



Your life. Your voice. Your rights.

Policy Manual

Section 4:

Service Practice

July 2017

Contents

1	Introduction.....	1
2	Conflict of Interest.....	1
2.1	Conflict of interest for staff and volunteers	1
2.2	Conflict of interest with an advocacy issue.....	2
2.3	Conflict of interest for Board Members	3
3	Privacy, Dignity and Confidentiality Policy	4
3.1	Personal Privacy and Dignity.....	4
3.2	Consent	4
3.3	Collecting Personal Information.....	5
3.4	Information Disclosure and Consent	6
3.5	Contact with client by other agencies.....	6
3.6	Confidentiality agreement	6
3.7	Privacy of staff and volunteers	6
3.8	Exceptions to Confidentiality.....	7
3.9	Protocols for sending client personal information to other organisations	9
3.10	Making a Complaint about a Breach of Privacy	10
3.11	Training for Staff and Board.....	10
	Form 3.1 Privacy Principles Summary	11
4	Record Management.....	12
4.1	Maintenance of records	12
4.2	Archiving of client records	12
4.3	Keeping Original Documents.....	12
4.4	Storage of client records.	13
4.5	Access to, and Correcting of Personal Information on client records.....	13
4.6	Correction of personal information.....	14
5.	Participation and inclusion	15
5.1	Client participation	15
5.2.	Resourcing of support and self advocacy groups.....	16
6.	Complaints and Disputes	17
6.1	Making a complaint	17
6.2	Who should manage and investigate the complaint.....	18
6.3	Procedure for managing a complaint.....	18
6.4	Complaint Record keeping	19
6.5	Complaints involving organisation members or Board members	20
	Chart 6.1 RDAS Complaint and Dispute Resolution Procedure	21
	Form 6.1 Complaint Registration Form	22
7.	Freedom from Abuse, Neglect and Harassment.....	25
	KEY CONCEPT.....	25
7.1	Incident involving RDAS.....	25
7.2	Incident involving another agency	25
7.4	Managing a critical incident	26
7.4	Critical Incident Reporting	27
7.5	Reporting in Victoria	28
7.6	Reporting in NSW	28
7.7	Mandatory Reporting involving Children	29
8.	Protocols for dealing with clients (and other people) who are at risk of suicide.....	30

KEY CONCEPT	30
Procedures	31
Chart 7.1 Assisting people at risk of suicide	34
9. Media and Public Comment Policy	35
9.1 Policy Statement	35
9.2 Purpose for RDAS working with the media	35
9.3 Core Principle	36
9.4 Delegated Responsibilities	36
9.5 'Off the record' Media Responses	38
9.6 Staff Supporting a Client regarding approaches to the Media	38
10 Policy review	39

1 Introduction

The policies and procedures contained in this section relate to practice across the organisation. All board members, staff and volunteers are to follow these policies when providing services to RDAS client group and when interacting with the public.

2 Conflict of Interest

KEY CONCEPT

RDAS staff, volunteers and board members will take appropriate steps to avoid situations that may lead to a conflict of interest.

A conflict of interest exists when it is likely that a staff member, volunteer or board member could be influenced in performing his or her duty, or perceived to be influenced, because they have a private or personal interest in a matter which may lead to biased decision making which may constitute corrupt conduct.

2.1 Conflict of interest for staff and volunteers

RDAS staff and volunteers will take appropriate steps to avoid any conflict of interest in its advocacy/court support practice. If a conflict of interest does occur it should be declared and steps taken to manage it.

Examples of conflict of interest with an advocate or volunteer:

- The advocate has secondary employment as an official community visitor and they may be required to visit the group home where the client lives.
- An advocate teaches at TAFE and they are asked to advocate for a student in their class.
- A justice support volunteer is asked to assist their neighbour and is a close friend of the client's family.
- An advocate has knowledge of, or has a friendship with, another person involved with the client's issue which impacts on the way the advocate may interact with the client.
- The court support volunteer begins a friendship with a client as a direct result of undertaking their duty as a Justice Support Volunteer.

Examples that may not be considered a conflict of interest:

- The advocate worked with a client in a previous employment but has not seen them for 2 years.
- The client lives in the same block of units as the Justice Support Volunteer but they do not know each other.

If a client is known to the advocate at the intake meeting, the potential conflict of interest should be declared and discussed at the meeting. If the meeting determined that there is a conflict of interest then the client will be assigned to another advocate. If uncertain then refer it to the Executive Officer.

If a client is known to a Justice Support Volunteer when they are contacted by RDAS to undertake a support, the potential conflict should be declared. If it is determined that there is a conflict of interest then an alternate volunteer will be sourced.

If, once a client has been linked to an advocate or Justice Support Volunteer, it is discovered there is a conflict of interest, the Executive Officer should be informed and an alternative advocate or volunteer be assigned to the client.

The client will be advised through the consumer handbook that if they believe there is a conflict of interest with their advocate or Justice Support Volunteer they should contact RDAS and request an alternate advocate or volunteer to be assigned.

The conflict or potential conflict will be recorded on the Conflict of Interest register.

2.2 Conflict of interest with an advocacy issue

RDAS will only support 1 (one) side of an advocacy issue. Where there are 2 (two) or more people with a disability, or family members, in conflict with each other than RDAS will support only 1 (one) client who has a disability. All other parties will be assisted to find advocacy support through another agency if appropriate.

RDAS will determine which person they will provide advocacy support to using the priority method outlined in Part 2.3 of the Advocacy Practice Manual or Part 1.2 of the Justice Support Manual. Parties with lower priority will be referred on to another service.

Where there is an issue with a Carer or family member(s) RDAS will always advocate for the person with a disability who is most vulnerable.

If a conflict of interest exists, staff or volunteer will:

- explain to the second client or family member this policy and that RDAS will not be able to assist
- seek the person's consent to assist them to find an alternate advocate
- will investigate if there is another advocacy agency that covers the same geographical area, including state wide, that can take on the second client or family member
- If there is not an appropriate agency in the RDAS region then the advocate can contact the neighbouring advocacy agency, closest to where the client lives, to see if the agency has a capacity to take on the second client.
- Handover any relevant information regarding the advocacy issue to the second advocacy agency
- Once the handover has occurred, the two advocacy agencies will work independently advocating for their specific clients.

- The conflict or potential conflict will be recorded on the Conflict of Interest register.

2.3 Conflict of interest for Board Members

The Board places great importance on making clear any existing or potential conflicts of interest. All such conflicts of interest shall be declared by the member concerned and documented in minutes. A Board member who believes another member has an undeclared conflict of interest should specify in writing the basis of this potential conflict.

Examples of conflict of interest could be, but are not limited to:

- When a Board member or his/her immediate family or business interests stands to gain financially from any business dealings, programs or services of the organisation.
- When a Board member offers a professional service to the organisation.
- When a Board member stands to gain personally or professionally from any insider knowledge if that knowledge is used for personal advantage.
- Where a Board member or the Executive Officer of RDAS has a role on the governing body of another organisation, where the activities of that other body may be in direct conflict or competition with the activities of RDAS.

Procedure

1. Members shall declare any conflicts of interest either at the start of the Board meeting concerned or when a relevant issue arises. The nature of this conflict of interest should be entered into the meeting minutes.
2. Where a conflict of interest or potential conflict of interest is identified and/or registered, the Board member concerned shall leave the room as soon as that item comes up for discussion. The concerned Board member shall not vote on that issue, nor initiate or take part in any Board discussion on that topic (either in the meeting or with other Board members before or after the meetings), unless expressly invited to do so by unanimous agreement by all other members present.
3. If a person declares themselves to have existing or potential conflict of interest, confidentiality will be respected. If a person alleges that another person has a conflict of interest, whether existing or potential, and if the Board cannot resolve this allegation to the satisfaction of both parties the matter shall be referred to the Executive. The Executive will make a recommendation to the Board as to what action shall be taken.
4. The conflict or potential conflict will be recorded in the Conflict of Interest register.

5. Training

Staff, Volunteers and Board members will receive training on conflict of interest on an annual basis.

3 Privacy, Dignity and Confidentiality Policy

KEY CONCEPT

The right of each person to privacy, dignity and confidentiality will be recognised and respected.

RDAS will comply with the [Australian Privacy Principles \(APP\)](#) in order to protect and respect the rights of each person who has dealings with the organisation.

RDAS will respect all personal information it collects, stores, uses and discloses to ensure that:

- it meets its legislative responsibilities to protect the personal information of its clients, members and staff;
- it is transparent about what information is collected and how it is used;
- client's, staff and volunteer/s are aware of their rights and responsibilities concerning privacy.

Legislative Basis

RDAS must comply with the following Legislation:

- Privacy Act 1988 (Cwlth),
- Victorian Health Records Act 2001 (Vic)
- Health Records and Information *Privacy Act* 2002 (NSW).

3.1 Personal Privacy and Dignity

In all decisions and dealings of RDAS, the agency will ensure that all people are treated with dignity and respect.

Where people who have a disability and/or their family members are clients of RDAS, staff and volunteers will respect client's rights to personal privacy (e.g. in personal hygiene tasks).

RDAS staff will be mindful of the following:

- recognising the need for privacy and individual differences to the privacy level desired
- attempting to organise home and office visits at time/s which are suitable for clients and workers
- seeking only the information needed to develop an appropriate advocacy action plan and resolve the issue with the client
- respecting confidentiality
- working notes pertaining to clients or phone messages that do not need to be kept permanently are shredded or placed in a locked recycling bin.

3.2 Consent

RDAS will not collect, use or disclose personal information about anyone without their expressed consent.

Consent means “express consent or implied consent”.

The four key elements of consent are:

- the individual is adequately informed before giving consent
- the individual gives consent voluntarily
- the consent is current and specific

and

- the individual has the capacity to understand and communicate their consent.

Express consent is given explicitly, either orally or in writing.

This could include a handwritten signature, an oral statement, or use of an electronic medium or voice signature to signify agreement.

3.3 Collecting Personal Information

- Personal information is defined as ‘any information or an opinion about an identified individual, or an individual who is reasonably identifiable: whether the information or opinion is true or not and
- whether the information or opinion is recorded in a material form or not’.

Common examples are an individual’s name, signature, address, telephone number, date of birth, medical records, bank account details, employment details and commentary or opinion about a person.

What constitutes personal information will vary, depending on whether an individual can be identified or is reasonably identifiable in the particular circumstances.

RDAS staff will ensure that the client is aware of the reasons why information is being collected and endeavour to ensure that information collected is relevant, accurate, up-to-date, complete and not misleading prior to it being used. Wherever possible, information will be collected directly from the individual.

Where an individual is under the age of 18 years of age, information may be collected from a parent or guardian in conjunction with the client.

Personal information that has been de-identified will no longer be personal information. Personal information is de-identified if the information is no longer about an identifiable individual or an individual who is reasonably identifiable.

The client has the right to withhold information for privacy reasons.

The initial interview, follow-up meetings or reviews with the client should take place in the advocates office, outreach location or client’s home. If this is not possible, interviews should take place in an area which provides privacy and confidentiality.

All information provided to RDAS regarding the individual will be strictly confidential (except for the limitations listed below).

A client will be made aware of what information is kept about him/her; why it is kept and who has access to it. Information collected must not be used for any purpose other than that for which it is given.

3.4 Information Disclosure and Consent

Each client has the right to access any information RDAS keeps about him/her. If a client would like to see their file they can request a meeting with the Executive Officer to access their file. Seven (7) days' notice shall be given to provide time for information collection from the electronic data base.

Information collected is to be used solely to obtain resolution of the individual's issue. (The type of information collected is listed in Point 3 of policy section: Meeting Individual Needs.)

Information from or to other agencies regarding the individual is only to be obtained after the individual signs a Letter of Authorisation to Disclose Information form or Advocacy Action Plan listing the agencies that can be contacted and the information being requested. Only information to assist in the resolution of the individual's issue will be requested from, or given to other agencies or persons. The individual will be advised to whom this information is going and for what purpose.

3.5 Contact with client by other agencies

If a third party (including another organisation) wishes to make contact with a client of RDAS, staff may either invite the client to contact the organisation direct or obtain consent from the client to provide relevant contact information to the third party.

3.6 Confidentiality agreement

All RDAS staff, volunteers, students, contractors and Board members who may have access to personal information will be provided with a copy of this Policy and asked to sign a confidentiality declaration indicating that they understand the confidentiality and privacy requirements to which their work is subject.

3.7 Privacy of staff and volunteers

Staff, volunteers and students are not required to disclose their personal address or phone numbers to clients or to other organisations if they are acting on RDAS' behalf. If a volunteer or staff member is required to provide contact details it should be, C/- RDAS Wodonga office.

If a client, or another agency, request to make contact with a staff member or volunteer urgently, the person taking the call will take a message and contact the staff member or volunteer concerned. The caller will not be provided with staff or volunteers mobile phone number.

Staff and volunteers should not provide clients with a personal mobile or home phone number. If it is necessary to contact a client or service provider from home or mobile it is advised that they turn off their caller ID before making a call.

Most staff work part time. At times it may be necessary to contact staff on days off. Calls should be limited to matters that cannot wait until the staff member is next at work.

3.8 Exceptions to Confidentiality

Statistical Information

Statistics will be gathered about clients for the purposes of agency planning, accountability and systemic advocacy. However, this information will be used sensitively and in a manner that does not identify individuals.

Case studies will:

- be used for the purpose of reporting and community education
- not contain information which will cause a client to be identified (ie identifying information may be altered to protect the privacy of the client). If there is any concern that such information might identify an individual, RDAS shall seek the client's consent.
- be written in a way that depicts a positive image of the client and the work of RDAS.

Identifying information in a client's file must not be used for the purpose of research without written consent from the client.

Supervision

As part of quality improvement, and to provide opportunity to explore different options to resolve issues, advocates will be required to discuss individual advocacy issues with the Executive Officer during supervision and at team meetings. Electronic and paper files will also be viewed.

From time to time, an advocate may seek independent professional supervision or consultation to assist clients in achieving the outcome they wish. Identifying information should not generally be given to the professional supervisor. However, if providing such information is essential, advocates must seek the consent of the client. A professional supervisor must be given a copy of this policy and agree to abide by it.

In general, one advocate will have primary responsibility for the management of each client issue and will be the only person accessing the file. However, where that advocate deems it to be necessary, relevant information from a client's file may be shared with or made accessible to another RDAS staff member in the interests of efficient and effective service delivery. Only staff with the 'need to know' will have access to information held on individuals by the service. Information may be discussed when a staff member needs advice from another staff member, or when a staff member working with an individual is unavailable due to annual leave, sick leave, or other reason.

Staff members will be sensitive when discussing personal details regarding the individuals with other staff members.

Subpoena

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. In this instance, the information may be photocopied or file notes printed from IVO.

Self-harm or harm to other

There may be an exception to confidentiality where RDAS staff 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.

- Those making a decision to disclose information to seek help for or protect the client will pay due regard to the particular client's capacity to make decisions.
- Any need to disclose client information on the basis of necessity should be discussed with the Executive Officer beforehand wherever possible.

Complaints Processes

Should a complaint occur about the operation of RDAS, a delegated member of the Board may have access to the nominated client's file to enable that member to participate in the resolution of the complaint.

Mandatory Reporting Requirements

RDAS staff may be required by legislation to disclose applicable client information to relevant child or disability service protection agencies (or any equivalent body as specified by legislation) if that paid staff member has reasonable grounds to suspect that a child or vulnerable person is at risk of harm, abuse or neglect and that those grounds arise during the course of or from that person's work.

Under the Children and Young Persons (Care and Protection) Act 1998 (NSW), or Children, Youth and Families Act 2005 Vic the service's staff may be defined as "mandatory reporters" (legal advice suggests that this is still an uncertain area). However the service believes on ethical grounds that it shall disclose relevant client information to a child protection agency if that staff member has reasonable grounds to suspect that a child is at risk of serious harm.

Funding Body's Access and Peer Audits

RDAS is required to make files available to the government funding body for auditing purposes if the funding contract stipulates this. RDAS also undertakes audits as a member of Quality Improvement Partnerships (QIP). Clients electronic and hard copy records may be viewed by government funding bodies, auditors acting on behalf of the funding bodies or senior staff from other advocacy agencies for quality improvement purposes. Clients will be provided with an opportunity to opt out of having their records audited at their first meeting. Clients may indicate at any

time they do not wish their files to be viewed. If a client indicates they do not wish for their file to be viewed, an admin alert will be placed on their records and the file will not be used in audits.

Member register available for viewing by other members

As an Incorporated Association, RDAS is required to maintain a register of members containing names and addresses of all current members. The register must be made available to other members on request. RDAS will include a statement on the membership form advising all new members of this requirement. The process and limitation for accessing information will be the same as *Access to Personal Information* (see below).

3.9 Protocols for sending client personal information to other organisations

Client's personal information should not be provided to another organisation or individual without the specific consent of the person, or their guardian (see 3.4 above).

Electronic Secure Messaging (ESM) through an internet platform like Connecting Care is the preferred method of transferring sensitive information to other organisations.

Sending information by fax

There are risks to privacy in sending information by fax, which include misdialling a number; people other than the intended recipient reading the information; errors in transmission; or the transmission not being authorised.

Minimise risk by taking the following precautions:

- before sending a fax, call the intended recipient by phone to confirm their number and alert them of an incoming fax
- ask the recipient to ring to confirm receipt of the fax
- set your fax machine to print transmission reports as required
- do not send sensitive information using a pre-programmed dialling facility
- send only the minimum amount of information necessary
- send information for only one (1) client or issue per fax transmission
- always use a cover sheet containing your details and a request that you be contacted if the recipient is not in fact the addressee
- label the fax 'private' or 'confidential', and mark it for the attention of the addressed recipient only
- make a note on the original document of the date that was faxed (or attach the transmission report).

Send information by email

There are particular risks in sending messages via the internet and email. The confidentiality of internet traffic cannot be assured as it may pass through and be scanned and copied by nodes in many different locations. Therefore sending confidential information via email should be done as a last resort.

3.10 Making a Complaint about a Breach of Privacy

Under the Privacy Act 1988 an individual has the right to make a complaint about a breach of privacy in relation to his or her personal information.

The Executive Officer will take on the responsibility of Privacy Officer for the organisation and will maintain and update privacy and policy procedures and promote compliance by all staff members. The Executive Officer will be the contact person for complaints and all other compliance matters in relation to privacy.

If a service user believes that RDAS has breached their privacy, they should follow the complaints procedure as outlined in Section 6 of this manual. If the matter remains unresolved, an individual can lodge a formal complaint.

The Victorian Privacy Commissioner may refer a complaint to the Victorian Civil and Administrative Appeals Tribunal (VCAT). If RDAS is found in breach of the Privacy Legislation, VCAT can make an order requiring RDAS to:

- make an apology,
- change a procedure,
- correct or delete personal information, or
- pay compensation for any harm suffered, including humiliation. Serious breaches could attract further penalties.

3.11 Training for Staff and Board

All staff, volunteers and Board members will be provided with training and information on the procedures and requirements to maintain privacy and confidentiality. Staff and Board will also be trained on the Code of Conduct and will sign a document of confidentiality to indicate their understanding and acceptance of these procedures.

Privacy Principles Summary

All staff, volunteers, students, Board members and contractors will sign a statement that they understand and agree with the following statement:

Regional Disability Advocacy Service Inc (RDAS) will:

- Collect information which is relevant to the purpose for which it is being collected.
- Keep personal information safe and secure to ensure records are protected against loss, unauthorised access, use or disclosure.
- Only give information to another person if the person to whom the information relates has given consent.
- Keep all RDAS sensitive business that relates to either the Board or staff confidential at all times.

Form 3.1 Privacy Principles Summary

Regional Disability Advocacy Service Inc (RDAS) will:

- Collect information which is relevant to the purpose for which it is being collected.
- Keep personal information safe and secure, ensure records are protected against loss, unauthorised access, use or disclosure.
- Only give information to another person if the person to whom the information relates has given written authority.
- Keep all RDAS' sensitive business that relates to either the Management Board or staff, confidential at all times.
- Ensure that staff, Board members, volunteers, students on placement, and contractors sign the declaration below and comply with these principles.

PRIVACY AND CONFIDENTIALITY AGREEMENT

Board members, Staff, Volunteers, Students on Placement and Contractors

I, _____ of _____

as a person who carries out paid or voluntary duties for Regional Disability Advocacy Service Inc, understand, accept and agree to each statement above; that

1. I will not directly or indirectly disclose information I have acquired about the affairs of any other person through the performance of my duties without the express permission of the person to whom the information relates
2. This agreement continues to apply even after my association with RDAS has ended.

Signature of Declarant

_____/_____/_____
Date

Witness

_____/_____/_____
Date

Last updated 25/9/14 by M Butcher Version 4

4 Record Management

4.1 Maintenance of records

RDAS staff will create a paper and/or electronic record for each new client being assisted by RDAS.

The records will contain:

- Initial intake assessment
- Notes outlining actions the advocate has undertaken relating to the client and their issue
- All correspondence in and out relating to the client and the issue
- All incoming and outgoing correspondence must be dated
- Letter of Authority
- Advocacy Plans signed by the clients
- Client data collection form
- Change in circumstances of the service user
- Complaints made by the clients
- Reports/information from other agencies
- Referrals made to other agencies.

Notes must be written in a way that is easy for any other relevant worker to follow as well as for the client to understand.

Client records remain the property of RDAS. However, copies can be made of any or all information for the client on request.

Documentation shall contain objective information. Care shall be taken with the choice of language used.

4.2 Archiving of client records

Client records will be archived either in hard copy or electronically for an appropriate period of time - seven (7) years from when the client was exited from the service.

If a child/ren is connected to the issue, the file will be kept for seven (7) years from the time the youngest child turned 18.

The Executive Officer may determine that a record be retained for an extended period of time if the record contains significant information that has the potential to be used in evidence, e.g. alleged sexual abuse or medical malpractice.

4.3 Keeping Original Documents

Original documents belonging to clients will not be held on client's records. Such documents will be returned to client after they have been perused, scanned or

photocopies have been made for the file with the client's consent. Photocopies of any documents generated by RDAS on behalf of clients, and responses to such documents addressed to RDAS will be provided to clients as soon as practicable.

4.4 Storage of client records.

Client records will be filed in lockable cabinets when not in use. Information kept on computer shall be kept in a secure fashion and password protected.

Keys to the filing cabinets holding consumer records will be stored in a key safe which is locked at night.

4.5 Access to, and Correcting of Personal Information on client records

Individuals have a right to request to see, or have a copy of their records containing their personal information.

RDAS will provide access to information within fourteen (14) days after the Executive Officer receives the request.

There are some circumstances RDAS must or may refuse to provide individuals access to their records. If RDAS refuses to provide access to the client, the Executive Officer will provide a written decision to the client with reason/s why access was refused.

Reasons for refusing include when:

- providing access would pose a serious threat to the life or health of any person
- access may unreasonably affect the privacy of other individuals
- access will expose information given in confidence by a third party
- there is reason to suspect that unlawful activity, or misconduct of a serious nature, that relates to the organisation's functions or activities has been, is being or may be engaged in, and giving access would be likely to prejudice the taking of appropriate action in relation to the matter
- giving access would reveal evaluative information generated within the organisation in connection with a commercially sensitive decision-making process
- access would be unlawful (e.g. other legislation requires staff to withhold Information)
- the request for access is frivolous or vexatious
- access to the information has already been provided
- a request for access has already been made unsuccessfully.

Any client who is not satisfied with a decision about access to their file may complain to either the Health Services Commissioner (for health information) or the Victorian Privacy Commissioner (for non-health information) and seek conciliation of the matter.

In limited circumstances, it may be appropriate to consider releasing information to a client without requiring them to go through a formal process.

This would include cases where:

- information is easy to find and retrieve
- small in volume, and
- easily separated from other information that may be exempt from release.

A note will be placed on the client's records RDAS detailing the date on which access was provided, the form of access and who the information was provided to.

4.6 Correction of personal information

If RDAS holds personal information about an individual; and is either:

- i. satisfied that, having regard to a purpose for which the information is held, the information is inaccurate, out of date, incomplete, irrelevant or misleading; or
- ii. the individual requests the entity to correct the information;

RDAS must take reasonable steps to correct information to ensure that information is accurate, up to date, complete, relevant and not misleading.

Notification of correction to third parties

If RDAS corrects personal information about an individual that was previously disclosed to another agency/organisation; and the client requests RDAS to notify the other organisation of the correction; RDAS must take such reasonable steps to give that notification unless it is impracticable or unlawful to do so.

Refusal to correct information

If RDAS refuses to correct the personal information as requested by the individual, RDAS must give the individual a written notice that sets out:

- (a) reasons for the refusal except to the extent that it would be unreasonable to do so; and
- (b) mechanisms available to complain about the refusal; and
- (c) any other matter prescribed by the regulations.

Request to link a statement

If RDAS refuses to correct the personal information as requested by the individual; and the client requests RDAS to link the information to a statement that the information is inaccurate, out of date, incomplete, irrelevant or misleading; RDAS must take reasonable steps to link the statement in a way that users of the information are clear of the statement intent.

5. Participation and inclusion

5.1 Client participation

Each client is supported and encouraged to participate and be involved in the life of the community.

A key principle underlying RDAS' philosophy is the importance of the development of community attitudes, infrastructure and resources to facilitate the involvement of persons with disabilities in all aspects of community life.

RDAS will foster inclusion, participation and integration through the following activities:

Community Education

- conducting workshops on disability issues
- speaking at TAFE colleges, schools and universities
- running training sessions for government and other service provider workers
- writing articles for the news media, and
- convening conferences and consultations.

At all times, people with disabilities are invited and encouraged to take part in the community education process.

Self-Advocacy

RDAS promotes self-advocacy by offering support to existing disability groups and assists in the establishment of new groups in the region. See RDAS policy on Support Groups for detailed explanation.

RDAS will provide support by:

- providing information and advice
- writing submissions for funds
- running workshops
- providing assistance to become incorporated
- inspiring groups
- identifying issues
- hosting visits by state-wide disability groups.

RDAS aims to assist and support clients to represent their own interest in and become as active participants in the community as any other person.

Provision of Information

RDAS provides information about services and activities available in the community and assists clients to access them.

RDAS promotes and supports clients to access mainstream services by networking with these services by actively seeking out people from diverse backgrounds and linking them into appropriate support services and to raise awareness and understanding of the needs of frail elderly, people with disabilities. RDAS also displays information at its office and on its website about other mainstream services in the area.

RDAS advocates for policies, programs and strategies that empower and advance the rights and interests of people with disabilities.

5.2. Resourcing of support and self advocacy groups

RDAS will promote self-advocacy on a systemic level by offering support to existing disability groups and assist in the establishment of new groups that promote self determination.

RDAS will provide support to groups that:

- Agree with the philosophy and values of RDAS
- The majority of members are people with disability or carers/family members.

RDAS will provide support to other groups via a request to the Executive Officer. The level of support provided will be determined by the Executive Officer in conjunction with the Board. Ongoing support and involvement will be reviewed on an annual basis.

The level of support provided will be determined by:

1. the capacity of RDAS to provide support taking into account current workloads and work commitments
2. the level of need and support demonstrated for the individual support group
3. the appropriateness of the support group to RDAS core business and values.

Taking the above factors into account, RDAS may provide assistance in the following areas:

- information and advice
- assistance with writing submissions for funds
- running workshops
- assistance to become incorporated
- auspicings groups (take on the legal entity of the group)
- identifying issues
- hosting visits by state-wide disability groups
- manage finances on behalf of the group. (RDAS will charge 15% of income to help cover the cost of administration.)

6. Complaints and Disputes

Note: Internal complaints, where a staff member or volunteer makes a complaint concerning another staff member or volunteer, will be dealt with in accordance with RDAS Staff Grievance, Complaints and Disputes in the Human Resource section of the policy manual.

KEY CONCEPT

Each person who accesses the service is free to raise a complaint and have resolved any complaints or disputes he or she may have regarding the agency or service.

Clients have the right to have their complaints about the service dealt with fairly and promptly and without retribution.

RDAS will inform clients of the complaints process about how to raise complaints or grievances in relation to RDAS and the ability to do so without fear of retribution.

People raising complaints have the right to be represented by an advocate or support person in the complaint or dispute resolution processes.

Where any person chooses to raise a complaint or dispute or concern informally, they may do so. Informal mechanisms may include explanation, mediation and conciliation between relevant parties.

The service will maintain the consumer's best interest as the priority in the resolution of a complaint.

All complaints will be recorded on the Complaint Registration form (Form 7.1). The form will be completed by the staff member receiving the complaint. The form, together with the supporting documents, will be kept by the EO.

Complaints should be in writing and signed by the person. If a person provided a verbal complaint, a second staff member should witness that the person making the complaint agrees for the complaint to be acted on.

Anonymous complaints or complaints without substance will not be followed up on.

6.1 Making a complaint

A person wishing to make a complaint about the service provided by RDAS or a staff member or volunteer can do so in writing or verbally to either:

1. the staff member who they are dealing with
2. the RDAS Executive Officer

3. in writing to the Chairperson Board

C/- Regional Disability Advocacy Service

PO Box 982

Wodonga Vic 3689

Mark the envelope “private and confidential”

If the person making the complaint disagrees with the decision or outcome, RDAS will supported them to appeal the decision by assisting them to contact the relevant external complaint service who will independently investigate the complaint. RDAS will fully cooperate with the investigation.

- | | |
|--|------------------|
| • Complaint Resolution and Referral Service
www.crrs.net.au | Ph. 1800 880 052 |
| • Disability Services Commissioner (VIC)
www.odcs.vic.gov.au | Ph. 1800 677 342 |
| • NSW Ombudsman’s Office (NSW)
www.ombo.nsw.gov.au | Ph. 1800 451 524 |
| • Health Services Commissioner (VIC)
www.health.vic.gov.au/hsc/ | Ph. 1300 582 113 |

The person making the complaint can indicate their desired outcome which may include,

- receiving an apology,
- changing a procedure,
- correcting or deleting personal information, or
- receiving compensation for any harm suffered, including humiliation. Serious breaches could attract further penalties.

6.2 Who should manage and investigate the complaint

External complaints by clients or stakeholders made against specific staff members or volunteers - the Executive Officer has delegated responsibility for resolving complaints or disputes involving staff members or volunteers.

Complaints involving the Executive Officer – will be managed by the Board Chair.

6.3 Procedure for managing a complaint

The person receiving the complaint is responsible for managing it by:

1. Processing the complaint or appeal:-

- Registering the complaint on the Complaint Registration form (see form 6.1) which can be accessed on PubDocs/Forms
- Informing the complainant within seven (7) days that their complaint has been received and providing them with information about the process and time frame for investigating the complaint

2. Investigating the complaint or appeal:-

- examining the complaint within 7 days of the complaint being received
- investigating the complaint and deciding how to respond
- informing the complainant by letter within 21 days of the complaint being received of what is being done to investigate and resolve it, and the expected time frame for resolution.

The investigation may involve:

- notifying the staff member or volunteer of the complaint and its nature
- investigating the complaint and providing the staff member or volunteer with an opportunity to respond to any issues raised
- attempting to mediate the dispute (if appropriate) and/or attempting to resolve the matter to the satisfaction of the outside party
- taking any other action necessary to resolve the issue.

As far as possible, complaints or appeals will be investigated and resolved within 21 days of being received. If this time frame cannot be met, the complainant will be informed of the reasons why and of the alternative time frame for resolution.

3. Resolving the complaint:

- making a decision or referring to the appropriate people for a decision within 21 days of the complaint being received informing the complainant that the outcome was either:
 - upheld (and if so what will be done to resolve it)
 - resolved (and how this has been achieved); or
 - if no further action can be taken, the reasons for this.
- informing the complainant of any options for further action if required

4. Reviewing the complaint:

If the complainant is not satisfied with the investigation and proposed resolution of their complaint or appeal, the complainant will be informed of the next step to lodge an appeal. If the complainant does not respond within 28 days the complaint file will be closed.

5. Referral to external procedure:

A formal external complaints procedure may follow Step 4 if the complainant is still not satisfied with the outcome. The complainant will be referred to a specific external body listed above.

6.4 Complaint Record keeping

Completed Complaint Registration forms, together with supporting documents, will be kept in the complaints folder located in the Executive Officers office. The complaints register and files will be confidential and access is restricted to the Executive Officer, Senior Advocate and Office Manager.

A statistical summary of complaints and appeals will also be reported to the Board as part of the Compliance Report.

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

- Informed service planning by including a review of complaints and appeals in all service planning, monitoring and evaluation activities
- informed decision making by including a report on complaints and appeals as a standard item on staff and management meeting agendas
- report to the Disability Services Commissioner (DSC). Under the [Disability Act 2006](#), Victorian disability services must report annually to the DSC with the number and types of complaints received and how those complaints were resolved. Information from the reports is published in the Commissioner's annual report and contributes to improvements in disability services. All complaints received from Victorian residents will be included in this annual complaint report.

Complaints received from NSW residents will be reported on the Ageing, Disability and Home Care reporting tool.

6.5 Complaints involving organisation members or Board members

Complaints made against a member or Board member will be referred to the Chair.

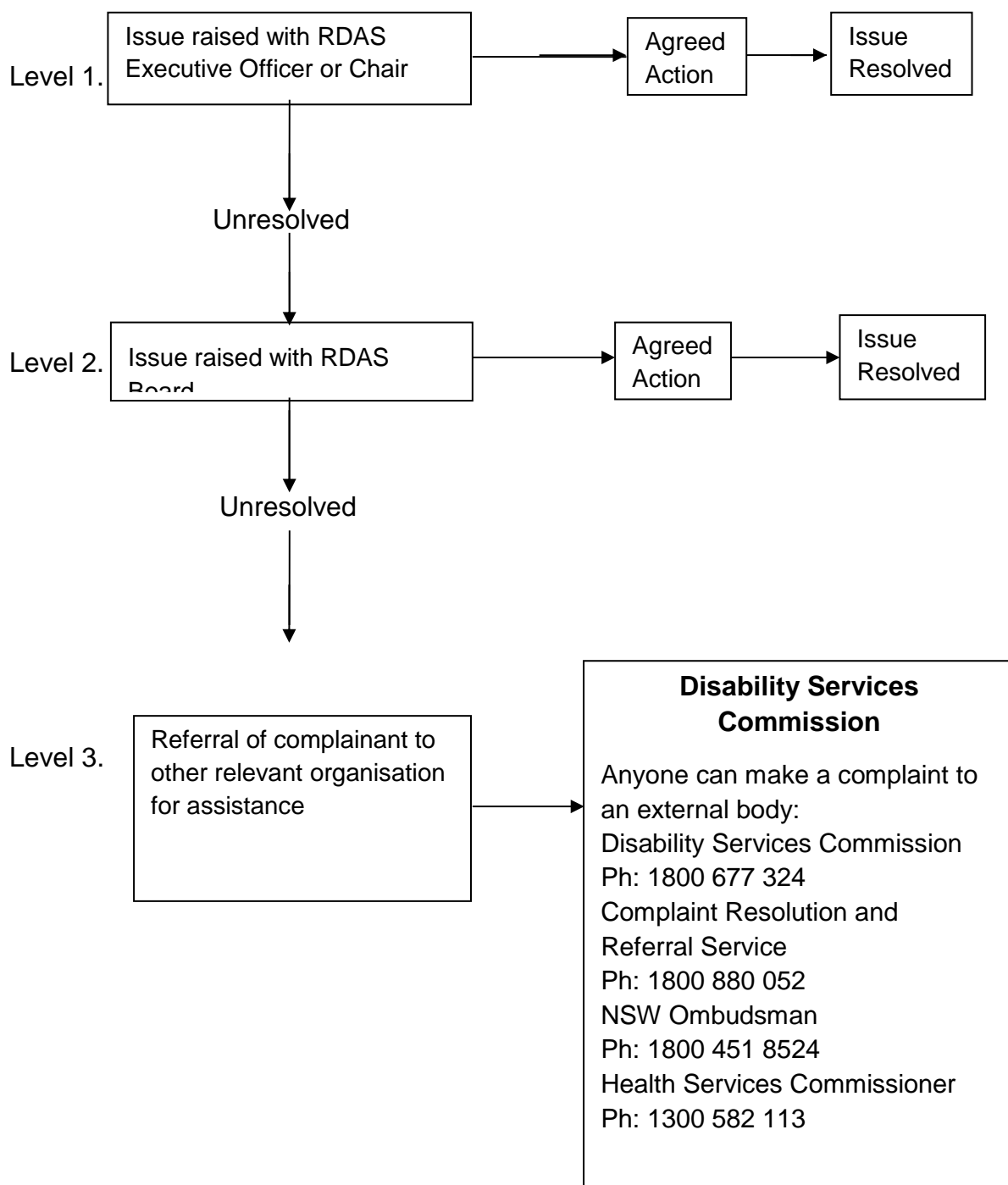
Where the Chair is the subject of a complaint, the complaint should be referred to another executive member of the board.

The Chair or their delegate will investigate the complaint and attempt to resolve it.

If the matter remains unresolved, the Chair or executive member will raise the matter at the next Board meeting. Depending on the seriousness of the complaint, the Board may:

- deal with the matter at its meeting
- or
- refer the matter to an external complaint organisation as listed above.

Chart 6.1 RDAS Complaint and Dispute Resolution Procedure



Form 6.1 Complaint Registration Form

Complaint No. ___/14

Complaint Registration Summary

To be completed by staff member receiving the complaint

Complaint received by		Date received	
Complainant's name		Phone No	
Complainant's address			

Anonymous: ☐ Client: ☐ Service Provider: ☐ Relative: ☐

Other:

Program: Advocacy: NSW ☐ Vic ☐ HACC ☐ Justice Support ☐

How was the complaint received:- Verbal: in person: ☐ over the phone: ☐
Written: email: ☐ letter: ☐

Was the person who made the complaint provided with acknowledgement:

No: ☐ Yes: ☐ Date:

Complaint details:

What outcome does the person want, which may include:

- an apology, ☐
- change a procedure, ☐
- a change to the service they are receiving, ☐
- pay compensation for any harm suffered, including humiliation. ☐

To be completed by EO or person tasked with resolving complaint

Action taken

Outcome:

Complainant satisfied: ☐ Complainant dissatisfied: ☐

Complainant did not reply to RDAS response within a set timeframe:

☐

Follow up action if required.

Complaint resolved ☐ Date resolved:

Complaint referred to Board ☐ Date referred:

Complainant referred to external entity ☐ Date referred:

Complaint registered with DSC ☐ ADHC ☐ Date entered:

Proposed organisational change made to service delivery as a result of the complaint;

To be completed by Board of Management if required

Date complaint received:

Action taken:

Outcome:

Date Finalised

Signed:

Ensure that all relevant documents and correspondence are attached.

7. Freedom from Abuse, Neglect and Harassment

Note: The focus of this policy is to address how RDAS will respond to allegations of abuse, neglect and harassment with the client group. Allegation of abuse or harassment of staff, volunteer or board member by another member is not included in this policy or procedure. Human Resource and Work Health Safety policies should be used for internal incidents that involve clients.

KEY CONCEPT

Each person has the right to be free from physical, sexual, verbal and emotional abuse, neglect and harassment. Abuse and neglect, including physical and sexual assaults, are crimes against the person. Many people with a disability, are at greater risk of abuse than the general population.

RDAS staff members and volunteers are required to treat all clients, and everyone else who comes into contact with the organisation, with respect and consideration at all times.

7.1 Incident involving RDAS

If an allegation of abuse, neglect or harassment is made by someone using a RDAS service, which may involve a staff member or volunteer, the most senior staff member available at the time will be notified who must deal with the issue as a priority and as expeditiously as possible. The senior staff member will take steps to: ensure the safety of all persons involved in the incident; report it to the appropriate authority as listed below; and ensure police are involved. The Executive Officer will be informed at the first possible opportunity.

7.2 Incident involving people with disability

As an advocacy agency RDAS has a special responsibility to protect the human rights of people with disabilities, therefore RDAS staff will actively assist people who are at risk of being abused, neglected or harassed. Where a staff member of RDAS reasonably suspects a person with a disability is or has been abused, neglected or harassed, they will take all reasonable steps to ensure the safety of the person and that the incident is reported to the appropriate authority including police.

Under these circumstances RDAS staff can advocate for a person without their consent if there are reasonable grounds to suspect that a person is at further risk of abuse, neglect or harassment and their basic human rights are not being protected.

Example

A situation may arise where a client has a disability and is receiving in-home or community based services, and a staff member becomes aware of an allegation of an assault on the client perpetrated by a family member. In this instance the staff member must support the client to seek support and to make a choice about reporting the alleged assault to police.

7.4 Managing a critical incident

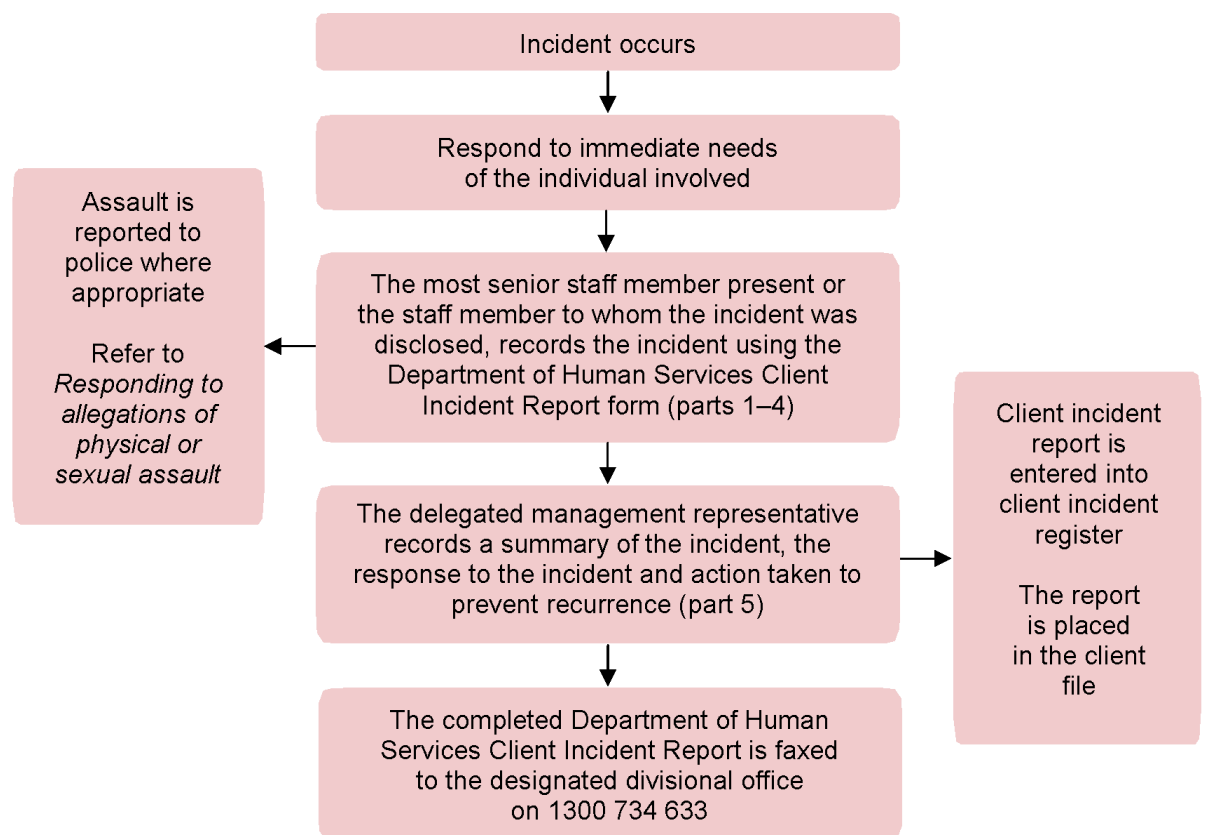
Step 1 In any incident, the most important first step is to make sure clients and staff are safe.

Step 2 Obtain medical treatment and call the police if necessary.

Step 3 A client incident report must be completed.

The most senior staff member to witness the incident, or the staff member to whom the incident was disclosed, completes the client incident report form. The report includes a brief description of the incident, immediate actions that have been taken and planned follow-up actions.

Step 4 Record the incident on the Critical Incident Register and on the client's record.



7.4 Critical Incident Reporting

If a staff member is made aware that a critical incident has occurred in another service, they should make enquiries with the service provider as to the ongoing safety of their client, and establish if appropriate reporting has been made. If RDAS staff member is not certain if the report has been made, or not confident that the reporting process has been followed, the staff member should make a report to the appropriate authority listed below for them to follow up on. Critical incidents must be reported to the appropriate authority within a set timeframe. This is normally within 1 or 2 working days.

Example

A support worker from a residential support unit (SRU) contacted RDAS to inform a staff member that a client was physically assaulted by another support worker. The support worker making the report said that they have given an incident report to management who have not done anything about it and the other worker is still in the house. The RDAS staff member is informed that the client is non-verbal and it would be difficult for them to give consent.

In this case the RDAS staff member will contact management of the service provider and make enquiries as to what action has been taken to ensure the safety of the client, and ask if a Critical Incident Report has been made. If the RDAS staff member is not satisfied with the response, they should make a critical incident report to the appropriate authority.

Examples of critical incidents

A critical incident could be one of the following events. The response will depend on the severity of the event and the history and management of the client behaviour.

- **Behaviour:** conduct or treatment of others that is, or has the potential to be, a threat to the health, safety and wellbeing of self and others.
- **Breach of private confidential client information:** involves the inappropriate disclosure of confidential client information.
- **Death:** involves the death of a client during service delivery.
- **Drug/alcohol use:** involves the use or misuse of drugs and/or alcohol before or during service delivery.
- **Injury:** involves actions or behaviours that cause harm that requires medical attention.
- **Medication error:** involves an error in the administration of medication.
- **Physical assault:** actions, or attempted actions, that involve the use of physical force against a person that result in, or had the potential to cause harm.
- **Poor quality care:** involves inappropriate behaviour or inadequate care by caregivers or staff.
- **Self harm:** involves actions that intentionally cause harm or injury to self.

- **Suicide attempted:** involves actions that intentionally cause harm with the intention to end one's life.
- **Sexual assault:** involves actions or attempted actions of a sexual nature that have caused or have the realistic potential to cause serious harm.
Note: Any allegations of client sexual assault by a staff member must be reported regardless of whether the sexual activity was consensual or not.

7.5 Reporting in Victoria

All services delivered directly by the Department of Human Services (DHS) and all service providers funded by DHS are required to comply with departmental critical client incident management and reporting processes as indicated below.

A client incident report is required for all critical incidents occurring at the service or during service delivery that involve and/or impact upon clients.

This includes all critical incidents that occur:

- while a staff member or volunteer is with the client
- when the client attends a service provider premises, including offices, residential services, respite facilities or day services
- when a staff member is providing in-home support or support in the community with the client
- onsite at the service, including inside and around the building and locations that are within view of staff.

Client incident report must be legible and on the authorised Department of Human Services form. The form and further instructions can be downloaded from DHS website:

www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting/human-services.

7.6 Reporting in NSW

The NSW Ombudsman has the Authority to investigate abuse and neglect in NSW accommodation services however there is currently no requirement to report critical incidents.

The Disability Inclusion Bill has now passed through NSW Parliament in September 2014. When the Bill commences later in 2014 it will become the Disability Inclusion Act and will replace the *Disability Services Act 1993*. The new Act will amend the *Ombudsman Act 1974* to ensure serious incidents involving the abuse or neglect of people with disability living in government funded or operated disability accommodation services are reported to the NSW Ombudsman.

Detail of the new guidelines were not available at the time this policy was updated

7.7 Mandatory Reporting involving Children

RDAS staff may be required by legislation to disclose applicable client information to relevant child or disability service protection agencies (or any equivalent body as specified by legislation) if that paid staff member has reasonable grounds to suspect that a child or other vulnerable person is at risk of harm, abuse or neglect and that those grounds arise during the course of or from that person's work.

Under the Children and Young Persons (Care and Protection) Act 1998 (NSW), or Children, Youth and Families Act 2005 VI the service's staff may be defined as "mandatory reporters" (legal advice suggests that this is still an uncertain area). However the service believes on ethical grounds that it shall disclose relevant client information to a child protection agency if that staff member has reasonable grounds to suspect that a child is at risk of serious harm.

For more information about mandatory reporting of child abuse and neglect:
www3.aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect.

Reporting NSW

New Child Protection Guidelines: *What ADHC staff need to know about child protection* have been developed. They are designed to assist ADHC staff to understand their obligations and responsibilities when they are concerned that children and young people are at risk of or, are being neglected or abused.

The new guidelines also apply to ADHC funded services. The procedural sections relate only to ADHC employees. ADHC funded services are encouraged to use these procedures as a template to guide the development of their own procedures.

The new Child Protection Guidelines: *What ADHC staff need to know about child protection* can be found [here](http://www.adhc.nsw.gov.au/sp/funding_and_grants/funding_agreement/funding_policies/_recache) on the ADHC website:
(http://www.adhc.nsw.gov.au/sp/funding_and_grants/funding_agreement/funding_policies/_recache).

8. Protocols for dealing with clients (and other people) who are at risk of suicide.

KEY CONCEPT

From time to time RDAS will be confronted by a person threatening suicide. RDAS will assist the person to seek professional help without putting undue responsibility onto the staff. Once the person has been connected with the appropriate service the responsibility for RDAS and the staff member ends.

The threat of suicide will not impact on the advocacy issue and the way advocates plan to manage it.

Background

RDAS staff may, on occasion, be confronted by a distressed person, threatening suicide. Such situations can be difficult to handle, especially when the majority of RDAS staff are not appropriately trained or qualified to assist the person with such mental health related issues.

There are numerous factors which may have influenced or led a person to the point of making such threats. It is important that all such threats are taken seriously, and where necessary, the appropriate support is provided to the person to obtain the professional support and assistance that they need.

Most people with thoughts of suicide want to talk about it. They want to live – but desperately need someone to hear their pain and offer them help to keep safe.

If someone is at risk of suicide it is important to let them know that they are not alone and that help is available. If you appear confident in the face of the suicide crisis, this can be reassuring for the suicidal person. Finding out information on what resources and services are available for a person who is considering suicide is often the best help.

There may be a number of reasons why a person says or feels suicidal:

- Attention seeking – think they may get a service quicker if they say they will kill themselves
- Expressing feelings of hopelessness and helplessness
- Being socially isolated
- Having a recent loss – relationship, death, job
- Having a friend, family member or work colleague who has died by suicide
- Having a mental illness.

People at risk of suicide may give verbal or non-verbal clues by the way they behave. These may include:

- Previous suicide attempts
- Being moody, sad and withdrawn
- Talking of feeling hopeless, helpless or worthless

- Taking less care of themselves and their appearance
- Losing interest in things they previously enjoyed
- Difficulty concentrating and/or sleeping
- Being more irritable or agitated
- Talking or joking about suicide/death
- Expressing thoughts about death through drawings, stories, songs etc.
- Saying goodbye to others and/or giving away possessions
- Engaging in risky or self-destructive behaviour
- Increasing alcohol/drug use.

If a person is displaying some of the behaviours listed above it is appropriate to ask questions to provide them with an opportunity to talk about their feelings.

Procedures

If a person discloses to a RDAS staff member that they are **suicidal**, the following steps are to be followed:

Explain to the person that:

- RDAS takes all talk of suicide seriously. That you will need to refer them to someone who is more appropriately trained or qualified to provide assistance. Try and get the persons consent to contact other agencies (RDAS Confidentiality Policy allows for disclosure if a person's life, or that of another person is in danger).
- If not already known or readily available, seek details of the person making the threat, i.e. name, address, telephone number, treating doctor details and the person's current location (if threat made by telephone).
- Explain that RDAS cannot assist with any other issue until the suicide risk has been minimised.
- The best way to assist them to get the appropriate help they need is to distinguish between those who are having suicidal thoughts (low risk) to those who plan to self harm with the intent of ending their life (high risk).

Low Risk

Assist the person by encouraging them to get professional help:

- to make an appointment to see a GP
- to contact their mental health worker if they have one
- by providing contact details of the mental health team
- by providing the phone number of telephone help lines.

High Risk

People who are at high risk of suicide normally:

- have a plan
- have access to a lethal means
- have a timeframe for taking action.

It is appropriate to ask the person if they have a plan for suicide. The three questions that need to be asked are:

1. Have you decided how you would kill yourself?
2. Have you decided when you would do it?
3. Have you already got the things you need to carry out your plan?

People seen as being at high risk will need to seek medical help immediately.

If the staff member is with the person - Stay with them, unless it is dangerous for you to do so.

Ask another staff member to sit with the client while you make calls to the police and ambulance.

If the person at risk is on the phone - Stay on the phone and find out exactly where he/she is and whether anyone else is there:-

- Try to remain in contact with them on this line.
- If you have access to another phone (landline or mobile), use the second phone to call 000, whilst remaining in phone contact with the person at risk.
- Ask the operator for the police.
- Ask the police for a welfare check on behalf of the person you are concerned about.
- Give the police as much information about the situation as possible.
- Follow their advice.

Police welfare check

If you are concerned for their immediate safety, you can contact the police and report your concern for your client. A police welfare check occurs when a report is made about an individual who is in some sort of peril. The welfare check involves police officers going to the person's residence to determine the safety of the individual.

Call 000 and ask for the Police and Ambulance

Support for Staff member if a plan to end their life has been made:

- Do what you can to keep them safe
- Contact the Psychiatric Emergency Team and the Police on 000.

Report that the person is suicidal, has made a plan, and you fear for their safety.

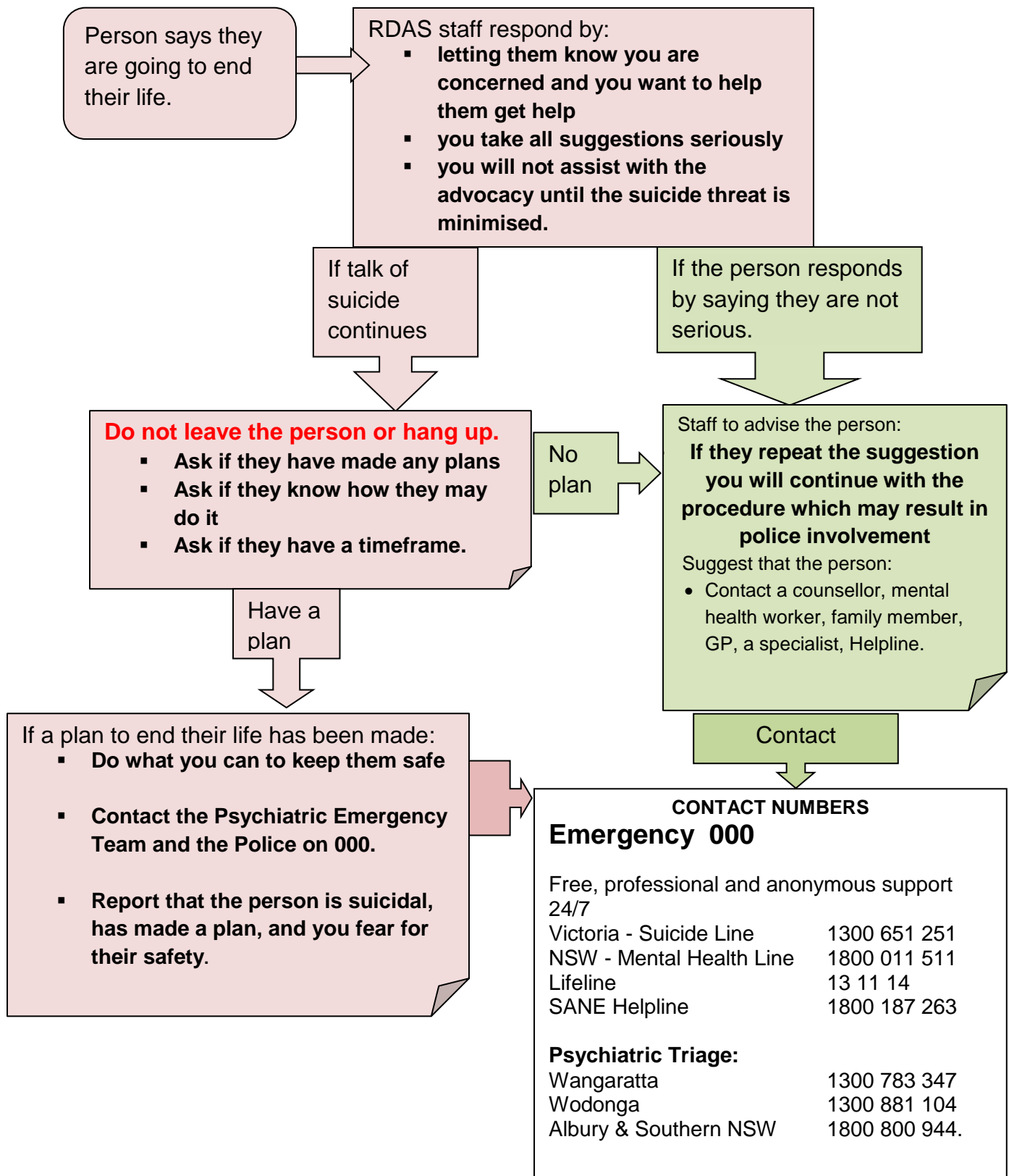
The staff member who was the recipient of the suicide disclosure, threat or who supported a client who passed away, will be encouraged to utilise free confidential support and counselling through the Employee Assistance Program (EAP). The EAP is a service that provides employees with confidential and professional counselling and related services to assist them in resolving issues that may be work related or of a personal nature.

Staff training

RDAS staff will be encouraged to complete appropriate training such as Mental Health First Aid to assist them to assist people who are at risk of suicide.

Chart 7.1 Assisting people at risk of suicide

Flow Chart for assisting people who are at risk of suicide;



9. Media and Public Comment Policy

Key Concept

Staff, Board members and volunteers should refer to the following procedures before providing opinion and comment to the media on behalf of RDAS.

If staff, Board members or volunteers are approached by media representatives to provide comment they must inform the Executive Officer who will formulate a response, and/or will delegate permission to a relevant staff or Board member to respond. If it is not practicable to obtain permission from the Executive Officer, staff must approach the Chairperson of the Board for their response/permission for you to respond.

9.1 Policy Statement

Local, state and national media are vital partners in achieving the goals of Regional Disability Advocacy Service (RDAS). In order to maximise the advantages of media presentation and minimise the risks of media misrepresentation it is necessary to establish guidelines for how media contacts will be conducted.

It is not the intention of this policy to curb freedom of speech or to enforce strict rules and regulations. Rather, the intention is to establish a framework for achieving an effective working relationship with the media. The organisation welcomes the opportunity to talk to the media and, through them, to debate issues in the public arena.

In dealing with the media, staff, Board members and volunteers should be conscious that they may be seen as representatives of the organisation and should therefore avoid making comments or participating in photo opportunities that may damage the long-term reputation of RDAS or depict people with disability in a negative light.

9.2 Purpose for RDAS working with the media

RDAS works with the media in order to

- advocate for the goals of the organisation
- promote the work of the organisation
- inform the public of the details of the organisation
- promote systemic advocacy issues
- support clients to have a voice.

In order to ensure that these purposes can be fulfilled, this policy regulates the choice of people entitled to speak for RDAS.

The media themselves have a vital role to play on behalf of the community in holding RDAS to account for its policies and actions. It is important that they have access to officers and members and to background information to assist them in this role.

To balance this, RDAS must have the capacity to defend itself from any unfounded

criticism, and will ensure that the public are properly informed of all the relevant facts (if necessary using other channels of communication).

It is the responsibility of all staff, Board members and volunteers to ensure that effective media relations are maintained in order to achieve the aims of RDAS.

9.3 Core Principle

RDAS operates on the values of

- **Honesty:** The organisation will never knowingly mislead the public, media or staff on an issue or news story.
- **Transparency:** The organisation will promote openness and accessibility in our dealings with the media, whilst complying with the law and maintaining confidentiality when appropriate.
- **Clarity:** All communications with the media will be written in plain English.
- **Balance:** Information provided to the media by RDAS will as far as humanly possible be objective, balanced, accurate, informative and timely.

RDAS should seek to establish and maintain a good and open relationship with the media. It is important that the organisation works with the media to communicate important public information messages about its work and its goals.

However, contact concerning any significant matter in the name of or on behalf of RDAS should only be made by staff, Board members and other volunteers where:

- They have consulted the Executive Officer or Communications Officer nominated by the Board
- They have the required expertise to speak on the issue under discussion
- They have some experience in media relations.

Where any of these criteria do not apply, staff, Board members and volunteers are recommended to exercise extreme caution and to seek guidance from the Executive Officer or Chairperson of the Board.

Staff, Board members and other volunteers, sometimes represent RDAS on other organisations boards and committees and/or RDAS is often asked to endorse public statements and submissions published by the other organisation. The Board should approve any public statement or submission of the statement before it is published if RDAS' name is to appear on the statement as being endorsed by RDAS.

9.4 Delegated Responsibilities

The EO and the Board Chair are authorised to speak on behalf of RDAS.

Other staff, Board members and volunteers are advised to ensure they are properly briefed and guided by the EO before talking to media on any issue related to RDAS.

Where information or public comment is requested or required, the EO will determine the most appropriate person to respond.

Staff, Board members and other volunteers, and third parties, are encouraged to deliver public presentations that discuss RDAS' work and its goals, provided that they make it clear where such presentations are or are not authorised by the organisation.

All staff, Board members and other volunteers must observe RDAS' Privacy Policy in relation to client records.

Significant statements on behalf of RDAS shall be made as authorised by the Board.

It should always be made absolutely clear whether the views put forward regarding any issue relating to RDAS are those of the organisation or of an individual. At all times consideration should be given as to how the correspondence may affect the reputation of RDAS.

The Executive Officer is responsible for:

- Producing and updating a list of key contacts for distribution to local press and radio and TV stations. The EO can also be contacted for preliminary discussions on any story or if a journalist or researcher is unsure who to approach for a comment.
- Producing the organisation's annual public relations plan, which shall be consistent with the organisation's business plan and marketing plan.
- Coordinating all media conferences for RDAS. All such conferences shall be videotaped by the organisation.
- Authorising all media releases from RDAS, and for mounting them on the organisation's website. All media releases must also be checked and approved by staff in charge of the relevant area before distribution.
- Being involved in any approaches to the media to feature RDAS' work.
- Receiving and coordinating a response to all approaches from all national press, radio or TV stations or specialist press.
- Reporting all media contact to the Board.

All staff, Board members and volunteers are responsible for:

- Providing advice (preferably before the issue becomes public knowledge) to the Board on any issues that are likely to be complex or contentious or to be sustained for any length of time.
- Such information will be made available to all board members and staff as soon as possible who will advise on the appropriate person to make comment on behalf of RDAS.
- If the issues are likely to be complex or contentious the EO will work with the relevant staff and Board members to produce a communications plan which will ensure that balanced, timely information is provided to keep all parties informed.

- Ensuring that no photos of clients, employees, or students shall be released to the public via advertising, news media, or internet, or by any other means, without the approval of the EO, who shall satisfy themselves that the organisation's Privacy Policy has been observed.
- Notifying the EO of any contact made in the name of RDAS to the media and providing the name of the reporter or writer and the media outlet they represent.

Any significant media contacts with RDAS' staff or members on any issue likely to prove contentious will, where possible, be videotaped.

Any filming or taping on RDAS property or of the organisation's proceedings by the media is subject to prior permission of the EO or Board Chair.

Every effort should be made to assist the media in their inquiries. Where media queries involve requests for information that will require substantial staff work to produce, such work must be authorised by the EO. It will usually be necessary to provide information in addition to that which is requested in order to set the facts and figures in context. Requests for detailed information of this nature, whether from the local or national media, should be referred to the EO.

RDAS reserves the right to withhold certain sensitive information concerning, say, commercial transactions or governmental negotiations. Any such information will be clearly labelled and clearly notified to relevant staff.

9.5 'Off the record' Media Responses

Sometimes journalists wish to familiarise themselves with a topic area and will seek 'background' information from an experienced advocate.

If this informal situation arises, staff -

- are not required to obtain permission from EO before commenting
- must report back to EO after commenting
- must reinforce with the journalist that the comments are 'off the record' and do not represent the opinions of the organisation
- must not provide identifying client information.

9.6 Staff Supporting a Client regarding approaches to the Media

In the course of pursuing their issue, your client may choose to exercise their right to contact the media. If this occurs, the role of the staff is to support the client through the process.

The role of RDAS staff -

- first discuss with client the advantage/disadvantage of speaking to media
- if practical, help the client take control of the interview by requesting time to prepare; obtain a list of questions to be asked; inform the interviewer of hard 'no go' topics if applicable, etc

- when speaking on camera, or to a journalist you should direct their comments from the client's perspective. Instead of saying "I think this is an appalling state of affairs", say "This is an appalling state of affairs for my client" or "My client feels the government has completely ignored his problems" rather than "The government has completely ignored my clients problems".
- report back to EO and the members of your team.

10 Policy review

This section of the policy will be reviewed on an annual basis in a consultative process as part of its management practices with the Board, staff, clients, members and interested community members to ensure that it meets the changing needs of clients. Review of this policy will also occur at any time considered appropriate by the Board, for example, after a complaint or feedback is received by a consumer.

Endorsed by the Board: 23 October 2014

Next review: October 2015