



Regional Disability Advocacy Service

Your life. Your voice. Your rights.

Policy Manual

Section 1

Advocacy Practice Manual

July 2017

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Policy Statement

Advocacy for people with disability is defined as speaking, acting or writing with no conflict of interest on behalf of the interests of a person or group, in order to promote, protect and defend the welfare of and justice for either the person or group by:

- Being on their side and no one else's
- Being primarily concerned with their fundamental needs
- Remaining loyal and accountable to them in a way which is empathic and vigorous.

All people with disability and carers, residing in RDAS coverage area, will have equal access to service on the basis of relative need and available resources. In doing so, RDAS will meet the diverse needs of the community and ensure potential clients can access culturally and socially appropriate services.

The service provided by RDAS is voluntary. A service will not be provided unless consent is obtained from the individual the issue is concerning, or guardian. In cases of a person with an impaired ability to make decisions, a family member or other appropriate person may give consent.

1. Advocacy Framework

1.1. The role of independent advocacy in the Disability Service system.

The provision of independent advocacy services is an important safeguard for protecting the rights of people with a disability. These rights, enshrined in the *United Nations¹ Universal Declaration of Human Rights* (1948) and the *United Nations Convention on the Rights of People with Disabilities* (2008), also provide the basis of the principles and standards contained in the *Commonwealth Disability Services Act 1986²*. Each state has similar legislation.

The Disability Services Acts provides that people with a disability have the same right as other members of society to make and actively participate in, direct and implement the decisions which affect their lives. Advocacy is one of the keys to ensuring that people with a disability are able to participate in decisions about the services they receive, and the Disability Services Standards require that services be designed and administered to ensure that access to advocacy support is available where necessary.

Ensuring that people with a disability have access to an advocate provides an important driver for continuous improvement in the quality of disability services.

This Advocacy Framework focuses on building partnerships with people with disability, their families and carers, and the community sector with an emphasis on human rights and improving outcomes for people with disability. The Framework highlights the significant role that advocacy services play in protecting the rights and interests of people with disability.

¹ *Disability Services Act 1992, Principle 5*

² *Disability Services Act 1992, Standard 12*

The emphasis is on enabling people with disability to make their own decisions, speak on their behalf, understand their rights, and acquire new skills.

1.2. What is Advocacy?

Advocacy is speaking, acting, and/or writing to promote and defend the rights, needs, and interests of people. The primary aim is to promote advocacy by assisting people to speak for themselves, but if they are unable to do so, an advocate speaks on their behalf. Advocates present the client's perspective in the following ways.

Assistance

Strategies involved with standing beside people can include:

- Accompanying a person or group to meetings;
- Prompting and reinforcing the expressed views and interests of a person or group;
- Assisting in clarifying goals, developing strategies and advocating the views and interests of a person or group.

Support

Strategies involved with standing behind people can include:

- Providing individuals with effective training in self advocacy and advocacy skills;
- Supporting individuals to speak up for their rights;
- Provide advice to people with disabilities and families on issues and strategies to resolve their advocacy issue;
- Providing information which might enhance the advocacy of people with disabilities and their supporters.

Representation

Strategies involved with standing before people can include:

- Speaking or acting on behalf of people who are unable to assert their own views and interests;
- Speaking or acting as the nominated representative of an organisation or group; and
- Speaking or acting as the appointed representative of an individual or group.

1.3. Types of advocacy provided by RDAS

Individual Advocacy

Assistance, support and representation are all forms of individual advocacy. Individual advocacy focuses on the specific needs and rights of individuals and provides an environment in which individuals with disability can assert their rights, to challenge the decisions and actions which restrict their opportunities and to obtain justice and equality in their daily lives.

Systemic Advocacy

Systemic advocacy focuses on influencing and changing the systems – including government laws and policies, departmental procedures, generic community and disability service practices – which may be adversely affecting people with disability and their families.

Self-advocacy

Self-advocacy supports people with disability to advocate on their own behalf, to the extent possible, or on a one-to-one or group basis.

Through self-advocacy RDAS will work with people with a disability to:

- develop their personal skills and self-confidence to enable them to advocate on their own behalf; and
- Educate people with a disability about their rights.

1.4. The Principles of Advocacy

The principles of advocacy for people with a disability intend to be:

- **Client Directed**
Advocates work at the direction of clients.
- **Conflict Management**
Advocacy is often involved in situations of conflict. Advocates endeavor to avoid confrontational approaches as much as possible.
- **Confidential**
Confidentiality builds trust between client and advocate. Clients have the right to expect that their issue will be dealt with confidentially.
- **Culturally Sensitive**
Advocates must take into consideration the cultural, linguistic and communication needs of clients.
- **Duty of Care**
Advocates have a duty of care to not advocate in ways that are illegal or that will significantly harm or disadvantage the client or other people in the client group.
- **Empowerment**
Advocacy works to increase the power and control clients have over their lives.
- **Independent**
Advocacy must be independent, with no conflicts of interest. It must focus solely on the rights and interests of the client(s), whether this is a person with a disability, their family or carer.
- **Needs Based**
Service is provided to people in the client group(s) according to need.
- **Partisan**
Advocacy is on the side of the disadvantaged party. It exists to assist clients. Advocates are not 'neutral umpires' or mediators.

2. Individual Advocacy Access

All people with disability and carers, residing in RDAS coverage area, will have equal access to service on the basis of relative need and available resources. In doing so, RDAS will meet the diverse needs of the community and ensure potential clients can access culturally and socially appropriate services.

Service meets individual needs through assessment, evaluation and development of an Advocacy Action Plan for each client by the assigned advocate taking into account their age, gender, ethnicity and cultural, family and religious background.

This procedure has been developed in order to:

- articulate the pathway through the service
- Better manage the acceptance of new intakes
- Better manage individual advocates' caseloads
- Manage a waiting list process when required
- Standardise the acceptance of new intakes
- Offer self- advocacy support as the first option for all new callers.

2.1 Promoting RDAS

- RDAS will promote its services in a way that presents people in the client group in a positive way and promote their valued status.
- Brochures promoting services provided by RDAS will be regularly distributed throughout the region. Copies are available from the RDAS Office, 132 Melbourne Road, Wodonga. Brochures will be mailed when requested.
- Brochures and other promotional documents will be available on the RDAS website for downloading.
- Brochures and other promotional documents can be provided in alternate formats and languages other than English on request.

See Pathway flowchart in appendix 2

2.2 First point of contact with RDAS (Step 1)

A potential client's first point of contact with RDAS is usually over the phone but may also be at the front counter or drop into an outreach location when advocates visit local towns or meet with a community. In most cases administration staff are the first person the client will have contact with at RDAS. For some people, contacting RDAS is their first connection with the aged/disability service system.

At this point the person may be requesting information to enable them to contact a more appropriate service or to move onto Intake. During the first point of contact the person's eligibility criteria for RDAS services should be assessed quickly and the pathway through to the services they need.

If information can be provided quickly, i.e. phone number to another service, then it is appropriate for reception³ to assist the caller. An enquiry call should take no more than 15 minutes. If gathering and providing the information is to take longer the caller should be forwarded through to Intake for assessment. Reception should record statistics of all enquiries for entry into IVO.

If the caller appears to meet the eligibility criteria or requires additional information they should be forwarded to Intake for the Initial Needs Identification (INI).

1. Where a client has been through intake in the last 12 months the person's contact details will be asked for and provided to the intake worker to return the client's call,
2. Where a client has not been through intake in the last 12 months an appointment will be made in the Intake Worker's outlook calendar and reception staff will advise the caller of a date and time the Intake Worker will call.

The INI should be completed within 5 working days.

2.2.1 Eligibility Criteria:

In order to receive individual advocacy a person must:

- have a disability as defined by the Disability Discrimination Act

³ For the purpose of this procedure "reception" will refer to the person receiving the first point of contact regardless of their position in the organization.

Disability Discrimination Act,

- (1) The target group for the purposes of this Part consists of persons with a disability that:
- (a) is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments;
 - (b) is permanent or likely to be permanent; and
 - (c) Results in:
 - (i) A substantially reduced capacity of the person for communication, learning or mobility; and
 - (ii) The need for ongoing support services
 - (d) Which may or may not be of a chronic episodic nature.

- live in North East (DHS Ovens/Murray Division) of Victoria or Southern parts of NSW (Southern parts of the Murrumbidgee Division);
- the issue falls under the United Nations Charter and Articles - Refer attachment *Priority rating sheet Form 3*

2.2.2 What advocates are not able to assist with:

- Provide legal or financial advice (but where appropriate Advocates may help the client get legal or financial advice from a qualified practitioner).
- Provide case work or case management services (e.g. finding accommodation, applying for services, managing services, etc).
- Provide advocacy services when a disability support worker / case worker can advocate provided there is agreement with the wishes of the clients there and they do not have a conflict of interest.
- Provide advocacy for a person when a more appropriate service is available to advocate and assist.
- Investigate other organisations and require them to take action to resolve an issue.

2.2.3 If not eligible for RDAS service:

If the client issue is eligible or ineligible but would be better dealt with by another agency, Intake will discuss with the caller or client, the service that may be able to assist them with the issue more appropriately.

An advocacy issue may be declined on the following grounds:

- There is not an identified issue that falls within the selection criteria (see 2.2.1)
- An advocate has been working with the client on the issue for some time and it has been closed because all possible options have been explored without the issue being resolved. The client presents through intake but has not provided new information that would alter the outcome.
- There is a conflict of interest with an existing client or current intake client with the same issue. See Conflict of Interest Policy (see Section 4) for steps to take.
- The issue may be appropriate for RDAS service but may be better dealt with by another service.

For example:

- Discrimination: Anti-Discrimination Commission; Human Rights & Equal Opportunity Commission
- Open Employment: Workplace Relations or Workplace Ombudsman
- Wanting to receive Disability Services: Disability Commissioner (Vic); NSW Ombudsman
- Legal Issues: The Police, Legal Aid or Community Legal Services
- Carer and Specialist Support Services: Carers Associations or other Special Services
- Wanting case management or intensive support
- Consumer issue with energy or communication companies – Industry Ombudsman.

2.3 Intake (step 2)

When the call is received by reception staff an assessment will be made whether an appointment is made in the Intake Worker's diary, or whether the person is put through to the Intake Worker by phone. This assessment is based on whether the person has had contact with RDAS before and whether this contact has been within the last 12 months, if so the person will be put through to the Intake Worker by telephone. A new client or a client that has not had contact with RDAS for over 12 months will have an appointment made by reception staff with the Intake Worker.

The Intake Worker initially provides information and discusses options for action with the caller so that they can advocate for themselves, or a friend or family member can advocate for them. During this process it will become evident whether or not the caller is willing and able to self-advocate.

2.3.1 Intake Action Plan (see form 1 in appendix 1)

An Intake Action Plan is completed for every new request for advocacy support, either self-advocacy support or Individual advocacy. Alternatively, staff can enter the intake directly onto IVO.

The Intake Action Plan will detail the individual's name, address, telephone number, date of birth, disability type, sex, referral source, whether from a non-English speaking, Aboriginal or Torres Strait Island origin, the issue, the outcome (what the individual wants from the advocacy support), whether there is a case manager currently involved, is there a formally appointed guardian or financial administrator, is the person's disability impacting on their ability to self-advocate/ lodge a complaint.

A copy of the Intake Action Plan or *Summary Sheet* from IVO for each new intake is put in the Intake File for discussion at the next Intake Allocation Meeting.

During intake it may become evident that the issue may be able to be resolved quickly (less than 2 hours work) through self-advocacy, or through referring the caller to a more appropriate service or through a phone call, letter or email on the caller's behalf. The Intake Worker must obtain permission from the client to contact a third party. The person or agency to be contacted, and the information to be discussed must be recorded on the Intake Action Plan (Form 1.1) which is signed by the client. If the intake is over the phone then a second

staff member must also obtain permission from the client and also sign the Intake Action Plan.

If the Intake Worker or an advocate spends more than 15 minutes on the issue, then it will be entered in IVO as a client advocacy issue. If no further action is required then the issue will be closed.

When a new intake is assessed as being eligible for service and transfer for advocacy, the Intake Worker informs the caller that:

- All new intakes are considered at the Intake and Allocation Meeting;
- New intakes are prioritised according to the impact the issue is having on the client and by using the Priority Rating Sheet (refer form 3)
- Each intake will also be categorised depending on the estimated time an Advocate will use to resolve or complete the client's issue;
- New intakes will be contacted by the Intake Worker or advocate within 5 working days following the Intake Meeting and advised of the outcome;
- Depending upon the current workload of the Advocates, the request for advocacy may need to go on a Waiting List until an advocate is able to support the client. Any delay in receiving advocacy service will depend upon the availability of an advocate to take on a new client, the urgency of the issue and the impact it is having on the client.
- There are no limits to the number of times that a client can access services provided by RDAS, however advocates will only address 2 issues for a client at any one time. If an issue is closed it will not be reopened.
- If a current client has a new or additional issue they will need to go through the intake process for assessment.

2.3.2 Urgent intakes:

The criteria for urgency for use at Intake Allocation Meetings are:

- The timing for action is within two months of the date of intake;
- The issue is likely to cause imminent family breakdown

The issues identified as meeting the urgency criteria will be addressed and allocated to an advocate as soon as capacity permits.

If an advocate or intake worker receives such an intake, they will consult with the Team Leader or Executive Officer as soon as possible or act upon the issue immediately if the Team leader or Executive Officer are not available.

If an issue is assessed as High Urgency but requires only a phone call, letter or email to alert either a service provider or Disability Service to take action immediately, the advocate or Intake Worker who took the intake can take that action immediately, put the relevant paperwork in the Intake folder and then discuss the intake at the next Intake and Allocation Meeting.

New intakes issues such as those which involve abuse, homelessness and serious safety risks due to lack of service are given a high priority, and are acted on as soon as possible.

2.3.3 Category Status

The following categories are to be applied during the Intake and Allocation meeting in order to provide an estimate of time required to address the issue:

Category 1: requires a one off letter, assistance in completing a complaint to a local agency, attendance at a single meeting, a single telephone discussion with a service provider, or Centrelink

Category 2: requires some personal support and guidance to pursue an issue, a higher level of complaint (ie one off to VCAT or NCAT)

Category 3: requires a conciliation process involving for example Human Rights Commission, Disability Services Commission, has a systemic outcome

Each issue is assessed to determine the number of hours the issue is expected to take once the issue has been accepted by the Advocate.

Each Advocate will maintain a mix of category issues to:

1. Achieve targets,
2. Assist in responding to those on waiting list who require a quick, short term response to their issue; and
3. Provide variety of tasks and issues in an Advocates workload.

2.3.3 Client Risk assessment.

A risk assessment will be undertaken during the intake process for each person requesting advocacy support from RDAS.

The purpose is to develop a profile of a client's behavior and environment to assess the likelihood they or their environment may pose a risk to staff, volunteers or the client themselves. The risk profile will take into consideration current and past behaviours. A client's risk profile will be assessed by answering - yes – no – unknown - to the following behaviors.

1. physical aggression / challenging behaviour / self-harm?
2. verbal aggression?
3. substance abuse?
4. Other relevant factors.

A client's risk profile will be recorded on IVO. It can be reassessed and updated at any time as new information becomes available.

Assessing the potential risk will be based on the advocate's and supervisor's judgment based on the facts available in the guide above. In all situations below, staff must follow risk minimization procedures set out in Work Health Safety Policies.

The degree of contact staff has with a client will be guided by the table below.

<input type="checkbox"/> Very low risk i.e. 4/4 “no”	<input type="checkbox"/> Low risk i.e. 3/4 “no” 1 “unknown”	<input type="checkbox"/> Medium risk i.e. <u>default status if all unknown or insufficient information</u> (or a “yes” with low risk of reoccurrence).	<input type="checkbox"/> Higher risk i.e. 1 “yes”
<p>* Flexible contact OK but keep supervisor updated on any changes in situation.</p> <p>May do a home visit with colleague if there are any doubts or home risk issues.</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. neighborhood center, 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/ colleagues present (e.g. neighborhood center (single staff locations)</p> <p>* Only interview at client’s home with another staff member present.</p>	<p>* Phone assistance only.</p> <p>* Only interview the client in a formally supervised secure situation (in multi-staffed offices this may be with colleagues specifically monitoring the interview).</p>

The client risk assessment will not be used to deny a service to a client but to assess the most appropriate way to assist the client while protecting the health and safety of staff.

2.4 Intake and Allocation Meeting (Step 3)

Intake and Allocation Meetings will be held at least every fortnight and attended by the Intake Worker and Advocates. A minimum of 3 staff (including the EO if available to attend) should be in attendance.

2.4.1 The purpose of this meeting is to review:

- All new intakes that have come in via the Intake process
- Clients on the Waiting List, and
- Existing client issues when the advocate is requiring an increase in time category/allocation.

The purpose of reviewing clients on the waitlist is to ensure that client’s needs are being addressed without significant delay and ensure a balanced workload between advocates. Any existing clients that require an increase in category/ hours will be discussed and determined at the intake and allocation meeting. A recommendation will then be provide from the Allocation meeting to the Executive Officer for decision.

Depending upon the capacity of advocates to take on new cases, intakes are either:

- allocated to an advocate to act upon,
- put on the Waiting List; or
- declined.

If there is no capacity to allocate all new intakes to advocates, those that have been assessed as having the highest rating (using the Matrix Rating and considering the Urgency Criteria) are allocated in order of priority and available capacity.

2.4.2 Following the Intake Meeting:

Within 5 days of the intake meeting, the Intake Worker or Advocate will write and/or phone the potential client to inform them of the outcome of the meeting, the response will be one of the following:

- Their request for advocacy has been accepted but will be more thoroughly assessed by an advocate
- The request for advocacy has been accepted but put on the Wait List (see pro forma letter 5) or
- The advocacy issue has been declined (see pro forma letter 6).

At this stage in the process, the Intake Worker will ask the clients who are to receive a service, the following:

- Have you recently received a copy of the RDAS Information Handbook.
- Explain to the client RDAS privacy requirements and why certain information about them may be provided to other agencies.
- Whether the client's files may be used for Auditing purposes.
- Explain how the client can complain if they are not happy with the service received from RDAS.
- Agreement to the above Advocacy Action Plan and for RDAS to advocate on the client's behalf and discuss the issue with the organisations listed in the Intake Action Plan and the Advocacy Action Plan..
- There is agreement to provide all true and correct information (to the best of the client's knowledge) to RDAS and acknowledge the service from RDAS may be withdrawn if provided false information.

2.4.3 Waiting Lists

When all Advocates are near to or at full workload capacity some new intakes may need to go on a Wait List. The Intake Worker and Advocates will monitor the wait list as part of the intake and allocation process.

Clients on the waiting list will be updated regularly (between 4 to 6 weeks) on their position on the list considering the prioritisation process. An update on each client's issue will also be requested.

Clients will be selected from the waiting list based on the score on the Priority Rating Sheet (see form 3 in Appendix), category status and urgency.

The RDAS Advocacy Information Handbook will be sent out with the first letter to the client advising them of being accepted onto the wait list.

2.4.4 Degree of Assistance

This is reported on IVO then the advocacy issue is closed. It measures the length of time and level of assistance provided on the advocacy issue

Inquiry	= less than 15 minutes
One off	= phone call or email between 15 minutes and 2 hour
One off short term	= a face to face meeting between 2 and 8 hours
Short term	= advocacy assistance less than 1 month
Medium term advocacy	= assistance for between 1 month and 6 months
Long term advocacy	= over 6 months.

2.5 Advocate working with the client (Step 4).

2.5.1 Initial interview with advocate

The advocate allocated a new client issue will contact the client within 5 working days to discuss the issue. A thorough assessment of the client's issue will be undertaken and if the advocate determines the issue is appropriate for advocacy involvement and the client still requires assistance the advocate will arrange an interview with the client to commence action and develop the Advocacy Action Plan.

The interview will be held at a time and location convenient for both the client and the advocate. The advocate or client may request a third person to attend the interview if it is felt necessary to enhance safety, security or communication (see client risk assessment page 12).

If the advocate and client are unable to arrange a face to face interview due to distance, time, safety or convenience they can discuss alternative methods of conducting the interview and signing necessary forms including over the phone, skype via emails

During the interview the client and advocate will complete the following tasks:

- Have a discussion with the client regarding a summary of the issue
- Identify the actions the advocate will take and the action to be undertaken by the client
- Identified possible outcomes to be reached with the advocacy issue
- Client authority for the advocate to discuss information regarding the client's issue with other parties;
- Complete and sign an Advocacy Action Plan (Form 2)

2.5.2 Advocacy Action plan

The advocate and client are to work in partnership to resolve the issue. One of the aims of advocacy is to pass on the skills to enable the client to take steps to resolve their own issues in the future.

Each client will have the opportunity to participate as fully as possible in making decisions about the advocacy action undertaken. The advocate should not take action on behalf of a client without first discussing it with the client and obtaining the client consent to act. If the client's advocacy issue changes a separate and new intake process must occur. Advocacy assistance will take place within time frames agreed by RDAS and the client, and outlined in

the action plan.

A copy of the action plan will be offered to the client.

It is considered to be best practise to peer review each client's Action Plan on a regular basis. A review will occur:

1. When a change in category/ hours is required; or
2. If a client receives on going advocacy for a period of six months or more; or
3. As required, an Advocate may wish to seek input from their peers.

2.5.3 Consent to contact Third Party

Section 4 of the Advocacy Action Plan and Intake Action Plan provide space for the client to give consent for an advocate to make contact with another agency or individual and request information in order to assist with resolving the issue.

Advocates are not to act on the client's issue without their authority, it will also enable the advocate to better assist the client when they have signed authority (e.g. Centrelink, health services, solicitors, utility suppliers etc) as some agencies will not release information or documents to anyone but the person named in them. The Authority the client signs gives permission to advocates to ask for these documents and information on the client's behalf.

The advocate must explain to the client the purpose of the Consent, and what it entitles the advocate to do on the client's behalf before they sign the Advocacy Plan.

The purpose of an authority is to provide written proof that the client has appointed an advocate to act for them on a certain matter. Advocates have the power to do whatever the person signing the Authority has the power to do, within the context of the terms of the Authority. For example, if a client signs the content appointing an advocate to contact Centrelink to request information why they were refused a Disability Support Payment (DSP), the advocate cannot request information about the client's assets reported to Centrelink unless it is directly related to the refusal of the DSP.

Advocates have a responsibility to consult with the Client wherever possible. The power to decide remains with the Client; the advocate acts within the terms of the instructions given. Ensure that Client instructions are clear and are recorded in writing on the Advocacy Action Plan and scanned to the client record on IVO.

The client has the right to withdraw the authority to act at any time by contacting RDAS.

If a client requests their issue to be closed so further action or contact with a third party will be undertaken without the specific consent of the client

2.5.4 Maintenance of files Notes

Also see Privacy, Dignity and Confidentiality Policy

File notes and client records are legal documents. The Privacy, Dignity and Confidentiality Policy applies to these records and can be accessed only by the Advocacy worker and other

authorised staff including the Executive Officer if this is required to meet consumer need. The exception to this is where client records are subpoenaed by a court.

The advocate will maintain accurate and up to date file notes on IVO Client Management System outlining the progress of each action and any issues which require resolution. These progress notes will be dated. Only information pertinent to the issue will be noted in the file and in IVO. File notes should contain a step by step account of how the issue was resolved (refer to file note format guide).

File notes should contain objective information that include non-judgemental statements. Care should be taken with the choice of language used to reflect clients in a positive manner (see also valued status policy).

File notes should also have a summary of any conversations or meetings with the clients or third party. Conversations with solicitors and clients should include “solicitor in confidence” in the subject bar, and should be excluded from any subpoena documents.

Client records on IVO should contain all incoming documents and outgoing correspondence. All incoming and outgoing correspondence must be correctly dated. (Do not use auto date functions on templates as the date will change every time the document is opened).

Clients can request to see and have a copy of their client record.

2.6 Exit procedure (Step 5).

Services provided by RDAS are episodic and issue based. Once the actions identified on the Action Plan have been completed, the client issue will be closed and the client will no longer be regarded as a client of RDAS.

The advocacy issue will be closed:

- at the client's request
- when a positive outcome for the client is obtained
- when the client and advocate agree that a positive outcome is not achievable
- when the client decides not to continue or decides to pursue an alternative type of resolution
- When RDAS can no longer effectively assist the client. The Advocate will assist the client to pursue alternatives if this is possible.
- If the client displays behaviour to RDAS staff that is threatening in nature and where all reasonable steps have been taken to reduce the effects of this behaviour resulting in a continuing unacceptable risk for staff members.
- If the issue is shown to be unobtainable / or unrealistic.
- Upon referral of the client to a more appropriate service.
- If there has been 'no action' with the case within 3 months – a pro forma letter will be sent asking the client to contact RDAS within 14 days; if no contact made – issue closed.
- If there has been no response to 3 phone messages left within 1 month – a pro forma letter will be sent asking the client to contact RDAS within 14 days – if no contact made – issue closed.
- If 3 appointments are missed and no contact – pro forma letter sent and issue closed.

- Confirmation of the outcome
- If the client has knowingly provided false and incorrect information.

The advocate and client will discuss the reason for the service ending. The advocate will invite the person to contact RDAS if the issue reoccurs or if a further issue arises.

If there is a dispute regarding the conditions of a client accessing the service, the service's complaints procedure should be followed.

2.6.1 Exit Letter and Survey Form (via Post or Email)

- Once the actions on the Advocacy Action Plan have been completed or an outcome achieved, the Advocate will send out the Issue Closing Pro forma Letter (form 8) including an Ext Survey (form 9) to clients either via post or email.
- The advocate may request a student or administration assistant to complete the survey over the phone if it will be more accessible for the client to complete.
- An exit letter and survey will not be sent by post or email if advocate feels sending one could cause undue stress to the client. If this should occur, a note on IVO will be entered outlining the reason the Advocate has chosen not to inform client of 'Issue Closure'.

3 Systemic Advocacy Practice

Systemic advocacy is the action taken to create change in society to ensure fair treatment or to address less favorable treatment for people with disabilities. Such change may come through improvements to legislation and government policy, the influencing of community attitudes or influencing of policy and practices of organizations and services accessed by people with disabilities.

RDAS may undertake Systemic Advocacy activities by:

- acting on service and policy issues identified through individual advocacy
- acting at a local, regional, state and national level to ensure people with disabilities living in rural areas have a say in service planning and development
- by sitting on advisory committees as representatives of people with disabilities (e.g. consumer advisory committee of a health service or on access committee)
- By conducting research and identifying service gaps.
- Speaking to the media regarding issues impacting on people with a disability.

3.1 A Process Model for Systemic Advocacy

Step 1: Establish Group Identity

- Establish who the advocacy is designed to benefit and who will conduct the advocacy
- Ensure that the advocate has legitimacy and credentials

Step 2: Identify Issue or Problem

- Consult target group, define the issues and agree on the broad outcome.

Step 3: Identify Stakeholders and their arguments and perspectives

- Engage in thorough research and consultation
- Identify allies, opponents and the respondent
- Anticipate opponents / respondents arguments and develop counter arguments.

Step 4: Develop a Plan of Action

- Define specific objectives to be achieved
- Agree upon strategies to be employed
- Identify resources that are required.

Step 5: Organize Information

- Obtain a good understanding of structure, culture and decision making processes of respondent.
- Develop reasonable arguments, with strong supporting evidence.

Step 6: Implement the Action Plan

- Prepare, delegate and co-ordinate.
- Ensure that actions are reasonable and appropriate.
- Allow adequate timelines for effect and response.

Step 7: Monitor and Evaluate

- Monitor to ensure advocacy remains on target and modify plan if necessary.
- Evaluate achievements, what worked and what didn't, and what remains to be done.

Step 8: Celebrate Achievements

- Acknowledge contributions.

4 Examples of Advocacy Practice

4.1 Advocacy and families

There are a range of situations where an advocate's work involves family members and carers.

Some situations involve a person with a disability who cannot direct an advocate. Often, family members are the ones who contact RDAS to raise their concerns on behalf of the person with a disability, and to seek advocacy assistance. The advocate can proceed in two ways.

- Support the family member to advocate for their relative with a disability with permission from the client.
- Advocate on behalf of the family or guardian – i.e. the family becomes the 'proxy' client, however the outcome achieved and the actions undertaken must always be in the best interest of the person with a disability.

4.1.1 Family member or support person attending meetings

People with disabilities have a right to a family member, another support person or advocate from another organisation attend meetings with RDAS Advocate. The RDAS Advocate should ensure that the third person understands their role.

The role of the independent support person or family member during meetings with Advocates is to:

- ensure as much as possible, that people with a disability understand and can exercise their rights during the meeting
- raise any special needs the person with a disability might have
- alert the advocate to any difficulties the person might have in understanding what is being said, and
- provide emotional support to the client.

4.1.2 Working with families.

Some situations involve a person with a disability who can direct the advocate, at least to some degree and the family is actively involved and seeking the same outcome. In such instances the person with a disability and family are in agreement.

The advocate's role is:

- to represent the person with a disability, taking directions from them while with agreement liaising closely with the family, or
 - to support the family to self-advocate involving the person with a disability in all decision making.

> Working with families

An uncle of a family has a moderate intellectual disability and lives in a shared home. He has indicated to his family that he is unhappy with where he is living because another resident is picking on him all the time. Even though the family has reported their concerns to management nothing seems to have been done to address their concerns. The family and their uncle both want something done about the situation however the family does not feel confident about tackling the organization about the issue on their own and contacts an advocacy service.

Advocate's Role

The advocate will work with the uncle and his family. The uncle's wishes are paramount and the advocate will take directions from him whilst liaising closely with the family and providing support if needed. The uncle's service coordinator would be notified, so that any resulting actions can be monitored.

4.1.3 Working in opposition to families

Some situations involve a person with a disability and family members who are not in agreement. In such instances the advocate's role is to represent the person with a disability.

> Working in opposition to families

A 25 year old woman with a moderate intellectual disability lives at home with her parents. She is unhappy that her parents manage her money and she believes don't give her enough to spend. She has broached the subject once with them to no avail. She does not feel able to pursue the matter with them again.

Advocate's Role

The advocate works at the direction of the woman with the disability and supports her or advocates on her behalf to resolve the issue with her parents. If the matter cannot be resolved amicably and there was an issue about the woman's capacity to make decisions about her money, it would be necessary to contact VCAT (VIC) or Guardianship Tribunal (NSW) for application to appoint an administrator through the Public Trustee.

4.1.4 Divided families

Another common scenario is where family members are divided on what should happen for a person with a disability (who typically is unable to express a view). In these cases the advocate endeavors to establish the wishes of the person and advocates for this to occur. If the issue(s) is clear (e.g. the person is being abused) this is possible. However if the issue is not clear, an application for Guardianship may be needed to establish the person's best interests. RDAS does not establish what is in a person's best interest however we will acknowledge a Duty of Care when necessary.

4.1.5 Working with children with disabilities

Advocates seek to assist parents/guardians to meet the needs of their children. In order to do so RDAS needs the consent of the guardian, be that verbal or written. An advocate cannot work with a child without this consent. The advocate will also consider the needs of the immediate family, as commonly issues such as respite for the parents or support for siblings can affect the family's capacity to support the child with disability, in this situation the advocate may be able to assist by exploring different options etc.

4.2 An Advocate's Mandate to Act

Ideally advocacy usually involves a conscious choice on the part of a client. This will usually happen when a client feels their rights are being violated and decides to act for themselves (self-advocacy) or have someone, such as an advocate, act for them

The advocate's mandate to act (legitimately) comes directly from the client asking them to take certain actions on their behalf.

As a rule of thumb, an advocate has a mandate if the client or his/her guardian can:

1. Understand the concept of rights; and
2. Believe that their rights have been violated; and
3. Communicate a wish to have the situation remedied.

4.2.1 Working with people who have impaired decision making

An advocate should not advocate on behalf of a person with a disability if they do not have the individual's consent or authority to do so.

When direction from the person with a disability is not possible, the Advocate will work within the mandate of the Charter of Human Rights and Responsibilities and the Disability Discrimination Act and be mindful of the Provisions within the Guardianship and Administration Acts in each state. The advocate will also work within the parameters of the RDAS policy and procedures.

4.2.2 Best Interest advocacy

Some agencies work on the bases of **best interest advocacy** this is where the rights of a person with a disability are being violated but the person cannot direct the advocate due to age, intellectual or cognitive impairment, dementia or mental illness. The client may not understand that their rights are being violated or be able to easily communicate their concerns. In this instance, someone else may see the violation and take it upon themselves to act. They might advocate directly for the person or they might contact someone else such as an advocacy service to do so.

In such situations an advocate may act without a mandate but 'in the best interests' of the client if they strongly believe that the rights issue are unequivocal. This might be in cases of abuse, or where documented policies, practices or standards are not being followed (e.g. a client's right to receive correct medication or to participate in meaningful activities during the day). In these situations advocates must be able to justify why they are acting without a clear mandate from the client. If the client cannot understand or communicate, the advocate should seek a mandate from someone close to them. This would normally be their guardian or person responsible under the Guardianship and Administration. If there is no-one who can provide the mandate and the rights issues are not clear, a substitute decision-maker, with the legal authority to make decisions on the client's behalf, should be sought.

If a RDAS Advocate identified there is a need to act in the best interest due to duty of care or risk management they are required to exercise discretion and judgment based on a firm understanding of the rights and safeguards that are provided in the Disability Services Act, the United Nations Convention on the Rights of Persons with Disabilities and the Victorian Charter on Human Rights and Responsibilities, as well as other laws and regulations that might be relevant in particular circumstances. The advocate should also:

- Develop a clear understanding of the person's preferences, needs and interests
- Consult with others who might be speaking or acting on the person's behalf
- Identify any threats to or breaches of the person's rights and interests
- Establish if there is a legally appointed guardian or administrator
- Establish if there is anyone currently providing advocacy support in the person's best interests
- Develop a clear disability advocacy action plan.

Best interest advocacy should be used as a last resort and when there is no other clear option.

4.2.3 Process for advocating for people with impaired decision making

When advocating for a vulnerable client with impaired decision making, this typically involves one or all of the following:

- Building a relationship with the vulnerable person
- Finding out their views and wishes
- Supporting them to have their views heard
- Representing their wishes.

4.2.4 Working with people with profound disabilities who have significant difficulties indicating their wishes

Even though advocates work at the direction of the client it is still possible for them to work on behalf of people with profound disabilities who find it extremely difficult to indicate their wishes. To do this the advocate must first have a referral from someone relating to an issue or issues.

Although some people who have profound disabilities are unable to tell the advocate their wishes many are able to indicate whether they are satisfied or dissatisfied with a situation through non-verbal communication. However, people who have profound disabilities also rely on other people to identify the issue(s) and make a referral to an advocate. People who

can make a referral to an advocacy agency include a family member, friends or staff. Advocates will also initiate a referral themselves, on behalf of a client, if they become aware of an issue that requires advocacy. This can occur through chance contact with a potential client while working on behalf of another person (e.g. a housemate or work colleague). Issues may also be identified through group discussions (e.g. house meetings or workers' rights meetings).

Much work on behalf of people who have a profound disability also occurs through systemic advocacy – where advocacy services are working to improve a situation affecting a group of people with disabilities (e.g. identification of poor medication practices; development of abuse guidelines; advocating for improved evaluation and monitoring systems).

An advocate was contacted by a support worker. She was concerned that appropriate procedures were not being followed regarding consent for medical treatment for a resident of a shared home who has a profound disability. The support worker did not feel confident enough to raise the concerns with her manager. The failure to follow appropriate procedures has the potential to affect other residents.

Advocate's role

The advocate would make enquiries with the residential service provider and the resident's 'person responsible'. The 'person responsible' took up the issue on behalf of their relative with the advocate's assistance. The advocate worked at a systemic level by advocating for the organization to develop consent to medication procedures in keeping with Departmental guidelines and current legislation.

When working with a person with limited communication the advocate should:

- Not act on anonymous information. The informant must be willing to sign an advocacy plan if the client is unable to do so.
- Try and find a support worker or family member able to assist with the communication and act as an interpreter.
- Communications Rights Australia is able to provide advice and information to assist with advocating for people with limited speech.

4.3 The Advocate's Duty of Care

In all cases advocates have a duty of care to not cause significant harm or disadvantage to a client or other people that may be involved. The advocate's role is to carry out the wishes of the client, be that the person with the disability, or their family. However, the duty of care principle means that advocates must always be weighing up whether what they are being asked to advocate will cause significant harm or disadvantage to the client or others (i.e. other people with disabilities).

4.4 Advocacy and Adult Guardianship

There are key differences between the role of the advocate and the role of a guardian (or public advocate in Victoria). A guardian is someone legally appointed by the Guardianship Tribunal or Victorian Civil and Administrative Tribunal. Depending on the situation, a guardian has the power to make decisions (e.g. medical treatment, accommodation, lifestyle issues) on behalf of an adult who is unable to do so themselves. Although a guardian takes into account the wishes of the represented person, their primary focus is on the person's best interests.

Advocacy is about standing with, and sometimes speaking for, people to ensure their rights are recognized and respected. An advocate can be a friend, a family member, or someone from an advocacy service. Authority for the advocate to act comes from the mandate received from the client. Decisions to act are therefore made by the client. The primary difference between a guardian and an advocate is therefore that a guardian is a substitute decision-maker whereas an advocate does not make decisions on behalf of the client.

Situations can arise where a person who has a guardian will request the services of an advocate. The represented person may need assistance in expressing their wishes to the guardian. An advocate also has a role in making sure that the guardian remains accountable for the decisions they make on the represented person's behalf. In many cases guardianship orders are limited to one area of a person's life (e.g. accommodation) and this means an advocate can represent the views of a represented person in other areas of their life.

4.5 Role of advocacy at a tribunal hearing

Advocates are required to support people with disability at tribunal hearings including guardians and financial administration or mental illness reviews.

The most important principle is to promote a person's legal and human rights by acting according to the client's wishes and not according to what you perceive as their best interests. This does not mean that an advocate must do everything that is instructed but rather that it is the client who sets the goals for the hearing process once they are fully informed about their legal options.

Other parties including treating doctors, department officers and the tribunal member role is to apply the criteria and principles of the *act in the best interests* of the person. This is quite different from the role and the perspective of the advocate.

It is crucial that the client's own wishes are fully considered in the process and that the advocate fully understands what a client's expectations and objectives are. One of the most frequent concerns of clients is that their views are routinely disregarded. Advocates have a duty to ensure that tribunal hearings are not a continuation of this experience.

Tribunals operate on an inquisitorial rather than an adversarial model. However, it may be that from a particular client's perspective the fundamental dynamic may be adversarial and you must respect the reality of that experience. If a client experiences a situation as win/lose, that must be appreciated and instructions taken as to what goals the client has in terms of the process beyond win/lose. At a tribunal hearing the role of an advocate is to support the client and assist the view of the client being communicated as each tribunal experience allows.

An advocate should not present material that is adverse to the client's case, subject to the duty owed to any court or tribunal not to positively mislead.

Be aware that members of the public are sometimes unaware of the mutual roles inherent within the client / advocate relationship and it may be necessary to explain duties such as acting on instructions. A client has the right to instruct an advocate as they see fit. Where the very issue in dispute is essentially one of capacity, you should never assume that someone lacks the capacity to instruct on an issue. If a client has received a diagnosis which may

affect their capacity then that is not synonymous with an inability to instruct and it is extremely unusual within this jurisdiction for an advocate to be unable to obtain instructions.

When an advocate is receiving instructions, it may be necessary to advise the client of the possible ramifications of their instructed course of action but to respect their right to make their own decision about their case once they have been properly informed about and have understood their rights and the consequences of each legal alternative as well as the practical hurdles.

A young man who has a profound intellectual disability has been living in a shared home for 6 months. He appears to have settled into his new accommodation; however some members of his family want him to return to the family home to live with them. Other family members strongly oppose this idea and believe he should stay living in the shared home.

Role of an advocate

In this situation the client cannot direct an advocate and the rights issues are unclear. Will he be better off living with his family or in the shared home? The advocate is not in a position to judge. However, having observed how well he has settled in, the advocate can at least provide this information to the Guardianship Tribunal or VCAT.

Role of the Tribunal

The Tribunal can investigate the young man's situation and if there is no resolution to the dispute, appoint a guardian and make a limited order with respect to his accommodation. Depending on what the Tribunal believes is in the young man's interest, the Tribunal may appoint a member of the family or the Public Guardian/Advocate as the man's guardian.

4.6 Advocacy, Investigation and Grievance Resolution

Advocates work at the direction of the person with the disability. Their role is not to conduct an investigation about the circumstances surrounding the person's complaint but to support the person through the process of making a complaint and any subsequent investigation that takes place. When it comes to following a grievance procedure the advocate will discuss possible options and their likely outcomes with the client. Although advocacy services encourage the client to use existing grievance processes it is ultimately the client's decision about how they want to proceed. The client may have no confidence in an established grievance procedure so they may wish to contact a higher authority.

A person with an acquired brain injury tells an advocate that she has been verbally abused by a member of staff whilst attending a day program. She wishes to complain.

Roles

Advocate

The advocate would discuss with the client the circumstances relating to her complaint and the options she has for dealing with it. The client decides she wants the manager of the day program to receive her complaint and that she wants to put it in writing to him. She asks the advocate to draft a letter on her behalf. The advocate supports the client through the complaints process.

Manager of the day program

Investigates the complaint and responds to the client's concerns in accordance with the service's internal grievance procedure.

4.8 Advocacy, Case Management and Service Coordination

The role of an advocate and that of a case manager or service coordinator is often misunderstood although the roles are quite different.

The role of the advocate

To assist individuals to resolve issues associated with their disability when the person does not have the skills or ability to speak for themselves and to speak for a person's right. The advocate will always speak on the side of the client in any dispute. The actions taken by the advocate should be directed by the client.

The assistance is generally one-off and not on-going although some people make use of an advocacy service on more than one occasion. An advocate will only work with a maximum of 2 issues per client at a time.

The issue may relate to support provided by a disability service or a dispute a client is having with generic services, such as public housing or utility providers.

When an Advocacy Service like RDAS is asked to assist with an issue with a disability service, it is usually after service is refused or a service does not adequately meet an individual's needs.

These problems very often can be attributed to flaws in the service delivery system.

These can include;

- lack of communication
- insufficient resources
- lack of policies
- defective policies
- failure to follow policy guidelines
- misinterpretation of policies
- untrained staff.

In summary, the Advocate's role is to speak on a person's behalf in an attempt to resolve an issue.

The response to a request for assistance should be conducted in a structured objective manner to obtain the optimum outcome for the individual requesting assistance and to improve the service.

A structured response could include all or parts of the following steps:

- clearly identify the issue
- communicate with a third party
- check policies and guidelines
- develop strategy based on policies and guidelines
- question policies up through the levels of authority.

Role of a Case Management Service Coordination

The terms case-manager or service coordination are often used interchangeably and are used to describe the **'key paid person'** for the client.

The case-manager or service coordinator assesses the service needs for the client and proceeds to link the client into appropriate services.

It may be necessary for the key person to convene a case conference and include a group of relevant service providers to identify the best option.

The case-managers level of involvement with the client following suitable access to a service or services can vary according to the needs of the client. At least, a monitoring role should continue with a review conducted at an agreed time.

The primary role of the case manager or service coordinators is working with individuals to enable them to gain access to services that will meet their needs as identified through an Individual Support Plan (ISP). This involves identifying the needs of the individual, harnessing available resources and services, and the coordination, negotiation and monitoring of services to meet those needs. As a key person the case manager/ service coordinator operate under the policies and procedures of a human service system and are therefore not deemed to be independent.

A case manager or service coordinator may be required to intervene and mediate in situations where there is conflict between service providers or between a client and their family. Their role in this instance is to provide facilitation, negotiation, conflict resolution and problem solving skills in order to assist the various parties to arrive at a solution that is satisfactory to all the key players.

Advocates on the other hand are partisan, and are concerned with gaining empowerment and justice for their clients. Their role is not to assess needs or to plan services, as this is the role of the service coordinator or case manager. In a situation where there is conflict, advocates take a clear position on the side of their client, they are there to assist the client to present their views – either by supporting the client to speak up for themselves or by representing the client's views to the other parties. The role of the advocate in this situation is to assist the client to exercise their right to have their case heard.

A day options service and a residential service have a dispute about transport relating to a particular client and about who is responsible for supporting the consumer in the event of illness.

Roles

Service Coordinator

The service coordinator would meet with the two service representatives, the consumer and their advocate to clarify the issues. If necessary the service coordinator would call a case conference to discuss options and seek resolution of the issues.

Advocate

The advocate would receive a referral from the service coordinator or another interested party. The advocate would gain an understanding of the client's wishes and assist the client to put forward their views – either by supporting the client to speak up for themselves or by representing the client's views to the service coordinator or at the case conference.

5. Training

All RDAS Board members and advocacy staff will be provided with a copy of the Advocacy Practice Manual and appropriate training at induction and on an annual basis.

Advocates will be required to participate in an induction program and participate in regular training on the content of this manual including cultural and anti-discrimination awareness training regarding supporting clients from special needs groups including Culturally and Linguistically Diverse (CALD) and Indigenous/Aboriginal, disability, gender, race, and religion, to ensure that services are delivered in a manner that meet individual needs.

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.

Appendix 1 Forms

Form 1 INTAKE ACTION PLAN
Client details

Name			
Advocacy Issue	Choose an item.		
Address	■.		
Town		Post code	Click here to enter text.
Phone	(H)	(M)	
Email			
Date of Birth		Estimate of Age	Sex Choose an item.
CALD:	Yes <input type="checkbox"/>	ATSI	Yes <input type="checkbox"/>
Disability	Choose Other		Date: Date.
Person taking Intake			Time:

Third person making enquiry

Name			
Agency			
Phone	(BH)	(M)	■.
Relationship:	Choose an item.		
<p>Is the person with a disability or legal guardian aware this referral is being made?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If no, advise the caller that the intake will not proceed without permission</p>			

Issue/summary of concern

■.

Other services/individuals accessed /involved

Outcome: at the end of the day what would the client like to see happen?

Proposed Information uses and disclosures

In order to effectively Intake we may need to speak to other organizations or individuals about your issue, or pass on your details, to other organizations or individuals.

Name of Agency <i>E.g.: Office of Housing</i>	Contact person Name or position <i>Property manager</i>	Type of Information <i>Provide specific instructions regarding information being requested.</i> <i>Information relating maintenance of the house</i>	Initial & date

Advocacy Authorize

Where possible, written consent to advocate should be obtained from the client. Verbal consent should only be used where it is not practicable to obtain written consent.

I have discussed the proposed issue with the client. I am satisfied that the client understands the proposed uses and disclosures and has provided their informed consent to contact a third party on the clients behalf.

Advocate

Name: _____

Sign: _____ Date ____/____/____

Witness or client

Consent has been given for RDAS to contact a third party.

Name: _____

Sign: _____ Date ____/____/____

Has the caller been advised approximately when an advocate may be able to call them?

Yes ☐ what date? ____/____/____ No ☐

The date may be 5 days after next allocation

Priority Rating score:		Urgent: yes <input type="checkbox"/>	Risk Assessment : Choose an item. "Medium" is default if new or unknown"
<u>ADDITIONAL INTAKE CHECKLIST</u>			
1. Has there been any attempt to resolve the issue? If yes, how?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have a Case Worker/ Manager/ key worker? If yes, is the case worker able to be involved in the issue? If no, why?.....			Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you have a legal Guardian?			Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are there any matters relating to this issue that are time crucial? If yes, what is the date of hearing/matter, authority mandatory timelines			Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is the person's disability impacting on their ability to self-advocate or lodge a complaint?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 1: Contact Details



Name:		
Phone:		Mobile:
Email:		
Date:		

Section 2: Issues and Concerns	

Outcome: *What do you want to see happen*
An outcome should be *Measurable, Attainable, and*
Specific.

Section 3: Advocacy Action Plan

[illegible]

Section 4: Permission to contact a third party

Name of Agency	Type of Information	Initial & Date
	All information relevant to the issue of	
	All information relevant to the issue of	
	All information relevant to the issue of	
	All information relevant to the issue of	
	All information relevant to the issue of	
	All information relevant to the issue of	

Policy 2Section 5:

I agree to the following statements: (Tick box for consent)

- ☐ I have recently received a copy of the RDAS Information Handbook.
- ☐ My advocate has talked to me about my privacy and why certain information about me may be provided to other agencies.
- ☐ My files may be used for Auditing purposes.
- ☐ The Advocate has explained how I can complain if I am not happy with the service I receive from RDAS.

I agree to the above Advocacy Action Plan and for RDAS to advocate on my behalf and discuss the issue with the organizations listed above.

I agree to provide all true and correct information (to the best of my knowledge) to RDAS and acknowledge the service from RDAS may be withdrawn if I provide false information.

Client Name: _____

Signed: _____ Date ____/____/____

Client or Authorised Representative

Authorised Representative Name: _____

Parent ☐ Legal Guardian ☐ Carer ☐

Why is the client unable to sign? _____

Advocate Name: _____ Signature: _____

Verbal Consent only

Confirmed by 2nd Advocate: _____ Signature: _____

Priority Rating Sheet	Score
Urgency rating criteria: 1. The timing for action is within a month of the date of intake. 2. The issue is likely to cause imminent family breakdown, expulsion from education, employment termination, imprisonment or homelessness. 3. The issue is causing a significant negative impact on the person's wellbeing. *There may be times where advocates recognise that a person's issue is urgent, though the issue may not meet the criteria. In this case a minimum of three Advocates may determine the client's issue as urgent', it must be noted on the clients intake that advocates have agreed to make the issue urgent and the reasons why.	Goes to top of wait list
HIGH	5
Article 5 - Equality and non-discrimination Article 9 - Accessibility Article 10 - Right to life Article 11 - Situations of risk and humanitarian emergencies Article 12 - Equal recognition before the law Article 13 - Access to justice Article 14 - Liberty and security of the person Article 15 - Freedom from torture or cruel, inhuman or degrading treatment or punishment Article 16 - Freedom from exploitation, violence and abuse Article 25 – Health Article 26 - Habilitation and rehabilitation Article 27 - Work and employment Article 28 - Adequate standard of living and social protection	
Medium	2
Article 17 - Protecting the integrity of the person Article 18 - Liberty of movement and nationality Article 19 - Living independently and being included in the community Article 20 - Personal mobility Article 22 - Respect for privacy Article 23 - Respect for home and the family Article 24 - Education Article 30 - Participation in cultural life, recreation, leisure and sport	
Low	1
Article 4 - General obligations Article 8 - Awareness-raising Article 21 - Freedom of expression and opinion, and access to information Article 29 - Participation in political and public life	
Score 2 points for each month the client is on the waiting list	
TOTAL	
Points will be scored for each priority identified above. E.g. A client is at risk of being homeless and cannot afford to pay for his prescribed medication- this will receive a score of 10.	

Form 4: Systemic Advocacy Action Plan

There may need to be a number of small action plans to achieve a long term outcome.

Issue Title	
Advocates	
Date Opened	
IVO issue No.	

Organization at the center of the issue

Name	
Address	
Contact Person	
Email	
Phone Number	

Description of the issue

--

How was the issue identified?

--

Outcome Sought

--

Action Plan

What action will be taken	Who will take it	By when	Action taken

Stakeholders

List of people impacted by the issue or will be involved in achieving the outcome

Name	Contact Details	Involvement with the issue

What outcome was achieved?

--

What methods of action were used?

Consultation with stakeholders ☐ spoke to media ☐ wrote a submission to an enquiry ☐

Made representation to a local member ☐ through an advisory committee ☐

Other:

Date closed _____

Form 5 Pro Forma letter – Decline Advocacy Support

Name

Address

Town, state, postcode

Date

Dear {add name}

RE: your request for advocacy assistance with RDAS

Thank you for contacting RDAS and requesting assistance **with** an issue. Your issue was discussed at the intake and allocation meeting held {date}.

Your request for advocacy has been declined because {provide reason for declining}.

Your issue may be better dealt with / by {add name and contact details of another agency that may be able to assist} *(this paragraph may be deleted if not appropriate)*.

I have included a copy of a Guide to Making a Complaint. If you disagree with the decision to not provide advocacy you have the right to have the decision reviewed. This guide will tell you how you can make a complaint and have the decision reviewed.

Please feel welcome to contact RDAS again in the future if you have a new issue that you require assistance with.

Yours sincerely

Intake Worker

Name

Address

Town, state, postcode

Date

Dear {add name}

RE: Notification of closing advocacy issue

I am writing to follow up on the advocacy issue you asked RDAS to assist you with. During your last contact with RDAS you requested that the issue be put on hold, and you would contact RDAS at a later date if you would like RDAS to assist you with the issue.

Three (3) months have now passed since your last contact. If you still require RDAS assistance please contact me on ph. 02 6056 2420 within fourteen (14) days from the date of this letter. If you do not contact RDAS your file will be closed and no further action will be taken.

If you feel you need assistance after the fourteen (14) days you can contact RDAS again and you can re-enter through the intake process, however there may be a delay in providing assistance as we will be assisting other people.

Yours sincerely

{your name}

Advocate

Name

Address

Town, state, postcode

Date

Dear {add name}

RE: Notification of closing advocacy issue

I am writing to follow up on the advocacy issue you asked RDAS to assist you with. I have tried to contact you by phone and email three times over the past month and I have not received any response.

If you still require RDAS assistance please contact me on ph. 02 6056 2420 within fourteen (14) days from the date of this letter. If you do not contact RDAS your file will be closed and no further action will be taken.

If you feel you need assistance after the fourteen (14) days please contact RDAS and you can re-enter through the intake process however there may be a delay in providing assistance to you as we will be assisting other people.

Yours sincerely

{your name}

Advocate

PO Box 982
Wodonga Victoria 3689
t 02 6056 2420 or 1300 886 388
f 02 6024 6809
e admin@RDAS.org.au
ABN 99 618 606 563
www.rdas.org.au

{Name }
{address }
{Address }

{date}

Dear {First name}

Re Client Survey.

Thank you for using Disability Advocacy and Information Service (RDAS) for assistance with an advocacy issue. I am writing to confirm that RDAS has completed the actions which were agreed upon.

We would now like to give you an opportunity to provide feedback about the service you received from RDAS. You do not need to put your name on the form so please be honest in your feedback

We would appreciate it if you could fill in the form and return it to us in the envelope provided.

If you are unable to fill in the form yourself you can:

- 1 Ask a family member, carer or friend to help you
- 2 Ask RDAS to organise an independent person to help you
- 3 Give your feedback in person by contacting myself by telephone on (02) 6056 2420 or 1800 886 388.

If you feel we can help you in the future please do not hesitate contacting RDAS Intake Worker on 0260 562 420.

Yours sincerely

Martin Butcher
Executive Officer.

Form 9 Exit survey

EXIT SURVEY

- 1 How long were you on the waiting list before an Advocate started working with you on your issue?

- ☐ Less than one month
☐ One month
☐ Two months
☐ Three months or more
☐ Unsure

- Were you happy with the length of time you had to wait?

☐ Yes ☐ No ☐ Unsure

- 2 Did you receive a RDAS Advocacy Information Handbook?

☐ Yes ☐ No ☐ Unsure

- 3 Did RDAS talk to you about your privacy and confidentiality?

☐ Yes ☐ No ☐ Unsure

- 4 Did your Advocate involve you in the process of developing your Advocacy Action Plan?

☐ Yes ☐ No ☐ Unsure

- 5 Were you satisfied with how your Advocate worked with you?

- ☐ Yes I was Satisfied
☐ Could have been more satisfied
☐ No I was not at all satisfied

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6. Was the outcome of you issue what you wanted?

☐ Yes – Better than I wanted

☐ Yes

☐ To some extent

☐ No

7. How did you find out about RDAS?

☐ Friend

☐ Other service

☐ Brochure

☐ Internet

☐ Advertising

☐ Other

8. Comment (Is there anything you would like to comment on about the service you had from RDAS?)

Please return to RDAS using the addressed envelope provided or use the contact details at the top of page 1.

Appendix 2 Pathway Flowchart

Client Pathway Initial Contact

