hours x 66% = 15.84 – round up to workload score of 16
- 21 hours x 66% = 13.86 – round up to a workload score of 14
- Please note that this is a guide only. The appropriate workload expectation for each individual advocate will be discussed and agreed upon between an advocate and their respective RC/ARC.

9.5 ADVOCACY ASSISTANCE - “A” MATTERS

Upon allocation of a new “A” advocacy matter, the Advocate will typically undertake the following tasks:

Note: If a matter is deemed urgent (critical due date pending, client determined to be at risk etc.) the order of these tasks may change however, appropriate authority will always be obtained prior to an advocate taking any action.

9.5.1 PREPARE TO PROVIDE ADVOCACY SUPPORT – “A” MATTERS

- Review the client’s file on IVO, including the intake notes, relevant case history, the initial contact date (ICD), and any available information about risk that must be considered in the provision of support for the client.
- Take note of the ICD and ensure contact is made by this date (Note: The ICD is the LATEST day contact must be made but advocates are encouraged to contact prior to this date if workload allows)
- Contact the client on or before the ICD and:
 - provide contact details of advocate
 - seek any additional information about the advocacy as needed
 - discuss any specific communication needs
 - Discuss how advocacy support will best be provided going forward (face to face, phone, email etc.)
 - Schedule initial meeting in accordance with the risk management assessment, this meeting may occur in person at the office, community location, client’s home, by phone or video conferencing platform.
- If there are any safety and risk concerns identified by the advocate after initial contact is made or throughout the provision of advocacy support, the advocate will advise their RC and discuss how to best address these concerns. Update the Risk Assessment on IVO as needed.

Allocated “A” Matters that are resolved as “B” matters

- Upon allocation to an advocate, it may be determined that an “A” matter can be resolved as a “B” matter (support must be less than 5 hours). If this occurs refer to policy 9.3.1 [“ADVOCACY – “B” MATTERS”](#) for information about how to manage “B” matters and about

the case closure process.

9.5.2 INITIAL CLIENT MEETING – “A” MATTERS

- Attend an initial meeting with the client in accordance with Risk Assessment

Client Handbook

- Provide the client with a copy of the Client Handbook (in an appropriate format) and discuss the following information:
 - The role of an advocate
 - matters relating to the client’s right and responsibilities,
 - privacy and confidentiality
 - DANSW’s audit and reporting requirements
 - DANSW complaints handling process, ensure the client understands the complaints options available to them and that there will be no adverse consequences if the client makes a complaint. (Please refer to [10 Complaints policy](#)).

Advocacy Agreement, Authority and Consent

This policy should be read in conjunction with [5 Decision Making and Choice](#) policy

- Discuss the advocacy issue with the client and explore possible options the client may have to achieve their desired outcome.
- Prepare an **Advocacy Agreement** using the DANSW [Advocacy Agreement Template](#) and include the following information:
 - Clearly describe the advocacy issue and desired outcome(s) identified by the client
 - List all options and choices for the client.
 - Assist the client to select the advocacy actions from the options by explaining the pros and cons of each.
 - Identify and agree upon actions to be taken by the client and actions to be taken by the advocate. Where possible:
 - Identify options for self-advocacy and include any actions in the ‘Client Actions’ section of the Advocacy Agreement.
 - identify expected timeframes, with consideration any critical due dates, to assist in managing client expectations and the advocate workload. Document these timeframes in the relevant section(s) of the Advocacy Agreement (under the client and/or advocate actions section).
 - Review the completed advocacy agreement with the client and if agreement is

reached the client and advocate will sign and date the agreement.

- Advocacy Agreements will be uploaded to IVO with a clearly identifiable file note subject(s) e.g., “Signed Advocacy Agreement”
- Obtain any relevant **Authority(s)** using the DANSW [Authority Template](#) to speak to other people or agencies about the advocacy issue
 - Authorities will be uploaded to IVO with a clearly identifiable file note subject(s) e.g., “Signed Authorities”
- Complete the [“Consent to Audit” form](#) with the client, documenting the clients’ preference to opt in or opt out of the Audit process.
 - Audit consent will be uploaded to IVO with a clearly identifiable file note subject e.g., “Audit Consent OPT IN/OUT”

NOTE: This Initial documentation may be uploaded to the one file note on IVO however the advocate must ensure that the file note subject clearly identifies the documentation included e.g., “AA, Authorities, Audit Consent OPT IN/OUT, Reporting Consent OPT IN/OUT”

- Where applicable, obtain copies of any relevant documentation needed to support the client with their advocacy issue and upload to IVO.

Outcomes Reporting

- Explain the Outcomes Reporting requirements to the client. Refer to the various resources located in the **Outcomes Reporting** folder and provide a copy of the [client info sheet](#) as needed.
- Complete the [“Consent to Report”](#) form with the client, documenting the client’s preferences to:
 - Participate in future research with DSS
 - Participate in the Partnership Approach – (Client Outcomes Survey)
 - Reporting consent will be uploaded to IVO with a clearly identifiable file note subject e.g., “Reporting Consent”
- Complete the [Pre-Assessment Advocacy Survey](#) (for client’s opting-in)
- Enter the survey responses in the “SCORE ASSESSMENT” section of IVO

Provide client with documentation

- Ensure client is provided with copies of all relevant service documentation including authorities, advocacy agreements, consent forms (audit and report) and outcomes reporting documentation.
- Ensure any original documentation provided by the client are copied and returned.

9.5.3 ONGOING ADVOCACY SUPPORT – “A” MATTERS

- Provide ongoing advocacy support in accordance with the advocacy agreement.
- Review the advocacy agreement with the client and update as needed.
 - Advocacy Agreements must be reviewed by the advocate at least annually to ensure they remain current. If the Advocacy Agreement is still current add a file note to IVO stating that the Advocacy Agreement has been reviewed and there are no changes required.
 - If changes/ updates are required, a new Advocacy Agreement should be created with the client. A copy of the signed agreement should be uploaded to IVO.
- Work with other relevant agencies to achieve client’s desired outcome while keeping client up to date with any progress.
- The advocate will ensure that clients participate in decision making during the advocacy process (please refer to [5.4 Decision Making and Choice policy](#)).
- Ensure file notes are recorded on IVO for all actions taken in relation to the provision of advocacy support, including (but not limited to):
 - Meeting notes
 - Phone calls
 - Emails
 - Letter / documentation preparation
 - Documentation review
 - Case discussions with colleagues
 - Research

Note: If travel is required, ensure travel time is included when recording the time frame for the activity/action in the file note.

- All documents must be saved in the client file on the company drive (SharePoint) and uploaded to IVO as an attachment.
- Report back to RC as needed to consult on safety issues that may arise during the provision of advocacy support. If relevant, update the risk assessment on IVO.

9.5.4 CASE CLOSURE – “A” MATTERS

- The provision of advocacy support may cease once the outcome of a client matter is reached (refer to Advocacy Agreement), or for other reasons outlined in [3.10 Exit Criteria](#) policy.
- Within 14 days the advocate will:
 - Advise client that the advocacy matter has been finalised and the case will be closed.
 - Complete outcomes reporting requirements (for client’s who opt in)
 - Complete the [Post-Assessment Advocacy Survey](#)
 - Enter the survey responses in the “Score Assessment” section of IVO
 - Provide a closure letter outlining reasons for case closure.
 - Provide [Exit Survey](#)
 - Ensure all client documents and file notes are completed
 - Complete stats on IVO
 - Close file on IVO

9.6 CLIENT NOTES

Policy Statement

DANSW requires disability advocates to keep high quality and timely notes on clients that are directly relevant to the advocacy matter.

Procedure

This procedure should be read in conjunction with policy [6.0 Confidentiality and Privacy](#).

- Client notes must be entered into IVO within 24 hours of the event occurring or by COB the next business day that the advocate is working.
- Clients' notes recorded on IVO must:
 - be a concise summary of interaction with the client and other relevant people involved in the advocacy action
 - Clearly identify all relevant stake holders, without the use of initials or ambiguous references;
 - explain any acronyms used
 - contain references to any correspondence written or received (the correspondence should be attached to the IVO file note)
 - When including email correspondence in a file note, ensure that the details of the email correspondence are included and/or attach a copy of the email to the file note.

Note: The key correspondence information for emails can be obtained if you select the "forward" email option prior to copying the email to paste in IVO:

From: sender name <sender@da.org.au>
Date: Thursday, 24 June 2020 at 3:37 pm
To: advocate x
Subject: meeting

- be factual and objective - if relevant opinion is expressed it should be indicated that it is so;
- contain information about why and when a file is closed;
- be updated regularly, at least once every 30 days.

9.7 CLIENT RISK ASSESSMENT

To ensure a safe environment for staff who work with clients, a risk assessment and management approach will be taken.

DANSW believes that clients with a disability are no more violent than people without disabilities. However, the aim of this risk assessment and management procedure is to ensure staff and volunteers are safe whilst limiting the effect on clients.

- The IA will make an initial Risk Assessment during intake and complete the Risk Assessment activity on the client's IVO file.
- If there are any safety and risk concerns identified by the IA, the IA will advise their RC and discuss how to best address these concerns. The IA will update the Risk Assessment on IVO as needed.

- If there are any safety and risk concerns identified by the advocate after initial contact is made or throughout the provision of advocacy support, the advocate will advise their RC and discuss how to best address these concerns. The advocate will update the Risk Assessment on IVO as needed.

The risk assessment criteria are as follows:

	Assessed risk (past and present)?*
Physical aggression/challenging behaviour/self-harm?	Yes – No – Unknown
Verbal aggression?	Yes – No – Unknown
Significant substance abuse?	Yes – No – Unknown
Other if relevant?	Yes – No – Unknown

Method of client contact is based on the following guide:

Very Low Risk i.e., 4/4 'no'	Low Risk i.e., ¾ 'no' 1 'unknown'	Medium Risk i.e., default status if all unknown or insufficient information (or a 'yes' with a low risk of reoccurrence)	High Risk i.e., 1 'yes'
<p>Flexible contact OK but keep supervisor updated on any changes in situation</p> <p>May do initial home visit with colleague if there are no doubts or home risk issues. If no issues identified after initial meeting, subsequent home visits can be conducted without the attendance of an additional staff member</p>	<p>May interview client in office with other colleagues close by and notify them of interview</p> <p>May interview the client in their home after first interview at a safe external venue or with a colleague (e.g., neighbourhood centre, library etc.)</p>	<p>Only interview client in office with other colleagues close by and notify them of interview (multi-staff office)</p> <p>Only interview client at a safe venue with other workers or colleagues present (e.g., neighbourhood centre (single staff offices)</p> <p>Only interview at client's home with another staff member present</p>	<p>Phone assistance only</p> <p>Only interview client in a formally supervised secure situation (in multi staffed offices)</p> <p>This may be with colleagues specifically monitoring the interview.</p>

9.7.1 PREVENTING AND DEALING WITH VIOLENCE

Policy Statement

The aim of this policy and procedure is to ensure staff (including volunteers) are safe while limiting the effect on clients. It takes a risk management and hazard reduction approach.

DANSW acknowledges the use in this document of substantial sections of "Preventing violence in accommodation services in the social and community services industry" a report published by Work Cover NSW and NSW Department of Community Services in 1996.

Violence includes verbal and emotional threats, and physical attack to an individual's person or property by another individual or group. The level of fear an individual feels and the way they respond during and after a violent act relates to their own experiences, skills and personality.

Violent acts include:

- Verbal abuse in person or over the phone
- Threats of a sexual nature
- Threats of violence
- Physical or sexual assault.

Violent behaviour can escalate from intimidating body language to verbal threats and to physical threats and assault.

Procedure

Client Risk Assessment - Initial

- All new clients at DANSW are assessed for risk by the IA as part of the intake process.
 - The risk assessment procedure is part of a risk management and assessment approach which aims to ensure staff and volunteers are safe whilst limiting the effect on clients. It is not a system to exclude clients from DANSW.
- If there are any safety and risk concerns identified by the IA, the IA will:
 - advise their RC and discuss how to best address these concerns.
 - check if the person is a previous client. If yes, review file history for any past safety/risk issues.
 - make contact with the referrer (or self- referrer) to obtain further information as needed.
 - update the Risk Assessment as needed in consultation with RC.

Client Risk Assessment - Ongoing

- If there are any safety and risk concerns identified by the advocate after initial contact is made or throughout the provision of advocacy support, the advocate will advise their RC and discuss how to best address these concerns. The advocate will update the Risk Assessment as needed. [Refer to Appendix D “Dealing with Workplace Violence”](#)
 - RC’s and Advocates will discuss and analyse any signals of risks (e.g., threatening behaviour, issues of violence involved in the matter, knowledge of history of violence, self-harm etc.).
 - RC in consultation with the Advocate must develop a strategy on how to deal with the risk (e.g., only seeing the client in the office when other staff are present or safe venue like a community centre/library etc. where others are present).
 - It is important to develop an approach that best suits each situation and offers staff member’s safety while limiting the impact on the client.

Meeting with clients in the office

- Multi-staffed offices this is the preferred method of interview.
- Office interviews may occur in single person offices if (i) prior approval from an RC is obtained for low-risk clients OR (ii) there are colleagues/volunteers nearby for emergency contact OR (iii) the interview is a pre-arranged appointment
- Wherever possible, staff should see clients in a suitable room with other colleagues around at the time and able to intervene if necessary.
- Ensure a method of communication (phone/line of sight) with colleagues is in place to communicate in emergencies.
- (Multi-staff offices) Inform the supervisor and other staff on duty that you may be interviewing a person who you have some concerns about.
- (Single staff offices) do not interview clients in the office if there are any safety concerns and negotiate the use a safe venue or alternative meeting forum (phone/video conference etc.).
- If clients come to the office unexpectedly staff should encourage clients to make an appointment when other staff members are in attendance (office procedure is currently to keep the entry door locked and evaluate entry to the office before allowing entry).

Meeting with clients in external locations

- For clients with a Very Low, Low or Medium Risk Assessment rating, meetings may be held at an external location.
- For clients with a High-Risk Assessment rating, advocates will consult with the RC to determine the most appropriate method of contact.
- Refer to the [Risk Assessment guidelines](#) above and [Appendix A: Interviewing Clients at External Locations](#), to determine the most appropriate External location options for the client meeting.

9.7.2 DEALING WITH A SUICIDAL CLIENT

Policy Statement

From time to time, DANSW may deal with clients who may seek to take their own life. DANSW seeks to assist these clients, when possible, without putting undue responsibility onto staff.

Procedure

- It is not the responsibility of staff members to assess the client's mental state/intentions.
- If staff members feel that there is significant risk of imminent harm, they must inform the Mental Health Access Line (MHAL) on 1800 011 511

<https://www.health.nsw.gov.au/mentalhealth/Pages/Mental-Health-Line.aspx>

- MHAL will assess and send relevant professionals to assist the client.
- Wherever possible the client is to be informed of this action.
- Any referral to MHAL must be reported (discussed) with relevant supervisor (e.g., ARC, RC, MA).
- If there is any risk of violence the advocate is to observe risk management procedures in.
- Breach of confidentiality, whilst very important, is overruled when there is risk of significant harm (see privacy and confidentiality policy and procedure).

Refer to [Appendix B: Dealing with a Suicidal Client](#) (extracted from a “Sane” Factsheet) for a general guide for staff on how to help a client who may be suicidal.

9.8 CASE REVIEW PROCEDURE

Policy statement

Regular case review meetings between staff and supervisors are employed by DA NSW as a quality assurance measure to ensure our service is consistently providing high quality advocacy services in line with set standards.

Procedure

- A supervisor is responsible for scheduling regular case review meetings with their staff.
- The frequency of case reviews is dependent on the needs of the individual staff member. For example, new staff will have more frequent case reviews than experienced staff. The RC will determine the most appropriate case review schedule in consultation with the staff member, however as a guide, case reviews should be held:
 - every 4-8 weeks for advocates, IA's and ARC's
 - every 6-8 weeks for RC's
- During each case review meeting between the supervisor and staff member, the supervisor will review all the open cases on the advocates case load. The [IVO Case Review Template](#) located on the company drive will be utilised to guide the review process.
- The case review template for each case is directly entered into IVO as a file note by the

supervisor.

Risk assessment on file:

Review the RA detail and then case note RA maintained or changed to ___ due to ___

Authority on file? Date:

Advocacy Agreement on file? Date:

Consent to Audit on file? Date:

RC has checked case has been reviewed by the advocate within 30 calendar days and case notes have been entered and up to date: Yes/No, if not why?

Has the previous strategy been actioned by the agreed date? Yes/No If not, why not?

Summary of where case is up to:

Agreed actions and dates:

Supervisor's initials:

- This file note can be reviewed at the next case review meeting to ensure all of the agreed actions have been completed.

9.9 STAFF AND TEAM MEETINGS

Policy Statement

DANSW staff are expected to work together in a collaborative manner, coordinating the planning and completion of tasks and keeping one another informed on relevant issues.

Staff will meet in their work teams on a regular basis to exchange information, identify and address workplace issues and plan work activities.

Staff meetings will provide an opportunity for staff to:

- identify emerging issues
- resolve any concerns or issues
- discuss responses and priorities for work in an area
- raise WHS risk issues
- identify any issues to be raised with the senior staff or the Board.

Procedure

- Staff meetings will consist of:
 - A team meeting of regional advocates/staff every month
 - A DA leadership meeting every month (MA, RC's and ARC's)
 - A face-to-face meeting/conference for all ALA staff once per year (pending due to COVID-19)
 - A face-to-face meeting/conference of all DA staff once per year (pending due to COVID-19)
 - Any other meetings deemed necessary by staff to assist coordination and cooperation in DANSW.

- The MA will be responsible for coordinating and convening the monthly leadership meetings and any “all DA” / “all ALA” staff meetings
- RC’s and ARC’s will be responsible for coordinating and convening their monthly regional team meetings.
- The leader responsible for the meeting (MA, RC or ARC) will ensure an agenda is prepared for each meeting and is distributed to relevant staff members prior to the meeting.
- Minutes of the meeting will be taken by a nominated staff member who will distribute the minutes and any relevant action plans to all relevant staff after the meeting.

10 COMPLAINTS

Policy Statement

DANSW will ensure that each person with a disability, who has a complaint or dispute with DANSW, is encouraged to raise it, and have it resolved, without threat of retribution.

Procedure

The following points set out the stages which should be undertaken if a dispute or complaint occurs. It is aimed at solving problems quickly at the lowest possible level. However, if serious complaints occur (e.g., alleged sexual abuse) it is appropriate for the complainant to skip stages and not to raise the issues directly with the person involved.

DANSW notes that in some cases it has a duty to report allegations to an external body (e.g., criminal allegations will be reported to police).

Formal complaints will be dealt with as soon as possible and DANSW will endeavour to contact the complainant, within 7 days.

Quick resolution of complaints will be a priority. DANSW will endeavour to resolve or decide about a complaint within 30 days. Following a decision about a complaint, the client has the right to appeal the decision to an external independent body (e.g., NSW Ombudsman, CRRS or NDIS Complaints Commission).

When processing the complaint, the relevant person (MA, RC) should document the process in the following way:

IVO

Create a complaint under the client's name in IVO - to do this go to:

- "Create New Item"
- click on "Complaint against Advocacy Law Alliance".
- Under Activity Title add a brief description of the complaint.
- Once the complaint is open continue to document the complaint as with any other client file. This includes adding client notes, attaching emails and correspondence, etc.
- Please ensure to scan and upload all hard copy documents relating to the complaint onto IVO.

- Close on IVO when the complaint is resolved with details of the outcome.

Complaints Register

Complete the [complaints register](#). Provide only a brief description of the complaint and refer to IVO for further information. For "Location of File" put IVO and include the Activity ID.

10.1 DEALING FAIRLY WITH DIFFICULT CLIENTS AND COMPLAINANTS

Policy Statement

DANSW endeavours to assist clients and applicants for service fairly. However, DANSW has limited resources and therefore, has specific eligibility criteria. Therefore, DANSW cannot feasibly assist all people who wish to use DANSW. Often clients or complainants take up an excessive amount of staff time and the following procedure has been adapted to fairly deal with this situation. The policy does not restrict the client or complainants right to follow the formal complaints mechanism.

Procedure

DANSW adopts the following procedures:

(NSW Ombudsman Guidelines - refer to Appendix C: Dealing Fairly with Difficult Clients and Complainants)

“Some ... agencies find it difficult to deal with complaints. Many try to dismiss negative or embarrassing feedback by “shooting the messenger”. This happens to members of the public as well as complainants from inside the organisation itself.

Complaints are an important source of feedback and the concerns they raise can highlight shortcomings (both major and minor) in the way an agency is functioning. Agencies should strive to improve their operations and using all kinds of feedback is critical to achieving this.

When an agency receives a complaint, it should focus on the substance of the complaint and its accuracy. A proper assessment needs to be made to decide what action is required (e.g., whether or not the issues need to be investigated) or a remedy (e.g., an apology) needs to be offered.”

10.2 COMPLAINTS MANAGEMENT

Policy Statement

DANSW is committed to ensuring that any person or organisation using the programs or affected by its operations has the right to lodge a complaint or to appeal a decision of the organisation and to have their concerns addressed in ways that ensure access and equity, fairness, accountability and transparency.

The organisation will provide a complaints and appeals management procedure that:

- is simple and easy to use.
- is effectively communicated and promoted to all clients and stakeholders.
- ensures complaints or appeals are fairly assessed and responded to promptly.
- is procedurally fair and follows principles of natural justice.
- complies with legislative requirements.
- complies with the Advocacy Law Alliance Information Barrier Policy located in the [ALA policy manual](#).

Principles

DANSW will consider all complaints it receives, treat all complainants with respect and recognise that the issue of the complaint is important to the complainant by:

- maintaining confidentiality of parties involved keeping any information private to those directly involved in the complaint and its resolution.
- ensuring advocacy is available to clients who make a complaint and require support.
- resolving complaints where possible to the satisfaction of the complainant.
- dealing with all complaints in a timely manner.
- keeping all parties to the complaint informed of the progress of the complaint
- ensuring that Board members, staff and volunteers are given information about the complaint's procedure as part of their induction and are aware of procedures for managing client feedback and complaints.
- ensuring all program users, stakeholders and members are aware of the complaints policy and procedures.
- ensuring that a complainant is not penalised in any way or prevented from use of services during the progress of an issue ensuring that feedback data (both positive and negative) is considered in organisational reviews and in planning service improvements.

10.3 STEPS TO COMPLAINTS RESOLUTION

DANSW has a 'no wrong door approach' to the resolution of client complaints. A complainant may seek resolution from any level. However, DANSW strongly recommends a stepped approach to complaints resolution where complainant begins with the staff member's supervisor seeking resolution.

At any stage a person may seek help from an advocate to support them. Each party at any stage may enlist the assistance of a mutually agreed independent party.

Where appropriate the complaint should initially be discussed with the person concerned or their supervisor. This approach will often lead to swifter resolution before moving on to the following steps.

10.3.1 COMPLAINTS AND APPEALS MANAGEMENT PROCEDURE

Procedure

1. A complainant can involve a friend, family member, carer or someone they trust throughout the complaints process.
2. In the first instance, a complainant can try to address their complaint with the person they have a problem with (unless it is a serious complaint, e.g., involving sexual abuse, in which case the person should skip this step).
3. If the complainant is unhappy with the outcome at No. 1 or is not comfortable speaking to the person, they have a problem with, the complainant can ask to speak to that person's direct supervisor. That is:
 - if complaint is about advocate, it should be directed to that advocate's local RC
 - if the complaint is about an RC or about how the RC has handled a complaint, the complainant can speak to the MA.
 - if the complaint is about the MA has handled the complaint, the complainant can ask to have their complaint escalated to the CEO.
4. If the complainant would like their complaint escalated to the CEO, the MA will explain the information barrier, which is in place to stop Advocacy Law Alliance and Mid North Coast Community Legal Centre from knowing a client's confidential information. The complainant must be given an opportunity to decide whether they consent to their personal information being shared across the "Information Barrier".

If the client consents to this, the client must sign an [Information Barrier Authority](#) agreeing to provide confidential information to part of the organisation that would not normally have access to it and the complaint can then be passed onto the CEO. The client's name should then be recorded in the MNCCLC Client Management System for future conflict checking purposes, as the Board and hence their staff i.e., the Principal Solicitor will be deemed to know that information under the law of agency (all staff are the agents of the Board and what the Board knows all their agents are deemed to know). If the complaint involves the CEO, then the Chairperson of the Board can be involved.
5. During the complaints process, the Complaint handler will:
 - notify the person about whom the complaint is being made and its nature.
 - investigate the complaint and provide the staff member with an opportunity to respond to any issues raised.
 - attempt to mediate the dispute (if appropriate) and /or attempt to resolve the matter to the satisfaction of the outside party.
6. It is important to note that the complainant does not have to follow all the above steps in the complaints process and can in fact complain to an external body at any point in time during the above-mentioned complaints procedure. The relevant

external bodies include:

- the NSW Ombudsman (1800 451 524),
- the Complaints Resolution & Referral Service (1800 880 052), or
- the NDIS Quality and Safeguards Commission (1800 035 544)

10.3.2 COMPLAINTS INVOLVING BOTH PROGRAMS (DANSW AND MNCCLC)

If DA receives a complaint that involves the CLC or if the CLC receives a complaint about DA, the complaint should go to the MA and Principal Solicitor jointly after informing the person of the information barrier and getting them to sign an authority to share information across DANSW.

A separate register and file will be kept in relation to complaints that have been escalated to the CEO and/or Board and access to these will be restricted to the CEO and the Board.

Prior to each Board meeting, a de-identified summary of complaints and appeals will be provided to the CEO via the DCEO or MA's Board Report.

A de-identified summary of complaints and appeals will also be reported by the CEO to the Board at each meeting.

Results from this report will be reviewed by CEO and Board and used to:

- inform service planning by including a review of complaints and appeals in all service planning, monitoring and evaluating activities.
- inform decision making by including a report on complaints and appeals as a standard item on staff and management meeting agendas.

10.4 GENERAL

1. These procedures will be made freely available to applicants and clients in a simple format ([Client Handbook](#)) and by and oral explanation adapted to the needs of each client.
2. Complaints and disputes will be handled in a manner consistent with [ALA's privacy policy](#).
3. Records of complaints and disputes raised, action taken, outcomes reached, method of resolution and feedback from complainants will be kept through a complaint register. Records will also be kept of any policy and procedure which may have been altered because of this process.
4. DANSW will provide education and information to clients, volunteers and staff to prevent the offences such as physical, sexual, emotional and verbal abuse from occurring.
5. DANSW will use the principals of procedural fairness when dealing with complaints.

11 SERVICE MANAGEMENT

Note this section is a general summary of key policy areas of service management. A detailed policy about service management is contained in the [Advocacy Law Alliance Inc. Policy Manual](#).

Policy Statement:

DANSW will adopt quality management systems and practices that optimise the effectiveness of advocacy for each person with a disability and facilitate continuous improvement.

Procedure

DANSW seeks to meet the above policy by the following actions:

11.1 INPUT INTO THE QUALITY ASSURANCE AND PLANNING PROCESS

DANSW is committed to a process of quality assurance through continually reviewing and improving the way it operates and the way it meets the needs of its client target group.

11.2 QUALITY ASSURANCE – LINKING IMPROVEMENTS TO PLANNING AND ACTIONS

DANSW is committed to quality assurance approach by linking, assessments/audits, feedback and ideas about improvement into the planning process and actions. DANSW seeks to continuously improve its performance through self-assessment, third-party audits and feedback from clients.

11.3 STRATEGIC & BUSINESS PLANNING

The Board will set the strategic directions for the work of the organisation through a 3-year strategic planning process involving consultations with the Board, staff, members, client & community representatives and other stakeholders.

The Strategic Plan outlines the key goals and objectives of ALA as well as broad strategies to meet these objectives.

The Strategic Plan will be the main reference point for any work undertaken by ALA.

An annual business plan for DANSW will be developed by the MA in consultation with the CEO, the Board, staff, members, clients & community representatives and other stakeholders, which links to the ALA strategic plan.

12 PROTECTION OF HUMAN RIGHTS AND FREEDOM FROM ABUSE

Policy Statement

DANSW will act to prevent abuse and neglect and to uphold the legal and human rights of each

person with a disability. DANSW will uphold the United Nations Convention on the Rights of People with Disabilities (CRPD).

Procedure

12.1 PERSONNEL REQUIREMENTS

All personnel will:

- Sign a code of conduct to ensure that they understand that abuse and/or harassment of a person/ people with disabilities will not be tolerated. Personnel who engage in such activity will be liable to dismissal from their position.
- Receive orientation and training to ensure that they possess a full understanding of the legal and civil rights of people with disability.

DANSW will:

- Seek potential staff, volunteers and Board Members who are committed to defending the legal and human rights of people with disability.
- Provide adequate training for personnel in reporting and supporting clients in relation to abuse.
- Ensure that all staff recruited, and potential advocates are screened with police checks (and working with children checks as appropriate) as a safeguard to minimise the risk of exposing people with disability to abuse.
- Source and make available relevant information and resources which can assist in dealing with issues relating to abuse.
- Provide information to clients (and their families and carers, as appropriate) about their right to live free from abuse and their entitlement to independent advocacy and support if their human rights are infringed.
- Ensure that the legal and human rights of people with disability involved with DANSW are upheld, both in the context of the advocacy undertaken and in the community in general.

12.2 OUTREACH TO VULNERABLE PEOPLE WITH DISABILITY

DANSW will:

Endeavour to seek people with disability who would not otherwise have come to the attention of DANSW or may have a limited ability to access our Service.

Seek out people with disability who may have been subject to abuse or neglect.

DANSW will seek vulnerable clients through outreach education programs (within resources that are available) and promotion of DANSW to vulnerable groups.

12.3 WORKING WITH VULNERABLE PERSONS

Policy Statement

DANSW has contractual and risk management obligations in relation to vulnerable people who DANSW works with. DANSW is committed to ensuring the people it works with are kept safe and undertakes police checks and working with children checks on staff and volunteers as required by contract or legislation.

See also 'Schedule 1 - Working with Vulnerable Persons Procedure' which forms part of the employee conditions of employment and volunteer work agreements, found in the [ALA Policy Manual](#).

Procedure

12.4 REPORTING ABUSE AND NEGLECT – ETHICAL AND POLICY CONSIDERATIONS

DANSW is committed to ensuring that people with a disability are not abused or neglected. However, there are a number of important ethical issues advocates must consider when dealing with or reporting abuse.

There are other important policies in this manual that advocates need to consider in dealing with actual or potential abuse:

- ["Key concepts" at the front of this manual](#). (Particularly in relation to self-determination and decision- making capacity.)
- [Decision making and choice](#), which deals with issues of client self-determination.
- [Privacy and confidentiality](#).
- [Non-instructed advocacy](#).

DANSW seeks to deal with these complex ethical decisions in a consistent fashion while protecting clients from abuse through a system of consultation with senior advocacy staff.

Therefore, if an advocate encounters a situation of abuse or neglect, the advocate will discuss the situation with their supervisor and, where appropriate, with the MA. The RC will work with the advocate and supervisor to consider and apply policy, "key concepts" and relevant legal issues on the particular case at hand and carefully document the decision-making process.

The final responsibility for dealing with or reporting abuse and neglect will be with the RC, in consultation with the MA

Reports of abuse and neglect, subsequent deliberations and reasons for decisions in dealing with such will be recorded on the client's file under client notes.

13 INDEPENDENCE AND CONFLICT OF INTEREST

Policy Statement

DANSW, with a high level of independence, will advocate for members of its target group. DANSW will strive to minimise conflict of interest wherever it may affect, or be seen to affect, the advocate—client relationship.

DANSW acknowledges that conflict of interest cannot be eliminated and will endeavour to deal with conflict of interest issues in an open and transparent fashion.

DANSW is committed to ensuring that actions and decisions taken at all levels in the organisation are informed, objective and fair. A conflict of interest may affect the way a person acts, decisions they make or the way they vote on group decisions.

Conflicts of interest must be identified, and action taken to ensure that personal or individual interests do not impact on the organisation's services, activities or decisions.

All Board members, staff, volunteers and contractors are required to act in the interests of the organisation always, and to notify the organisation when this conflicts with other interests or commitments.

Declaration and management of conflicts of interest are specifically required for Board members as part of their legal responsibilities as Board members.

13.1 CONFLICTS OF INTEREST

This policy requires that all staff, volunteers and Board members:

- act impartially and without prejudice
- declare any potential or actual conflict of interest
- do not accept gifts or benefits that would influence a decision

This will include situations in which:

- close personal friends or family members are involved, such as decisions about employment, discipline or dismissal, service allocation or awarding of contracts.
- an individual or their close friends or family members may make a financial gain or gain some other form of advantage.
- an individual is involved with another organisation or offers services that are in a competitive relationship with our organisation and therefore may have access to commercially sensitive information, plans or financial information.
- an individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a particular position on an issue.

13.2 REGISTER OF KNOWN CONFLICTS OF INTEREST

Procedure

A register of conflicts of interest will be kept and all board members, staff and volunteers (if applicable) will be asked to declare:

- potential or actual conflicts of interest that exist when a person joins the organisation.
- conflicts of interest that arise during their involvement with the organisation.

The register will be maintained by the CEO. All potential and actual conflicts will be recorded in the register showing:

- the name of the individual.
- their position or role in the organization.
- the nature of the interest they hold.
- the date of the record.
- any incidents that arise where the interest comes into conflict with the interest of the organisation, the date of the incident and a summary of how it was managed.

13.3 IDENTIFICATION AND DECLARATION OF CONFLICTS OF INTEREST

In addition to an initial declaration of any potential conflicts of interest at the beginning of their involvement with the organisation, all Board members, staff and volunteers are required to declare any potential or actual conflicts of interest they are aware of in the following ways:

- At the beginning of any meeting or decision-making process, informing those present when a conflict becomes apparent.
- Outside of a meeting, informing CEO when a conflict becomes apparent.
- Providing formal notification in writing to the Secretary, for board members and the CEO; or the M A , for staff or volunteers.

13.4 MANAGEMENT OF CONFLICTS OF INTEREST

Where a conflict of interest is declared or identified:

13.4.1 FOR STAFF MEMBERS

The conflict will be assessed by the staff member's immediate supervisor, or by the CEO or Chairperson.

Where the conflict concerns a group process, the assessment may be conducted by the group convenor, or the staff team concerned.

If a conflict of interest exists or there is a perception that a conflict exists, the staff member may be asked to:

- contribute to the discussion but abstain from voting or taking part in a decision on the

matter.

- observe but not take part in the discussion or decision making.
- leave the meeting during discussion and decision on the matter.

13.4.2 STAFF INVOLVEMENT IN EXTERNAL ACTIVITIES

DANSW encourages and supports staff members becoming involved in community activities and volunteer work in their personal lives. However, it is possible that staff members may undertake volunteer or professional roles outside the organisation that give rise to a conflict of interest, or a perception of conflict (e.g., staff undertaking consultancy work for member organisations or government agencies).

As a result, DANSW expects that all staff members declare their involvement in external activities related to the work of DANSW when they are employed and discuss and plan with their supervisor how any potential conflicts of interest can be managed. Staff members taking on other (new) work outside DANSW need to consult with their supervisor and assess any potential conflict of interest.

13.4.3 CONTRACTORS

All contracts with external consultants being engaged by the organisation will include a declaration that no conflict of interest exists.

13.4.4 BOARD MEMBERS

To be as independent as possible DANSW will:

1. Board members serve as individual members and not as representatives of other organisations (e.g., direct disability service providers).
2. If individual Board members, staff members or volunteers are aware of associations or situations that may potentially cause a conflict of interest they must declare this interest and remove themselves from the decision making or advocacy process.
3. Individual advocacy matters are not taken to the Board, nor are they discussed with individual board members unless written specific consent is given.
4. People with a disability and carers are strongly encouraged to be Board members. If a Board member is also a client of DANSW and they are involved in a complex personal advocacy matter (i.e., a high level of conflict) the board member may stand down or resign from the board if there is a possible conflict of interest. The board member should discuss any such concerns with the board or to the Chairperson before making this decision.

Practice example:

A board member with a disability is a manager of a local business. A client comes to DANSW with a disability discrimination complaint against this business. The advocate who initially handles the complaint discusses this conflict of interest with their RC and the MA. Following this discussion,

the advocate lets the client know about the potential for conflict of interest. DANSW helps the client locate an alternative advocate (e.g., a worker another advocacy service or an independent community legal centre).

13.5 CONFLICT OF INTEREST – CLIENTS

13.5.1 CLIENT-ADVOCATE CONFLICT OF INTEREST

DANSW expects Advocates to act with loyalty to the organisation's objectives and interests and must be independent and free from compromising influences or loyalties when providing advocacy services to clients. A conflict of interest exists where there is a divergence between the individual interests of an advocate and their professional obligation to DANSW.

Even if there is no evidence of improper actions, a conflict of interest can create an appearance of impropriety such that an independent observer might reasonably question whether the professional action or decisions of the advocate are influenced by their own interest.

Advocates should take all appropriate steps to avoid conflicts of interest occurring in their work with clients. Where a conflict of interest does arise, it should be declared to the advocate's supervisor and advice sought on how to proceed.

Clients will be made aware of the potential for conflict of interest (e.g., an advocate declares that he/she has worked for a service in the past that the client wishes to complain about).

To deal with this issue:

- The client will be involved in decisions about appropriate actions if the potential for conflict of interest is low.
- If the potential or perceived conflict of interest is high DANSW will seek to offer the client a referral to an alternative service or advocate.

Practice example:

In the past Pat, an advocate with DANSW had been a board member for a disability social group. Pat receives a complaint about a worker at the disability social group from an existing client. The advocate should declare this interest to their supervisor, the MA and the client. The resulting action, in consultation with the client, may be that Pat will not handle the issue related to this disability social group if there is likely to be a high level of conflict of interest. Thus, another advocate may handle the complaint or an advocate from another service may be requested. Alternatively, the client may feel confident that Pat can act independently and still choose to continue with Pat as advocate.

13.5.2 CLIENT – ADVOCATE CONFLICT OF INTEREST (Pre-existing Relationships with Clients)

Conflict of interests can occur where an advocate is acting for a client with whom they have a pre-existing personal relationship (such as a family member or friend). In these circumstances, the

advocate's personal feeling for the client may impede or impair their ability to exercise independent professional judgement or to provide objective, independent professional advice to their client. It should be noted that enmity as well as friendship or family ties can give rise to perceptions of a conflict of interest.

Practice Example:

Pat, an advocate of DANSW, has been approached by her friend Jane whose daughter has an intellectual disability and has been on the waiting list for supported accommodation for the past 6 months. Jane wants Pat to help her with this issue and has been phoning Pat both at work and at home about this. Pat believes that her friendship with Jane is affecting her ability as an advocate to remain objective. She declares this conflict of interest to her Regional Coordinator (or the MA, where appropriate) and requests that another advocate is allocated to Jane's matter.

13.5.3 CLIENT-CLIENT CONFLICT OF INTEREST

At intake of all potential clients, staff involved in the process must conduct a conflict of interest check using DANSW conflict check database.

To be able to undertake the conflict check, the staff member doing the intake must ask the potential client their name and the name(s) of potential or actual other parties in the matter. If the other party is an organisation (e.g., government department or agency, non-government service or business) it is not necessary to conduct a conflict check. In all other cases, a conflict check must be conducted in the DANSW client database.

The conflict check must be recorded as having been done by the IA or the person who has done the intake.

If there is a match/hit in the DA database an RC or MA must be consulted. The RC or MA will then consider whether the client should be refused assistance based on the conflict. If the client is refused service, the RC or MA's decision and brief reasons must be recorded in the client's file on IVO.

DANSW Advocates may sometimes deal with dilemmas involving clients with conflicting interests. For instance, individuals from both sides of a dispute (e.g., divorce); or situations where two clients may have different points of view about outcomes (e.g., child custody matter).

To deal with this issue:

- If there is a conflict of interest, DANSW will normally assist the first person who has come to DANSW for assistance. If both people are currently clients, DANSW will assess the situation and use its priority entry criteria to choose which client to assist (if appropriate). Alternatively, if this is ethically difficult given DANSW may have private information on both parties it will advise or assist both parties to seek independent assistance from another service.
- Where possible, DANSW will inform the clients/potential clients why it cannot assist (without disclosing confidential information). However, DANSW's duty of confidentiality may prohibit it from disclosing that the other person has been a

client. DANSW may seek to assist the person to find an alternative advocate.

Practice examples:

- a. Pat was an advocate for Sue and John Smith in a Care and Protection matter which has concluded. Sue and John have now ended their relationship and John seeks help with legal and court support related to the divorce and residency of their children. After consideration of the sensitive nature of the information DANSW holds on both clients DANSW decides to advise and assist John to seek out an advocate independent of DANSW.
- b. Tom and Bob both have a disability. Tom says he lent Bob some money now he won't pay it back. Bob calls DANSW to say he has Centrelink debt problems that he needs some help with. Tom calls DANSW the next day to get some help getting his money back. DANSW decides to help Bob because he called first but helps Tom find an advocate with another service to help him with his issue.
- c. The natural mother, grandmother and aunt all with a disability come to DANSW seeking advocacy help about the residency of a child. However, after talking to all three the advocate realises each have a different perspective on what would be best for the child. The advocate after consultations with their supervisor assists the natural mother based on the priority criteria of DANSW but advises and assists the grandmother and aunt to seek alternative independent advocacy support.
- d. Elizabeth is a past client of DANSW with issues to do with the Public Trustee. Jane is referred to DANSW about a problem with one of the co-residents in her group home. The other resident is allegedly bullying Jane and stealing her money. No conflict of interest is picked up on intake. However, after Jane is allocated to an advocate, it becomes clear that the conflict is with Elizabeth, the past client. Although the advocate acting in this instance was different to the person who had assisted Elizabeth, it was difficult for Elizabeth to understand why DANSW was now not on her side. The advocate, after consultations with their supervisor, assists Jane to find an advocate with another service to help her with her issue.

13.5.4 CONFLICT OF INTEREST – PERSON WITH A DISABILITY - CARERS

DANSW tries to assist both carers and individuals with a disability in the advocacy process. However, if there is a conflict of advice from the carer and person with a disability, DANSW will in general take the advice of the client subject to other sections of the [Decision Making and Choice Policy](#).

Practice Example:

Phil, a 45-year-old man with a disability has been living in a large institution for 10 years. He has been offered a chance to move into a community group home and seems happy if a little nervous about this big change. His ageing mother is not so enthusiastic about the change as she is happy with his current accommodation and is worried about his care after she dies. The advocate focuses on Phil's wishes but also tries to consult with his mother and keep a good relationship with her as she is a very important part of Phil's life and support network.

13.5.5 CONFLICT OF INTEREST – SPECIAL ADVOCATES

From time-to-time board members may also be individuals who advocate for people with a disability in their professional capacity (e.g., legal practitioners, tenant advocates, financial counsellors/advocates etc.). To minimise conflict of interest, especially in relation to paid professional services, DA advocates will offer clients who need a particular professional advocacy service a range of practitioners to choose from and to clearly disclose any board members on this list. This would mean that clients have a range of options to choose from but would not be excluded from using assistance of a person on the board if they freely choose this as their best option.

Practice example:

A client with a disability seeks an advocate's assistance to make a personal injury claim but needs specialist legal assistance to do so. The client is not eligible for legal aid funding. A board member is also a lawyer with skills in assisting people with a disability (she has a disability herself). The advocate draws up a list of lawyers with relevant expertise and will include the board member if appropriate. The advocate will notify the client that one of the lawyers is also a board member.

13.5.6 CLIENT- ADVOCATE CONFLICT OF INTEREST

(Pre-existing Relationships/Connections with Potential Clients)

Advocates are responsible for setting clear and appropriate professional boundaries and need to be mindful of how their relationships with family and friends might affect their work as an advocate. Personal and family relationships have the potential to create a conflict of interest – that is, to influence an advocate's judgement, impartiality and independence.

A conflict of interest can occur where an advocate is acting for a client with whom they have a pre-existing personal relationship (such as a co-worker or volunteer, family member, friend or a close family member of a co-worker, volunteer, or friend). In these circumstances, the advocate's personal feeling for the client may impair their ability to exercise independent professional judgement or to provide objective, independent professional advice to their client. It should be noted that enmity as well as friendship or family ties can give rise to perceptions of a conflict of interest.

Given the potential risks of this situation, but also considering the needs of the person requiring advocacy assistance, DA's responsibility is to work with the person to find an alternative advocate or support person for the person requesting advocacy in this situation. DANSW acknowledges that this is often a difficult task in smaller communities; therefore, the Regional Coordinator, in consultation with the MA, will have the discretion to decide whether a person can still receive advocacy support from DANSW in instances where there is no alternative advocacy service.

Note: Many people from time-to-time advocate for friends and family. DA does not restrict staff from doing this in their own time. If a DA staff member chooses to advocate for a family, friend, or colleague with a disability in their own time they must first notify their supervisor and update their conflict of interest register.

A DA staff member who does choose to advocate for family, friend or colleagues in their own time should at no stage use their status as a DA NSW employee in any assistance they provide for a family member, friend or colleague with a disability.

13.6 SEXUAL RELATIONSHIPS WITH CLIENTS

Staff (including volunteers) should under no circumstances engage in sexual activities or sexual contact with clients whether such contact is consensual or not.

Staff (including volunteers) should under no circumstances engage in sexual activities with relatives of clients or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client.

13.7 GIFTS AND OTHER BENEFITS FROM CLIENTS

Staff (including volunteers) should be conscious of the perception to others of accepting gifts and other benefits. Staff must not solicit or accept anything of value from a client or associate which might interfere with their independence and the conduct of their duties and responsibilities. The very acceptance of a gift may create the perception that that staff member's independence and integrity has been compromised.

In general gifts of any type should be politely declined. However, a token gift may be accepted if there are circumstances where it would cause offence or disrespect to the gift giver to refuse the gift, or where it may jeopardise the positive working relationship with the person. An example of a token gift might be flowers, chocolates, home-made produce, and modest refreshments etc. with a value of no more than \$50. If a staff member is unsure about the status of a particular gift he or she should discuss with their immediate supervisor.

Staff (including volunteers) should not enter into any financial transactions or arrangements with clients. Examples of a financial transaction with a client may be purchasing service/equipment or accepting a loan of money/goods. If there is any doubt, the staff member should discuss the matter with their immediate supervisor.

14 SYSTEMIC ADVOCACY

Policy Statement

DANSW conducts research, and systemic advocacy activities as one of its functions. Its aim is to achieve equality and social justice for people with a disability.

Note: DANSW is principally funded for individual advocacy and only receives a very small funding allocation to undertake systemic advocacy work from its federal funding body. As a result, this limits the amount of systemic advocacy DANSW can take on.

DANSW's research and systemic advocacy work will aim to:

- analyse unfair or unjust treatment of people with a disability;

- where possible, inform government and other relevant institutions, as well as the broader community, to any unfair or unjust treatment;
- recommend changes to the practices, policies and laws to challenge unfair/unjust practices, policies and laws
- advocate and lobby for change relevant to clients and the disability community.

DANSW is committed to conducting research to produce evidence-based systemic advocacy within its areas of expertise. Wherever appropriate, systemic advocacy activities will be undertaken collaboratively, in partnership with other relevant organisations or groups. This is to ensure that we work collectively with disability community to represent a diverse range of perspectives.

DANSW's systemic advocacy work will:

- be designed within a critical disability studies framework (defined below) relevant and responsive to needs and issues identified by the disability community, have its priorities and objectives set according to assessed community needs and available resources.
- be informed by a strategic linking of individual advocacy with community disability advocacy education and systemic advocacy work.
- draw on community and stakeholder input
- be evaluated on the basis of stakeholder feedback and improvements made as a result of evaluation outcomes.

14.1 CRITICAL DISABILITY STUDIES

DANSW's systemic advocacy activities are guided by the principles of critical disability studies and undertaken within the following framework that:

- Adopts a position of 'nothing about us without us', where systemic advocacy is guided and informed by people with disability. Refers to lived experience as expertise and attempts to transform conditions that disadvantage people with disability through a critical intersectional analysis that takes into account other forms of discrimination and prejudice (e.g., race and gender).
- Is accountable to people with disability and the disability community - an evaluation of systemic advocacy work will include input from community stakeholder responsive to emerging and changing needs identified by disability community.

14.2 SCOPE OF RESEARCH AND SYSTEMIC ADVOCACY ACTIVITIES

Research and systemic advocacy may include, but are not limited to, the following types of activities:

- Conducting research into areas of inequity or injustice in the application of law or policy.
- Advocating on behalf of representatives or groups of people with a disability experiencing disadvantage or injustice.
- Providing comments and recommendations on draft legislation, policies, procedures or

other regulatory instruments.

- Preparing formal submissions and responses to inquiries and reviews established by Government or other organisations.
- Making direct representation or lobbying Government, regulators, politicians and/or other organisations for improvements policies, law or its administration.
- Reporting systemic issues to Government, regulators and/or other organisations, and identifying areas for change.
- Raising awareness of relevant issues and promoting possible solutions.
- Conducting and/or lobbying for resources for policy research.
- Monitoring overseas approaches and developments.
- Conducting or participating in public campaigns to highlight an issue and/or generate support for change.

Proposed research and systemic advocacy activities will be assessed and prioritised according to:

- the extent to which the issues affect the organisation's target group/s
- the extent to which the issues relate to priorities identified in the ALA Strategic Plan and DANSW Business plan
- the likely impact and effectiveness of the proposed action
- available resources and expertise
- the best use of resources

14.3 RESEARCH ETHICS AND PRIVACY

Any research project involving human subjects must be conducted in accordance with the organisation's Privacy Policy and with ethical procedures. People being invited to participate in a research project must be:

- given a choice and able to provide consent about participating or not
- given the right to withdraw at any time
- informed about the purpose of the research project, the information to be collected, and how information they provide will be used.
- offered copies of any subsequent publications.

Any research report, systemic advocacy or campaign material must also adhere to the organisation's [Privacy Policy](#). No information about individuals, images, case studies or other descriptive material that may lead to the person being identified may be used in any form without the permission of that person.

14.4 RESPONSIBILITIES

- The MA will maintain oversight of all DANSW research and systemic advocacy projects.
- The DANSW Policy Officer – Systemic Advocacy (PO) will be responsible for coordinating

major DANSW research and systemic advocacy projects

- The PO will coordinate the ALA Systemic Advocacy Working Group who will meet bi-monthly to discuss systemic advocacy issues and DANSW systemic advocacy work.
- Formal or public policy positions to be taken by the organisation on legislation, policy, government policy and/or related issue must be approved by the CEO.
- RC's will be responsible for coordinating regionally based mini systemic advocacy projects
 - RC's will provide an update on their region's mini systemic projects and discuss any ideas for future projects at each monthly DA leadership meeting.

14.5 RESEARCH AND PLANNING - PROCEDURE

14.5.1 RESEARCH AND PLANNING

Research and scoping work will be undertaken by the PO to determine priority areas for DANSW systemic project work. The PO, in consultation with the ALA Systemic Advocacy Working Group, will consider:

- identified areas of policy and practice requiring attention
- emerging issues identified from individual advocacy, community education, client consultations/feedback or other sources
- requests from other agencies for the organisation to take action
- outcomes of evaluations from previous systemic advocacy activities

DANSW Advisory Board

DANSW are in the process of establishing a systemic advocacy advisory board comprised of people with disability and/or their family's members. The key responsibilities of the advisory board will be to help set the direction for the DANSW's systemic advocacy work, to monitor its performance and to maintain oversight, ensuring that it stays on track according to agreed priorities and planned activities.

Key duties will include:

- Providing feedback and guidance on systemic advocacy projects.
- Attend quarterly meetings every three months, virtually and/or in person.
- Participate/attend DANSW and/or ALA annual conference.
- Regularly participate in online discussions (via teams and email)

There will also be opportunities to participate in optional tasks and duties, depending on your interests and skillset, which include:

- Assisting in research development including research design, data collection and analysis.
- Reviewing reports and submissions.

Note: This policy/procedure will be updated once the board is established, and clearer processes are in place.

Proposed research and systemic advocacy projects will be assessed and prioritised by the PO according to:

- the extent to which the issues affect the organisation's target group/s
- the extent to which the issues relate to priorities identified in the ALA Strategic Plan and DANSW Business plan
- the likely impact and effectiveness of the proposed action
- available resources and expertise
- the best use of resources

Priority areas for systemic work will be decided by the PO, in consultation with the MA as required.

14.5.2 DOCUMENTING DANSW SYSTEMIC ADVOCACY WORK

Company Drive

All systemic advocacy research, planning and project documentation is kept on the Company Drive in folders identified by year (sub folders used for individual projects). Examples of documentation may include

- Yearly calendar of events/projects
- Project proposals
- Completed project plans
- Meeting minutes
- Systemic Advocacy Newsletter
- Summaries of ad hoc action or representation (e.g., support letters for campaigns initiated by other agencies)
- List of materials used (e.g., media releases etc.)
- Ideas, action plans and contacts

The PO is responsible for maintaining, reviewing and updating this documentation as required.

IVO

All current systemic projects are documented on IVO (see 15.5.3) and must be reviewed and updated at least once per month on IVO.

Newsletter and Board Report updates

The PO will provide an update on systemic advocacy work in a monthly systemic advocacy newsletter to staff. The PO will provide the MA with a summary of systemic work for quarterly

reports to the board and for inclusion in the organisation's Annual Report.

14.6 SYSTEMIC ADVOCACY PROJECT - PROCEDURE

14.6.1 SYSTEMIC ADVOCACY PROJECT PROPOSAL

For all major systemic advocacy projects, the PO will complete a [Systemic Advocacy Proposal Template](#) and provide to the MA to assess whether the proposed activity:

- meets identified priorities and community needs
- is within the organisation's areas of expertise
- has acceptable levels of risk and benefit
- can be delivered within available resources and workloads
- requires partnership with another agency
- requires more information or research before a decision can be made
- Has outputs that are aligned with DANSW's objectives.

The MA in consultation with the PO will then decide whether the project should proceed or not.

14.6.2 SYSTEMIC ADVOCACY PROJECT DOCUMENTATION

For all approved systemic projects, the PO will open a new systemic activity on IVO and upload a copy of the completed systemic advocacy proposal template.

A corresponding project folder will be created on the company drive in the current year's systemic advocacy folder to store an electronic copy of all project documentation.

All actions associated with a project will be documented on IVO. A summary of any action should include:

- date of action
- type of action
- summary of action
- Any materials used or produced
- An attachment of any written material/documentation related to the action

14.7 EVALUATION OF SYSTEMIC ADVOCACY ACTIVITIES

Evaluation of systemic advocacy activities will vary depending on the nature of the activity. Where feasible, the PO should conduct an evaluation addressing the following indicators:

- Whether identified objectives of the project have been met.
- Whether the processes and strategies were considered effective by stakeholders.

14.7.1 COMPLETION OF ACTIVITY REPORTS

At the completion of a systemic advocacy project, the PO will complete a final report using the [Template - Systemic Advocacy Project Evaluation](#) covering:

- Project name
- Start date and completion date of project
- Project purpose and expected outcome
- Person leading project and other people Involved (e.g., staff/ advisory board/ clients/ other org. etc.)
- Overview of research, consultation, stakeholder/community input
- Description of project
- Summary of goals and actions taken
- Summary or copies of project output(s) – (e.g., research findings, submission, media article, resource produced etc.)
- Evaluation and feedback (i.e., observed outcomes, target audience response, feedback from other staff/stakeholders)
- Recommendations for improvements for future projects

14.8 REGIONAL SYSTEMIC ADVOCACY PROJECTS - PROCEDURE

DANSW is committed to undertaking regionally based systemic activities that achieve equality and social justice for people with a disability when funding and resources allow. Due to resource limitations, regional projects DANSW are not as involved as DA wide systemic advocacy projects. These regional projects are referred to as 'Mini Systemic Projects'.

Procedure

- RCs are responsible for coordinating regionally based systemic project work when resources allow.
- Mini projects should be documented by creating as a “*Systemic Issue*” activity on IVO using the following naming convention – “[region] Mini Project: [project name]”
- RCs should complete a [Systemic Advocacy Mini Project Plan Template](#) and upload to IVO
- File notes should be recorded on an ongoing basis as the project progresses detailing actions taken towards achieving the project outcome
- A final note should be added when the project plan is complete with brief summary of the project outcome, whether objectives were met, any feedback and learnings for future projects.

15 APPENDIX A: INTERVIEWING CLIENTS AT EXTERNAL LOCATIONS

*** Extract from “Working at External Locations – OHS Pocket Guide for the health and Community Services Sector 2008 (NSW Work Cover)*

“WHAT EMPLOYEES CAN DO TO SAFELY WORK AT AN EXTERNAL LOCATION”

Before the Visit:

- *Make sure the office knows where you are going.*
- *If visiting various external locations, ensure office has activity details including client name and address, estimated length of visit, any changes to timetable, proposed route.*
- *Check mobile phone is working (charged) and emergency contact numbers are programmed in speed dial.*
- *If first time visit, source information about the client including speaking with other staff about client history (e.g., violence or aggression).*
- *Carry identification.*
- *Check procedures for contact and emergency support.*
- *Check risk assessment e.g., phone assessment of issues, unrestrained animals.*
- *Review duress response plans and equipment needs.*
- *Identify communication black spots related to the journey and use agreed alternative communication options if necessary.*
- *Review profile of risk neighbourhoods.*

Getting There – Transport Safety

- *Keep vehicle locked whilst driving.*
- *If vehicle breaks down call roadside assistance, notify office and remain in your vehicle.*
- *Ensure full tank of petrol and vehicle in good order before setting out.*
- *Stay in well-lit areas, particularly when parking.*
- *Have appropriate equipment permanently in vehicle (e.g., torch, wet weather gear, map, first-aid kit, etc.).*
- *Do not leave items on seats.*
- *Have your keys in hand prior to leaving external locations.*
- *Appropriate client placement in vehicle.*
- *Access/egress, disability facilities at non-home locations e.g., shopping centres, cinemas, elevators, underground car parks.*

Arriving at the Visit

- *Park vehicle facing the way you will be exiting.*
- *Park in a well-lit area.*
- *Do not enter if there are any unrestrained, potentially aggressive animals.*
- *Before knocking, listen for arguments, or anything that may make you feel uneasy about entering the premises.*
- *Leave if there is any evidence of threat or safety issue to you.*

During the Visit – Home Safety Assessment

- *If any unfamiliar person opens the door, make sure the client is home before entering (can do this also with a pre-visit phone call).*
- *Be aware and know your exits.*
- *Keep your keys and mobile phone on your person.*
- *Only take into the premises what you need.*
- *Position yourself between client and egress.*
- *Leave if there is any evidence of threat.*

Assessing the Client

- *Familiarise yourself with client's history prior to undertaking the visit.*
- *Check if client has challenging behaviours and, if so, consider staffing levels, geographic area, and communication equipment.*
- *If client has an infectious disease, ensure safe handling, appropriate personal protective equipment (PPE), and anti-bacterial wash.*
- *Be aware of manual handling needs and arrange for appropriate equipment.*
- *Report risks and/or residual risks to manager/supervisor for consideration of alternate plan e.g. postponement of excursion, attendance of client at office rather than home.*

Transporting Clients

- *Assess the client's needs for transport prior to commencement of service.*
- *Ensure adequate staffing levels when transporting clients.*
- *Ensure clients are seated appropriately to minimise aggression or disputes. Do not seat a client directly behind the driver.*
- *Lock all PPE, hazardous substances, sharps, and documentation in a safe area of the vehicle out of reach from client.*
- *Ensure remote locking mechanism is in place.*

Working At Other Premises/Excursion Safety

- *Be aware of security and emergency procedures when in community buildings.*
- *Ensure adequate lighting and parking.*
- *Check surface areas for any trips, slips and falls risk.*
- *Necessary access and amenities available for people with disabilities.*

After Hours Visits/Excursion

- *Be aware of your organisation's procedure should you not return on time from a visit.*
- *If the office is closed, make sure there is a nominated contact who knows where you are and your estimated time of return.*
- *Make arrangements to call the nominated workplace contact at designated intervals and upon safe return.*
- *Carry emergency contact equipment, check route against non-signal areas and consider alternative communication options.*
- *Report all incidents to your supervisor in writing, including near misses.*

- *Document incidents in client notes.”*

16 APPENDIX B: DEALING WITH A SUICIDAL CLIENT

The following information is extracted from a “Sane” fact sheet (www.sane.org.au) and is meant to be a general guide for staff on how to help a client who may be suicidal.

If you believe someone is thinking about ending their life it’s natural to feel panic or even want to avoid thinking about it – however, there are a number of practical things you can do to help.

Let them know you are concerned. Tell them that you are concerned, and that you are there to help. Ask if they are thinking about suicide and if they have made any plans:

- *Asking shows that you care.*
- *Talking about suicide will not make them take action.*
- *Asking will help them talk about their feelings and plans – the first step to getting help.*
- *Take action to get help now*
- *Tell them that there are other options to suicide*
- *Don’t agree to keep their suicidal thoughts or plans a secret*
- *Don’t assume they will get better without help or that they will seek help on their own.*

If the person is thinking about suicide, encourage them to make an appointment with a GP:

- *offer for someone to go along with them*
- *contact a counsellor or employee assistance program, family member or friend*
- *contact a specialist Helpline for information and advice.*

If a plan to end their life has been made:

- *Check if they are able to carry out this plan – do they have a time, place or method?*
- *Contact the Psychiatric Emergency Team at the local hospital and the police on 000, report that the person is suicidal, has made a plan, and you fear for their safety.*
- *Take care of yourself too*
- *Look after yourself – it is emotionally demanding to support someone who is suicidal*
- *Find someone to talk things over with – colleagues, family or a Helpline*

Factors that increase the risk of suicide include:

- *Talking about feeling hopeless and helpless*
- *Being socially isolated- Having a recent loss – relationship, death, job*
- *Making a previous suicide attempt*
- *Having a friend, family member or work colleague who has died by suicide*
- *Having a mental illness*
- *Behaving in a risky manner – drugs, alcohol abuse, driving recklessly*

Where to call for help:

- *Immediate assistance, Police: 000.*
- *Mental Health Access Line 24/7 1800 011 511*
- *Local hospital Psychiatric Emergency Team*
- *24-hour crisis telephone counselling, Lifeline: 13 11 14. Kids Helpline: 1800 55 1800.*
- *Information and referral, SANE Helpline: 1800 18 SANE (7263), office hours*

17 APPENDIX C: NSW OMBUDSMAN GUIDELINES – DEALING FAIRLY WITH DIFFICULT CLIENTS AND COMPLAINANTS

Understanding complainant behaviour

When people approach an agency with a request, application, concern or complaint they have two kinds of needs. One relates to their needs as individuals, the other relates to what needs to be done to address the substantive content of their approach.

Their needs as individuals are to be heard, understood and respected. The person is more likely to accept the agency's decision, even in cases where the outcome is unfavourable for them, if these needs are met, and the procedures used are seen as fair.

In order to promote optimum communication with complainants, staff should:

- treat each person as a valued customer
- give customers as much relevant and accurate information as possible
- never take a customer's anger or frustration personally
- express appropriate concern and empathy, and apologise for the agency's mistakes where appropriate
- use the agency's internal debriefing systems to 'let off steam'.

Complaints found to be made maliciously

Occasionally an agency may, during assessing a complaint, find evidence to suggest that the complaint was motivated by maliciousness — that is, for the purpose of hurting another person (their career, their reputation or their livelihood). Sometimes agencies may try to use this to justify ignoring the complaint.

Our view is that this is the wrong approach. If the allegations nevertheless raise what would be a serious problem if true, the complaint must be taken seriously.

Malicious complaints often bring to light some ugly truths. Sometimes it takes a desire to take retribution or to express anger and frustration to make a person speak out, where they otherwise would have remained silent. A good example is where a person has been disciplined by their supervisor and subsequently makes allegations that their supervisor has been corrupt.

Certainly, it is possible in these kinds of circumstances that the person has fabricated the complaint. However, it is equally possible that if the person had previously been aware that his or her supervisor had acted corruptly, it is only the breakdown in their relationship that would drive them to share that information.

Complaints found to be made vexatiously

On other occasions, an agency may find that the allegations are not supported by any evidence and there is other evidence to suggest that the complaint was made vexatiously — that is, primarily for the purpose of causing annoyance.

The agency is generally justified in dismissing the complaint because it has no substance. The complainant should be advised that no evidence was found to support the allegations.

However, the agency should freshly assess any further complaints from the same person to determine if they have any substance.

Persistent complainants

Sometimes agencies need to manage complainants who persist and write again and again. Sometimes the complaints are about largely the same issue, which the agency has already addressed or dismissed as without substance. Understandably, agencies want to minimise the time spent dealing with these kinds of complaints.

Two administrative controls agencies can, in appropriate circumstances, use to reduce the amount of work required are:

- restricting access to their services
- limiting responses to future complaints.

It is very important that these measures are not taken without first providing the complainant with clear advice of the agency's decision and the reasons for it. Restricting or limiting access without notifying the complainant is unreasonable and may generate more correspondence.

Restricting access to services

When deciding whether or not to limit the access rights of members of the public to DANSWs they provide, it is important for agencies to understand that:

- in the absence of very good reasons to the contrary, members of the public have a right of access to agencies to seek advice, help or the services provided by the agency
- members of the public have the right to complain about things like poor service, inaction, overreaction and maladministration
- criticism and complaints are a legitimate and necessary part of the relationship between agencies and their customers or communities and may be dynamic forces for improvement within agencies
- nobody, no matter how much time and effort are taken up in responding to his or her complaints or concerns, should be unconditionally deprived of their right to have these concerns addressed.

Agencies should limit access only after carefully considering all the facts and issues of the individual case. It is important to keep in mind that this kind of restriction may not effectively stop a persistent complainant anyway. Someone who believes that they have a genuine grievance that the agency has not addressed may not need or want to rely on the agency to provide them with a service.

An agency could reasonably consider limiting access if dealing with the complainant unreasonably diverts resources or prevents other members of the public from receiving services. It may also be reasonable if the complainant also poses other difficulties such as:

- being consistently rude or abusive or making threats to staff or third parties using the services of, or in the premises of, the agency
- causing damage to the property of the agency or threatening physical harm to staff or other third parties
- being physically violent or producing weapons.

Depending on the importance of the service to the physical or mental well-being of the person concerned, even if they exhibit one or more of these behaviours, an agency should first try providing their service differently, rather than withholding it altogether. For example, the agency could use specially trained staff to communicate with the person or provide their service via the telephone.

Limiting responses to future complaints

A more effective administrative control for dealing with a persistent complainant is refusing to respond to future complaints about largely the same matters.

Like all such restrictions, the decision should not be taken lightly, and agencies must consider all the facts of the individual case, for example, the number of complaints made by the person (vexatious or not) and the resources that have or would be required to deal with them.

If, after this assessment, the agency decides that to deal with every future complaint from the person would unreasonably impact on its ability to fulfil its functions, the agency should try an arrangement that reduces their workload but does not cut off the complainant completely.

The agency should first try to stop the complainant by telling them that any future complaints about the same issue will not be acknowledged or responded to unless new information is provided that warrants further action. Any future written material can simply be filed.

If the complainant continues to telephone, they could be told that their calls will only be taken during restricted times and then only by a specific person, or even that no future phone calls will be accepted, or interviews granted about the same matter.

18 APPENDIX D: DEALING WITH WORKPLACE VIOLENCE

DANSW workplace procedures are geared toward preventing violence occurring in the first place. However, should violence or threats occur here are some recommendations:

Recognising the Signs

The potential for violence is usually signalled by verbal and non-verbal cues. Verbal cues include:

- Raised voice
- Threats
- Repetitive statements by the client
- Racist, sexist and other types of verbal abuse
- Withdrawal

Non-verbal cues include:

- Agitated movements
- Threatening gestures
- Eye to eye staring
- Standing very close
- Banging on the furniture
- Clenching the fists
- Towering posture

Physical Violence

When confronted by violent behaviour:

- Try to reason with those attacking property or others and ask them to stop.
- Do not attempt to physically stop them by stepping in between them and the property they are attacking.
- Do not attempt to restrain a client unless it is a life-threatening situation and there are no other options. It normally takes four or five people to restrain an angry person without damage to themselves or the client.
- There is a temptation to react to threatening behaviour by adopting the same confrontational body language in response. This may inflame the situation.

To ensure that pacifying words and body language match:

- Take a step back to create space.
- Raise the hands in front to waist level (as if warming them in front of a fire).
- Continue eye to eye contact but blinking every few seconds (a feature of normal eye to eye contact).
- Continue to use non-confrontational language and do not touch the aggressive person.
- Leave if all attempts to defuse the violence have failed and there is a real threat of physical damage or lives are at risk.

- Call the police.

Verbal Threats

In most cases violence will not escalate past verbal threats. Verbal threats can lead to physical violence or be a part of a deliberate attempt to harass and intimidate.

Staff who are being verbally attacked should:

- Assess the emotional/mental state of the client - i.e., frustrated, disturbed, under the influence of drugs or alcohol.
- Try to accommodate their needs. They may simply be frustrated by being kept waiting or being given conflicting advice.
- Use assertive, non-aggressive language.
- Assess the potential for the situation to become physically violent.
- Seek the presence of another staff member.

Phone threat Procedure

Phone threats should be taken seriously. If a threat is received by an unknown person, make a note of:

- Time of the call
- The phone number the call was received on
- Sex of caller
- Estimated age of caller
- Any details such as accent and background noise etc.

Discuss the situation with the supervisor and consider contacting the police.

Client Threats against Staff

If a staff member is threatened by a client, the staff member should complete an incident report and attach a copy to the file and forward one to their supervisor and the Executive Officer – Social Advocacy.

The incident report should be in the form of a memo and contain the client's name, description of the threats, the context of the threats and the time they occurred.

The Executive Officer – Social Advocacy will investigate the incident and develop an action plan in conjunction with the staff member involved. (For example, involve the police in serious incidents, exit the client from DANSW in line with existing exit policy, implement a safety procedure where office doors are locked for a set period, only assist the client over the phone etc.). Normally, the Executive Officer – Social Advocacy will write to the client, explaining reasons for any decisions.

The EOSA will monitor and review decisions and report more serious threats to the CEO.

19 APPENDIX E: DISPUTES AND APPREHENDED PERSONAL VIOLENCE ORDERS (APVO)

[A common Advocacy issue for DANSW occurs when people with a disability seek an APVO against a neighbour, workmate or a former acquaintance following conflict. Many of these disputes also involve situations where people with a disability are in conflict with each other. Often assisting clients in this area is a significant drain on DANSW's resources with little positive outcomes for people with a disability involved. From experience, DANSW has observed that the most successful way to resolve such disputes is through mediation services such as the Community Justice Centre.

To limit the drain on resources and to encourage people to deal with such disputes themselves when they can, DANSW will only assist when the person has made an attempt to resolve the matter through mediation services which are freely available. This would exclude matters where there is evidence of serious violent threats or acts of violence -- where the police should be involved. DANSW may offer limited support to clients with a cognitive disability (e.g. intellectual disability) who may find it hard to participate in mediation and other communications necessary to resolve the dispute however court support schemes may also offer such support and the availability of such support will be explored before DANSW provides assistance.

Should a person continue to seek an APVO following failure of mediation, DANSW will refer the person to available court support schemes for people with cognitive disabilities or advise the person on obtaining private legal representation. In exceptional cases (e.g. where the person may be potentially the victim of vexatious APVO application or be opposed by a non –disabled person with superior resources) DANSW will work with court support schemes and legal services to ensure such a person receives fair treatment.]