

Accessing Southern Disability Advocacy Services

(NB For new clients SDA provides advocacy via individual advocacy only.)

Response to enquiries & requests for advocacy

When an enquiry is received staff first need to determine if the person who is the subject of the request for advocacy:

- Fits within our eligibility criteria and has an issue that is resolvable by advocacy and;

If the Program has the:

- capacity to assist
- expertise to assist

SDA advocates for people with all disability. The Program uses a broad interpretation of disability, for example a person being on the Disability Pension would be a strong indication they would be eligible for our services but not being on the pension does not disqualify a person from receiving our services. Each person's circumstances is considered individually. However, being eligible for our services does not mean automatically the person will receive services, as we must have the capacity and expertise to assist, and the matter has to be something that can be resolved by advocacy.

The maximum advocacy case load (number of issues not number of clients) for a full time staff member is to be 30. Where the workload is 20 to 30, then new issues from existing clients will only be taken on if an existing issue for that client can be suspended until the new issue is completed.

These limits are reduced pro rata, according to the number of days per week a staff member is employed.

When a person is determined to not be eligible, SDA will take all reasonable steps to locate and refer them to an alternative service to meet their needs. Upon referral staff must always invite the caller to contact SDA again should the referral not be successful, for example, SDA staff are expected to use the following, "I encourage you, genuinely encourage you to call me back if you get stuck with this." SDA philosophy is to do what they can to assist callers within our resources.

The above also applies in matters where SDA does not have the expertise or capacity to assist with the enquiry.

Where the Program cannot take on a request for Advocacy, the staff member should enter the enquiry into the Ivo database. Enquiries in Ivo are reviewed as part of the Annual Self Assessment to identify any patterns that may indicate inappropriate barriers to accessing SDA services. Should such patterns be

identified, strategies will be devised, implemented and reviewed to ensure the Program is as accessible as possible to all potential users.

If while working with a client on an issue, another issues arises that is beyond the expertise of SDA, the Program will assist the client to access another, more appropriate service. In the event another issue arises while working with a client, and there is insufficient capacity to take the matter on, staff are required to discuss with the client the relative importance of the new issue compared to existing issues currently being addressed, and support the client to make a choice about priority of work to be undertaken. As a result of this, a client may choose to put an issue on hold in order to address something new that has arisen.

Intake Processes & Addressing Individual Needs

When a client has been accepted in to the program Southern Disability Advocacy strongly believes that people with disabilities have the same rights as any other members of the community. Therefore, as far as practicable, people with disability will be given the same range of choices and opportunities for participation in the decision and events that affect their life, as would be expected by any other member of the community. This attitude guides our advocacy work at SDA.

When a person with a disability comes to the Program seeking advocacy, it is the responsibility of staff to gather information in order to understand the situation and determine the role of advocacy in obtaining a resolution that:

- is satisfactory for the person
- meets their needs
- assists them to achieve their goals.

Information collected is personalized and sought in a manner that is sensitive to the client's circumstances and abilities. For example, an intake meeting can mean canvassing emotionally charged issues, and this can mean the obtaining of other material is best left to another time. The Program uses the Client Details Form to guide the collection of information that is likely to be useful for providing advocacy for the person but it is not expected that every field in the Form will be completed, either at the intake meeting or at any subsequent time. The Client Details Form merely prompts staff to explore the matters that are important to the client and to determine their preferences about the work we do for them. This includes what is important to them, their chosen means of communication, their cultural and/or religious identification, their interests and dislikes, their attitude to the people in their lives and what these various individuals can bring to the advocacy we will be doing for the person.

Information that is gathered is held in a physical client file and the Ivo database. When the staff member has a clear understanding of these factors and other

matters that are relevant, they will develop an Advocacy Action Plan with the person. The Plan will reflect the decisions and choices of the person. Other people may be included in the development of this Plan, when appropriate and with the consent of the person with a disability. The format of the Plan may follow that of the example in the Appendix of this document or other formats, as appropriate to the situation and the skills of the person with a disability. The Action Plan is intended to:

- Establish the goals the person with a disability wishes to reach.
- The strategies to be employed to achieve these goals.
- The priority the person places on each of these goals and strategies.

In some cases, the documenting of the goals for advocacy and agreed actions to achieve these will be documented in alternative formats, for example in email discussions or verbally and recorded in Ivo, rather than in an Advocacy Action Plan. Where a client is unable to negotiate an Advocacy Action Plan, this will be documented, and advocacy goals will be developed with significant others in the person's life (if appropriate) and/or in a manner consistent with autonomy, choice and human rights. Where these alternative approaches are used, it will be documented in case notes.

SDA staff must obtain consent to exchange information about the client: this is typically done on the SDA Exchange of Information Permission form. In cases where written consent cannot be given it is acceptable for the staff member to record the person's verbal consent on the same form and/or in case notes.

It is Program policy that staff obtain specific consent from the client to discuss particular issues with other parties as appropriate to meet the person's advocacy needs. This consent is typically provided verbally. In such instances specific information, including when permission was given and for what is recorded in the Ivo file.

Where a client is receiving ongoing advocacy service, consent will be updated every two years.

The Program has an obligation to provide a person with a disability with:

- Realistic expectation of what they can expect from Southern Disability Advocacy.
- Information on the advocacy activities to be undertaken with them or on their behalf.
- What alternative options are available and the foreseeable consequences so that the person can make their own informed choices.

The Program recognises that where someone's cognitive impairments impact on their ability to understand consequences of their choices or to comprehend a wide range of options; staff will sometimes have to present information:

- sequentially
- visually
- as dichotomous choices

It is the responsibility of staff to consider how best to support the person to maintain maximum control over their lives, including the right to take reasonable risks, comparable to those available to other members of the community.

As part of the intake process, staff will address risk issues in relation to the client, using the Dignity of Risk Decision Trees. These are flowcharts intended to guide the thought processes and decisions staff make in relation to the risks associated with working with people who may be vulnerable or who may, as a result of their circumstances or abilities, present a risk to other people. This is not to suggest that SDA believes people with disabilities are naturally more likely to be a threat to others, merely a reflection of the general issues of risk that can arise in working with people who may be under great stress at the time they seek our services.

Staff will also address the potential for conflict of interest matters in relation to a client or a new client issue, using the Conflict of Interest Decision Tree. This flow chart is intended to ensure staff consider any likelihood that conflict of interest issues could impact on the advocacy provided by SDA, and take steps to address this.

SDA will provide the Client Handbook, the Advocacy Action Plan and the Exchange of Information Consent Form in alternative formats or languages as required to meet the needs of individual clients.

Where required, SDA will take steps to ensure that an interpreter is available for a client, and if necessary utilize the Victorian Interpreter Service for this support, whether for intake processes or for ongoing work with a client.

Progress in Advocacy Work & Reporting

Progress on the person's case is recorded in their physical file and/or Ivo as appropriate. This information is available for the person to view at any time.

Selected new Advocacy cases are reported to the Committee of Management via the bi-monthly Program Report.

The Program strongly believes that one of the indicators of a full, enriched life is the opportunity to take risks and to learn from these experiences. However, this opportunity has often been denied to people with disability, resulting in limited life

experiences and a lack of support to make informed decisions. A key part of advocacy is to assist people with disability in having reasonable opportunities to learn and grow through their own decisions, just as their peers without disabilities have these opportunities. Although this can be challenging for the Program and for individual staff, the operating principle is that people with disability have a right to quality of life, including taking risks and trying new things. The Dignity of Risk Decision Trees are intended to assist staff with these matters.

SDA recognizes and supports the positive contributions made to the lives of people with disabilities by family members and other informal networks. Where ever possible and appropriate, and subject to the consent of the client, SDA will engage with family members to promote and support the informal networks of a client.

Where necessary physical files will be formatted to ease data handling.

Exiting the Southern Disability Advocacy Program

A file is closed:

- When the client and SDA are mutually satisfied that SDA has done all that can be done in the matter.
- The person with a disability decides that they no longer wish to pursue the matter.

Sometimes SDA may hold the opinion that they have done all that is possible in terms of advocacy for the client. The final decision as to whether SDA will continue to provide service will rest with SDA and this will be explained to the client. If in these circumstances, the client wishes to pursue further advocacy action, SDA will make all reasonable steps to link the person with a disability to alternative services. A client issue may close but the client may have other ongoing issues that the program is working on.

Once a decision has been made that a matter has been finalised, the client's file will be closed. Closure of a file does not exclude a client from accessing SDA services in the future. Access is based on issues a person with a disability may be experiencing and the capacity of the Program at the time.

Closure of an advocacy issue is recorded in the Ivo database.

Clients who receive an ongoing service

The Program has elected to provide an ongoing service to a limited number of clients. This has typically been the provision of ISP & NDIS nominee services for people who do not have the ability to manage their own ISP funding and who do not have someone in their life who is a disinterested party. The Program has undertaken significant advocacy for people in these situations, where the advocacy has been about ensuring the person receives full benefit of their

funding. By fulfilling the role of nominee, the Program is able to ensure the funding is used in accordance with the goals of the person's Plan, without any conflict of interest.

A Plan is typically reviewed annually, and SDA participates in the review, including discussing with the client if they wish SDA to continue as the nominee. Work done as the Plan nominee is recorded in the Ivo database. Consent forms are revised every 2 years and the Program regularly discusses with the person their wishes in relation to the use of their Plan.

The Program receives no funding from the person's Plan, so there is no conflict of interest in providing this support.