

Disability Advocacy Support Helpline Practice Manual

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The Disability Advocacy Support Helpline (The Helpline) is a program of Advocacy Law Alliance (ALA).

Advocacy Law Alliance Vision, Mission and Values

Our Vision

People experiencing disadvantage have a right to equality, fairness, and a good quality of life.

Our Mission

The Helpline provides high quality, telephone based social advocacy to support people with disability in Australia. With a focus on servicing regional and remote communities, we are committed to empowering clients to navigate the legal and social systems and achieve fair outcomes in pursuit of their goals.

Our Values

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

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

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

Innovation – we believe in continually striving to improve.

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0 DEFINITION OF KEY TERMS

Advocate: A staff member of the Helpline team supporting a person with disability who has been treated unfairly.

ALA: Advocacy Law Alliance is the legal entity which governs The Disability Advocacy Support Helpline, Disability Advocacy NSW, Disability Law NSW, and the Mid North Coast Legal Centre.

Client: A person or group of people with a disability. A carer or family member who is being advised and/or assisted by a Helpline advocate.

The Helpline: The Disability Advocacy Support Helpline or “The Helpline”

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

Board: Board of management of ALA

CEO: Chief Executive Officer

DCEO: Deputy Chief Executive Officer

DANSW: Disability Advocacy NSW

DLNSW: Disability Law NSW

CRM: Customer Records Management software system (Salesforce)

MA: Manager Advocacy

MNCLC: Mid North Coast Legal Centre

MSO: Management Support Officer

PM: Program Manager

1 STRATEGIES & KEY CONCEPTS

1.0 STRATEGIES

The Helpline will use the following strategies to meet its aims:

INDIVIDUAL TELEPHONE BASED ADVOCACY

Assisting individuals throughout Australia over the phone or via other online communications to address disadvantage, discrimination, and other barriers which they face because of their disability. If clients require face-to-face advocacy support, or there is a more appropriate service we will offer referral to local National Disability Advocacy Provider (NDAP) or alternative service providers whenever possible.

ADVOCACY INFORMATION AND ADVICE

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

1.1 KEY CONCEPTS

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

SELF DETERMINATION

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

CAPACITY

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

DUTY OF CARE

The Helpline must also balance against the client's instructions its duty to take reasonable care to avoid causing harm by its actions. To ensure that reasonable advocacy actions on behalf of a client are not excessively subdued by duty of care requirements the advocate will:

- Assess the likelihood and extent of the foreseeable harm
- Assess the likelihood and extent of the foreseeable benefit
- Look for ways to minimise the risk of harm without sacrificing the benefits of the advocacy intervention
- Balance the foreseeable harm against the benefit.

ADVOCACY & CASE MANAGEMENT

The Helpline's main role is to provide short-term individual advocacy support over the phone or via online communications. However, there is often confusion and overlap between what is commonly known as case management and advocacy.

An advocate is an individual who speaks on behalf of another. Whereas a case manager is an individual who facilitates the access of a client to appropriate support programs, and coordination of the delivery of services. This role may involve liaison with various professionals and agencies on behalf of the client.

The key differences between Advocacy and case management relates to the concepts of independence and service provision.

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

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

Where The Helpline believes that a client needs case work type assistance it will seek to refer the client to the appropriate case work service.

LEGAL ADVICE

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

- when a client contacts the Disability Gateway for a new referral.
- verbally by advocates during intake and sessions with clients that have a legal issue;

- Client Handbook which all clients receive when using The Helpline for each Advocacy issue; and
- in the process of creating an advocacy agreement with a client.

If legal advice is needed as part of assisting a client this will be done through assisting the client (with their consent) to gain referral to or obtain advice from a qualified legal practitioner such as a Community Legal Centre and Legal Aid.

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

2 SERVICE ACCESS

2.0 POLICY STATEMENT

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

ACCESSIBLE INFORMATION – SERVICE ACCESS

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

The Helpline will:

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

ENSURING APPROPRIATE ACCESS TO OUR SERVICE AND IDENTIFYING BARRIERS

The Helpline provides services to all people with a disability, and their carers* or support

persons* (please refer to [12.0 Conflict of Interest](#) policy).

To identify barriers to access, the Helpline will:

- work with key stakeholders to identify and address any barriers through the pilot program phase
- review relevant literature and practice experience.
- consult and seek advice from community groups, service users and/or their advocates, other agencies and staff.

The Program Manager will be responsible for coordinating this process and reviewing the research outcomes as part of the annual planning and reporting process.

The Helpline will ensure the following:

- Its opening business hours between 9am and 5pm provide access to the full range of service users within Australia.
- Services are provided in as flexible manner as possible to meet the needs of individuals.
- It maintains effective messaging systems for service users to contact the Helpline and the Disability Gateway for new referrals.
- The cultural and language needs of all groups of people are identified and accommodated.
- Interpreters or bilingual staff are available for any person requiring assistance.

PROMOTION OF SERVICE

The Program Manager will be responsible for developing and reviewing the service's Communication and Engagement Strategy in consultation with the Manager Advocacy.

The Helpline will produce information about its services and activities in a range of accessible formats.

MONITORING ACCESS STRATEGIES

The Manager Advocacy and Program Manager will be responsible for reviewing the effectiveness of service access strategies as part of the pilot process.

2.1 ENTRY CRITERIA

The Helpline offers a short-term telephone-based advocacy service for people with disability, their carers and families (please refer to [12,0 conflict of interest](#) policy).

All requests for advocacy must proceed through a defined entry assessment process to determine eligibility and suitability of telephone support (please refer to Request for Advocacy

Assistance policy [8.0 Request for Advocacy](#).

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

2.2 DETAILED ENTRY CRITERIA

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

DISABILITY

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

GEOGRAPHIC AREA

The person lives within the geographic areas The Helpline is funded to cover which is all states and territories of Australia.

UNFAIR TREATMENT

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

CONFLICT OF INTEREST

There is no conflict of interest to the Helpline advocate and the person with disability (please refer to [12.0 Conflict of Interest](#) policy).

CASE MANAGEMENT

The matter that a person needs assistance with is advocacy as opposed to case management (please refer to key concept definition [1.1 Key Concepts](#)).

MORE APPROPRIATE AGENCY AVAILABLE

There is no other more appropriate agency that the person can seek assistance from either independently or with a specific referral to National Disability Advocacy Program (NDAP) in the state or territory the person with disability resides.

STAFF SAFETY

The client does not display behaviour that endangers The Helpline's staff (please refer to [2.9 Exit Criteria](#) policy).

REASONABLE PROSPECT OF SUCCESS

There remains a reasonable prospect of success (i.e., all reasonable avenues of complaint and appeal in relation to the advocacy matter have not been exhausted and further effort is not futile or unwarranted on the evidence available (please refer to [2.9 Exit criteria](#) policy).

DISPUTES AND APPREHENDED PERSONAL VIOLENCE ORDERS (APVO)

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

2.3 ACCESS PRIORITIES

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

1. The suitability of the issue to be progressed by remote support. (If the client's issue can only be addressed with face-to-face assistance the Helpline will refer to an advocacy service that can provide face-to-face support with the client's consent.
2. The actual or potential seriousness of the problem the person or group is facing.
3. The lack of alternative assistance to resolve the problem.
4. The seriousness of the person's disability in terms of the way it affects their ability to deal with the problem they are facing.
5. The probability of successful outcome for the person in relation to: (a) The Helpline's resources and (b) other high priority Advocacy matters (please refer to [2.4 Intake Priority Rating – Advocacy Assistance](#)).

6. The Helpline will generally only deal with one Advocacy issue per client at a time for reasons of fairness to all people eligible to use The Helpline.
7. The ability of The Helpline to ethically deal with the matter in relation to The Helpline's Independence and Conflict of Interest policy (please refer to [12.0 Conflict of Interest](#) policy).

2.4 INTAKE PRIORITY RATING – ADVOCACY ASSISTANCE

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

RATING CATEGORIES

High

Urgent situation – a client is extremely vulnerable due to the following indicators and there are no other reasonable alternatives for assistance. This is a time sensitive matter with potential negative impacts for the client and needs priority service.

For example:

- behaviours of concern and evidence of harm to self
- A vital service such as accommodation and/or income support is at immediate risk
- Upcoming court hearing, tribunal or meeting is to be held which will have a significant impact on client's life eg. Involvement with care and protection of children and/or criminal justice system
- Presenting extreme distress and advocacy intervention has the potential to alleviate this distress
- Significant and deteriorating health conditions and concerns

Medium

Immediate response is not vital, but the issue is still important and must be dealt within a reasonable timeframe without risk of escalating.

For example:

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

Low

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

For example:

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

2.5 INQUIRY PROCEDURE

Program Manager is responsible for intake allocation process.

A regular Program meeting is convened by the Program Manager to review capacity of the program, trends in advocacy requests and the continuous improvement of the Program. The advocate will then take the following action:

First Response Time - Contact **eligible** clients **within 2 business days** to advise client that we have received a referral through Disability Gateway for advocacy support.

Confirm their preferred contact method (phone, SMS or email) and to advise them we have received a referral through Disability Gateway for advocacy support.

Disability Advocacy Support Helpline has established an email inbox thehelpline@advocacylaw.org.au

This will allow Inbound Gateway Call Centre staff the capacity to forward client information that cannot be captured in the webform or further to escalate an ACTION, RISK or URGENT task/alert using the below escalation process. This email pathway is to be used internally (Only) for TBS Gateway to communicate feedback and complaints to Disability Advocacy Support Helpline.

Some referrals may not be suitable for short term advocacy support upon review of the webform (**ineligible**). In these instances:

- Contact client to advise the Helpline is unable to assist and offer referral to a more appropriate Service with their consent.

- Mark the 'Reason for Closure' status in CRM. Ineligibility reasons include conflict of interest, no disability, effective assistance no longer possible, no unfair treatment, case management, more appropriate agency's available, service, staff safety, no reasonable prospects of success, disputes and apprehended violence orders, other.
- Program Manager will review all referrals marked as ineligible.

2.6 SERVICE AT CAPACITY

If The Helpline is unable to provide advocacy assistance to eligible clients due to lack of available resources, the Helpline will:

- offer to refer the client to another appropriate service or NDAP and/or
- provide self-advocacy information and resources as appropriate.
- Advocates will maintain regular communication with clients allocated on the CRM

2.7 SAFETY RISK ASSESSMENT

As part of The Helpline's safety risk management approach, advocates will complete a risk assessment documented within the CRM. This will include identified past or present risks associated with physical aggression, verbal aggression, self-harm and problematic substance use. The assessment will be reviewed and updated by the advocate in consultation with the Program Manager as needed (please refer to [8.5 Client Risk Assessment](#) policy). Advocates will utilise additional resources to support clients with identified risks including vulnerable persons risk assessment where required. This will be attached to the client folder in the CRM. Advocates will also be required to complete ongoing training in areas such as Mental Health First Aid.

2.8 TARGETING

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

2.9 EXIT CRITERIA

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

ISSUE RESOLUTION

The issue that the client sought assistance with is resolved.

(Note: a new referral for advocacy assistance may be made for a new issue by contacting the Disability Gateway on 1800 643 787.

CLIENT DECISION

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

SHORT-TERM ADVOCACY NO LONGER SUITABLE

The Helpline believes the person would benefit from more extensive support than is available under a short-term advocacy model.

EFFECTIVE ASSISTANCE NO LONGER POSSIBLE

In a situation where the Helpline believes it can no longer effectively assist the client. The Helpline will assist the person to pursue alternatives if this is possible. Some examples are listed below to clarify this policy.

Negative Impact on Service:

A client's requested action may negatively affect the Helpline's ability to continue to advocate for other clients.

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

Example 2: A client wishes to pursue a matter, however based on the limited chances of a successful resolution, continued advocacy assistance negatively impacts on the capacity of the service to deliver an equitable service.

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

Negative Impact on Client:

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

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

Lack of Confidence:

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

Example 1: A client may express the view that The Helpline does not have the skills or experience to pursue his/her advocacy matter.

Note: If the client expresses a lack of confidence in the advocate and/or The Helpline, advocacy should be suspended while the issue is considered (please refer to [9.0 Complaints](#) policy).

Lack of Capacity:

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

Example 1: A client experiencing an episode of mental illness who is requesting The Helpline to take Advocacy action that may have a significant negative impact upon the client and The Helpline.

The Helpline may seek advice from an alternative decision maker in some circumstances.

More Appropriate Service Available:

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

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

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

STAFF SAFETY

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

NO REASONABLE PROSPECT OF SUCCESS

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

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

APPEAL OF CASE CLOSURE DECISION

Sometimes a client may disagree with a decision to close an advocacy matter and has a right of appeal through The Helpline complaints process (please refer to [9.0 Complaints](#) policy).

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

2.10 CLIENT FEEDBACK

POLICY STATEMENT

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

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

PROCEDURE

Encouraging client feedback

All staff and volunteers will be responsible for ensuring that clients are informed of what they can expect from The Helpline and how they may provide feedback. Information will be

provided to clients through a Client Handbook and exit surveys sent to clients, as well as through client consultations or surveys.

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

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

Initiating and collecting client feedback

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

Individual clients may provide feedback by:

- Exit surveys (via post, phone or online).
- Complaints processes.
- Unsolicited feedback.
- Providing feedback to the Disability Gateway

For The Helpline, the Program Manager will be responsible for receiving and making a record of feedback and reporting on de-identified feedback to the Manager Advocacy, CEO and Board.

Using feedback for service improvement

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

The Program Manager will report de-identified feedback statistics to the Board via the CEO.

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

- Service planning, monitoring and evaluation activities; and
- The continued growth of the Service by incorporating feedback as a standard item in Staff and Management Meeting Agendas.

3 INDIVIDUAL NEEDS

Policy Statement

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

Procedure

The Helpline will ensure that the individual short-term advocacy process meets the individual need of the client through negotiating an individual advocacy agreement with clients.

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

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

Where feasible, The Helpline will provide estimates of the time frame for undertaking actions requested by the client. If this time frame alters significantly, The Helpline Advocate will inform the client and may offer referral to an Advocacy Service with the capacity to engage the Client with more intensive support.

When appropriate, The Helpline will follow up with the Person at the conclusion of the advocacy assistance. During the follow up, outcomes will be checked, and clients will have the opportunity to review the role of The Helpline (exit survey).

Please refer to [4.0 Decision Making and Choice](#) policy for more information about client participation in individual advocacy process

4 DECISION MAKING AND CHOICE

Policy Statement

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

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

¹a young person has the capacity to consent if he/she/they has “sufficient understanding and intellect to enable [him/her/they] to understand fully what is proposed” (‘Gillick Test’). The Helpline’s approach is to encourage and support clients to make informed choices about advocacy support. However, in some circumstances this must be balanced against The Helpline’s responsibility not to participate in decisions by a client that might pose a significant

and foreseeable risk to the client's safety or interests, The Helpline's ability to assist other clients, and the safety of staff and volunteers.

Procedure

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

4.0 SELF DETERMINATION

Advocates respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Advocates may limit clients' right to self-determination when, in the advocate's judgment, a client's actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others (please refer to [2.0 Service Access Policy](#)).

4.1 INFORMED CONSENT

1. Advocates should provide services to clients only in the context of valid informed consent. Advocates should use clear and understandable language to inform clients of the purpose of advocacy actions, risks related to advocacy actions, limits to advocacy because of the requirements of the funding body, relevant costs, reasonable alternatives, client's right to refuse or withdraw consent, and the time frame covered by the consent. Advocates should provide clients with an opportunity to ask questions.
2. In instances when clients are not literate or have difficulty understanding local language, advocates should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation, providing information in pictorial format or arranging for a qualified interpreter or translator whenever possible.
3. In instances when a client lacks the capacity to provide informed consent, advocates should protect the clients' interests by seeking permission from an appropriate third party recognised by the law (e.g., guardian, parent, person responsible), informing clients consistent with the client's level of understanding. In such instances, advocates should seek to ensure that the third-party acts in a manner consistent with the client's will and preferences. Advocates should take reasonable steps to enhance such client's ability to give informed consent.
4. If there is no alternative decision maker for the client, The Helpline will, offer the Person referral to an Advocacy Service with the capacity to deliver more intensive advocacy support, including the potential for supporting a person with a Guardianship application
5. In instances when clients are receiving services involuntarily (e.g., a financial

management or community treatment order), advocates should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

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

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

TAKE THE LEAST RESTRICTIVE OPTION

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

CONSIDER THE CLIENT'S WISHES

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

CONSULT WITH RELEVANT OTHERS

The advocate will seek and consider the views of relevant people who are close to the client or who may know the client well. In weighing up the views of relevant others the advocate will consider issues such as conflict of interest (please refer to [12.0 Conflict of Interest](#) policy)

ENCOURAGE AND SUPPORT CLIENTS TO USE AND DEVELOP SKILLS

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

MORE APPROPRIATE REFERRAL REQUIRED

If the Person requires more intensive support, or the action of supported decision making is unlikely to be resolved under a short-term advocacy model, The Helpline will offer referral to a more appropriately funded advocacy service.

4.3 ADVOCACY PROCEDURE – DECISION MAKING AND CHOICE

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

The following procedure should be undertaken as soon as possible after the client has been contacted by The Helpline.

1. Clarify with the client what their preferred outcome is regarding the issue they have raised and plan the advocacy process around this preferred outcome.
2. Clarify with the client any foreseeable consequences of actions that may achieve their preferred outcome. This may involve suggesting a range of actions along with providing alternative information sources.
3. Inform the client about options for participating in the advocacy process. For example, the client may prefer The Helpline to handle the matter based on the client's instructions, or The Helpline could support the client to undertake the advocacy process themselves.
4. Consider whether the client understands the options before them? Would the advocacy process be improved if the client was supported by a formal support (e.g., support worker) and/or informal support (e.g., carer, family member, friend) who knows the client well? (Please refer to [12.0 Conflict of Interest](#) policy).
5. Inform the client about The Helpline's policy relating to consent if the client wishes information disclosed to people outside The Helpline during the advocacy process. The Advocate is responsible for reading the consent scripts to the Person and file noting this action in the CRM system.
6. If feasible, provide the client with an estimation of how long any action may take.
7. Arrange to provide the client with information about The Helpline's policies in an appropriate format. This may mean discussion of the main points of The Helpline's policies with the client in an accessible way.
8. Work with the client to create an advocacy agreement which includes, advocacy issue, preferred options and actions assigned for both the advocate and other parties.
9. An Advocacy Agreement should be completed for any matter that exceeds Intake stage. For matters not proceeding past intake advocates will provide detailed case notes.
10. Advocacy agreements can be delivered to the client or authorised parties via email, post, digital email. Advocacy agreements can be approved via signed or verbal agreement.
11. Advocates will not commence advocacy actions in accordance with the advocacy agreement until accepted by the client or authorised parties.

5 CONFIDENTIALITY & PRIVACY

Policy Statement

The Helpline acknowledges and respects client's rights to maintain privacy, dignity and confidentiality of their information. The Helpline will take reasonable and robust steps to protect personal information from misuse, interference, loss, unauthorized access, modification or disclosure.

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

Procedure Summary

5.0 CLIENT INFORMATION

1. Any information obtained by The Helpline about clients, both past and present, must be regarded as confidential and must not be used for any purpose other than that for which it is given (i.e., to provide quality advocacy support).
2. A client will be advised and made aware of what information is kept about them, why it is kept and who has access to it.
3. All client information retained by The Helpline is in digital form on a secure CRM system. No client records will be retained in hard copy form.
4. The Helpline will only collect client information that is directly relevant to effective advocacy assistance.
5. The Helpline will not under any circumstances use or disclose personal information held for the purpose of direct marketing to promote goods or services.
6. The Helpline will not adopt, use, or disclose a government related identifier provided to it for any other the purposes than to provide advocacy.
7. Helpline electronic data is to be irretrievably destroyed after seven years unless required by or under an Australian law, Court or Tribunal Order
8. The Helpline will take all reasonable steps to protect digital data held and mitigate further risks by ensuring data is stored only in Australia.

5.1 INFORMATION DISCLOSURE & CONSENT

1. All clients have the right to access information that The Helpline holds about them. Any person, other than a Helpline advocate must obtain consent from the client before obtaining access to the client's file.

2. Before any persons information is disclosed to, or obtained from, an individual or organisation, written or audio authority is to be obtained from the client. If verbal authority is obtained the Advocate is required to make clear notes about who the authority is for, the purpose and limitations of the authority, along with date and time the verbal authority was obtained.
3. Advocates should be aware that some individuals and organisations may have a conflict of interest with the client (please refer to [12.0 Conflict of Interest](#) policy). Sharing information with such individuals/organisations, regardless of a client's authority, may have a detrimental effect on a client's interests. Advocates should discuss, with the Program Manager the implications of sharing authorised information with individuals/organisations whose interests conflict with the client. Please refer to [5.1 Information Disclosure & Consent](#) policy.

5.2 ACCESS TO CONFIDENTIAL INFORMATION

Policy Statement

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

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

Accordingly, access to The Helpline's client documents and records will be limited to The Helpline staff and not be accessible to others within the organisation.

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

5.3 CLIENT RECORDS

Client records will be confidential to clients and to authorised Helpline staff members. Information about clients may only be made available to other parties with the consent of the client, or in the case of:

SUBPOENA (UNLESS LEGALLY PRIVILEGED INFORMATION)

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

de-identified information).

NECESSITY

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

- A decision to disclose information to seek help or protect the client will pay due regard to the client's capacity to make decisions.
- Any need to disclose client information based on necessity should be discussed with the Program Manager or Executive Officer.

LEGISLATION

The Helpline's disability advocates may be defined as "mandatory reporters" with stricter reporting requirements in some State and Territories to others. The Helpline believes on ethical grounds that it has an obligation to disclose relevant client information to the relevant child protection authority if that staff member has reasonable grounds to suspect that a child is at significant risk of harm.

NB. Any need to disclose client information based on mandatory reporting should be discussed with the Program Manager and Executive .

All client records will be kept securely in an electronically secure way, protected by password and multi factor authentication. The client records will be updated, archived and destroyed according to the organisation's Filing and Records Management policy.

REQUESTS FOR ACCESS – CLIENT RECORDS

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

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

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

Appeals

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

5.4 MAINTENANCE OF FILES

Documentation should contain objective information. Care should be taken with the choice of language used (please refer to [7.0 Valued Status](#) policy).

The CRM should contain copies of the originals of incoming documents and copies of any outgoing correspondence.

All incoming and outgoing correspondence must be dated.

5.5 FILES AND RECORD MANAGEMENT

Policy Statement

The Helpline's records will be filed and managed systematically so that:

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

Procedure

RECORDS MANAGEMENT

Advocates are responsible for the management of Client records which are kept on the CRM. Copies of all material (documents, emails etc.) relating to individual clients must be attached to the client's file in the CRM. Access is restricted to Helpline staff.

In line with The Helpline's privacy policy, the CEO, DCEO and Board of ALA do not have access to client files without specific permission from the client. The Helpline CRM is not accessible by any other ALA programs including the MNCLC, DLNSW or DANSW

RETENTION AND ARCHIVING

The archiving storage or disposal of Helpline client files is the responsibility of the Program Manager in consultation with the Manager Advocacy.

6 PARTICIPATION AND INTEGRATION

Policy Statement

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

Procedure

The Helpline will:

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

Where appropriate, The Helpline will:

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

6.0 SELF-ADVOCACY

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

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

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

7 VALUED STATUS

Policy Statement

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

Procedure

7.0 SUPPORTING PEOPLE WITH A DISABILITY TO ACHIEVE VALUED STATUS

The Helpline will:

- Support people with disability to obtain the same rights as others through the advocacy process (whether on a collective or individual basis).
- Encourage people with a disability to work and volunteer for The Helpline.
- Operate from an online environment which encourages participation of people with disability and their family members/ carers
- Ensure that online venues for meetings, conferences, workshops, etc. are accessible.
- Involve people with disability in the governance, planning or operations of The Helpline, where possible and appropriate.
- Work with the broader community to foster opportunities for people with disability to participate in ways which will be valued.
- Provide clients with real opportunities to maintain and develop skills and capacities which will support their aspirations and strengths (e.g., self-advocacy).
- Be responsive to the individual needs of people with disability wishing to develop and maintain valued roles in the community.
- Support each person with disability to have the opportunity to develop and maintain skills, capacities and lifestyles that are valued in the community.

7.1 PROMOTING VALUED STATUS IN THE COMMUNITY

The Helpline's community education/ awareness strategy will promote the abilities and competencies of people with disability. The Helpline recognises and promotes the inherent value of all people with disability and values the contributions and skills of people with disability and

their family members/carers.

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

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

8 THE HELPLINE - SERVICE PROVISION PROCEDURE

Policy Statement

The Helpline will ensure that the provision of advocacy service is fair, timely and accessible. The following policy will also consider The Disability Advocacy Support Helpline WHS responsibilities to its staff.

Procedure

8.0 REQUEST FOR ADVOCACY ASSISTANCE

CONTACT WITH DISABILITY GATEWAY

Person with a disability or carer/support person contacts *The Disability Gateway* seeking assistance for an advocacy issue.

WEBFORM REFERRAL FROM DISABILITY GATEWAY TO THE HELPLINE

Disability Gateway staff identify that a referral to The Helpline for short term advocacy support may be suitable. With the client's permission, Disability Gateway staff complete the referral via the online Webform.

The following consent scripts are used by the gateway staff to confirm consent prior to completing the referral

GATEWAY CONSENT SCRIPT: I'd like to provide your name, contact details and a short description of your issue to the Disability Advocacy Support Helpline (the Helpline). You can consent to me sharing as much or as little information as you would like. You do not need to use your real name if you don't want to. But if you choose not to share this information, it may impact the level of tailored support you are able to receive. Are you happy for me to share all of your information including information about the advocacy issue?

Disability Gateway staff also confirm who is making the referral and if the client or referrer give consent to share information with the Helpline?

8.1 GATHERING INFORMATION ABOUT THE ADVOCACY ISSUE

Within **2 business days** of receiving a referral by webform, an Advocate contacts the potential client or referrer to obtain further details about the advocacy issue, assist in clarifying the problem and determine what outcome the client is seeking.

8.2 INTAKE ASSESSMENT & ALLOCATION PROCESS

ADVOCACY ASSESSMENT PROCESS

If the matter is **eligible** for short term advocacy under the Helpline model, the Advocate will:

- Change ownership of the 'Case' on the CRM case management screen and file note relevant information about the advocacy issue
- Complete an initial risk assessment and record this on the CRM. Any issues/ concerns about risk should be raised with the Program Manager.

If the matter is not eligible for short term advocacy under the Helpline model, The advocate will discuss the case with the Program Manager. The advocate will then contact **ineligible** clients to advise that The Helpline is unable to assist and:

- provide the person with the reason (without breaching privacy policy)
- document the reason on CRM
- provide information and/or referral as appropriate
- provide self-advocacy advice as appropriate
- provide information about complaints and disputes (contained in Client Handbook) as appropriate
- Complete the Reason for Closure and Ineligibility Reason sections of the CRM

TAKING ON MORE THAN ONE ADVOCACY ISSUE FOR A CLIENT

If a client is experiencing multiple issues The Helpline will attempt to work on what the client sees as the most important issue at the time, provided it is reasonably achievable under a short-term advocacy model. Should other issue/s come up while an advocate is working with a client, the Client will be offered referral to another appropriate service if one is available or at the conclusion

of support referred to the Disability Gateway to have the matter assessed for a new referral to The Helpline.

ALLOCATION DECISIONS - WORKLOAD EXPECTATION

As a guide, the anticipated average time to complete a standard advocacy request under the Disability Advocacy Support Helpline model is 4.24 hours. It is anticipated that matters may progress at different stages which will be monitored by the Program Manager and matters allocated accordingly to ensure the Program is accessible, fair, and equitable to all Service Users.

Advocate workload expectation

It is anticipated that a FT advocate will have the capacity to deliver 5 advocacy sessions per week and complete intake for a further 5 new cases. Advocates will also respond to all 'matters' assigned within agreed time frames. Program Manager will work with advocates to review any 'matter' 'on hold'.

This is an estimation that will be monitored and adjusted as the pilot progresses to ensure that advocate workloads are manageable for the staff member and supports the provision of quality short term advocacy to clients.

The Helpline is a pilot program, and the service model will be adjusted as needed based on learnings from as the pilot progresses

Service Model Delivery

- For example:
 - *For 45% of cases, it is estimated matters may resolve in 1 session, inclusive of intake + 3 hours (1 hour prep/1 hour client time/ 1 hour post session work-summary-send resources etc.) (4 hours total including intake)*
 - *For another 45% of cases, we estimate resolution may necessitate 2 sessions (of around 5-6 hours total including intake)*
 - *For 10% of cases, there may be a need to provide up to 3 sessions of support (to a maximum of 7-8 hours total including intake).*

8.3 ADVOCACY ASSISTANCE

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

PREPARE TO PROVIDE ADVOCACY SUPPORT

- Review the web referral on the CRM. Review all available information.

INITIAL CLIENT CONTACT

Client contact

- Contact the client and:
 - provide contact details of advocate
 - Confirm if the client can be involved in the process
 - If the primary contact is not the client – confirm consent and where possible/appropriate seek to confirm consent from the client and engage them in the advocacy process.
 - seek any additional information about the advocacy as needed
 - discuss any specific communication needs
 - Discuss how advocacy support will best be provided going forward

Client Handbook

- Provide the client with a copy of the Client Handbook (in an appropriate format) and discuss the following information:
 - The role of an advocate
 - matters relating to the client’s right and responsibilities,
 - privacy and confidentiality
 - The Helpline’s reporting requirements
 - The Helpline complaints handling process, ensure the client understands the complaints options available to them and that there will be no adverse consequences if the client makes a complaint. (Please refer to [9.0 Complaints policy](#)).
- If there are any safety and risk concerns identified by the advocate after initial contact is made or throughout the provision of advocacy support, the advocate will advise the Program Manager.

Advocacy Agreement, Authority and Consent

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

- Discuss the advocacy issue with the client and explore possible options the client may have to achieve their desired outcome.
- An advocacy agreement is needed for matters that are progressing past intake (i.e. client will be receiving session support). Details of the advocacy support provided during intake stage can be noted in the case notes.

- Based on discussions with the client an **Advocacy Agreement** using The Helpline Advocacy Agreement Template and include the following information for matters expected to require more than one session or more:
 - Clearly describe the advocacy issue, desired outcome(s) identified by the client and the options chosen by the Client for progressing the matter by explaining the pros and cons of each.
 - Identify and agree upon actions to be taken by the client and actions to be taken by the advocate. Where possible:
 - Identify options for self-advocacy and include any actions in the ‘Client Actions’ section of the Advocacy Agreement.
 - identify expected timeframes, with consideration any critical due dates, to assist in managing client expectations and the advocate workload. Document these timeframes in the relevant section(s) of the Advocacy Agreement (under the client and/or advocate actions section).
- Review the completed advocacy agreement with the client. Advocacy agreements can be provided to the client to digitally sign (accept) or the advocate can discuss the advocacy agreement with the client over the phone and confirm agreement verbally. If verbal agreement reached, a copy of the advocacy agreement will be sent to the client with “verbal agreement” noted so they have a record of the agreement.
- Obtain any relevant **Authority(s)** using The Helpline Authority Template to speak to other people or agencies about the advocacy issue
 - Authorities should be generated in the CRM and if unable to obtain digital signature ensure that they are uploaded to the CRM in a clearly identifiable manner describing the subject(s) e.g., “Signed Authorities”.
- **Verbal consent** may be obtained to contact relevant parties using the approved Advocacy Telephone Scripts. This verbal consent should be recorded in a file note on CRM. Written or voice recorded authorities should be used where possible and when significant personal information needs to be shared (please refer to [5.0 Privacy and Confidentiality](#) policy).
- Where applicable, obtain copies of any relevant documentation needed to support the client with their advocacy issue and upload to CRM.

Outcomes Reporting

- Explain the Outcomes Reporting requirements to the client.
- Inform the Client that the Outcomes Reporting Tool (advocacy outcomes survey) will be completed with them at the conclusion of the Advocacy support.
- Further information about the Outcomes Reporting process and why information is being

collected can be provided upon request.

- Refer to the various resources located in the **Outcomes Reporting** folder and provide a copy of the **client info sheet** as needed.

Provide client with documentation

- Ensure client is provided with copies of all relevant service documentation created to support with their case including authorities and advocacy agreements

PROVISION OF ADVOCACY SUPPORT

- Provide advocacy support in accordance with the advocacy agreement specific to the short-term advocacy model.
- Work with other relevant agencies to achieve client's desired outcome while keeping client up to date with any progress.
- When a referral to another advocacy provider or support service is required. Helpline Advocates will work with the client and provider or service to facilitate a warm referral where possible. Upon confirmation that the client is eligible and accepted or waiting for service the advocacy matter will be closed. Helpline Advocates will ensure any referral process is communicated with the client.
- The advocate will ensure that clients participate in decision making during the advocacy process (please refer to [4.0 Decision Making and Choice policy](#)).
- Ensure file notes are recorded on CRM for all actions taken in relation to the provision of advocacy support, including (but not limited to):
 - Meeting notes
 - Phone calls
 - Emails
 - Letter / documentation preparation
 - Documentation review
 - Case discussions with colleagues
 - Research
- All documents must be saved in the client file in the CRM using a clearly identifiable subject naming convention.

- Report back to Program Manager as needed to consult on safety issues that may arise during the provision of advocacy support. If relevant, update the risk assessment on CRM.

CASE CLOSURE

- The provision of advocacy support may cease once the outcome of a client matter is reached (refer to Advocacy Agreement), or for other reasons outlined in [2.9 Exit Criteria](#) policy.
- Upon close the advocate will:
 - Advise client that the advocacy matter has been finalised and the case will be closed.
 - Complete outcomes reporting requirements (unless the client has indicated they do not want to complete the survey)
 - Complete the Pre & Post Survey
 - Send the online survey OR
 - Ask the pre and post questions directly and enter the survey responses in the “Score Assessment” section of CRM
 - Provide the feedback survey
 - Send the online feedback survey via the CRM
 - Send the survey via email or post and enter into the CRM once returned.
 - Ensure all client documents and file notes are completed
 - Ensure all mandatory data is completed in the CRM (the case and contact record)
 - Close file on CRM noting relevant the closure reason

8.4 CLIENT NOTES

Policy Statement

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

Procedure

This procedure should be read in conjunction with policy [5.0 Confidentiality and Privacy](#).

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

- When including email correspondence external of Salesforce in a file note, ensure that the details of the email correspondence are included and/or attach a copy of the email to the file note.

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

From: sender name <sender@da.org.au>

Date: Thursday, 24 June 2020 at 3:37 pm

To: advocate x

Subject: meeting

- be factual and objective - if relevant opinion is expressed it should be indicated that it is so;
- contain information about why and when a file is closed.

8.5 CLIENT RISK ASSESSMENT

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

The Helpline believes that clients with a disability present no more risks of harm than people without disability. However, the aim of this risk assessment and management procedure is to ensure staff wellbeing and safety whilst limiting the effect on clients.

- The advocate will make an initial Risk Assessment during intake and complete the Risk Assessment activity as appropriate on the client's CRM file.

- If there are any safety and risk concerns identified by the advocate, they will advise Program Manager and discuss how to best address these concerns. The advocate will update the Risk Assessment on CRM as needed.
- If there are any safety and risk concerns identified by the advocate after initial contact is made or throughout the provision of advocacy support, the advocate will advise the Program Manager and discuss how to best address these concerns. All discussions should be file noted and the Risk Assessment updated on the CRM as needed.

PREVENTING AND DEALING WITH VIOLENCE

Policy Statement

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

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

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

Violent acts include:

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

The Helpline recognises that violence can be experienced by a Person even if the people involved are not occupying the same physical space and it is the obligation of ALA to implement strategies for the health and safety of both Service Staff and its Users.

Procedure

Client Risk Assessment - Initial

- All clients of The Helpline are assessed for risk as part of the initial contact.
 - The risk assessment procedure is part of a risk management and assessment approach which aims to ensure staff and volunteers are safe whilst limiting the effect on clients. It is not a system to exclude clients from The Helpline.
- If there are any safety and risk concerns identified the advocate will:
 - advise Program Manager and discuss how to best address these concerns.

- check if the person is a previous client. If yes, review file history for any past safety/risk issues.
- make contact with the referrer (or self- referrer) to obtain further information as needed.
- update the Risk Assessment as needed in consultation with Program Manager.

Client Risk Assessment - Ongoing

- If there are any safety and risk concerns identified by the advocate after initial contact is made or throughout the provision of advocacy support, the advocate will advise the Program Manager and discuss how to best address these concerns. The advocate will update the Risk Assessment as needed. [Refer to Appendix D “Dealing with Workplace Violence”](#)
 - Program Manager and Advocates will discuss and analyse any signals of risks (e.g., threatening behaviour, issues of violence involved in the matter, knowledge of history of violence, self-harm etc.).
 - Program Manager in consultation with the Advocate must develop a strategy on how to deal with the risk (e.g., ensuring telephone calls take place during an agreed safe period of the day where the Person may be less heightened in their communications).
 - It is important to develop an approach that best suits each situation and offers staff member’s safety while limiting the impact on the client.

DEALING WITH A SUICIDAL CLIENT

Policy Statement

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

Procedure

- It is not the responsibility of staff members to assess the client's mental state/intentions.
- If staff members feel that there is significant risk of imminent harm, they must inform the relevant State or Territory Mental Health Services.

State and Territories Mental Health crisis numbers (24/7)

- Australian Capital Territory: Crisis Assessment and Treatment Team (CATT) 1800 629 354 or 02 6205 1065
- New South Wales: Mental Health Access Line 1800 011 511

- Northern Territory: 1800 682 288
 - Queensland: 1300 MH CALL (Mental Health Access Line) 1300 642 255
 - South Australia: Mental Health Triage Service 13 14 65
 - Tasmania: Mental Health Services Helpline 1300 332 388
 - Victoria: Suicide Line 1300 651 251 or ring nearest hospital for closest crisis team
 - Western Australia: Mental Health Emergency Response Lines
 - Metro residents (local call) – 1300 555 788
 - Peel residents (free call) – 1800 676 822
-
- The relevant Mental Health Service will assess and send the appropriate professionals to assist the client.
 - Wherever possible the client is to be informed of this action.
 - Any referral to a State or Territory Mental Health Service must be reported (discussed) with Program Manager.
 - If there is any risk of violence/verbal aggression the advocate is to observe risk management procedures and notify the Program Manager immediately.
 - Breach of confidentiality, whilst very important, is overruled when there is risk of significant harm (see privacy and confidentiality policy and procedure).

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

8.6 CASE REVIEW PROCEDURE

Policy statement

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

Procedure

- The Program Manager is responsible for scheduling regular case review meetings with their staff.
- The frequency of case reviews is dependent on the needs of the individual staff member. For example, new staff will have more frequent case reviews than experienced staff. The Program Manager will determine the most appropriate case review schedule in consultation with the staff member. As a guide, case reviews should be held:
 - every 4-6 weeks for Advocates and;
 - every 6-8 weeks for Senior Advocates
- During each case review meeting between the supervisor and staff member, the

supervisor will review the number of completed matters for the period, any issues that have arisen/of note and any open matters.

- The Program Manager and Advocate will take minutes of the review for the purposes of documenting successes from the period, learnings and follow up actions for future reviews.

8.7 STAFF AND TEAM MEETINGS

Policy Statement

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

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

Staff meetings will provide an opportunity for staff to:

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

Procedure

- Staff meetings will consist of:
 - A Team meeting of The Helpline staff at least every month
 - A Leadership meeting every month (Manager Advocacy, Program Manager)
 - A face-to-face meeting/conference for all ALA staff once per year
 - A face-to-face meeting/conference of all Helpline and DANSW staff once per year
 - Any other meetings deemed necessary by staff to assist coordination and cooperation of The Helpline.
- The Manager Advocacy will be responsible for coordinating and convening the monthly leadership meetings and any “all Helpline - DANSW” / “all ALA” staff meetings
- The Program Manager will be responsible for coordinating and convening The Helpline team meetings.
- The leader responsible for the meeting (Manager Advocacy, Program Manager) will ensure an agenda is prepared for each meeting and is distributed to relevant staff members prior

to the meeting.

- Minutes of the meeting will be taken by a nominated staff member who will distribute the minutes and any relevant action plans to all relevant staff after the meeting.

9 COMPLAINTS

Policy Statement

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

Procedure

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

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

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

Quick resolution of complaints will be a priority. The Helpline will endeavour to resolve or decide about a complaint within 30 days. Following a decision about a complaint, the client has the right to appeal the decision to an external independent body (e.g., Complaints Resolution and Referral Service).

When processing the complaint, the Advocate and Program Manager should document the process in the following way:

CRM

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

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

9.0 DEALING FAIRLY WITH DIFFICULT CLIENTS AND COMPLAINANTS

Policy Statement

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

Procedure

The Helpline adopts the following procedures:

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

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

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

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

9.1 COMPLAINTS MANAGEMENT

Policy Statement

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

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

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

Principles

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

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

9.2 STEPS TO COMPLAINTS RESOLUTION

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

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

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

COMPLAINTS AND APPEALS MANAGEMENT PROCEDURE

Procedure

1. A complainant can involve a friend, family member, carer or someone they trust throughout the complaints process.
2. In the first instance, a complainant can try to address their complaint with the person they have a problem with (unless it is a serious complaint, e.g., involving sexual abuse, in which case the person should skip this step).
3. If the complainant is unhappy with the outcome or is not comfortable speaking to the person, they have a problem with, the complainant can ask to speak to that person's direct supervisor. That is:

- if complaint is about advocate, it should be directed to that advocate’s Program Manager
 - if the complaint is about the Program Manager or about how the Program Manager has handled a complaint, the complainant can speak to the Manager Advocacy.
 - if the complaint is about the Manager Advocacy has handled the complaint, the complainant can ask to have their complaint escalated to the CEO.

- 4. If the complainant would like their complaint escalated to the CEO, the Manager Advocacy will explain the information barrier, which is in place to stop Advocacy Law Alliance, DANSW, DLNSW, The Helpline and the Mid North Coast Community Legal Centre from knowing a client’s confidential information. The complainant must be given an opportunity to decide whether they consent to their personal information being shared across the “Information Barrier”.

If the client consents to this, the client must sign an [Information Barrier Authority](#) agreeing to provide confidential information to part of the organisation that would not normally have access to it and the complaint can then be passed onto the CEO.

The client’s name should then be recorded in the MNCLC Client Management System for future conflict checking purposes, as the Board and hence their staff i.e., the Principal Solicitor will be deemed to know that information under the law of agency, which provides all staff are the agents of the Board and what the Board knows all their agents are deemed to know. If the complaint involves the CEO, then the Chairperson of the Board can be involved.

- 5. During the complaints process, the complaint handler will:
 - notify the person about whom the complaint is being made and its nature.
 - investigate the complaint and provide the staff member with an opportunity to respond to any issues raised.
 - attempt to mediate the dispute (if appropriate) and /or attempt to resolve the matter to the satisfaction of the outside party.

- 6. It is important to note that the complainant does not have to follow all the above steps in the complaints process and can in fact complain to an external body at any point in time during the above-mentioned complaints procedure. The relevant external bodies for example:
 - the Complaints Resolution & Referral Service (CRRS) (1800 880 052)

COMPLAINTS INVOLVING A DIFFERENT ALA PROGRAM (THE HELPLINE, DANSW, DLNSW AND MNCLC)

If The Helpline receives a complaint that involves another division of ALA, such as the CLC or if the CLC receives a complaint about The Helpline, the complaint should go to the Manager Advocacy

and Principal Solicitor jointly after informing the person of the information barrier and getting them to sign an authority to share information across The Helpline.

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

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

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

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

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

9.3 GENERAL

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

10 SERVICE MANAGEMENT

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

Policy Statement:

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

Procedure

The Helpline seeks to meet the above policy by the following actions:

10.0 INPUT INTO THE QUALITY ASSURANCE AND PLANNING PROCESS

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

10.1 QUALITY ASSURANCE – LINKING IMPROVEMENTS TO PLANNING AND ACTIONS

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

10.2 STRATEGIC & BUSINESS PLANNING

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

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

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

An annual business plan for The Helpline will be developed by the Program Manager in consultation with the Manager Advocacy CEO, the Board, staff, members of ALA, clients & community representatives, and other stakeholders, which links to the ALA strategic plan.

11 PROTECTION OF HUMAN RIGHTS AND FREEDOM FROM ABUSE

Policy Statement

The Helpline will act to prevent abuse and neglect and to uphold the legal and human rights of each person with a disability. The Helpline will uphold the United Nations Convention on the Rights of People with Disabilities (CRPD).

Procedure

11.0 PERSONNEL REQUIREMENTS

All personnel will:

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

The Helpline will:

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

11.1 OUTREACH TO VULNERABLE PEOPLE WITH DISABILITY

The Helpline will:

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

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

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

11.2 WORKING WITH VULNERABLE PERSONS

Policy Statement

The Helpline has contractual and risk management obligations in relation to vulnerable people who The Helpline works with. The Helpline is committed to ensuring the people it works with are kept safe and undertakes police checks and working with children checks on staff and volunteers

as required by contract or legislation.

See also 'Schedule 1 - Working with Vulnerable Persons Procedure' which forms part of the employee conditions of employment and volunteer work agreements, found in the Advocacy Law Alliance Policy Manual.

Procedure

11.3 REPORTING ABUSE AND NEGLECT – ETHICAL AND POLICY CONSIDERATIONS

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

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

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

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

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

The final responsibility for dealing with or reporting abuse and neglect will be with the Program Manager, in consultation with the Manager Advocacy. Consideration of various state/territory Commissions responsible for investigating (private) situations of abuse/neglect (e.g. Ageing & Disability Commission for NSW) will be important.

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

12 INDEPENDENCE AND CONFLICT OF INTEREST

Policy Statement

The Disability Advocacy Support Helpline and Disability Advocacy NSW are both social advocacy programs delivered by Advocacy Law Alliance. To manage any perceived conflict of interests: both programs will be managed and operated independently. This includes separate management structures, customer relationship management systems, practise manual and

client handbook. Client related referrals made from the Helpline to Disability Advocacy NSW will be in accordance with Disability Advocacy NSW's practice manual and referral processes applicable to all other services.

The Disability Advocacy Support Helpline will maintain a high level of independence. The Helpline will strive to minimise conflict of interest wherever it may affect, or be seen to affect, the advocate—client relationship.

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

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

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

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

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

12.0 CONFLICTS OF INTEREST

As noted elsewhere The Helpline client information will be stored separately to other programs of Advocacy Law Alliance and therefore not accessible to other ALA programs. While the different programs working together may be advantageous to the client for time to time, sharing information with other ALA programs will only occur with the express permission of the client. This will be the same as the referral process to external groups who may be able to further assist the client (e.g., National Disability Advocacy Program – NDAP organisations, Community Legal Centres, Tenants' Advocacy Services.)

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

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

This will include situations in which:

- close personal friends or family members are involved, such as decisions about employment, discipline or dismissal, service allocation or awarding of contracts.
- an individual or their close friends or family members may make a financial gain or gain some other form of advantage.

- an individual is involved with another organisation or offers services that are in a competitive relationship with our organisation and therefore may have access to commercially sensitive information, plans or financial information.
- an individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a particular position on an issue.

12.1 REGISTER OF KNOWN CONFLICTS OF INTEREST

Procedure

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

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

The register will be monitored by the CEO in ALA's HR system. All potential and actual conflicts will be recorded in the register showing:

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

12.2 IDENTIFICATION AND DECLARATION OF CONFLICTS OF INTEREST

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

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

12.3 MANAGEMENT OF CONFLICTS OF INTEREST

Where a conflict of interest is declared or identified:

FOR STAFF MEMBERS

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

Where the conflict concerns a group process, the assessment may not be conducted by the group convener, or the staff team concerned.

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

- contribute to the discussion but abstain from voting or taking part in a decision on the matter.
- observe but not take part in the discussion or decision making.
- leave the meeting during discussion and decision on the matter.

STAFF INVOLVEMENT IN EXTERNAL ACTIVITIES

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

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

CONTRACTORS

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

BOARD MEMBERS

To be as independent as possible The Helpline will require:

1. Board members serve as individual members and not as representatives of other organisations (e.g., direct disability service providers).
2. If individual Board members, staff members or volunteers are aware of associations or situations that may potentially cause a conflict of interest they must declare this interest and remove themselves from the decision making or advocacy process.

3. Individual advocacy matters are not taken to the Board, nor are they discussed with individual board members unless written specific consent is given.
4. People with a disability and carers are strongly encouraged to be Board members. If a Board member is also a client of The Helpline and they are involved in a complex personal advocacy matter (i.e., a high level of conflict) the board member may stand down or resign from the board if there is a possible conflict of interest. The board member should discuss any such concerns with the board or to the Chairperson before making this decision.

Practice example:

A board member with a disability is a manager of a local business. A client comes to The Helpline with a disability discrimination complaint against this business. The advocate who initially handles the complaint discusses this conflict of interest with their Program Manager. Following this discussion, the advocate lets the client know about the potential for conflict of interest. The Helpline helps the client locate an alternative advocate (e.g., a worker another advocacy service or an independent community legal centre).

12.4 CONFLICT OF INTEREST – CLIENTS

CLIENT-ADVOCATE CONFLICT OF INTEREST

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

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

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

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

To deal with this issue:

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

Practice example:

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

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

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

Practice Example:

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

CLIENT-CLIENT CONFLICT OF INTEREST

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

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

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

If there is a match/hit in the Helpline CRM, the Program Manager must be consulted. The Program Manager will then consider whether the client should be refused assistance based on the conflict. If the client is refused service, the Program Managers decision and brief reasons must be recorded in the client's file on CRM.

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

To deal with this issue:

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

Practice examples:

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

CONFLICT OF INTERSET – PERSON WITH A DISABILITY - CARERS

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

Practice Example:

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

CONFLICT OF INTEREST – SPECIAL ADVOCATES

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

Practice example:

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

CLIENT- ADVOCATE CONFLICT OF INTEREST

(Pre-existing Relationships/Connections with Potential Clients)

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

A conflict of interest can occur where an advocate is acting for a client with whom they have a pre-existing personal relationship (such as a co-worker or volunteer, family member, friend or a close family member of a co-worker, volunteer, or friend). In these circumstances, the advocate's

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

Given the potential risks of this situation, but also considering the needs of the person requiring advocacy assistance, the Helplines responsibility is to work with the person to find an alternative advocate or support person for the person requesting advocacy in this situation.

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

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

12.5 SEXUAL RELATIONSHIPS WITH CLIENTS

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

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

12.6 GIFTS AND OTHER BENEFITS FROM CLIENTS

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

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

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

13 SYSTEMIC ADVOCACY

Policy Statement

The Helpline is funded to deliver individual short-term advocacy only. However, it may upon the identification of a significant systemic issue, use de-identified data to assist agencies who carry out systemic advocacy identify the issues impacting the wider disability community.

Examples of what research and systemic advocacy may include, but are not limited to:

- Conducting research into areas of inequity or injustice in the application of law or policy.
- Advocating on behalf of representatives or groups of people with a disability experiencing disadvantage or injustice.
- Providing comments and recommendations on draft legislation, policies, procedures or other regulatory instruments.
- Preparing formal submissions and responses to inquiries and reviews established by Government or other organisations.
- Making direct representation or lobbying Government, regulators, politicians and/or other organisations for improvements policies, law, or its administration.
- Reporting systemic issues to Government, regulators and/or other organisations, and identifying areas for change.
- Raising awareness of relevant issues and promoting possible solutions.
- Conducting and/or lobbying for resources for policy research.
- Monitoring overseas approaches and developments.
- Conducting or participating in public campaigns to highlight an issue and/or generate support for change.

13.0 ETHICS AND PRIVACY OF SYSTEMIC DATA

Any de-identified data shared with Systemic Advocacy Organisations will be done so in accordance with the organisation's Privacy Policy and with ethical procedures. People being invited to participate in a research project must be:

No information about individuals, images, case studies or other descriptive material that may lead to an individual being identified may be used in any form without the permission of that person.

14 APPENDIX B: DEALING WITH A SUICIDAL CLIENT

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

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

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

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

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

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

If a plan to end their life has been made:

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

Factors that increase the risk of suicide include:

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

Where to call for help:

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

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

Understanding complainant behaviour

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

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

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

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

Complaints found to be made maliciously

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

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

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

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

Complaints found to be made vexatiously

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

The agency is generally justified in dismissing the complaint because it has no substance. The

complainant should be advised that no evidence was found to support the allegations.

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

Persistent complainants

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

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

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

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

Restricting access to services

When deciding if it is appropriate to limit the access rights of members of the public to The Helplines Services they provide, it is important for agencies to understand that:

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

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

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

- being consistently rude or abusive or making threats to staff or third parties using the

services of, or in the premises of, the agency

- causing damage to the property of the agency or threatening physical harm to staff or other third parties
- being physically violent or producing weapons.

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

Limiting responses to future complaints

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

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

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

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

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

16 APPENDIX D: DEALING WITH WORKPLACE VIOLENCE

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

Recognising the Signs

The potential for violence is usually signalled by verbal and non-verbal cues. Verbal cues that may be experienced in a remote advocacy service setting include:

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

Verbal Threats

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

Staff who are being verbally attacked should:

- Assess the emotional/mental state of the client - i.e., frustrated, disturbed, under the influence of drugs or alcohol.
- Try to accommodate their needs. They may simply be frustrated by being kept waiting or being given conflicting advice.
- Use assertive, non-aggressive language.
- Assess the potential for the situation for the violence to escalate.
- Seek the support of another staff member using the technical mechanisms available in a remote working environment (e.g., Microsoft Teams).

Phone threat Procedure

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

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

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

Client Threats against Staff

If a staff member is threatened by a client, the staff member should complete an incident report

and attach a copy to the file and forward one to their supervisor and the Manager Advocacy.

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

The Manager Advocacy will investigate the incident and develop an action plan in conjunction with the staff member involved. (For example, involve the police in serious incidents, exit the client from The Helpline, in line with existing exit policy, implement a safety procedure where the Staff Members working location is secure, modify the assistance available to the client over the phone etc.). Normally, the Manager Advocacy will write to the client, explaining reasons for any decisions.

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

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

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

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

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