



Disability Advocacy  
Support Helpline



Disability  
Gateway

# Practice Manual

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



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## 1 DEFINITION OF KEY TERMS

TERM	DEFINITION
Advocate	A staff member of the Helpline team supporting a person with disability who has been treated unfairly. <i>(Definition also applicable to Senior Advocate)</i>
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.
Board	Board of management of ALA
CEO	Chief Executive Officer
Client	A person with a disability who is being advised and/or assisted by a Helpline advocate. <i>A carer or family member may be assisting the person with disability to engage with The Helpline however the person with disability is always regarded as the client.</i>
DANSW	Disability Advocacy NSW
Disability	A broad definition of ‘disability’ is utilised by DANSW, as suggested by the Disability Discrimination Act 1992, namely; “(a ) total or partial loss of a person’s bodily or mental functions; or ( b ) total or partial loss of a part of the body; or ( c ) the presence in the body of organisms causing disease or illness; or ( d ) the presence in the body of organisms capable of causing disease or illness; or ( e ) the malfunction, malformation, or disfigurement of a part of the person’s body; or ( f ) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or ( g ) a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions, or judgment or that results in disturbed behaviour; and includes a disability that: ( h ) presently exists; or ( i ) previously existed but no longer exists; or ( j ) may exist in the future; or ( k ) is imputed to a person.”
DCEO	Deputy Chief Executive Officer
DLNSW	Disability Law NSW
EO	Executive Officer
MA	Manager Advocacy
MNCLC	Mid North Coast Legal Centre
MSO	Management Support Officer
PM	Program Manager
SF	Salesforce – Client Records Management System
TC	Team Coordinator
The Helpline	The Disability Advocacy Support Helpline or “The Helpline”



# Section 1

## Advocacy Foundations



## 2 ADVOCACY FOUNDATIONS

### 2.1 AIMS & STRATEGIES

Through the provision of individual advocacy we will support people with disability to raise their voice and pursue their rights, creating individual and social change so that people with disability are better supported and included, leading to our ultimate goal:

**A more fair, equitable and inclusive society where people with disability are respected, valued and included.**

The Helpline will use the strategies below to meet its aims.

#### 2.1.1 INDIVIDUAL ADVOCACY

Individual advocacy is when a professional advocate supports a person one-to-one with a particular problem or issue of unfairness or discrimination that they have been unable to solve on their own. An individual advocate must be independent, only be on the side of the person with disability, and only represent their interests.

Self-advocacy may be appropriate if some guidance, information, and resources can provide the person with the knowledge and confidence to take steps to progress their issue independently or with assistance from their support network. Self-advocacy will potentially provide a client with skills to deal with issues they may face in the future.

The Helpline offers different levels of individual advocacy

##### 2.1.1.1 ADVOCACY INFORMATION, ADVICE AND REFERRAL

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.

This level of advocacy includes the provision of self-advocacy support and resources to provide the person with the knowledge and confidence to take steps to progress their issue independently or with assistance from their support network.

##### 2.1.1.2 SHORT TERM TELEPHONE BASED ADVOCACY SUPPORT

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.

#### 2.1.2 INDIVIDUAL ADVOCACY ROLE BOUNDARIES

##### 2.1.2.1 ADVOCACY & CASE MANAGEMENT

There is often confusion between individual advocacy support and case management support. The confusion often arises because an Individual Advocate and Case Manager will both advocate with or on behalf of the person they are supporting.

There may be some crossover between the two roles however the role and function of an

Individual Advocate is markedly different role and function of a Case Manager. The key points of difference are outlined below.

INDIVIDUAL ADVOCACY	CASE MANAGEMENT
An Individual Advocate is a professional person who works with and on behalf of a person with disability to help them know their rights, make informed decisions, and speak out to defend their rights and interests.	A Case Manager is an individual who works with and on behalf of a person with disability to facilitate access to appropriate support programs and coordinate service delivery.
An Individual Advocate must be independent, only be on the side of the person with disability, and only represent their interests.	A Case Manager is often part of an organisation that also provides services e.g., disability support services, health services etc. which limits their independence.
An Individual Advocate is typically engaged to assist when there is an instance of unfair treatment or abuse the person has not been able to solve on their own. Advocacy will typically focus on one issue at a time.	A Case Manager typically has an ongoing professional relationship with the person and works across multiple areas of the person's life.

#### Referrals support to access case management

For the Helpline to remain as accessible as possible, it is important that advocacy support does not become case management support. If a person the Helpline is assisting requires case management support, with consent, the Helpline may be able to assist with a referral to a case management service (or similar).

#### Advocacy issues related to accessing/engaging with case management

If the advocacy issue relates to a person experiencing unfair treatment when accessing or engaging with case management support (e.g., denied funding to access this support), The Helpline may be able to provide advocacy assistance. Requests for advocacy will be assessed through our standard intake and assessment process.

#### 2.1.2.2 INDIVIDUAL ADVOCACY & LEGAL ADVICE

Individual advocates play an important role in safeguarding the rights and interests of people with disability through provision of individual advocacy.

The Helpline advocates sometimes provide legal information but do NOT provide legal advice as part of their individual advocacy role.

#### Legal Advice vs Legal Information

LEGAL ADVICE	LEGAL INFORMATION
Applying the law to a specific situation	General information about the law and legal processes

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Provided by qualified lawyers

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Interpreting and explaining how the law applies to a specific situation

*e.g., “based on your circumstances and the law ..... you should do.....”*

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Representing someone in court or acting on a client’s behalf in relation to a legal problem

Guiding a person what to say or what action to take in relation to a legal problem

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Giving an opinion on any part of a person’s legal problem including whether the legal problem/case has merit.

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Provided by different people including community workers, advocates etc.

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Showing people how to find certain laws, reading out what the law says.

*e.g. “This is a law about .... And this is what it says....”*

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Explaining legal processes and procedures and common words and phrases

*“At an AAT final hearing, the first thing to happen is usually..... ”*

*“if a case is adjourned this means that .....”*

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Referring people to resources and services to obtain legal advice.

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People are notified of this role boundary in several 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
- In the Client Handbook provided as part of every intake conversation
- In the process of creating an Advocacy Agreement
- Throughout the advocacy process as required

### Support to access legal advice

DANSW advocates can work with the person to access legal advice in relation to their advocacy issue from a qualified legal practitioner. For example:

- Legal aid NSW
- Local Community Legal Centre (CLC)

If a legal problem is identified that does not relate to the advocacy issue, The Helpline is supporting the person with, the advocate may be able to provide referral information.

## 2.2 GUIDING PRINCIPLES: A HUMAN RIGHTS BASED APPROACH

The following section outlines the key human rights based principles and frameworks that The Helpline draws on to guide our advocacy practice and provide a robust foundation for the policies and procedures in this document.

Our approach is informed by key legislative instruments and frameworks that safeguard the rights of people with disability in Australia and recognise the important role advocacy plays in safeguarding these rights and addressing barriers to inclusion and participation in the community.

- United Nations Convention on the Rights of Persons with Disabilities (CRPD)
- Disability Discrimination Act 1992
- Australia's Disability Strategy 2021-2031
- National Disability Advocacy Framework 2023-2025
- Disability inclusion Act 2014
- National Disability Service Standards
- National Agreement on Closing the Gap
- NDIS Quality and Safeguarding Framework
- Human Rights Charters and disability laws and frameworks for each State and Territory

The Human Rights principles originating in the CRPD and embodied in the other instruments include:

- respect for the inherent dignity, independence of persons and individual autonomy, including the freedom to make one's own choices
- non-discrimination
- full and effective participation and inclusion in society
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- equality of opportunity
- accessibility
- equality between men and women
- respect for the evolving capacities of children with disability and respect for the right of children with disability to preserve their identities
- active partnerships between services and people with disability, and where appropriate, their families, friends, carers and/or advocates.

The United Nations [video resource](#) outlines the rights contained in the CRPD

### 2.2.1 THE NATIONAL STANDARDS FOR DISABILITY SERVICES

The [National Standards for Disability Services](#) is an instrument that draws on the CRPD human rights principles and focuses on rights and outcomes for people with disability in relation to service access and quality.

As a disability service, The Helpline must operate and deliver individual advocacy services in accordance with the standards. The Helpline will be held accountable to these standards.

**There are six National Standards:**

1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
2. **Participation and Inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in the community.
3. **Individual Outcomes:** Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.
4. **Feedback and Complaints:** Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
5. **Service Access:** The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
6. **Service Management:** The service has effective and accountable service management and leadership to maximise outcomes for individuals.

The following statements describe how the standards apply to people accessing The Helpline:



### 1. RIGHTS

- I am treated fairly and respectfully when accessing services
- I am given choices about how to access advocacy services
- I am supported to know and exercise my rights



### 2. PARTICIPATION AND INCLUSION

- I am supported to follow my interests and pursue my goals
- I am supported to take part in the community and feel included



### 3. INDIVIDUAL OUTCOMES

- I am supported to make my own decisions
- I am supported to achieve my goals and outcomes in a manner that maximises my strengths, skills and abilities



### 4. FEEDBACK AND COMPLAINTS

- I know I can provide feedback and suggestions for improvement and the service values my input
- I know that if I make a complaint then this will not impact my access to support
- I understand where to go to for independent support if I need help to provide feedback/make a complaint



### 5. SERVICE ACCESS

- I know what services are available to me and that access to services is managed in a fair and transparent way.
- I am supported with other options if The Helpline can't assist me.



### 6. SERVICE MANAGEMENT

- I know the service is managed effectively and efficiently because they have been able to provide me with support that meets my needs and strengths.

## **2.2.2 PERSON CENTERED PRACTICE**

### **2.2.2.1 POLICY STATEMENT**

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

To achieve this, The Helpline adopts a person-centred practice approach where the person with disability will shape and direct the advocacy support around their preferences and choices and their strengths, abilities, and skills.

### **2.2.2.2 GUIDELINES**

The Helpline utilises an Advocacy Agreement tool to plan the advocacy intervention. This agreement reflects a shared commitment to action that will uphold the persons rights in relation to the advocacy issue and the service they receive from The Helpline.

The Advocacy Agreement is developed with the person. It will reflect the persons choices and capacity. To support active participation and skill building, the agreement will clearly set out agreed actions the person will take and agreed actions the advocate will take to progress the advocacy issue.

Advocacy actions taken on behalf of the person will be completed where possible with the person present/involved. If this is not possible, the advocate will ensure they have informed consent from the person to take the action(s) on their behalf.

## **2.2.3 TRAUMA INFORMED PRACTICE**

### **2.2.3.1 POLICY STATEMENT**

The Helpline will ensure the provision of high quality trauma informed advocacy practice by integrating knowledge about trauma and risks of re-traumatisation into policies, procedures, and practices.

### **2.2.3.2 GUIDELINES**

Individual advocacy practice will be based on the guidelines set out in the Blue Knot Foundation publication [“Disability Guidelines for Trauma Informed Practice”](#) (Kezelman, C.A. and Dombrowski, J.K. 2001).

The Helpline will:

1. Provide person-centred, reflective, and culturally sensitive practice
2. Build professional relationships with people accessing the service based on trust and respectful boundaries
3. Identify and work to the person’s strengths and seek opportunities to build on these strengths throughout the advocacy process
4. Support and enhance the person’s right to make decisions that affect their lives.
5. Recognise complex behaviours and support needs from a trauma informed perspective and, through this lens, support the person to engage in the advocacy process effectively and safely.

## 2.2.4 SELF DETERMINATION

### 2.2.4.1 POLICY STATEMENT

Self-determination is an important concept centred around decision making and the fundamental human right that a person has to make their own decisions.

- All **adults** have an equal right to make decisions that affect their lives and have their decisions respected. This includes the dignity of risk, which is the right to choose to take some risks in their life.
- All **children and young people with disability** have an equal right to participate, to the extent they are able, in decisions that impact on their lives.

The Helpline will ensure the Advocacy support we provide promotes the person's right to self-determination. This approach will enable people with disability to actively participate in decisions and processes, which advance their rights, wellbeing, and interests.

### 2.2.4.2 GUIDELINES

The Helpline will:

1. Ensure that the advocacy process is directed by the will, preferences, and rights of the person with disability
2. Ensure that person with disability is provided with support to make decisions throughout the advocacy process (see guidelines for supported decision making)
3. Ensure that the voice of the person with disability is understood and heard throughout the advocacy process.
4. Focused on identifying and working to the person's strengths, abilities, and skills so their involvement in the advocacy process and decision making is maximised.
5. Support the client to build their capacity to make decisions and self-advocate throughout the advocacy process.

#### Youth (under 18 years)

The Helpline recognises that laws around decision making that impacts young people with a disability (i.e., under the age of 18) are not automatically referred to parents or guardians. Young people with disability should be supported to participate where possible in making decisions about the advocacy issue that is affecting their life.

Throughout the advocacy process, The Helpline will seek the views of the young person where possible. This is particularly important when it comes to older youth aged 14-18 as common law says that the older the young person is, the greater the input they should have into decision making should they have the mental capacity to do so.

The Helpline refers to the Gillick Test definition of competency which states that a young person has the capacity to consent if he/she has "sufficient understanding and intelligence to enable [him/her] to understand fully what is proposed"

### 2.2.4.3 SUPPORTED DECISION MAKING

The Helpline will ensure people with disability receive support, information, and resources to make informed decisions throughout the advocacy process. This includes:

1. Decisions about accessing The Helpline services
2. Decisions about their advocacy issue.

#### 2.2.4.3.1 SUPPORTED DECISION MAKING GUIDELINES

When providing decision support The Helpline will:

- Respect the person's rights including their right to make their own decisions
- Take steps to know and understand the persons will, preferences and goals
- Understand and implement the communication needs of the person
- Spend time with the person to ensure the relevant facts and options are understood and weigh up the risks and benefits of different decisions.
- Ensure that the person is listened to by the service and others when communicating their decision(s).
- Be alert to conflict of interest issues and know how to address them.
- Recognise that decision making is a process that requires practice and over time people can learn and build confidence and skills from decision-making experience.

Decision support will be individually tailored around the persons needs and the decision that needs to be made however the process may include:

- Helping them to understand that a decision needs to be made
- Explaining what the decision is about and how their life may be affected
- Providing information about why a decision needs to be made
- Exploring available options and potential outcomes of the decision
- Weighing up any risks and benefits of different decisions
- If there are risks, exploring strategies and supports to minimise the risks
- Ensuring the person is listened to when communicating their decision

#### **Support to make decisions about accessing The Helpline advocacy services**

The Helpline will apply the above guidelines to ensure the person is able to make informed decisions when accessing the Helpline **advocacy support**.

Decision support will be tailored to the individual needs of the person, but the following are examples of actions The Helpline may take to support the person to make informed decisions:

- Confirm the person's communication needs and preferences at intake and ensure the service and relevant others meets these needs throughout the advocacy process. This may require use of alternative communication methods and/or interpreting services.
- Ensure we have informed consent to process their referral by explaining what advocacy services The Helpline provides and that this is the support they are seeking.
- Explain how their personal information will be stored and used and seek consent to store this information.
- Provide the person with the Client Handbook in an appropriate format and discuss the

contents of the handbook with the client to ensure understanding about the service, service boundaries and their rights and responsibilities. Provide an opportunity for questions and clarification.

- Inform the person about their rights in relation to privacy and confidentiality, including the steps that the Helpline must take to obtain their consent to share information with others as part of the advocacy process (e.g. Advocacy Authority)
- Help the person decide if there are any informal or formal supports (with no conflict of interest) who might be able to assist them during the advocacy process (e.g., support worker, carer, family member, friend)
- Inform the person about advocacy services The Helpline can offer for their advocacy issue and what is involved in each available option.

### **Support to make decisions about the advocacy issue**

The Helpline will apply the supported decision making guidelines above to ensure the person is able to make informed decisions about the **advocacy issue**.

Decision support will be tailored to the individual needs of the client, but the following are examples of steps The Helpline may take to support the person to make informed decisions:

- **Explore the issue:** The advocate will gather information through conversation with the person, relevant others and research to ensure they have a sound understanding of the advocacy issue, the decision(s) that need to be made, and the persons will, preferences and goals in relation to the advocacy issue.
- **Explore Options:** The advocate will assist the person to make a decision about progressing the advocacy issue by exploring the decision(s), options and consequences with the person. If required, this will include consideration of options to safeguard and manage any risks involved in the decision(s).
- **Documenting the decision:** An Advocacy Agreement is developed with the person to document the decision(s) made. It will reflect the persons choices to progress their issue and their strengths, abilities, and skills.
  - To support active participation and build self-advocacy skills, the agreement will clearly set out agreed actions the person will take and agreed actions the advocate will take to progress the advocacy issue.
  - It will clearly set out the boundaries of the support including when the advocacy agreement will end.
  - Advocates will not commence support until the person (or authorised decision maker) has approved the agreement. Preferably this will be done by signature or voice recorded consent.
- **Advocacy Process:** The advocate will work alongside the person throughout the advocacy process to complete the agreed actions set out in the Advocacy Agreement. Advocacy actions taken on behalf of the person will be completed where possible with the person present/involved. If this is not possible, the advocate will ensure they have informed consent from the person to take the action(s) on their behalf.
- **Supporting decisions:** The person will be supported to make decisions as their advocacy issue progresses in accordance with supported decision making guidelines above.

**External Supported decision making resources:**

[ADACAS - Support my decisions toolkit \(Support-my-decision.org.au\)](https://support-my-decision.org.au)

[ADA Law - Decision Making \(adalaw.com.au\)](https://adalaw.com.au)

#### 2.2.4.4 LIMITING A PERSON'S RIGHT TO SELF-DETERMINATION

**Capacity in question:** If the situation arises that the person's decision-making capacity is in question, we may need to consider whether the person has capacity to make informed decisions and direct the advocate throughout the advocacy process. This is an important consideration since an incorrect assessment can result in the denial of the fundamental human right to self-determination.

**Risk of Harm:** The Helpline will not be able to support a person's decisions at any stage of the advocacy process if there is a significant and foreseeable risk to the persons safety or interests, the services ability to assist other clients, and the safety of staff or the safety of others.

If a person's capacity is in question or there is a risk of harm identified, The Helpline will use the following guidelines around capacity and duty of care to decide on the most appropriate course of action to assist the person with their advocacy issue.

##### 2.2.4.4.1 CAPACITY AND DUTY OF CARE

The capacity guidelines below are based on human rights principles detailed above, including the fundamental right to self-determination and key capacity assessment principles identified in [The Capacity Toolkit](#).

<https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/resource-centre/capacity-toolkit/capacity-toolkit.pdf>

The Helpline will consider the persons circumstances and the decision(s) that the person needs to make with reference to the following:

1. Capacity assessment principles
2. Indicators that a person has capacity to make the decision(s)
3. Duty of care and risk of harm

**Capacity assessment principles:**

1. Always presume a person has capacity to make their own decisions
2. Respect a person's right to take risks and make mistakes (dignity of risk)
3. Consider that capacity is decision specific
4. Consider that capacity is time specific
5. Don't assume a person lacks capacity based on appearances or their disability
6. Consider the person's decision-making ability and not the decision they make
7. Respect a person's right to privacy – they have the right to decide what information they wish to share and their reasons for making a decision(s).
8. Take all reasonable steps to support the person through the decision-making process before deciding that the person does not have capacity. (Refer to policy x for guidelines around supported decision making)
9. Substitute decision-making should be considered a last resort. If a substitute decision

maker is required, they must, to the greatest extent practicable, be guided by the will, preferences and rights of the person with disability.

### Indicators that a person has capacity to make the decision(s)

Generally, a person has decision making capacity if they can do all the following independently or with some assistance:

1. understand the information that is relevant to the decision(s),
2. understand the choices available
3. weigh up risks and benefits associated with the available options,
4. understand how the consequences affect them
5. communicate their decision to the advocate

### Duty of care principle

Duty of Care is more than the legal concept in this case and relates to the principle of non-maleficence which means **“above all do no harm”**. *“Who Can Decide”, P Darzins, D Molloy, D Strand (eds), 2000 Memory Press Aust.*

The Duty of Care principle is stated in the Hippocratic Oath where it says: “I will use treatment to help the sick according to my ability and judgement, but I will never use it to injure or wrong them” *Ethics and Law for the Health Professions 2nd Ed, 2005, Ian Kerridge, Michael Love and John McPhee*

The Helpline has a duty to take **reasonable care to avoid causing harm** by its actions.

Before taking any action or refraining from taking action (with or on behalf of the person) The Helpline must balance the person’s right to make their own decisions, including taking some risk, against the services duty of care requirements.

When assessing risk of harm in relation to the persons decision, the Helpline will:

1. Assess the likelihood and extent of the foreseeable harm
2. Assess the likelihood and extent of the foreseeable benefit
3. Seek ways to minimise the risk of harm without sacrificing the benefits of the Advocacy intervention
4. Weigh up the foreseeable harm against the benefit.

If it is determined that a person’s actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others, The helpline may have a legal obligation to take action, or refrain from taking action, that limits the person’s right to self-determination.

Refer To [6.2.2.3 Managing access to Client Records When Disclosure Is Required By Subpoena, Necessity and/or Law](#).

### Additional resources

The Capacity Toolkit includes more specific information in section 5 about assessing capacity as it relates to different areas of a person’s life including personal, health and finances:

<https://dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/resource-centre/capacity-toolkit/capacity-toolkit.pdf>

#### 2.2.4.4.2 PEOPLE WHO LACK DECISION MAKING CAPACITY & NON-INSTRUCTED ADVOCACY

If Capacity is in question, The Helpline will minimise the risk of making an incorrect capacity assessment by ensuring that decisions about incapacity are made with an appropriate level of management consultation.

The following steps will be applied based on the individual circumstances of the person and matter.

#### **Non-Guardianship related advocacy matters**

**Authorised decision maker available:** If substitute decision-making is required and an authorised decision maker is available, The Helpline will:

1. Seek consent and ongoing instructions from an appropriate third party recognised by the law (authorised decision makers e.g., guardian, parent, person responsible) and ensure the person with disability is informed in a manner consistent with their level of understanding.
2. Ensure that, to the greatest extent practicable, the substitute decision maker is guided by the will, preferences, and rights of the person with disability
3. Where possible keep the person informed throughout the advocacy process and take reasonable steps to enhance the person's ability to participate in decision making.

**No authorised decision maker available:** If substitute decision making is required but no authorised decision maker is available, The Helpline will:

1. Provide information to appropriate and relevant agencies or people to make application to the Guardianship Tribunal.
2. Remain independent of the application process (outside of providing process related information) and, if the Helpline can assist within the boundaries of short term advocacy support, may offer support to the person with disability to engage with and express their views throughout the Guardianship application/hearing process. Alternatively support with a referral to another advocacy and/or legal service to assist.
3. If there are significant concerns about the person's safety and welfare and there are no suitable alternative applicants, The Helpline will offer 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

#### **Guardianship related advocacy matters**

If there is a formal or informal substitute decision maker in place (e.g., guardian, parent, person responsible) but the advocacy issue relates to any orders or decisions made by the substitute decision maker The Helpline will:

1. Support the person with disability by providing information about the nature and extent of the decision making authority contained in the orders or held by the authorised decision maker, and any associated review rights and processes.

2. Consider if the Helpline can assist within the boundaries of short term advocacy support. Offer support to the person to prepare and express their views to a substitute decision maker informally or in formal proceedings (e.g., NCAT hearing, community treatment order reviews) or alternatively support with a referral to another advocacy and/or legal service to assist.
3. Take reasonable steps to safeguard the interests and rights of the person with disability if the substitute decision maker appears to be acting against the persons will and preferences and/or acting contrary to law. This may include making reports to the relevant protection agency(s).

### **Guidelines: The role of an Advocate in Guardianship matters**

- An advocate must remain independent and on the side of the person with disability exclusively.
- An advocate will seek to understand the person's will and preferences and ensure the person can participate and express their views about decisions affecting them. In some case this may involve supporting the person to prepare and communicate their views themselves or communicating their views on their behalf.
- An advocate will not provide any personal views or opinions about the person, their capacity, the decision in question, or the outcome. Their role is to ensure the person has the opportunity to be heard.
- An advocate's role does not involve actively investigating or seeking out the views of others to determine the persons will and preference. If an advocate becomes aware of the views of others who know the person the views must be considered in light of any conflicts of interest (e.g., they are seeking to be appointed as the persons guardian).
- The role of a separate representative (if appointed by the Tribunal) is to seek views of the person with disability and canvass the views and opinions of other involved in the proceedings, not the advocates.

## **2.2.5 PARTICIPATION, INCLUSION AND VALUED STATUS**

### **2.2.5.1 POLICY STATEMENT**

The Helpline acknowledges the right of all people with disability to be valued members of the community and entitled to the same rights and privileges as every other member of the community.

Through our individual advocacy activities people with disability will be supported and encouraged to develop and maintain skills, to be active participants in their community, to have access to community facilities and achieve valued roles in the community.

### **2.2.5.2 SUPPORTING PEOPLE WITH A DISABILITY TO PARTICIPATE IN THE COMMUNITY AND ACHIEVE VALUED STATUS**

The structure, design, and delivery of The Helpline services and operations will:

- Support people with disability to know and exercise their rights through the advocacy process in a way that meets their individual needs and interests.
- Provide clients with real opportunities to maintain and develop skills by encouraging and

supporting self-advocacy.

- Support people with disability to access information about community events and activities, general community facilities and services and any information needed to support participation and access.
- Ensure that venues for meetings, conferences, workshops are accessible.
- Involve people with disability in the governance, planning or operations of The Helpline, where possible and appropriate.
- Work in partnership with other organisations and community members to support individuals to actively participate and meaningfully contribute to their community
- Discourages and calls out instances of exclusion or stigmatising behaviour of actions.

#### *2.2.5.3 PROMOTING INCLUSION AND VALUED STATUS IN THE COMMUNITY*

The Helpline will actively promote inclusion and valued status of people with disability through our communications, engagement, and education initiatives.

- Content will recognise and promotes the inherent value, abilities, skills, and contributions of all people with disability.
- Initiatives that draw attention to important Issues impacting people with disability will be directed and informed by people with disability and their carers/family. Their voices and experiences will be central to these initiatives.
- Use respectful and inclusive language that is based on the person or community's preference and talks to the person or community not their difference.
- Content will be accessible
- Initiatives will include the provision of culturally appropriate information to people from Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse communities.



# Section 2

## Service Operations

### Individual Advocacy



## 3 SERVICE ACCESS

### 3.1 SERVICE ACCESSIBILITY

#### 3.1.1 POLICY STATEMENT

The Helpline will ensure each person or group has access to the Service based on 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.

#### 3.1.2 GUIDELINES

##### 3.1.2.1 ACCESSIBILITY - SERVICES

The Helpline will ensure the following:

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

##### 3.1.2.2 TARGETING

The Helpline will:

- Ensure that Aboriginal and Torres Strait Islander (ATSI) people, people from culturally and linguistically diverse (CALD) background and LGBTQI+ communities to have access to The Helpline by actively seeking connections with these communities.
- Take appropriate inclusive measures to make sure people accessing the service feel included and comfortable participating in all activities of the Service.
- Ensure that appropriate translating or interpreting services are provided, if required, assisting the client during the assessment of eligibility and entry process.
- 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.
- Seek vulnerable clients through outreach education programs (within resources that are available) and promotion of The Helpline to vulnerable groups.

### 3.1.2.3 ACCESSIBILITY - SERVICE INFORMATION

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 considered, 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.
- Use proactive communication and engagement strategies for potential service user groups to increase knowledge of and understanding about The Helpline and the services offered
- Regularly review any publicly available information available about The Helpline to ensure it is up to date and make improvements to information accessibility as required.

### 3.1.2.4 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.

### 3.1.2.5 IDENTIFYING BARRIERS TO ACCESS

To identify barriers to access, the Helpline will:

- regularly review service access and use this information to improve access wherever possible.
- 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.

### 3.1.2.6 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.

## 3.2 SERVICE ACCESS

The Helpline advocates work alongside people with disability to address instances of unfair treatment or abuse they are experiencing.

The Helpline offers a short-term telephone-based advocacy service for people with disability, their carers and families (please refer to [11 Independence and Conflict of Interest policy](#)).

To ensure fair and equitable access to service, all requests for advocacy are processed through the services intake and assessment process to make a determination about eligibility and access priority.

### 3.2.1 ELIGIBILITY

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

CRITERIA	DEFINITION
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 always 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 in DANSW advocating for the person (please refer to <a href="#">11 Independence and Conflict of Interest policy</a> ).
Case Management	The matter that a person needs assistance with is advocacy as opposed to case management (please refer to key concept definition <a href="#">2.1.2.1 Advocacy &amp; Case Management</a> ).
More Appropriate Agency Available	There is no other more appropriate agency that the person is engaged with already for support or can seek assistance from independently or with a warm referral from The Helpline. If a more appropriate agency is unable to provide assistance, The Helpline will decide on a case by case basis if we are able to provide advocacy assistance. The complexity of the matter, and demand on The Helplines resources will be taken into consideration.
Staff Safety	The client does not display behaviour that endangers The Helpline staff (please refer to <a href="#">3.2.5 Exit Criteria</a> ).
Reasonable Prospects of Success	Based on the evidence available, there is a reasonable likelihood of the client progressing their advocacy matter towards the outcome sought. There are reasonable advocacy actions, avenues of complaint and/or appeal in relation to the matter that an advocate may be able to assist with (please refer to <a href="#">3.2.5 Exit Criteria</a> ).
Disputes and Apprehended Personal Violence Orders	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 <a href="#">15 Appendix E</a> ).

### 3.2.2 ACCESS PRIORITY

#### 3.2.2.1 PRIORITY CRITERIA

The Helpline aims to assist all people who meet the eligibility criteria above. To manage high demand for service and support as many people as possible within our available resources, we prioritise and allocate services based on a range of factors.

The following factors will be considered if assistance needs to be prioritised or alternative assistance needs to be recommended to the potential clients if demand exceeds our capacity.

FACTOR	DEFINITION
Suitable for remote support	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).
Seriousness & Urgency of Issue	The actual or potential seriousness and urgency of the problem the person is facing.
Alternative Assistance Available	The lack of alternative assistance to resolve the problem.
Impact of Disability	The seriousness of the person's disability in terms of the way it affects their ability to deal with the problem they are facing without support.
Service Capacity	Whether The Helpline has capacity to take on the advocacy issue in the timeframe required.

#### **Multiple issues**

The Helpline will only work with a client on one advocacy issue at a time. If the client is seeking support for more than one issue, the advocate can assist the client to decide which advocacy issue needs to take priority.

#### 3.2.2.2 PRIORITY RATING SYSTEM

The Helpline utilises a priority rating system to help make fair decisions in accordance with the Access Priorities policy above.

- A priority rating is assigned to all advocacy requests as part of the intake and assessment process.
- This priority rating is used to make allocation decisions for eligible clients as soon as service resources allow.

RATING	HIGH
Rating Description	<b>Urgent situation</b> – 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, who needs priority service.

<b>Examples</b>	<ol style="list-style-type: none"> <li>1. A vital service such as accommodation and/or income support is at immediate risk.</li> <li>2. Behaviours of concern and evidence of harm to self</li> <li>3. Upcoming court hearing, tribunal or meeting is to be held which will have a significant impact on client's life. <ol style="list-style-type: none"> <li>a. e.g., Involvement with care and protection of children and/or criminal justice system.</li> </ol> </li> <li>4. A client is presenting with extreme distress associated primarily with their advocacy issue and advocacy intervention has the potential to alleviate this distress.</li> <li>5. Significant and deteriorating health conditions and concerns</li> </ol>
<b>RATING</b>	<b>MEDIUM</b>
<b>Rating Description</b>	<b>Non urgent situation</b> - the presenting issue is important and must be dealt with as soon as service resources allow and with consideration of any critical dates associated with the matter, but immediate response is not vital.
<b>Examples</b>	<ol style="list-style-type: none"> <li>1. A vital service is at risk in the near future.</li> <li>2. A vital court hearing or meeting is to be held in the near future.</li> <li>3. The unfair treatment of a client is relatively serious.</li> <li>4. Commencing advocacy support as soon as resources allow will still support a satisfactory outcome for the client.</li> <li>5. A dispute where a short cooling off period may potentially benefit the client before making decisions about outcomes required.</li> </ol>
<b>RATING</b>	<b>LOW</b>
<b>Rating Description</b>	<b>Non urgent situation</b> - The presenting issue is important and should be dealt with as soon as service resources allow, but the response time will not unduly affect the outcome.
<b>Examples</b>	<ol style="list-style-type: none"> <li>1. Where a client may request an outcome to a less serious issue that has the potential to use significant service resources.</li> <li>2. A long running issue that has only recently been referred to The Helpline</li> <li>3. 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 not sure if they want to follow through with any action).</li> <li>4. 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).</li> <li>5. 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).</li> </ol>

### 3.2.3 INTAKE AND ASSESSMENT PROCEDURE

#### 3.2.3.1 REFERRAL PATHWAY

All referrals are made through the Disability Gateway and sent to the Helpline via a webform.

#### 3.2.3.2 INITIAL ELIGIBILITY DETERMINATION

An initial eligibility determination is made based on the information available in the webform referral.

If eligibility is unclear, The Helpline will:

1. Contact the client to clarify the referral request to be able to make the eligibility determination.
  - a. **Eligibility confirmed** – proceed with intake as per policy [3.2.3.3 Advocacy requests that meet out eligibility criteria](#)
  - b. **Ineligible referral** – proceed with closure process as per policy [3.2.3.8 Advocacy requests that do not meet our eligibility criteria](#)

### 3.2.3.3 ADVOCACY REQUESTS THAT MEET OUR ELIGIBILITY CRITERIA

The Program Manager is responsible for overall management of the intake allocation process, reviewing capacity of the program, trends in advocacy requests and the continuous improvement of the Program.

#### 3.2.3.3.1 INTAKE ALLOCATION MEETING

The Program Manager delegates responsibility to the Team Coordinators to each conduct a daily intake allocation meeting with their respective teams.

One team will conduct a meeting in the morning and one team will conduct an intake meeting in the afternoon each day.

Objectives of each of the intake allocation meetings are to:

1. Review all eligible advocacy requests ready for allocation
2. Review advocate capacity in the team and make allocation decisions
3. Assign all cases marked for allocation
  - a. Advocate assigned the case will take ownership of a case by changing the “case owner” field on SF to their own name during or immediately following the meeting.

The PM can approve allocations outside of the weekly intake meeting if an urgent matter arises that needs to be reviewed and allocated prior to the next meeting.

### Escalation Pathway

The Helpline has established an email inbox for use by the Disability Gateway to allow Inbound Gateway Call Centre staff the capacity to forward client information that cannot be captured in the webform or to further escalate an ACTION, RISK or URGENT task/alert.

This email pathway is also an avenue for the Disability Gateway to communicate feedback and complaints to the Helpline.

#### 3.2.3.4 ALLOCATION DECISIONS - WORKLOAD EXPECTATION

The Helpline workload model is used to determine the appropriate workload expectation for each Senior advocate.

*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 high quality short term advocacy to clients.*

##### Case load expectation

The number of active cases assigned to an advocate caseload has not been determined at this stage in the pilot however, as a guide, it is anticipated that:

- A FT advocate will have the capacity to deliver 10 short term advocacy support sessions per week and complete intake for a further 5 new cases (pro-rated for PT staff)
- Advocates will provide service for all cases assigned in accordance with the service provision policy including agreed time frames:
  - Respond to new cases assigned within 2 business days.
  - Deliver services in line with the standard short term advocacy support service:
    - Time: 4-5 hours total support time, including 1 hour intake and 3-4 hours short term advocacy support across a maximum of 3 sessions.
    - Days: Aim to provide short term advocacy support and close matters within 20 days.
      - Program Manager will work with advocates to review any 'matter' opened longer than 20 days.
      - Program Manager will work with advocates to review any 'matter' 'on hold'.
- The hours being recorded on SF will be used as one indicators of advocate capacity when making allocation decisions at daily intake meetings.
- The total hours recorded overall vs expected hours by all advocates combined will be used to determine service capacity levels.

##### Client work hours expectation

- The number of hours of client related work expected each week is set at **66% of the advocate's weekly work hours.**
  - Hours are tracked by monitoring the total time recorded in file notes in SF

across all cases each week.

- The hours being recorded on SF will be used as one indicators of advocate capacity when making allocation decisions at daily intake meetings.
- Factors such as staff leave and longer training events (conference, all day training) that reduce hours available for client work in a week will be considered by PM's when reviewing advocate client related work hours vs expectation.

Standard work hours/week	Client related work expectation hours/week
38	25
30.4	20
28	18
24	16
22.8	15
21	14

- It is expected that these workload expectations are consistently applied, however, the most appropriate workload expectation for each staff member will be discussed and finally agreed upon between a staff member and the PM.
- Each advocate profile on SF must be updated with their expected workload. The PM is to advise the MA and EO if deviating from the expected number of case and/or hours.
- The total hours recorded overall vs expected hours by all advocates combined will be used to determine service capacity levels.

#### 3.2.3.5 INITIAL CONTACT - RESPONSE TIMEFRAMES

Within 2 business days of receipt of webform referral from the Disability Gateway, The Helpline will make **initial contact** with **eligible** clients to:

1. Advise we have received a referral through Disability Gateway for advocacy support
2. Confirm consent (see below)
3. Confirm preferred method of contact (Phone, SMS, email, Video)

If consent is confirmed, during this **initial contact**, the advocate will seek information from the client determine what level of advocacy may be appropriate given the client circumstances and matter:

1. Seeking further details about the advocacy issue and clarifying the problem
2. determining what outcome the client is seeking
3. Looking for initial indications about the client's capacity to self-advocate and their available support network

Refer to policy [2.2.4 Self-Determination](#) for guidance around decision making and capacity

The advocate will likely have some indication about the level of service that may be offered:

1. Information, Advice & Referral Support
2. Short Term Advocacy Support

Refer to [4 Service Provision Policy](#) for the procedure for each level of service

### 3.2.3.6 CONFIRMING CONSENT

#### 3.2.3.6.1 REFERRAL THROUGH GATEWAY - DIRECT CONTACT BY POTENTIAL CLIENT

##### THE DISABILITY GATEWAY - INITIAL CONSENT REQUIREMENTS

Person with a disability contacts the Gateway directly seeking assistance to address an advocacy issue.

If the Disability Gateway staff identify that a referral to The Helpline for short term advocacy support may be suitable, the staff member seeks consent to complete the referral to the Helpline via the online Webform.

The following consent script is used by the Gateway staff to confirm consent prior to completing the referral

##### THE DISABILITY 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?

##### THE HELPLINE - INITIAL CONSENT REQUIREMENTS

When The Helpline receives a referral through the Gateway from a potential client seeking assistance for their advocacy matter, the service initially needs to ensure that the client:

1. wants to engage with The Helpline for advocacy assistance (understands what service The Helpline provides), and
2. consents to the service collecting and storing their personal information gained through the referral process including their name, contact details and a description of their advocacy issue.

## THE HELPLINE CONSENT SCRIPT

### **1. Confirm person wants The Helpline to support with advocacy issue (explain what we do if required)**

- ☒ The Helpline advocates work alongside people with disability to address instances of unfair treatment they are experiencing for a particular issue.
- ☒ Our service provides one-on-one short term advocacy assistance or guidance for people to take on issues and self-advocate.
- ☒ The support we offer each person will depend on the persons individual situation and needs (*tailor explanation to person and situation*).

### **2. Confirm person consents to collect and store personal information**

- ☒ The Helpline will collect, store, and use your personal information to provide advocacy support.
- ☒ We will only collect information relevant to the matter we are supporting you with.
- ☒ Do you provide your consent for our service to collect, store and use your personal information including your contact information and information about your advocacy issue so we can provide services to you?

The client can be provided with the [client handbook](#) OR directed to the ALA website for a copy of the privacy statement and DASH practice manual.

## DOCUMENTING CONSENT

The above consent confirmation needs to be recorded in a file note in the client file labelled “Intake consent check”.

### 3.2.3.6.2 REFERRAL THROUGH GATEWAY - REFERRED BY INFORMAL SUPPORT, AGENCY OR PROFESSIONAL

#### THE DISABILITY GATEWAY - INITIAL CONSENT REQUIREMENTS

Informal support person, Agency, or Professional contacts the Gateway seeking assistance on behalf of person with disability to address an advocacy issue.

If the Disability Gateway staff identify that a referral to The Helpline for short term advocacy support may be suitable, the staff member will confirm the referrer has consent from the person being referred and, if confirmed, seeks their consent to complete the referral to the Helpline via the online Webform.

The following consent script is used by the Gateway staff to confirm consent prior to completing

the referral

### THE GATEWAY CONSENT SCRIPT

In order to make the referral for advocacy support, I'd like to provide the persons name, contact details and a short description of their issue to the Disability Advocacy Support Helpline (the Helpline).

You can give consent for me to share all of the information or only certain information.

The person you are referring does not need to use their real name but it may impact the level of tailored advocacy support the helpline can provide.

On behalf of the person, are you happy for me to share all of the information you have provided about the person and their advocacy issue?

### THE HELPLINE - INITIAL CONSENT REQUIREMENTS

When The Helpline receives a referral from an Informal Support, Agency or Professional The Helpline staff member managing the intake needs to contact the client (or authorised decision maker) to ensure that the potential client:

1. has provided consent for the referral to be made,
2. wants to engage with The Helpline for advocacy assistance (understands what service The Helpline provides), and
3. consents to the service collecting and storing their personal information gained through the referral process including their name, contact details and a description of their advocacy issue.

#### Client capacity to provide informed consent.

- The Helpline will take reasonable steps to enhance a client's ability to provide informed consent themselves.
- In instances when a client is a child or lacks the capacity to provide informed consent, The Helpline will seek consent from an appropriate third party recognised by law (authorised decision makers e.g., guardian, parent etc.)
- Where possible, the client should be informed and included in the referral process in a manner consistent with the client's level of understanding and capacity.
- The Helpline should seek to ensure that the third-party acts in a manner consistent with the client's will and preferences.

The PM must be consulted if there are doubts about consent to proceed with a referral.

## THE HELPLINE CONSENT SCRIPT

### **1. Confirm person consents to referral and wants The Helpline to support with advocacy issue (explain what we do as required)**

- ☒ We have received a referral from [referrer name] asking us to support you with [issue]. I need to confirm that you know about this referral and what information has been shared with us (*explain further as needed*).
- ☒ The Helpline advocates work alongside people with disability to address instances of unfair treatment they are experiencing for a particular issue.
- ☒ Our service provides one-on-one short term advocacy assistance or guidance for people to take on issues and self-advocate.
- ☒ The support we offer each person will depend on the persons individual situation and needs (*tailor explanation to person and situation*).

### **2. Confirm person consents to collect and store personal information**

- ☒ The Helpline will collect, store, and use your [or *client name*] personal information to provide advocacy support.
- ☒ We will only collect information relevant to the matter we are supporting you [or *client name*] with.
- ☒ Do you [or on behalf of *client name*], provide your consent for our service to collect, store and use your [or *client name*] personal information including your [or their] contact information and information about your [or their] advocacy issue so we can provide services to you [or *client name*]?

The client can be provided with the [client handbook](#) OR directed to the ALA website for a copy of the privacy statement and DASH practice manual.

## DOCUMENTING CONSENT

The above consent confirmation needs to be recorded in a file note in the client file labelled “Intake consent check”.

### 3.2.3.7 INITIAL RISK ASSESSMENT

As part of The Helpline’s safety risk management approach, advocates will complete a risk assessment documented within SF. This will include identified past or present risks associated with physical aggression, verbal aggression, challenging behaviours, 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 [5 Client Risk Assessment policy](#)).

Advocates will also be required to complete ongoing training in areas such as Mental Health First Aid.

#### 3.2.3.8 *ADVOCACY REQUESTS THAT DO NOT MEET OUR ELIGIBILITY CRITERIA.*

If The Helpline determines that an advocacy request does not meet our eligibility criteria, contact will be made with the client (referrer may also be notified) within 2 business days to advise them they have not been accepted for service and:

1. provide the client with the reason (without breaching privacy policy),
2. clearly document the reason on SF in a file note and selecting the relevant ineligibility reason at the bottom of the eligibility assessment section (intake tab)
3. provide information and/or referral where appropriate,
4. provide self-advocacy advice where appropriate,
5. provide information about complaints and disputes (contained in Client Handbook) where appropriate.
6. Close the matter marking the reason for closure as Ineligible.

#### Ineligibility reasons

Conflict of Interest	No Disability
Out of Area	No Unfair Treatment
Case Management	More Appropriate Agency Available
Staff Safety	No Reasonable Prospect of Success

#### **Monitoring**

Program Manager will review all referrals marked as ineligible.

#### 3.2.3.9 *REFERRALS FOR UNNAMED CLIENTS OR SERVICE UNABLE TO CONFIRM CLIENT CONSENT*

The service may be contacted by a person seeking advocacy information/support on behalf of a person with disability and either:

1. Contact details for the person with disability are not provided or
2. We are unable to confirm consent from the person directly.

In both these circumstances the service can only provide general information to the person making the inquiry.

##### 3.2.3.9.1 *PROCEDURE - UNNAMED CLIENT*

The service must take the following action:

#### **In the CASE record on SF**

Check that the person making the referral on behalf of the *unnamed* person with disability is NOT recorded as the contact for the case.

If referrer appearing as contact (client) for the case:

**In the CASE record on SF**

1. Enter the referrers details as a relationship for the case (naming their relationship type) and mark that they are referrer.
2. Delete their name in the contact field in the case details section
3. Ensure the “unnamed client” check box in the case details section is ticked
4. Enter the details of the general advice provided

**In the CONTACT record on SF**

5. Ask the PM to delete the contact record created for the referrer.

The info/advice/referral case created will only contain the details of the person making the inquiry (if provided).

This case will be reported to funding bodies as a service delivered to an “unknown client”.

**3.2.3.9.2 PROCEDURE - SERVICE UNABLE TO CONFIRM CLIENT CONSENT**

Personal details of the person with disability are provided and entered into the SF system via web referral. If the Helpline is subsequently unable to confirm consent with the person, the personal details recorded cannot be retained on the SF system.

The service must take the following action:

**In the CASE record on SF**

1. Go into the case in SF and delete the contact created with the client’s details that is assigned to the case
2. Tick the “unnamed client” checkbox (case details section)
3. Delete any information in the intake tab that was collected through the referral process that could identify the person with disability
4. Ensure the details of the person who made the referral are entered in as a relationship for the case (naming their relationship type) and mark that they are referrer.
5. Create a file note:
  - Enter any details about attempts made to confirm consent
  - state that consent was not confirmed, and only general advice provided to referrer (if relevant).
  - Enter the details of the general advice
6. Close the case as Info/Advice/Referral

**In the CONTACT record on SF**

- If the person with disability already existed on the system because they are a return client we do not need to delete the contact record.
- If the contact record is newly created, it must be deleted on the system.
  - Advocate to advise PM to delete the contact record

- PM to take action and delete.

This case will be reported to funding bodies as an info/advice/referral service delivered to an “unknown client”.

### 3.2.4 SERVICE AT CAPACITY

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

1. offer to refer the client to another appropriate service or NDAP and/or
2. provide self-advocacy information and resources as appropriate.
3. Advocates will maintain regular communication with clients through the warm referral process.
4. If all suitable referral options are exhausted, this will be communicated with the client.

### 3.2.5 EXIT CRITERIA

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

#### 3.2.5.1 ADVOCACY AGREEMENT COMPLETED

The issue that the client sought assistance with has resolved or the actions as agreed between advocate and client set out in the Advocacy Agreement have been completed.

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

#### 3.2.5.2 CLIENT DECISION

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

##### 3.2.5.2.1 UNCONTACTABLE CLIENTS

This exit reason applies to clients proceeding through the **intake stage** and clients **currently receiving advocacy support** who are uncontactable and reasonable attempts have been made to establish contact with the client.

As a short-term telephone-based advocacy service, we are focused on supporting clients in a respectful and meaningful manner. We will attempt to engage with our clients using their preferred communication method in alignment with identified timeframes. We will take into account times when clients may need to be placed on hold for identified reasons.

Reference Points for Senior Advocates

- Client Handbook
- Disability Advocacy Support Helpline Practise Manual

As a short-term advocacy service, the conditions of our service are identified in the responsibilities of clients as per the client handbook.

### **Contact Protocol - Clients in the intake stage**

The service will adhere to a **3-2-1 contact protocol** in instances where a potential client is uncontactable.

1. The staff member will make **3 contact attempts\***
2. The staff member will utilise: **2 different contact methods**
3. The staff member will do this across a period of **1 week (7 days)**

\*One attempt to contact might involve calling a couple of times in one day or calling different phone numbers available for the client.

### **Closure notification – no contact correspondence**

**Client:** If the above protocol is not successful, a no contact notification must be sent (SMS or email) to the client outlining that their file has been closed and that the client is welcome to reengage with The Helpline at a more suitable time.

The Disability Gateway contact details should be provided so the client has the option re-engage with the service.

**Referrer:** If the client was referred to the service, an email or SMS will be sent to the referrer advising that we have not been able to make contact to proceed with the referral and that the service has sent a notice to the client that their file has been closed and that the client is welcome to reengage with The Helpline at a more suitable time.

### **THE HELPLINE NO CONTACT SCRIPT – INTAKE STAGE**

#### **If no response from client within two days of receiving the referral**

##### **First message to client after unsuccessful initial contact**

*'Dear XYZ You were referred to the Disability Advocacy Support Helpline via the Disability Gateway on XXXX. I have tried to contact you to discuss your request for advocacy support but have not been able to reach you. Please phone or email me on \_\_\_\_\_. (Advocate name)'*

**Second message - If still no response after 2 days, send the following message: (Please attempt using email and or voice and text message)**

*'Dear XYZ You were referred to the Disability Advocacy Support Helpline via the Disability Gateway on XXXX. I have tried to contact you to discuss your request for advocacy support but have not been able to reach you. Please phone or email me on \_\_\_\_\_. (Advocate name)'*

**Third Attempt - If still no response after 5 business days, send the following message:  
(Please attempt using email and or voice and text message)**

*'Dear XYZ This is (Advocate's name) from Disability Advocacy Support Helpline I have been unable to contact you to discuss your request for Advocacy support. Please phone or email XXXX. If I do not hear from you by DD/MM/YY. I will assume you no longer require advocacy and will close your file. If you still require advocacy support, please phone the Gateway 1800643787. (Advocate Name)'*

### **Recording contact attempts**

- All the above attempts to contact the client must be documented in SF
- The reason for closure marked as "Client Withdrew".

### **Contact Protocol - Clients currently receiving advocacy support (active clients)**

The service will adhere to a **3-2-1 contact protocol** in instances where a client is uncontactable.

4. The staff member will make **3 contact attempts\***
5. The staff member will utilise: **2 different contact methods**
6. The staff member will do this across a period of **1 week (7 days)**

\*One attempt to contact might involve calling a couple of times in one day or calling different phone numbers available for the client.

### **Closure notification – no contact letter**

If the above protocol is not successful, a no contact notification must be sent (SMS or email) to the client outlining that their file has been closed and that the client is welcome to reengage with The Helpline at a more suitable time.

The Disability Gateway contact details should be provided so the client has the option re-engage with the service.

### **THE HELPLINE NO CONTACT SCRIPT – ADVOCACY STAGE**

### Unable to contact after a conversation or email to progress matter.

If the person responds but is, then unavailable/ not answering calls, send the following message:

#### First message to client after unable to engage with contact

*'Dear XXX we spoke on DD/MM/YY we had made a time to progress your Advocacy issue on DD/MM/YY. I attempted to contact you via your preferred contact option (Phone Call, Email, Text) unfortunately I was unable to contact you. As the Helpline supports with short term advocacy only, we need to progress matters in a timely way. I will contact you again on DD/MM/YY*

#### Second message to client after unable to engage with contact

*'Dear XXX we spoke on DD/MM/YY and I attempted to contact you via your preferred contact option (Phone Call, Email, Text) unfortunately I was unable to contact you to progress your advocacy issue. As the Helpline supports with short term advocacy only, we need to progress matters in a timely way. I will make another attempt to contact you before DD/MM/YY date.*

#### Third message to client after unable to engage with contact

*Dear XXX unfortunately, I have been unable to contact you via your preferred contact option (Phone Call, Email, Text) We understand that sometimes other things take priority, you are not available, or the time is just not right. At this stage our advocacy support for your issue has been closed. I encourage you to contact the Disability Gateway again at any time if you still need support. Gateway 1800643787.*

**This message may need altering to suit the situation.**

### Recording contact attempts

- All the above attempts to contact the client must be documented in SF
- The reason for closure marked as "Client Withdrew".

#### 3.2.5.3 EFFECTIVE ASSISTANCE NO LONGER POSSIBLE

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.

#### REASON

#### NEGATIVE IMPACT ON SERVICE



**Definition** A client's requested action may negatively affect The Helpline's Advocacy 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 other client matters with a high priority

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

#### REASON

##### NEGATIVE IMPACT ON CLIENT

**Definition** 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.

#### REASON

##### LACK OF CONFIDENCE

**Definition** 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 wishes to appeal the decision about lack of confidence in the advocate and/or The Helpline, advocacy should be suspended while the appeal is considered (please refer to [10 Complaints policy](#)).

#### REASON

##### LACK OF CAPACITY

**Definition** A client's decision-making capacity may impact a client's ability to give and receive advocacy directions (please refer to policy [2.2.4.4.1 Capacity and Duty of Care](#))

**Example 1** A client experiencing an episode of mental illness who is requesting The Helpline to take Advocacy action(s) that may have a significant negative impact upon the client and/or The Helpline. The Helpline may seek advice from an alternative decision maker in some circumstances.

#### REASON

##### MORE APPROPRIATE SERVICE AVAILABLE

**Definition** 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



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<b>Example 2</b>	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.
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<b>REASON</b>	<b>STAFF SAFETY</b>
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<b>Definition</b>	The client displays behaviour that presents as a risk to the safety and wellbeing of staff.
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<b>REASON</b>	<b>NO REASONABLE PROSPECTS OF SUCCESS</b>
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<b>Definition</b>	Based on the evidence available, there is no reasonable likelihood of the client progressing their advocacy matter towards the outcome sought because all reasonable actions, avenues of complaint and/or appeal in relation to the Advocacy matter have been exhausted. The service cannot direct further resources toward the client's matter at this time when there are no further advocacy actions for the advocate to assist with.
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<b>Example 1</b>	A client wishes to continue appealing decisions they believe to be unfair, however, all reasonable avenues have already been explored.
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### 3.2.6 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 [10 Complaints policy](#)).

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

## 4 SERVICE PROVISION

### 4.1 POLICY STATEMENT

The Helpline will ensure that the provision of advocacy service is fair, timely and accessible and in accordance with the key concepts, principles and best practice guidelines set out in the Advocacy Foundations section of this practice manual. The procedures will also consider The Helpline's WHS responsibilities to its staff.

### 4.2 INDIVIDUAL ADVOCACY PROCEDURES

The following procedures will describe in detail The Helpline's service delivery approach based on the following service categories:

SERVICE	DEFINITION
<b>Information/ Advice/ Referral</b>	<p>Short term advocacy support of up to approx. 1 hour typically provided at the intake stage or session 1 stage. This level of support is available to all people contacting the service.</p> <p>Information and options available to progress the issue are discussed during the session. Resources specific to the client's issue and circumstances are provided so the client can continue to progress their matter independently. Referrals are made to other services as required.</p>
<b>Short term Advocacy Support</b>	<p>Short term advocacy support for eligible clients and all matter types (excl. NDIS Appeals).</p> <ul style="list-style-type: none"> <li>• Support is focused on addressing <b>one</b> identified advocacy issue.</li> <li>• Support includes up to a maximum of 3 <b>targeted advocacy support sessions</b></li> <li>• Support is <b>3-4 hours in total</b> spread as required across the 3 sessions.</li> <li>• Support is typically provided and closed within 20 days.</li> </ul> <p>A <b>targeted advocacy support session</b> is a block of time that the advocate can utilise to complete an advocacy action(s) to assist the client to progress their issue.</p> <p>A session might be:</p> <ol style="list-style-type: none"> <li>1. with the client on the phone/video (e.g. a client meeting) OR</li> <li>2. a block of time set aside by the advocate to complete an action(s) for the client without the client present (e.g., research, drafting a letter etc). OR</li> <li>3. a combination of both above</li> </ol> <p><i>Actions identified for the client to take independently are NOT counted towards the 3 session allocation. A session is only counted if time is required from the advocate.</i></p> <p>This service is based on the individual needs of the client and the issue they are seeking support with. The support provided at each session is task focused with support boundaries established through creation of an Advocacy Agreement with the client during the initial intake discussion that sets out:</p> <ol style="list-style-type: none"> <li>1. the advocacy issue,</li> <li>2. the options discussed and chosen by the client to progress the issue,</li> <li>3. agreed actions the client will take,</li> <li>4. agreed actions the advocate will take,</li> <li>5. when the Advocacy Agreement will be completed.</li> </ol>

#### 4.2.1 PREPARE TO PROVIDE ADVOCACY SUPPORT

Upon allocation of a new advocacy matter, the Advocate will

1. Review the client's file in SF, including the intake notes, relevant case history, the Initial Contact Date (ICD) and any available information about risk that must be considered in the provision of support for the client.
2. Take note of the ICD and ensure contact is made by this date.
  - Contact must be made within 2 business days of receiving a referral by webform. The ICD is the **last** day contact must be made but advocates are encouraged to contact prior to this date as workload allows.

#### 4.2.2 INITIAL CONTACT

The Advocate will make contact with the client on or before the ICD and:

- ☒ Confirm consent ([see intake procedure](#) for consent policy)

*If the primary contact is not the client – where possible/appropriate seek to confirm consent from the client directly and engage them in the advocacy process.*

- ☒ Provide contact details of advocate,
- ☒ Discuss any specific communication needs
- ☒ Discuss how advocacy support will best be provided going forward
- ☒ Seek further details about the advocacy issue to assist in clarifying the problem
- ☒ Determine what outcome the client is seeking
- ☒ Consider the clients presenting circumstances e.g., capacity and availability of supports
- ☒ Make an initial determination about what level of support the client needs to progress their issue:
  - ☐ Information/Advice/Referral **OR**
  - ☐ Short term advocacy support – 1-3 targeted advocacy support sessions

#### 4.2.3 INFORMATION, ADVICE & REFERRAL

Based on information gained in the referral and **initial contact**, If the advocacy matter can likely be progressed with information, advice and/or referral support during the initial intake discussion timeframe of approximately 1hr, The Helpline Advocate handling the advocacy request will deliver and document the support provided based on the following procedure:

1. Provide information, advice and resources and make any referrals with client consent.
2. Access the open case on SF
3. Record all relevant and available information about the client, the matter and any actions, advice and/or referrals made. Upload any relevant documents.
4. Enter all mandatory client information required for the case to meet minimum

requirements for DEX reporting purposes:

### Contact record

- i. **First and Last Name** (pseudonym option available)
- ii. **DOB** (or use estimate DOB)
- iii. **Gender** (use not stated if unknown)
- iv. **Client Location** – (min requirement - Suburb, State & Postcode)

### Case record

- v. **Case Type** (DASH is default)
- vi. **Topic** (see case details box for picklist)
- vii. **Referral Source** (see intake tab for picklist)
- viii. **Reason for assistance** (see intake tab for picklist)

5. Complete a Risk Assessment in the contact record
6. Complete a pre & post SCORE – practitioner assessment for circumstance(s) and goal(s).
7. Send feedback survey (method of collection for SCORE satisfaction data)
8. Close the case on SF with Reason for Closure marked as *Info/Advice/Referral*

## Referral(s) Out

The advocate will work with the client to engage with other relevant individuals and agencies as required to progress the client's advocacy issue.

If 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.

- All warm referrals are completed in consultation with the client
- The Advocate will maintain contact with the client throughout the referral process.
- Any service access timeframes identified by the nominated service will be communicated to the client.
- A warm referral is considered complete when the nominated service has accepted the referral into their intake process.
- Where The Helpline is unable to obtain confirmation from a service that a warm referral(s) has been accepted or when all reasonable attempts to make a warm referral have been exhausted, the advocate will advise the client and proceed to close the matter.
- The Helpline will provide any relevant information and resources where possible to assist the client to self-advocate.

## Additional Guidance

- **Verbal consent** may be obtained to contact relevant parties. This verbal consent should be recorded in a file note on SF. Written or voice recorded authorities should be used where possible and when significant personal information needs to be shared (please refer to [6 Confidentiality & Privacy policy](#)).

- **Advocacy Agreement:** This task is not required for this level of advocacy due to short service timeframe.
- Where possible, the client should be provided with a copy or link to the client handbook and acknowledge the privacy policy as available for clients to review. In cases where this is not possible the client handbook and privacy policy should be discussed with the client and noted in SF file note.

#### 4.2.4 SHORT TERM ADVOCACY SUPPORT

Based on information gained in the referral and **initial contact**, if the advocacy matter can likely be progressed in up to 3 targeted advocacy support sessions, The Helpline Advocate handling the advocacy request will deliver and document the support provided based on the following 3 step procedure:

##### Step 1: Initial intake discussion & follow up administration tasks

##### Step 2: Provide targeted advocacy support sessions

##### Step 3: Case Closure

#### 4.2.4.1 STEP 1: INITIAL INTAKE DISCUSSION & FOLLOW UP ADMINISTRATION TASKS

The advocate will complete the following tasks:

1. Confirm client details (mandatory data)
2. Discuss the Client Handbook
3. Gather more information to create an Advocacy Agreement
4. Obtain Authority to Act (if required)
5. Complete other Consents – Participate in future research.
6. Explain the Outcomes Reporting requirements
7. Provide documentation to client
8. Update the Risk Assessment (if required)

#### 1. Confirm client details

Confirm and enter into SF ALL mandatory information required to meet requirements for DEX reporting purposes

##### **Contact record**

- i. **First and Last Name** (pseudonym option available)
- ii. **DOB** (or use estimate DOB)
- iii. **Gender** (use not stated if unknown)
- iv. **Client Location** (min requirement - Suburb, State & Postcode)
- v. **Indigenous status** (DEX stats section)
- vi. **Culturally and linguistically diverse** (DEX stats section)
- vii. **Country of birth** (DEX stats section)
- viii. **Main language spoken at home** (DEX stats section)
- ix. **Primary Disability** (DEX stats section)
- x. **Carer status** (DEX stats section)
- xi. **NDIS eligibility** (DEX stats section)

### Case record

- xii. **Case Type** (DASH is default)
- xiii. **Topic** (see case details box for picklist)
- xiv. **Referral Source** (see intake tab for picklist)
- xv. **Reason for assistance** (see intake tab for picklist)

**Note: The case will NOT be able to be reported to DEX if this data is not entered into SF**

## 2. Client Handbook

Provide the client with a copy of The Helpline 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 Helplines reporting requirements,
- The Helplines complaints handling process, ensure the client understands the complaints options available to them and that there will be no adverse consequences for their matter or access to advocacy support if the client makes a complaint. (Please refer to [8 Complaints policy](#)).

## 3. Advocacy Agreement

This procedure should be read in conjunction with [2.2 GUIDING PRINCIPLES: A HUMAN RIGHTS BASED APPROACH](#)

### *During Initial Intake Discussion*

#### **Client discussion**

- Discuss the advocacy issue with the client and explore possible options the client may have to achieve their desired outcome including possible actions associated with each option.
- Where applicable, seek to obtain copies of any relevant documentation needed to support the client with their advocacy issue (upload to SF when provided)
- Assist the client to select their preferred option to progress their issue by explaining pros and cons of each option as required.
- Discussion about possible support The Helpline can provide to progress the issue:
  - Discuss potential actions for the client to take and the advocate to take to progress the advocacy issue.
  - Consider how the actions can be provided within the maximum 3 advocacy sessions (3-4 hours total) available from the Helpline.
  - Where possible, identify which session (1,2 or 3) each of the **Advocate** agreed actions are likely be completed and the expected

timeframe(s) to assist in managing client expectations and advocates workload.

Remember: A support session is a block of time that the advocate can utilise to complete an advocacy action(s). A session might be:

1. with the client on the phone/video (e.g. a client meeting) OR
2. a block of time set aside by the advocate to complete an action(s) for the client without the client present (e.g., research, drafting a letter etc). OR
3. a combination of both of the above

*Actions identified for the client to take independently are NOT counted towards the 3 session allocation. A session is only counted if time is required from the advocate.*

- Advise the client that:
  - An Advocacy Agreement will be prepared, and the offer of support provided to the client based on the discussion.
    - 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.
  - If agreement is confirmed via **digital signature**, the advocacy agreement will be sent to the client to consider the offer of support and either accept this support by signing the Advocacy Agreement or contact the advocate to discuss further.

### *After Initial Client Intake Discussion*

#### **Prepare documentation.**

- Prepare an Advocacy Agreement based on the client discussion using the SF Advocacy Agreement tool and include the following information:
  - Clearly describe the advocacy issue, options discussed and then chosen by the client to progress their issue.
  - Identify and agree upon actions to be taken by the client and actions to be taken by the advocate.
  - Document which session (1,2 or 3) each of the **Advocate** agreed actions are likely be completed and the expected timeframe(s) and any expected timeframes relevant to the client action(s). If applicable, the due date for action action should be set in the Agreed Action documented in SF.

- Clearly describe when the Advocacy Agreement is expected to end (the agreed advocacy support has been completed)

#### **Provide document to the client.**

- Provide the Advocacy Agreement using a method of delivery as agreed with the client:
  - Email – Digital Signature
  - Email – attachment for client to sign and return OR verbal agreement
  - By mail - for client to sign and return OR verbal agreement
- Once the agreement has been returned signed by the client the advocate can commence provision of advocacy support as per Advocacy Agreement.
- For email, mail delivery methods where a signature is required, the advocate will need to upload signed Advocacy Agreement to SF (digital signature forms will automatically save back to SF)

#### **4. Authority to Act**

##### *During Initial Client Intake Discussion*

##### **Client Discussion**

- Discuss whether there are other individual people and/or agencies that the advocate may need to speak with in order to support the client to progress their advocacy issue.
- Take note of the details of different individual people and/or agencies to prepare the Authority to act document(s) after the meeting for the client to sign.
- **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 [6 Privacy and Confidentiality policy](#)).

##### *After Initial Client Intake Discussion*

##### **Prepare documentation.**

- Create an Authority to Act letter(s) in SF indicating:
  - Name of person giving the consent (client or other person with authority)
  - Name of the person or agency the advocate will have authority to contact.

- What the consent relates to

#### **Provide documentation to client.**

- Provide the Authority to Act letter(s) using a method of delivery that is appropriate for the client:
  - Email – Digital Signature
  - Email – As an attachment
  - By mail
- As required, explain the Authority to Act letter(s) with the client
- For email and mail delivery methods the Advocate will need to upload signed authority to act letter(s) to SF in a clearly identifiable manner describing the subject(s) e.g., “Signed Authorities”.
- Digital signature letters will automatically save back to SF.

### **5. Other Consents**

#### *During Initial Client Intake Discussion*

##### **Client Discussion**

- Explain the additional consents that The Helpline is required to seek as part of our program funding requirements. Explain what providing or not providing consent means for the client.
  - Consent to participate in future research.
- Take note of the client’s verbal response and mark their response in the consents tab in the SF case.

### **6. Outcomes Reporting**

#### *During Initial Client Intake Discussion*

Inform the client of the outcome reporting requirements and that the Outcomes Reporting Tool (advocacy outcomes survey) will be completed with them at the conclusion of the Advocacy support.

If the client does not want to answer the questions the advocate must complete an advocate (practitioner) assessment based on their professional judgement.

### **7. Provide client with documentation.**

### *After Initial Client Intake Discussion*

Ensure client is provided with copies of all relevant service documentation including Authorities, Advocacy Agreements (if using the digital signature option, copies are automatically provided to the client).

## **8. Risk assessment updates**

### *After Initial Client Intake Discussion*

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 TC and discuss how to best address these concerns. Update the Risk Assessment on SF as needed.

#### *4.2.4.2 STEP 2: PROVIDE TARGETED ADVOCACY SUPPORT SESSIONS*

### **1. Targeted advocacy support sessions**

Provide short term targeted advocacy support in accordance with the Advocacy Agreement across the 1-3 targeted advocacy support sessions available. Where possible book the support sessions, identifying actions to be completed in each session, in advance to ensure time is set aside to provide the support.

### **2. Referral(s) out**

The advocate will work with the client to engage with other relevant individuals and agencies as required to progress the client's advocacy issue.

If 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.

- All warm referrals are completed in consultation with the client
- The Advocate will maintain contact with the client throughout the referral process.
- Any service access timeframes identified by the nominated service will be communicated to the client.
- A warm referral is considered complete when the nominated service has accepted the referral into their intake process.
- Where The Helpline is unable to obtain confirmation from a service that a warm referral(s) has been accepted or when all reasonable attempts to make a warm referral have been exhausted, the advocate will advise the client and proceed to close the matter.
- The Helpline will provide any relevant information and resources where possible to assist the client to self-advocate.

### **Documenting Referrals**

A referral activity must be created in the referrals tab to document the referral

information. A case note is automatically created as a record of the referral.

Once the outcome is known (accepted, declined or no response), this can be marked and dated in the referral outcome field in the referral activity. This will signify that the referral process has been finalised.

### 3. File Notes

Ensure file notes are recorded on SF for all actions taken in relation to the provision of advocacy support in accordance with policy [4.2.5 File Notes](#)

Examples of common actions include:

- Meeting notes,
- Phone calls,
- Emails,
- Letter/documentation preparation,
- Documentation review,
- Case discussions with colleagues,
- Research.

### 4. Documentation

All documents must be saved in the case file on SF using a clearly identifiable subject naming convention. Documents may also be saved on the company drive (SharePoint) to assist with document management and access but the copy on SF will be considered the primary copy.

### 5. Risk assessments

If there are any safety and risk concerns identified by the advocate throughout the provision of advocacy support, the advocate will advise the PM and discuss how to best address these concerns. Update the Risk Assessment on SF as needed.

#### 4.2.4.3 STEP 3: CASE CLOSURE

The short term targeted advocacy support is considered complete once the agreed actions set out in the Advocacy Agreement have been finalised, or for other reasons outlined in [3.2.5 Exit Criteria](#) policy.

#### Closure procedure

Within 2 business days

1. **Notify client:** The advocacy matter has been finalised and the case will be closed.

### *Closure activities in the Feedback/Outcomes tab in SF*

#### 2. Describe Outcome of advocacy issue:

##### **Outcome of advocacy issue KNOWN at the time of closure**

If at the time of closure, the outcome of the advocacy issue is known, write a brief statement explaining the outcome achieved by the client in the outcome field in SF (outcome may or may not be what the client was seeking).

Examples:

- Client achieved outcome sought - gained access to the NDIS
- Client achieved outcome sought - provided with additional supports at school to assist with learning
- Client did not achieve outcome sought – supports requested in internal review not approved and will pursue further review

##### **Outcome of advocacy issue UNKNOWN at the time of closure**

Mark the checkbox “Outcome unknown at closure”

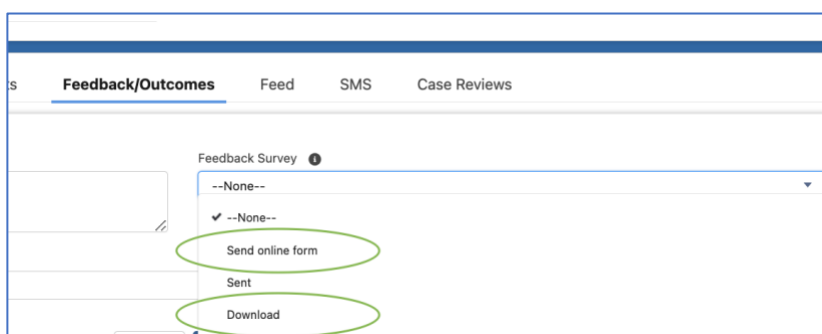
#### 3. Outcomes Reporting survey: Complete Outcomes Reporting requirements.

- **If client completing pre and post survey:** remind the client of the Outcome Reporting requirements described at beginning of support and ask them to complete the pre and post advocacy outcomes survey.
  - Send the online survey OR
  - Ask the pre and post questions directly and enter the survey responses in the “Score Assessment” section of SF
- **If Advocate completing pre and post survey:** Advocate to complete the pre and post advocacy outcomes survey questions as a practitioner assessment.
  - Enter the survey responses in the “Score Assessment” section of SF

#### 4. Feedback Survey: Send the client a Feedback Survey from SF - choose the most appropriate delivery method

- **Send online** – survey link will automatically be sent to the client email and once completed by the client the survey responses will automatically populate back in SF (no action required)
- **Download** – a blank copy of the survey will be downloaded to the case

attachments section and the advocate must email to the client to complete.  
Returned surveys must be entered manually into SF once returned.



5. **File Check:** Ensure all file notes are completed and client documents uploaded on file.
6. **Mandatory Data Check:** Ensure all mandatory data in the case and contact record are complete in SF.
7. **Close Case on SF:** Change the case status on SF to *closed* and record the relevant reason for Closure

REASON	DEFINITION
Provided Information and resources only	Information/Advice/ Referral support provided during the intake stage.
Advocacy completed	The Helpline supported the client to progress their issue to resolution or the client was able to continue independently. No referral to NDAP need or other service required.
Advocacy + referral - NDAP	Following the provision of short term advocacy support by The Helpline, it was determined the client would need further support with their issue from a locally based advocacy service. Warm referral support to a local NDAP or State funded advocacy service provided.
Advocacy + referral - other	Following the provision of short term advocacy support by The Helpline, it was determined the client would need further support with their issue from another service. Support provided to be referred to another service.
Referral - NDAP	During intake discussion was determined the client would be best supported with their issue by a locally based advocacy service. Warm referral support to a local NDAP or State funded advocacy service provided.
Client withdrew	Client was not contactable or ceased support
Deceased	Client deceased
Ineligible	During intake discussions it was determined that the client did not meet one or more of The Helplines eligibility criteria.



Effective assistance no longer possible	During the provision of short term advocacy support by The Helpline, it became apparent that The Helpline could not continue to deliver services anymore due to issues with staff safety, no reasonable prospects of success, client requesting support/actions that we believe will do them harm (or harm service reputation).
Other/Unknown	Other reasons (reasons must be documented clearly in file note)

#### 4.2.5 FILE NOTES

##### 4.2.5.1 POLICY STATEMENT

The Helpline requires all staff to keep timely and high quality file notes that are directly relevant to the client's advocacy matter.

##### 4.2.5.2 PROCEDURE

This procedure should be read in conjunction with the [6 Privacy and Confidentiality policy](#).

#### Timeliness

File notes must be entered into Salesforce (SF) within 24 hours of the event occurring or by COB the next business day that the staff member is working.

#### Quality

File notes recorded on SF must:

1. Be a concise summary of interaction with the client and other relevant people involved in the advocacy action.
2. Clearly identify all relevant stake holders, without the use of initials or ambiguous references
3. Clearly explain any acronyms in the first instance in each file note.
4. Be factual and objective:
  - you can record objective observations where relevant but do not include any opinions.
  - use direct speech where required (recording the actual words of the speaker using quotation marks. Do not paraphrase).
5. Clearly identify if the file note contains information that may be protected by legal privilege or another relevant privacy related provision.
  - In SF case note mark the check box *Legal privilege*.
6. Contain information about why and when a file is closed.
7. Clearly explain any period of inactivity in a case.



- If there are no file notes for 7 days or more, a file note must be added to explain why the case is not active and confirm when the next action is anticipated.
- 8. Clearly explain or reference any documents provided that are relevant to the file note.
- 9. Clearly explain or reference any correspondence relevant to the file note\*

#### **Recording email correspondence:**

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

##### **1. Automatic option**

You can automatically send the correspondence to SF using the outlook / SF integration app. All the necessary correspondence details, information in the body of the email and any attachments will be saved in SF.

##### **2. Manual option**

A copy of the key correspondence information for emails can be obtained if you select the “forward” email option prior to copying the email to paste in SF:

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

#### **4.2.5.3 RECORDING DETAILS ABOUT LEGAL ADVICE RECEIVED BY THE CLIENT**

The Helpline staff may assist a clients to access legal advice when supporting with an advocacy issue. This may involve attending the legal advice session itself and/or receiving a copy of written legal advice provided to the client. This information is protected by legal privilege.

- A file note of the legal advice (notes and/or a written copy from the lawyer) can be kept in the client file.
- The file note must be marked as confidential using the “legal privilege” check box.
- The file note should not contain any information other than the legal advice. E.g. If following the legal advice the advocate and client had a meeting about the advocacy issue, this should be recorded in a separate file note.

#### **4.2.5.4 RECORDING INFORMATION NOT DIRECTLY RELATED TO THE ADVOCACY ISSUE**

The Helpline advises clients through our privacy and confidentiality policy and client handbook and during the intake conversation, the types of personal information we keep about them and why.

Specifically, The Helpline advises clients that we only record client information that is directly related to the advocacy issue and to provide effective advocacy assistance.

Anytime during the advocacy process (intake through to case closure) information may be provided from the client directly or other parties that **does not** directly relate to the advocacy issue.

E.g. Supporting a client with a Housing complaint and the client talks about some health issues they are experiencing, which are not related to the Housing complaint.

As a general rule, The Helpline should only record information directly related to the advocacy issue, however some exceptions include:

- **Referral to another service:** A client raises an issue not related to the advocacy issue that another service might be able to assist with. If the client consents to The Helpline making a referral to that service in their behalf the advocate will advise the client that a record of this referral will be made on their file. Information necessary to make the referral can be recorded in the client file.
- **Mandatory reporting** - In the context of supporting a client with another advocacy issue the advocate may become aware of a child at risk of significant harm. Depending on the location of the child, the advocate may be required by law to report this. This child may be our client or a child of a client we are supporting.

This should be discussed with the PM in the first instance. If it is agreed that a report must be made, this should be recorded in the client file and the file note marked as confidential using the “legal privilege” check box.

Refer to 6 Privacy & Confidentiality policy [6.2.2.4.3 LEGISLATION - MANDATORY REPORTING](#)

- **Abuse/neglect report** – In the context of supporting a client with another advocacy issue the advocate may become aware of an adult client at risk of significant harm. The advocate may be required to report this.

This should be discussed with the PM in the first instance.

If it is agreed that a report must be made, the initial report and any follow up file notes about this report should be recorded in the client file and the file note marked as confidential using the “legal privilege” check box.

Refer to [6.2.2.3 MANAGING ACCESS TO CLIENT RECORDS WHEN DISCLOSURE IS REQUIRED BY SUBPOENA, NECESSITY AND/OR LAW](#)

- **Domestic and/or sexual violence** – In the context of supporting the client with another advocacy issue, a client may disclose that they are/have experienced domestic and/or sexual violence. If this occurs, the PM should be consulted in the first instance to assist with decision making about documenting this disclosure and any next steps to support the client if required.

Consent must be sought from the client to record this disclosure in their client file.

If the client consents, The Helpline can record the disclosure in the client file and the file note marked as confidential using the “legal privilege” check box.

#### **4.2.6 CLIENT FEEDBACK**

##### **4.2.6.1 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:

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

##### **4.2.6.2 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 the Client Handbook and exit surveys sent to clients, as well as through client consultations.

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

1. accepting and reporting informal feedback
2. 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:

1. Exit surveys (via post, phone or online).
2. Complaints processes.
3. Unsolicited feedback.
4. 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.

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.

## 4.2.7 CASE REVIEW

### 4.2.7.1 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.

### 4.2.7.2 PROCEDURE

- **Person Responsible:** A supervisor is responsible for scheduling regular case review meetings with their staff.
- **Frequency:** 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 supervisor will determine the most appropriate case review schedule in consultation with the staff member however, as a guide, a case review should be held every 4-6 weeks.

- **Case Review Method:** Before the case review meeting, the supervisor will generate a case review for each open case owned by the staff member using the case review tool on SF.
  - The supervisor will complete the pre-checks required and make comments as required in the manager comments section.
  - The staff member will complete the case summary and make comments as required in the advocate comments section.
  - The supervisor and staff member will then attend a pre-scheduled case review meeting to review each of the cases using the case review tool as a guide to the discussions.
  - Any action(s) arising from the case review will be recorded as a case review task(s) on SF.

## 4.2.8 STAFF AND TEAM MEETINGS

### 4.2.8.1 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.

### 4.2.8.2 PROCEDURE

- Staff meetings will consist of:
  - A team meeting every month.
    - PM will be responsible for coordinating and convening the monthly meetings
  - A leadership meeting every month
  - A face-to-face meeting/conference for all ALA staff once per year.
  - A face-to-face meeting/conference of all DA staff once per year.
    - MA in consultation with the EO will be responsible for coordinating and convening the monthly leadership meetings and any “all DA” / “all ALA” staff meetings.
  - Any other meetings deemed necessary by staff to assist coordination and cooperation in The Helpline.
- **Recording meetings:** An agenda will be prepared for each meeting and 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.

## 5 STAFF SAFETY & RISK MANAGEMENT

### 5.1 POLICY STATEMENT

The Helpline believes that clients with a disability are no more violent than people without disabilities. The aim of this policy and procedure is to ensure a safe working environment for staff (including volunteers) whilst limiting the effect on clients and their access to our service. A risk management and hazard reduction approach is taken.

*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.

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

### 5.2 STAFF SAFETY AND RISK MANAGEMENT PROCEDURE

#### 5.2.1 INITIAL RISK ASSESSMENT:

1. The advocate will complete an initial risk assessment during the intake stage for all **NEW clients**

**RETURN clients:** the advocate will review the most current risk assessment and update if required.

2. If the advocate is predominantly working with an informal support(s) and the client, a risk assessment should be carried out on the informal support(s) and the client.
3. If there are any **safety and risk concerns** identified by the Advocate, the Advocate will:
  - advise their TC and discuss how to best address these concerns.
  - make contact with the referrer (or self- referrer) to obtain further information as needed.
  - update the Risk Assessment as needed in consultation with TC.

The Advocate will complete the Risk Assessment activity on the client’s SF file under the contact record.

#### 5.2.2 UPDATED RISK ASSESSMENT:

1. If there are safety and risk concerns identified by the Advocate after initial contact is made or

throughout the provision of advocacy support, the advocate will advise their TC and discuss how to best address these concerns. [Refer to Appendix D “Dealing with Workplace Violence”](#)

- TC’s and Advocates will discuss and analyse any signals of risks (e.g., threatening behaviour, issues of violence involved in the matter, knowledge of history of violence, self-harm etc.).
- TC’s in consultation with the advocate must develop a strategy on how to deal with the risk. Details should be recorded in the client contact record on SF
- 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.

2. The Advocate will update the Risk Assessment on SF as needed.

### 5.2.3 CLIENT RISK ASSESSMENT TOOL

#### Risk assessment:

*Note: If the advocate is predominantly working with an informal support(s) and the client, a risk assessment should be carried out on the informal support(s) and the client. The SF risk assessment allows for an assessment on multiple people.*

**Instructions:** Using the risk assessment tool in SF, mark the most appropriate response to each of the following questions based on the information available (observations, from referral, support history).

RISK	Assessed Risk - Past	Assessed Risk - Present
Physical aggression?	Yes – No – Unsure	Yes – No – Unsure
Verbal aggression?	Yes – No – Unsure	Yes – No – Unsure
Challenging behaviour?	Yes – No – Unsure	Yes – No – Unsure
Self-harm?	Yes – No – Unsure	Yes – No – Unsure
Significant substance abuse?	Yes – No – Unsure	Yes – No – Unsure

## Safe client contact method(s) guidelines

**Instructions:** Refer to the following guidelines to determine the most safe and appropriate contact method(s) based on the risk assessment outcome.

RISK	LOW
Assessment Outcome	If the answer is <b>NO</b> to <b>ALL</b> the risk factor questions – past or present.
Contact Methods	Phone, email, video
RISK	MEDIUM
Assessment Outcome	<b>Risk assessment default rating</b> If the answer is <b>UNSURE</b> to <b>ANY</b> question – past or present.
Contact Methods	Phone, email, video
RISK	HIGH
Assessment Outcome	If the answer is <b>YES</b> to <b>ANY</b> of the risk factor questions – past or present
Contact Methods	Phone, email, video
Risk mitigation	If there are any <b>present</b> risk factors identified in the risk assessment, the Advocate will advise the Program Manager to determine the risk mitigation strategies available to enable support to be provided and concurrently ensure staff safety

### 5.2.4 DEALING WITH A SUICIDAL CLIENT

#### 5.2.4.1 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.

#### 5.2.4.2 PROCEDURE

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

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

- MHAL will assess and send relevant professionals to assist the client.
- Wherever possible the client is to be informed of this action.



- Any referral to MHAL must be discussed with the PM.
- If there is any risk of violence the advocate is to observe risk management procedures in.
- Breach of confidentiality, whilst very important, is overruled when there is risk of significant harm (see [6 Privacy and Confidentiality policy](#)).

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.

## 6 PRIVACY & CONFIDENTIALITY

### 6.1 PRIVACY

#### 6.1.1 POLICY STATEMENT

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

The Helpline acknowledges and respects client's rights to maintain privacy, dignity and confidentiality of their information.

The Helpline is committed to protecting and upholding the rights of our clients to privacy in the way we collect, store and use information about them, their needs and the services we provide to them. The Helpline will take reasonable and robust steps to protect personal information from misuse, interference, loss, unauthorised access, modification or disclosure.

The Helpline is subject to *Federal Privacy Act 1988* (Cth) (Privacy Act) (as per funding contracts). The Service will follow the guidelines of the *National Privacy Principles* in its information management practices.

The Helpline will ensure that:

- it meets its legal and ethical obligations as service provider in relation to protecting the privacy of clients.
- clients are provided with information about their rights regarding privacy.
- clients are provided with privacy when they are being interviewed or discussing matters of a personal or sensitive nature.
- all staff and volunteers understand what is required in meeting these obligations.

##### 6.1.1.1 TYPES OF CLIENT INFORMATION HELPLINE COLLECTS

The Helpline collects different types of information that may be considered personal or sensitive in nature.

#### PERSONAL INFORMATION

The term “personal information” has the meaning given to it in the Privacy Act. In general terms, it is any information that can be used to personally identify an individual. This may include:

- Name
- Address
- Telephone number
- email address
- profession or occupation.

If the information collected personally identifies an individual, or they are reasonably identifiable from it, the information will be considered personal information.

#### SENSITIVE INFORMATION

The term “sensitive information” is a subset of personal information and is given a higher level of protection. In this policy, the term “sensitive information” has the meaning given to it in the Privacy Act. This may include:

- race or ethnic background, such as if you are an Aboriginal or Torres Strait Islander
- health
- sexual preference or gender identity.

#### 6.1.1.2 WHY THE HELPLINE NEEDS TO COLLECT PERSONAL AND/OR SENSITIVE CLIENT INFORMATION

The Helpline collect this information to help us keep track of the work we are doing for clients and to provide clients with the best possible advocacy service.

We collect, hold, use and may disclose client’s personal information for the following purposes:

- to provide services and to send communications,
- to answer enquiries and provide information or advice about our services,
- for the administrative, planning, quality control and research purposes,
- to update our records and keep individual contact details up to date,
- to process and respond to any complaint; and
- to comply with any law, rule, regulation, lawful and binding determination, decision, or direction of a regulator, or in co-operation with any governmental authority of any country.

This policy will apply to all records, whether hard copy or electronic, containing personal information about individuals, and to interviews or discussions of a sensitive personal nature.

#### 6.1.2 PROCEDURES

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

### 6.1.3 RESPONSIBILITY FOR MANAGING PRIVACY

All staff are responsible for the management of personal information to which they have access, and in the conduct of research, consultation or advocacy work.

The PM is responsible for content in The Helpline publications, communications and any online content and must ensure the following:

- appropriate consent is obtained for the inclusion of any personal information about any individual including the Service's personnel.
- information being provided by other agencies or external individuals conforms to privacy principles.
- any website/s used by the Helpline to engage with the public do not collect personal information from the public through their visit to the website/s.

#### *The Privacy Contact Officer for HELPLINE*

The Privacy Contact Officer will be the Program Manager. The PM will be responsible for:

- ensuring that all Helpline staff are familiar with the Privacy Policy and administrative procedures for handling personal information.
- ensuring that clients and other relevant individuals are provided with information about their rights regarding privacy.
- handling any queries or complaint about a privacy issue
- complying with the Service's information barriers policy

## 6.2 ACCESS TO CLIENT RECORDS

### 6.2.1 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.

The Service will prevent unauthorised persons gaining access to an individual's confidential records and permit individuals' 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.

### 6.2.2 PROCEDURES

#### 6.2.2.1 MANAGING CLIENT REQUESTS FOR ACCESS TO THEIR RECORDS

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

- Clients are informed of their right to access records containing personal information about themselves in the client handbook.

- Requests can be made in writing or in person with enough identification provided (see the request for copy of client file form).
- Providing a copy of the document requested may take between 1-2 weeks and must be approved by the PM. The PM will consult with the MA as required.
- A record of the request and information provided will be kept on the clients file in SF.
- Generally, only a photocopy of the documents will be supplied to the client.
- The PM will seek to make fair and appropriate decisions about permitting or refusing access to personal information.

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

### Appeals

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

#### 6.2.2.2 *MANAGING INDIVIDUALS/ORGANISATION REQUESTS TO ACCESS CLIENT INFORMATION*

1. Any person, except for a Helpline staff member must obtain consent from the client before obtaining access to the client's file.
2. Before any client information is disclosed to, or obtained from, an individual or organisation, written or audio authority is to be obtained from the client.
  - An authority can be verbally recorded where appropriate. Verbal authority may be obtained from the client if there is an urgency that corresponds with the client's will and preferences.
  - If verbal authority is obtained an advocate must make clear notes about reasons, date and time this verbal authority was obtained.
  - An advocate must obtain written consent as soon as possible (please refer to 3.4 Decision Making and Choice).
3. Advocates should be aware that some individuals and organisations (including those who refer clients to The Helpline) may have a conflict of interest with the client (please refer to [11 Independence and Conflict of Interest policy](#)). Sharing information with such individuals/ organisations, regardless of a client's authority, may have a detrimental effect on a client's interests.
  - Advocates should discuss, with their PM, the implications of sharing authorised information with individuals/organisations whose interest's conflict with the client. Please refer to [11 Independence and Conflict of Interest policy](#)
4. If another organisation wishes to contact a client, The Helpline may either invite the client to contact the organisation or obtain consent from the client to provide relevant information.

### 6.2.2.3 *MANAGING ACCESS TO CLIENT RECORDS WHEN DISCLOSURE IS REQUIRED BY SUBPOENA, NECESSITY AND/OR LAW*

Client records will be treated as confidential to clients and to authorised staff members and volunteers. Information about clients will typically only be made available to other parties with the explicit consent of the client.

There are some exceptions where information may need to be shared without the explicit consent of the client.

#### 6.2.2.3.1 SUBPOENA (UNLESS LEGALLY PRIVILEGED INFORMATION)

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

#### 6.2.2.3.2 NECESSITY

##### **Reporting abuse and neglect - Person with disability**

The Helpline is committed to ensuring that people with a disability are not abused or neglected and seeks to deal with complex ethical decisions around reporting consistently while protecting the person's right to self-determination.

Where possible, The Helpline will provide information to the person with disability (and their families and carers, if appropriate) about their right to live free from abuse and their entitlement to independent advocacy and support if their human rights are infringed.

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

- A decision to disclose information to seek help or protect the person experiencing or at risk of abuse/neglect or another form of risk and will pay due regard to the persons capacity to make decisions.
- Any need to disclose client information based on necessity should be discussed with the PM. The PM will work with the advocate to consider relevant sections of this policy and legislative frameworks and consult with relevant protection agencies as required.
- The final responsibility for dealing with or reporting abuse and neglect will be with the PM, in consultation with the MA and/or EO where required.
- Reports of abuse and neglect, subsequent deliberations, and reasons for decisions in dealing with such will be recorded on the client's file in SF.

##### **Reporting other serious threats of harm - others**

Where The Helpline reasonably believes that disclosure of a client's personal information is necessary to prevent a serious and imminent threat to another person's life, health, or safety or, a

serious threat to public health or safety:

- A decision to disclose a client's information to seek help or protect another person/people at risk will pay due regard to the level of risk involved.
- Any need to disclose client information based on necessity should be discussed with the PM. The PM will work with the advocate to consider relevant sections of this policy and legislative frameworks and consult with relevant protection agencies as required.
- Where appropriate, the client should be informed of the disclosure that The Helpline has made or intends to make to the relevant agencies/authorities.
- The final responsibility for dealing with or reporting the risk concern will be with the PM, in consultation with the MA and/or EO where required.
- Recording practices for any reports, subsequent deliberations and reasons for decisions must be considered carefully, some information may be detailed in the client SF file and/or in the organisations incident reporting system. PM should consult with the MA and EO as required.

#### 6.2.2.3.3 LEGISLATION – MANDATORY REPORTING

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

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

If it is agreed that a report must be made this should be recorded in the client file and the file note marked as confidential using the "legal privilege" check box.

Refer to 4. Service Provision: Individual Advocacy Policy & Procedures: [4.2.5.4 RECORDING INFORMATION NOT DIRECTLY RELATED TO THE ADVOCACY ISSUE](#)

## 6.3 FILES AND RECORD MANAGEMENT

### 6.3.1 POLICY STATEMENT

The Helpline 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.

### **6.3.2 PROCEDURES**

#### **6.3.2.1 MAINTENANCE OF FILES**

- Documentation should contain objective information. Care should be taken with the choice of language used [4.2.5 File Notes policy](#).
- SF client management system should contain copies of incoming documents and copies of any outgoing correspondence. All incoming and outgoing correspondence must be dated.
- Advocates are responsible for the management of Client records which are kept on the SF client management system and the Company Drive. Copies of all material (documents, emails etc.) relating to individual clients must be attached to the client's file in SF. Access is restricted to The 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

#### **6.3.2.2 FILE SECURITY**

- Any paper files for client's will be kept in a locked cabinet when not in use.
- Information kept on computer and back up will be kept in a secure fashion and password protected.
- All client records will be kept secure in an electronically protected filing system protected by password. The client records will be updated, archived and destroyed according to the organisation's client records policy.

#### **6.3.2.3 RETENTION AND ARCHIVING**

- The archiving storage or disposal of The Helpline client files is the responsibility of the Program Manager in consultation with the MA.
- Helpline electronic data is to be irretrievably destroyed after seven years unless required by or under an Australian law, Court or Tribunal Order

## 7 SYSTEMIC ADVOCACY

### 7.1 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.

### 7.2 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.

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.



# Section 4

## Service Management



## 8 SERVICE MANAGEMENT SUMMARY

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

### 8.1 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.

### 8.2 PROCEDURE

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

#### 8.2.1 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.

#### 8.2.2 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.

#### 8.2.3 STRATEGIC & BUSINESS PLANNING

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

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

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

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

## 9 PROTECTION OF HUMAN RIGHTS AND FREEDOM FROM ABUSE

### 9.1.1.1 POLICY STATEMENT

The Helpline acts to prevent abuse and neglect and uphold the fundamental human rights of people with disability set out in the United Nations Convention on the Rights of People with Disabilities (CRPD) and encompassed Australian laws and disability frameworks. The Helpline has additional contractual and risk management obligations because the service is working with vulnerable persons.

### 9.1.1.2 WORKING WITH VULNERABLE PERSONS

The Helpline seeks to meet the above policy and ensure the safety of people engaged with the service by employing the following strategies:

The Helpline will:

- Ensure personnel will sign a code of conduct to ensure that they understand that abuse and neglect of a people with disability 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 rights of people with disability.
- 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 and neglect.
  - Ensure policies and procedures are in place to guide decision making (see [6.2.2.3 MANAGING ACCESS TO CLIENT RECORDS WHEN DISCLOSURE IS REQUIRED BY SUBPOENA, NECESSITY AND/OR LAW](#))
  - source and make available relevant information and resources which can assist staff and the service in dealing with issues relating to abuse and neglect
- Ensure that all staff recruited are screened with police checks and working with children checks as a safeguard to minimise the risk of exposing people with disability to abuse and neglect.
  - See also 'Schedule 1 - Working with Vulnerable Persons Procedure' which forms part of the employee conditions of employment and volunteer work agreements, found in the [ALA Policy Manual](#).

## 10 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:

### Salesforce

Create a complaint using the New Intake + button in SF

1. Enter the name of the person making the complaint or select the contact from the system if the complaint is from a current or past client.
2. Chose the case type Complaint/Feedback.
3. 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.
4. Please ensure to scan and upload all hard copy documents relating to the complaint onto SF
5. Close on SF when the complaint is resolved with details of the outcome and any service improvements necessary arising from the complaint (if required).

### Complaints Register

Complete the [complaints register](#).

Provide only a brief de-identified description of the complaint and where relevant details of any service improvements The Helpline might consider making/has made as a result of the issue(s) highlighted in the complaint.

For "Location of File" in the complaints register make note of the Program (The Helpline) and the SF case number.

## 10.1 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."

## 10.2 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 [ALA 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.

### 10.3 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.

#### 10.3.1 COMPLAINTS AND APPEALS MANAGEMENT PROCEDURE

##### Procedure

1. A complainant can involve a friend, family member, carer or someone they trust throughout the complaints process.
2. In the first instance, a complainant can try to address their complaint with the person they have a problem with (unless it is a serious complaint, e.g., involving sexual abuse, in which case the person should skip this step).
3. If the complainant is unhappy with the outcome 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)

### **10.3.2 COMPLAINTS INVOLVING A DIFFERENT ALA PROGRAM**

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.

#### 10.4 GENERAL

1. These procedures will be made freely available to applicants and clients in a simple format (Client Handbook) and by and oral explanation adapted to the needs of each client.
2. Complaints and disputes will be handled in a manner consistent with ALA's privacy policy.
3. Records of complaints and disputes raised, action taken, outcomes reached, method of resolution and feedback from complainants will be kept through a complaint register. Records will also be kept of any policy and procedure which may have been altered because of this process.
4. 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.

## 11 INDEPENDENCE AND CONFLICT OF INTEREST

### 11.1 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 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.

### 11.2 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 and volunteers:

1. act impartially and without prejudice
2. declare any potential or actual conflict of interest
3. 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.

### 11.3 REGISTER OF KNOWN CONFLICTS OF INTEREST

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

1. potential or actual conflicts of interest that exist when a person joins the organisation.
2. 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.

### 11.4 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, 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 CEO; or the Manager Advocacy, for staff or volunteers.

### 11.5 MANAGEMENT OF CONFLICTS OF INTEREST

Where a conflict of interest is declared or identified:

#### 11.5.1 FOR STAFF MEMBERS

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

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

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

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

### **11.5.2 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.

### **11.5.3 CONTRACTORS**

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

## **11.6 CONFLICT OF INTEREST – CLIENTS**

### **11.6.1 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:**

1. 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.

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

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

**Practice Example:**

1. 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.

#### **11.6.3 CLIENT-CLIENT CONFLICT OF INTEREST**

At intake of all potential clients, staff involved in the process must conduct a conflict-of-interest check using 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:**

1. 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.
2. 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.
3. 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.
4. 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.

#### 11.6.4 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:

1. 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.

#### 11.6.5 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.

#### 11.7 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.

### 11.8 GIFTS AND OTHER BENEFITS FROM CLIENTS

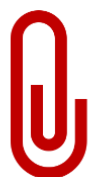
Staff (including volunteers) should be conscious of the perception to others of accepting gifts and other benefits. Staff must not solicit or accept anything of value from a client or associate which might interfere with their independence and the conduct of their duties and responsibilities. The very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

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

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



# APPENDICES



## 12 APPENDIX B: DEALING WITH A SUICIDAL CLIENT

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

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

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

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

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

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

**If a plan to end their life has been made:**

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

**Factors that increase the risk of suicide include:**

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

**Where to call for help:**

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

## 13 APPENDIX C: DEALING FAIRLY WITH DIFFICULT CLIENTS & COMPLAINANTS

### NSW OMBUDSMAN GUIDELINES

#### Understanding complainant behaviour

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

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

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

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

#### Complaints found to be made maliciously

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

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

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

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

#### Complaints found to be made vexatiously

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

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

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

### **Persistent complainants**

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

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

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

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

### **Restricting access to services**

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

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

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

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

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

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

### **Limiting responses to future complaints**

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

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

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

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

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

## 14 APPENDIX D: DEALING WITH WORKPLACE VIOLENCE

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

### Recognising the Signs

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

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

Non-verbal cues include:

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

### Physical Violence

When confronted by violent behaviour:

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

**To ensure that pacifying words and body language match:**

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

## Verbal Threats

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

### Staff who are being verbally attacked should:

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

### Phone threat Procedure

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

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

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

### Client Threats against Staff

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

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

The PM and EO will investigate the incident and develop an action plan in conjunction with the staff member involved. The EO will write to the client, explaining reasons for any decisions.

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



## 15 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 Helpline's 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 made an attempt to resolve the matter through mediation services which are freely available. This would exclude matters where there is evidence of serious violent threats or acts of violence -- where the police should be involved. 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 provides 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