

Access to Individual Advocacy Policy & Procedures

Purpose

AMPARO Advocacy accepts referrals for independent social advocacy with, and on behalf of, vulnerable children, young people, and adults from a culturally and linguistically diverse background with disability. The Access to Individual Advocacy policy and subsequent procedures outline how AMPARO engages in intake processes to assess, accept and/or decline referrals from individuals, support networks, government, and community organisations.

Scope

- The Access to Individual Advocacy policy and procedures will be utilised by all staff members, volunteers, students, management committee members and contractors.
- The Access to Individual Advocacy policy and procedures applies to advocacy work undertaken by AMPARO Advocacy that involves children, young people and adults referred to AMPARO.

Policy Statement

- AMPARO Advocacy provides state-wide individual advocacy to uphold the human rights, interest and wellbeing of children, young people, and adults from a culturally and linguistically diverse background with disability.
- AMPARO accepts referrals from individuals, support networks, government, and nongovernment organisations in person, or via phone, email, or website.
- AMPARO Advocacy aims to build the capacity of children, young people, and adults to exercise choice and control over their lives by seeking their consent for referral where possible. Parental or Guardian consent will also be sought in those instances where a child or young person is under the age of eighteen, or where an adult has an appointed guardian.
- AMPARO staff will engage with interpreters and provide translated information where possible to ensure effective communication, and that those engaging in the referral process are able to understand their rights and entitlements, communicate their needs and interests and make informed decisions.
- AMPARO Advocacy is committed to advocating for a diverse mix of children, young people and adults who differ in age, disability, language, culture, ethnicity, living arrangement, relationships, and life situations. Advocacy will always be provided on a non-discriminatory

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basis, in accordance with the Anti-Discrimination Act 1991, Disability Services Act 2006 and the Disability Discrimination Act 1992.

• AMPARO Advocacy eligibility criteria is as follows:

Eligibility Criteria

To receive individual advocacy the child, young person or adult must meet AMPARO's eligibility criteria, which means they must:

- $\hfill\square$ have a disability, and
- $\hfill\square$ be from a culturally and linguistically diverse background, and
- □ be vulnerable with fundamental needs not being met, and
- $\hfill\square$ be aged between 0- 65years of age, and,
- □ live within the Brisbane / Moreton Bay Area to receive face-to-face advocacy, OR
- □ reside in the State of Queensland to receive phone advocacy or support to connect with their local advocacy agency.
- AMPARO Advocacy is unable to accept referrals where the organisation has reached capacity. Acceptance for advocacy is dependent on AMPARO Advocacy having the capacity to allocate a worker to respond to the individual's needs either face to face or over the phone. In situations where advocacy cannot be provided, the child, young person or adult, their support network and/or referring agency will receive advice and information and if needed, supported to connect with their local advocacy agency or referred to the Queensland Independent Disability Advocacy Network (QIDAN).
- AMPARO Advocacy will prioritise vulnerable children, young people, and adults where possible during the intake process. Situations where children, young people and adults are likely to be vulnerable include when they are:
 - o without permanent residency, new to life in Australia;
 - o at risk of eviction, homelessness, or living on the street;
 - o devalued or neglected, with their needs not known or not being addressed;
 - in facilities such as mental health units, hospitals, nursing homes, hostels and boarding houses, group homes, or in prison;
 - o in physical danger or in abusive situations;
 - \circ at risk of making poor decisions which leave them open to danger and exploitation;
 - \circ $\,$ a threat to self or to others by behaviour that is seen as challenging; or
 - without connections, poorly supported, in harmful or unstable living arrangements.

Procedures

Seeking out individuals for advocacy

Staff and associates will seek out children, young people and adults who meet AMPARO Advocacy's eligibility criteria for advocacy and who may not come to our attention because they have no one in

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their lives who is able to speak out on their behalf. Staff and associates may identify eligible children, young people, and adults through:

- Carrying out their day-to-day work.
- Based on the priorities set by the management committee in AMPARO's Strategic Plan, staff and associates will proactively seek out individuals who require advocacy. Workers may do this by visiting places where children, young people, and adults from CALD backgrounds with disability are likely to remain extremely isolated, such as playgroups, schools, homeless shelters, nursing homes, hostels, institutions, and hospitals.
- Staff and associates will develop close working relationships with allies and contacts within the multicultural and disability sector that may be able to assist in identifying highly isolated and vulnerable children, young people, and adults.

Referrals for Advocacy

AMPARO Advocacy can receive requests for advocacy from children, young people and adults with disability, their support networks, government, or community organisations can make a referral to AMPARO. Referrals can be made:

- In person
- By phone
- Via email
- Through AMPARO's website

When a referral is received in person or via phone, the staff member or associate taking the referral is to ensure a Referral for Advocacy Form is completed and emailed, or given, to the Senior Administration Officer.

Responding to requests for advocacy

- When a referral is received in person or via phone, the staff member or associate completing the intake will determine the need for an interpreter to assist with communication with the child, young person or adult being referred, alongside their support network representative, and if needed access a telephone interpreting services such as the Translating and Interpreting Service (TIS).
- The staff member or associate will seek the consent of the child, young person or adult being referred, and/or the identified parent/guardian to complete the Request for Individual Support referral form. Consent forms are in the Information Booklet/Child & Young Person Information Booklet.
- 3. When a referral is received via email or website, the Senior Administration Officer will enter the information on to the database and request further information where possible from the referrer.
- 4. The Senior Administration Officer will acknowledge the referral and explain AMPARO's

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eligibility criteria and AMPARO's process for accepting new referrals for advocacy. Where possible, all details on the referral form should be completed.

- 5. Where a child, young person or adult does not meet the criteria for referral, the Senior Administration Officer should inform the person/referrer of their ineligibility. The Senior Administration Officer completing the intake will update the referral into IVO as 'not meeting criteria.' Where possible in these circumstances, referral, information, and advice should be provided.
- 6. All new referrals for advocacy should be provided to the Senior Administration Officer for collation and will be tabled at the fortnightly staff meeting.
- 7. The Manager and Senior Administration officer will meet fortnightly following the staff meeting and determine if the request for advocacy will result in:
 - a. Face to face advocacy
 - b. Phone advocacy
 - c. Referral to another service due to capacity
 - d. Being declined due to more appropriate services being available.
- 8. When insufficient information has been provided to determine advocacy criteria, further investigation may be necessary to clarify a child, young person or adult's need for advocacy, or most appropriate support to meet their current needs. An Advocate will be allocated to seek additional information and bring this to the next staff meeting.
- 9. If the child, young person, or adult is determined that they meet advocacy criteria, these referrals will be discussed to determine the prioritisation of each referral:
 - a. Child, young person or adults' vulnerability and urgency of advocacy issues;
 - b. If the child, young person, or adult will require short term (less than 6 months) or longterm advocacy;
 - c. The diversity of the children, young people and adults currently receiving advocacy, including age, disability, ethnicity, language, and life circumstances. Where possible, children and young people will be prioritised for service due to their age and subsequent additional vulnerability;
 - d. Collaborating with Individual Risk Assessment outcome and plan;
 - e. The capacity of the organisation and individual Advocates; and
 - f. Which advocate will be allocated to respond to the request for advocacy or to help connect with another organisation.
- 10. When AMPARO does not have the capacity to provide immediate advocacy, the child, young person or adult and their support network/referrer will be advised of the wait time. Support for referral to other services during wait times will be provided where required.

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Accepting requests for advocacy

- 1. Once a child, young person or adult has been accepted for advocacy the allocated Advocate will:
 - a. Advise the referrer that the child, young person, or adult has been accepted for advocacy;
 - b. Arrange to meet with the child, young person, or adult alongside their support network, at a mutually agreed time and place;
 - c. Initial meetings will be conducted with the allocated Advocate, and where risk assessment deems necessary, a second AMPARO employee;
 - d. Initial meetings will be conducted with an interpreter if required;
 - e. Information about AMPARO will be provided through the AMPARO information booklet, and through discussion with the Advocate;
 - f. Information for children and young people is provided in a child friendly way through our "AMPARO Child & Young Person Information Booklet," and through discussion with the Advocate.
 - g. Information booklets include:
 - i. Information about the service, including contact details;
 - ii. Information about our mission and values;
 - iii. Information about our Commitment to Children and Young People;
 - iv. Information about our compliments and complaints policies and procedures;
 - v. Request for feedback;
 - vi. Information about our privacy and confidentiality policies and procedures; and
 - vii. Our consent for advocacy form.
 - h. Consent from the child, young person or adult will be sought, alongside the consent of a parent/guardian where required.
- 2. Once the child, young person or adult has consented to engaging with AMPARO, the Advocate will work with the individual and their identified support network to understand:
 - a. Their vulnerability, life experiences and current situation;
 - b. Their views and wishes of their current situation;
 - c. The impact of impairment;
 - d. The language and cultural needs;
 - e. Current stage in the settlement process; and
 - f. The broader social, legislative and policy context.
- 3. Advocates will utilise best practice approaches, such as engaging certified interpreters and making translated information available, to ensure that children, young people and adults, and their support networks:
 - a. Understand their rights;
 - b. Communicate their needs;
 - c. Can make informed decisions.

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Declining advocacy requests

- 1. The Senior Administration Officer will notify the referral source of the request outcome, including reasons for not being able to offer individual advocacy.
- Where possible, relevant information, referral and advice will be provided to another advocacy agency or to the QDAH through the Disability Advocacy Pathways – 1800 130 582, pathways@gai.org.au.

Recordkeeping

Advocacy requests, advocacy plans, file notes, and outcomes will be stored in accordance with AMPARO's confidentiality and record keeping policies and procedures on IVO.

<u>Waitlist</u>

Given AMPARO's limited individual advocacy resources, it is considered unreasonable to give the expectation that individual advocacy will be forthcoming within a specific period. Attempts will be made to provide information, referral, and support where AMPARO is unable to provide advocacy.

Role	Responsibility
Staff	Undertake intake for AMPARO where required.
Students	Follow the intake policy and procedures.
Volunteers	Engage in relevant training related to intake.
Contractors	Engage in risk assessments when working with new clients.
	Consult with the other Advocates and Service Manager in
	relation to intake matters at staff meetings, and at other times where required.
	Maintain confidentiality and follow Record Keeping and
	Information Sharing Guidelines.
Manager	Those responsibilities listed above, and:
_	Provide leadership and oversight to the intake process,
	including the Access to Individual Advocacy policy and procedure implementation.
	Monitor the work environment to ensure policy and
	procedures are followed.
	Provide consultation, training, and development for staff in
	relation to intake process.
	Investigate reports of staff not following policy and
	procedure.
Management Committee	Those responsibilities listed above, and:
Members	Provide oversight to Access to Individual Advocacy policy and procedure implementation.

Roles & Responsibilities

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Definitions

- Child / Young Person an individual who is under eighteen (18) years of age.
- Discrimination the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, sex, or disability.
- Intake the client's taken into an organisation at a particular time.
- Support Network persons in a child, young person or adults' life who provide direct care and/or support. This may include, but not be limited to, parents, carers, guardians, family members, foster, kinship or residential carers, friends, professionals, support workers, service providers.

Legislation & Relevant Standards

- Anti-Discrimination Act 1991 (Cth)
- Disability Discrimination Act 1992
- Disability Inclusion Act 2014
- Disability Services Act 2006
- Disability Services and Other Legislation Amendment Act 2008
- Guardianship and Administration Act 2000
- Human Rights Act 2019
- National Principles for Child Safe Organisations
- United Nations Convention on Rights of Persons with Disability
- United Nations Convention on the Rights of the Child

Related Documents, Forms and/or Registers

- 4.01a Amparo Referral for Advocacy Form
- 4.01b Advocacy Intake Form Adult
- 4.01c Consent for Advocacy Child and Young Person
- 4.01d Child and Young Person Information Booklet

HSQF Standards & Indicators

Standard	Indicator
1 - Governance and Management	1.1 The organisation has accountable and transparent governance requirements that ensure compliance with relevant legislation, regulations and contractual arrangements.
	1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.
	1.6 The organisation encourages and promotes processes for participation by people using services and other relevant stakeholders in governance and management processes.
	1.7 The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.
2 - Service Access	2.1 Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied

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	based on relative need, available resources and the purpose of the service.
	2.2 The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services.
	2.3 Where an organisation is unable to provide services to a person due to ineligibility or lack of capacity, there are processes in place to refer the person to an appropriate alternative service.
3 - Responding to Individual Need	3.1 The organisation uses flexible and inclusive methods to identify the individual strengths, goals and aspirations of people using services.
	3.2 The organisation formulates service delivery that respects and values the individual (e.g., identity, gender, sexuality, culture, age and religious beliefs).
	3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
	3.4 The organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.
	3.5 The organisation has a range of strategies to ensure communication and decision-making by the individual is respected and reflected in goals set by the person using services and in plans to achieve service delivery outcomes.
4 – Safety, Wellbeing and Rights	4.1 – The organisation provides services in a manner that upholds people's human and legal rights.
	4.2 - The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.
	4.4 - People using services are enabled to access appropriate supports and advocacy.
	4.5 - The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.
5 – Feedback, Complaints and Appeals	5.1 – The organisation has fair, accessible and accountable feedback, complaints and appeals processes.
	5.2 - The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.
	5.3 - People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals and assisted to understand how they access them.

National Standards for Disability Services

Standard	Indicator
1 – Rights	1.1 The service, its staff and its volunteers treat individuals with dignity and respect.
	1.2 The service, its staff and its volunteers recognise and promote individual freedom of expression.
	1.3 The service supports active decision-making and individual choice including the timely provision of information in appropriate formats to support individuals,

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	families, friends, and carers to make informed decisions and understand their rights and responsibilities.
	1.5 The service has preventative measures in place to ensure that individuals are free from discrimination,
	exploitation, abuse, harm, neglect, and violence.
	1.6 The service addresses any breach of rights promptly
	and systemically to ensure opportunities for improvement are captured.
	1.7 The service supports individuals with information and, if needed, access to legal advice and/or advocacy.
	1.8 The service recognises the role of families, friends, carers, and advocates in safeguarding and upholding the rights of people with disability.
	1.9 The service keeps personal information confidential and
	private.
2 – Participation and Inclusion	2.1 The service actively promotes a valued role for people with a disability, of their own choosing.
	2.2 The service works together with individuals to connect
	to family, friends, and their chosen communities.
	2.3 Staff understand, respect, and facilitate individual
	interests and preferences, in relation to work, learning, social activities and community connection over time.
	2.4 Where appropriate, the service works with an
	individual's family, friends, carer, or advocate to promote
	community connection, inclusion, and participation.
	2.5 The service works in partnership with other
	organisations and community members to support
	individuals to actively participate in their community.
	2.6 The service uses strategies that promote community and cultural connection for Aboriginal and Torres Strait
0 la dividual Outra area	Islander people.
3 – Individual Outcomes	3.1 The service works together with an individual and, with
	consent, their family, friends, carer or advocate to identify their strengths, needs and life goals.
	3.2 Service planning, provision and review is based on individual choice and is undertaken together with an individual and, with consent, their family, friends, carer, or advocate.
	3.3 The service plans, delivers and regularly reviews services or supports against measurable life outcomes.
	3.4 Service planning and delivery is responsive to diversity including disability, age, gender, culture, heritage, language, faith, sexual orientation, relationship status, and
	other relevant factors.
	3.5 The service collaborates with other service providers in
	planning service delivery and to support internal capacity to respond to diverse needs.
4 – Feedback and	4.1 Individuals, families, friends, carers and advocates are
Complaints	actively supported to provide feedback, make a complaint
	or resolve a dispute without fear of adverse consequences.
	4.2 Feedback mechanisms including complaints resolution,
	and how to access independent support, advice &
	representation are clearly communicated to individuals,
	families, friends, carers, and advocates.
	4.4 The service seeks and, in conjunction with individuals,
	families, friends, carers and advocates, reviews feedback

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	on service provision and supports on a regular basis as part of continuous improvement.
	4.5 The service develops a culture of continuous improvement using compliments, feedback, and complaints to plan, deliver and review services for individuals and the community.
5 – Service Access	5.1 The service systematically seeks and uses input from people with a disability, their families, friends and carers to ensure access is fair and equal and transparent.
	5.2 The service provides accessible information in a range of formats about the types and quality of services available.
	5.3 The service develops, applies, reviews, and communicates commencement and leaving a service process.
	5.4 The service develops, applies, and reviews policies and practices related to eligibility criteria, priority of access and waiting lists.
	5.5 The service monitors and addresses potential barriers to access.
	5.6 The service provides clear explanations when a service is not available along with information and referral support for alternative access.
	5.7 The service collaborates with other relevant organisations and community members to establish and maintain a referral network.
	6.6 The service has systems to strengthen and maintain organisational capabilities to directly support the achievement of individual goals and outcomes.
	6.7 The service uses person-centered approaches including the active involvement of people with disability, families, friends, carers, and advocates to review policies,
	practices, procedures, and service provision.

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