



DADA  
Participant Information Handbook  
2021



## TABLE OF CONTENTS

<b>TABLE OF CONTENTS</b> .....	<b>1</b>
<b>PURPOSE</b> .....	<b>2</b>
<b>SERVICE PARTICIPANT POLICY</b> .....	<b>3</b>
<b>PRIVACY &amp; CONFIDENTIALITY</b> .....	<b>3</b>
<b>SAFEGUARDING</b> .....	<b>3</b>
<b>MANDATORY AND INCIDENT REPORTING</b> .....	<b>3</b>
<b>FEEDBACK, COMPLAINTS &amp; DISPUTES</b> .....	<b>3</b>
<b>ADVOCATE GUIDELINES</b> .....	<b>3</b>
<b>EXTERNAL RESOURCES</b> .....	<b>3</b>

## PURPOSE

The purpose of this *Participant Information Handbook* is to inform participants of DADAA's policies (relating to Service Participant, Privacy & Confidentiality, Safeguarding, Mandatory and Incident Reporting, Feedback, Complaints & Disputes, Advocate Guidelines, External Resources) so that they recognise their decision making authority and consent, also their choice and control concerning the services they receive and their contribution to continuous improvements. DADAA's values ensure that our services continue to be disability-led and inclusive for all participants.

*Table One: DADAA's values*

Value	Description
Creative Value  <b>Gutsy</b>	<p>We challenge ourselves to be innovative and take artistic risks, we are fearless in our pursuit of discovery, of artistic experimentation, and we push ourselves to present, perform and exhibit our work to the community and beyond. We are ambitious in our demands for a place in the arts industry, and for our voice to be heard. We value our unique stories and place in the world, and we are determined in setting our personal goals and achieving them beyond measure. We work with mentors and exceptional artists from Australia and internationally, to develop new skills, and take our practice to new levels. We create safe environments for artistic risk-taking, ensure dignity, and encourage ambition.</p>
Programming Value  <b>Diverse &amp; Inclusive</b>	<p>We are a diverse community, who respect different viewpoints and values, come from many life experiences, and hold unique stories and perspectives. We actively create dialogue with our communities, and we are socially engaged in the work we create. We don't allow barriers and challenges to stop us making and participating in art, we find solutions to each of our needs. Equal opportunity is core to our programming. We aim high, we want the best places, programs and we want the highest cultural inclusion we deserve. We want to be seen on the best stages and show our work to audiences across the globe. We find opportunities to flourish and thrive. We work with real human stories and lives. We change people's lives.</p>
Attitude Value  <b>Disability-led</b>	<p>Our participant agency is paramount in the work and programs we create. Artists with disability are at the very centre of all activities, we shape programs and projects to reflect our unique voice and perspective, and resource capacity building in all our artists and teams. We actively create leadership opportunities for all artists with disability, in the organisation, in career development and in creative developments and new works. We invest culturally in the politic of disability arts.</p>
Relationships/ Networks Value  <b>Collaborative</b>	<p>We have different bodies, different voices and unique perspectives. We make great art from sharing these perspectives, skills and resources. We support each other generously to achieve the best outcomes for new works, for our artists and our organisation. We support our collegiate partners in the arts sector so we can actively and equally participate in the cultural landscape and take our stories to new audiences. We empower our people to accept these opportunities.</p>
Operational Value  <b>Trusted &amp; Generous</b>	<p>Our actions and intentions are clear and transparent. We strive for continuous improvement and best practice in all our activities and ambitions. We value openness and honesty in the way we communicate and work with others. We are true to our word – what we say is what we do. We follow through with promises. We do what's right regardless of who will notice our actions. We share our knowledge to create a better and more ambitious arts world for the people we support. We are leaders in our field, and we are a powerful voice for change.</p>



## Purpose

*Service Participant* is a policy that outlines DADAA's procedures for Access, Entry and Exit, across all of the organisation's programs, activities and services.

## Scope

This policy applies to all employees performing work for DADAA across Western Australia, Australia and when they work internationally. This policy also applies to all volunteers and contractors performing work on behalf of DADAA. This policy does not absolve DADAA directors from their responsibilities as Officers of the company.

## Policy Statement

Over the last 25 years, our service participant criteria has evolved to ensure that DADAA:

- Has the expertise to provide services to participants before they enter the service.
- Has a quality-of-service commitment to its participants
- Has adequate resources available for existing participants.

Eligibility for services is outlined by the *National Disability Insurance Scheme Rules 2018* and the *Disability Services Act (1993)*. This legislation defines a disability as:

*An individual who is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of such impairments, that is permanent or likely to be permanent and results in substantially reduced capacity of the person for communication, social interaction, learning or mobility, and therefore the need for continuing support services.*

## The NDIS Code of Conduct

*All DADAA services and operations adhere to the NDIS Code of Conduct, this is our obligation to all participants accessing DADAA through the NDIS.*

The NDIS Code of Conduct requires DADAA staff delivering NDIS supports and services to do the following in providing supports and services:

- Act with respect for participant rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
- Respect the privacy of people with disability
- Provide the supports and services in a safe and competent manner with care and skill.
- Act with integrity, honesty and transparency

- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence against and exploitation, neglect and abuse, of people with disability.
- Take all reasonable steps to prevent and respond to sexual misconduct

DADAA provides a safe, welcoming and accessible arts environment through programs, projects, cultural facilities and cultural events for diverse participants of the community in all locations of operation: Lancelin, Midland and Fremantle.

DADAA staff are committed to supporting people with disability to make decisions, especially those decisions around their Arts practice, cultural pathways and how they engage with audiences through the screening, exhibition or performance of their work. All communications from DADAA staff, including digital, publications, social media and publications should be in a form, language and manner that enables people with disability to understand the information and support them express their choices and have decision-making control. DADAA, takes into account the expressed values and beliefs of people with disability, including those related to culture, faith, ethnicity, gender, gender identity, sexuality, age, as well as disability.

DADAA's Board, staff and volunteers reflect this diversity, as DADAA believes that a diverse team is best placed to support the great diversity of people with disability every day. DADAA is committed to working across the diversity of West Australians with disability, that includes people with disability who are also part of the following:

- LGBTQI community and participants
- Aboriginal people and Torres Strait Islanders (ATSI)
- People experiencing mental illness or psychosocial disability, including severe and persistent illness
- People who are homeless or living in temporary accommodations and psychiatric hostels.

DADAA's Social Inclusion and Workplace Diversity Policy sets DADAA's approach and commitment to social inclusion and diversity. DADAA's Diversity partnerships with key Arts bodies including Screenwest are designed to achieve systemic change around how the diversity that is the Australian experience of disability is represented in our screen culture, TV, Film, Digital narratives.

### Responsibilities

It is the responsibility of all employees, volunteers and contractors to comply with the relevant standards and Codes relating to the program and services as per DADAA Policy and Procedure and the Codes and Standards. The Director of Client Services or Project Coordinators are responsible for ensuring the smooth operation of the organisation's Service Plan process, including the induction of staff and new participants. Plans for participants are completed by staff of DADAA as directed by the Director of Client Services.

### Service Entry Guidelines

The following guidelines are implemented to enable DADAA to meet its policy objective of ensuring that, within the constraints of available funding and resources, those people with disabilities and mental health



conditions who most need the services provided by DADAA are accepted for services and that services are only withdrawn at the participant's initiative or when DADAA's duty of care responsibilities to its participants or staff are demonstrably compromised. DADAA will:

- Develop an information brochure in appropriate formats on DADAA's services and distribute it through local area coordinators and major health, welfare, local government and education outlets in the area.
- Accept Referrals as an Expression of Interest (EOI) to enrol from individuals, family members, advocates, planners and coordinators for NDIS, or other relevant and appropriate government or non-government services.
- Within four (4) weeks of receiving the EOI, (if places exist) meet with the referred person, involved family members and relevant supports to determine the person's eligibility for services and collect background information in accordance with the Policy on Privacy, Dignity and Confidentiality.
- Make a determination about offering services to persons found eligible based on DADAA's available resources and the person's relative need.
- If no other eligible persons are currently seeking services, and DADAA has service capacity, accept the eligible person for services.
- If a person is found to be ineligible for services from DADAA, refer that person to an alternative service, where such as service exists.
- Withdraw services only if requested by the participants or family or if DADAA's duty of care responsibilities to its participants or staff are severely compromised and reasonable efforts to rectify the problem have been made and shown to have failed.
- If the participant has elected to no longer receive services from DADAA, ask that the request be put in writing by the participant or family.
- If DADAA is contemplating withdrawing services, first arrange a meeting with the participant, family and any advocate(s) they nominate to discuss the reasons why the participant is contemplating withdrawing services.
- If after the meeting DADAA decides to withdraw services, write to the participant, family and advocates outlining the reasons behind the decision and advising them of their rights under DADAA's Policy on Complaints and Disputes.
- DADAA ensures all staff are trained to work in a culturally sensitive way, inclusive of sexual orientation, religion, disability, age.
- DADAA will ensure that all existing and potential participants receive a written statement outlining any costs for specific projects/programs. These should include any material costs they may incur.
- Membership of DADAA provides participants with voting rights at our Annual General Meetings and access to the formal management processes of the organisation. Membership is not a requirement, but an option for all participants that DADAA serves.
- DADAA's core arts programs and projects are separately funded and subject to its own entry and exit criteria. There is no automatic flow on from one program to another, although it sometimes appears as if this is the case because of similar entry criteria.  
In this period of NDIS, DADAA works to augment:
- All programs are offered subject to the provision of adequate resources. Should there be a restriction on resources, DADAA reserves the right to reduce the services offered to any participant, or to reduce the number of participants in any program/project.
- DADAA also reserves the right to withdraw its services in situations where its duty of care responsibilities to either its participants or its staff are demonstrably compromised e.g. The services contract between the participant and DADAA has been breached.

- Where a service is overbooked, preference will be given to placement on a first come – first served basis, if availability of appropriate support staff meets the need.
- Previous acceptance to any DADAA services does not entitle the applicant automatic entrance into any other program, nor to the same program at a later date.
- Where a participant no longer meets entry criteria, continuation of service cannot be guaranteed. and
- Where a participant demonstrates violent or aggressive behaviour, which may cause danger to other participants, Management may determine that the aggressive participant is no longer suitable for the service.

### Entry Guidelines

- The entry process to DADAA should be sensitive to the needs of the participant, their carers and the defined community e.g., non- discriminatory and non-damaging, with access via telephone, walk in, home visiting (where appropriate and possible), mail, and other intake systems.
- DADAA keeps a waitlist for the service. This waitlist is regularly updated, and information is available to people regarding their position on the waitlist and alternatives to the service.
- If entry is refused, the participant is advised why and DADAA provides access to an appeals/ complaint process.
- Through consultation, ensures its access and entry process is specialised and complementary to that undertaken by clinical services and other intake systems, and that duplication in assessment, participant program planning, and delivery of rehabilitation and support is minimised.
- DADAA ensures that one key staff member is identified to be responsible for coordinating a participant's support. Provisions are made for nominated workers to continue in the key worker's absence.
- DADAA provides participants with information to facilitate prompt referral to other services and out of hours crisis services.
- All communication with participants, health professionals, parents, carers, and children and others, about response times and entry procedures is easily understandable using appropriate language.
- DADAA ensures all staff are trained to work in a culturally sensitive way (inclusive of sexual orientation, religion, disability, age).
- DADAA prioritises assessment, referral and other protocols according to risk to the participant and others.
- DADAA includes the involvement of participants in evaluation processes.

### Exit and Re-Entry Guidelines

These guidelines ensure that DADAA provides a conclusion to its' service which is mutually agreed to by the participant and DADAA, identifies processes of planning for exit from the service, and opportunities for re-entry.

- DADAA will ensure that arrangements necessary for exiting the service have been completed in consultation with the participant and that participants and carers have been provided with information and education about the mental health issue.
- DADAA sensitively informs the participant about the exiting process, as soon as possible after they enter the service, choosing a time when they are most receptive.

- DADAA provides participants and carers with understandable information on a range of services and supports e.g., booklets, verbal information, made available in a variety of languages.
- DADAA will develop and progress processes to assist participants to be empowered and confident about the exiting process and maximise participant's independence and involvement in their community.
- DADAA will provide participants with education about what they can expect following their exit from the service.
- DADAA recognises the differences in support needs, e.g., some people will require ongoing support whilst others will require only a brief episode of support and provides opportunities for offering a range of programs.
- DADAA supports participants' choice to be referred to other service providers, if more appropriate, and is responsible to assist the participant to establish contact and make arrangements for ongoing follow-up.
- DADAA ensures workers maintain a sensitive and flexible working partnership with participants who are in the process of exiting from the service and allows ample time for dealing with issues that arise from the exit process.
- DADAA provides a number of ways of addressing the concerns of participants who have been experiencing difficulties during the exiting process, examples include access to:
  - Complaints Process
  - Negotiation Process
- Redress with documentation which details the specifics of the complaint and redress process.
- DADAA includes the involvement of participants in evaluation



## 2

## PRIVACY & CONFIDENTIALITY



DADAA is committed to ensuring that all participants of DADAA have the same level of privacy, dignity and confidentiality as is expected by the rest of the community. DADAA recognises that our participants personal information will be exposed, and it is our staffs' responsibility to protect the information under this declaration of privacy & confidentiality. This policy establishes standards of privacy, dignity and confidentiality in DADAA's dealings with prospective, current and past participants of our services. The policy has been framed around participant' rights as specified in the *Privacy Act (1988)*, *Freedom of Information Act (1982)*, *Disability Services Act (1993)* and *Standard One of the National Standards for Disability Services (2013)*.

- 1) DADAA will only collect/distribute information about Participant/s that can be shown to be directly relevant to effective service delivery and the agency's duty of care responsibilities.
- 2) DADAA will seek the written consent of the Participant or family prior to obtaining/releasing information from/to any other source. Authority to Release Information forms will be completed by participants or families prior to information being collected/released from other sources.
- 3) DADAA will ensure that personal information is stored securely and is not left on view to unauthorised agency staff or the general public. Including the following points:
  - Participant Files will not be removed from the office premises under any circumstances.
  - Participant files will be stored in lockable filing cabinets in a non-public place in the office and files will be returned to their proper location as soon as they are no longer required.
  - Participant names or other identifying information will not be displayed on whiteboards or notice boards that may be open to view by other participants or the general public. This does not include when a participant's identity is as an artist which may include public-facing information.
  - Personal information will not be left unattended or open to public view (i.e. diary with contact details not left in vehicles, or open on desk surfaces.).
  - Personal information: will not be discussed with members of the general public (unless participant/family have authorised via a signed Authority to Release Information).
  - Personal information will not be discussed in any public locations.
- 4) DADAA will ensure that only those agency staff that needs access to participant information will be granted access.
- 5) DADAA will advise the participant and family of the nature of the personal information that is held by the agency about the participant and why it is required.
- 6) DADAA will advise the participant and family of their right to view information that the agency keeps in respect of the participant.
- 7) DADAA will ensure that personal information about a participant is only held by the agency as long as it remains relevant to the delivery of effective services and the agency's duty of care obligations. Including the following points:

- Participant files will be periodically reviewed to ensure that personal information that is no longer relevant, and unlikely to be relevant in the future, is culled from files.
- Care will be taken to ensure that any information no longer required is disposed of under secure arrangements (i.e. shredded).

8) DADAA will promptly report to management and investigate, remedy and document any participant complaint regarding privacy, dignity or confidentiality in accordance with the Complaint Procedures.

9) DADAA will ensure that no participant information will be transferred/moved to any location other than a DADAA regional office (i.e., on disk or hardcopy).

During their induction, all employees are made aware that failure to comply with this policy will result in disciplinary action up to and including dismissal.

# 3

## SAFEGUARDING



Under the adoption of the National Standards for Disability Services ('Standards'), safeguarding of the rights of participants is an important focus for DADAA. All of the Standards make reference to this, however **Standard 1: Rights** and **Standard 4: Feedback and Complaints** make particular focus to safeguarding. Safeguarding of participants who are vulnerable is not a new consideration for disability service organisations and has always been embedded in practice. To promote understanding and best practice in safeguarding of participants who are vulnerable, and facilitate the implementation of the Standards, DADAA promotes the work and roles of the NDIS Quality and Safeguards Commission and Aged Care Quality and Safety Commission.

DADAA has a responsibility to protect and support the rights of all people with disability who use their service. This includes ensuring the wellbeing and safety of people with disability at all times. All staff, contractors and volunteers of DADAA must speak up if they see, suspect or hear about an incident or allegation of ill-treatment or neglect in relation to a person with disability who access and participate in services, projects and programs. Therefore, DADAA has responsibility to take action in a prompt and sensitive way. Not only is it the right thing to do, it's a legal requirement under disability services legislation.

**DADAA has zero tolerance for the abuse and neglect of people with disability.**

### What are Safeguards

Safeguards refer to supports and mechanisms that promote, enhance and protect a participant's:

- Human rights
- Decision making, choice and control
- Safety and wellbeing
- Citizenship and quality of life






The human rights and participant outcomes that safeguards aim to uphold are described further in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), *Disability Services Act WA 1993 (Act) Principles*, and the *National Standards for Disability Services (Standards)*. When participants are vulnerable, and at risk of experiencing compromised human rights and outcomes, safeguards provide preventative and/or reactive responses to minimise participants' vulnerability and risk. Actions that DADAA staff and volunteers should take to increase the way they support the safeguarding of people with disability who access DADAA. The actions involved in participant safeguarding may include:

- Getting to know a participant to understand their unique: Life history, circumstances, strengths, preferences, choices and aspirations
- Preferred 'communication mode/s' support needs and preferences
- Building a relationship of trust with the participant
- Witnessing a participant's circumstances in their day to day lives to identify potential or actual compromised human rights and participant outcomes
- Facilitating participant empowerment through their arts practice

- Representing a participant’s interests and providing advocacy support
- Facilitating or providing interventions to minimise participants’ experience/ risk of compromised human rights and outcomes
- Facilitating participants’ access to various other safeguards as appropriate.

### Principles underpinning Safeguarding

DADAA’s safeguarding practices are underpinned by these

Principle	Description
 <b>Self-determination</b>	As far as possible, participants are fully involved in the consideration and determination of their own safeguards, to the extent of their capacity.
 <b>Individualised</b>	The consideration and determination of safeguards is relevant to an individual’s circumstances and proportionate to their level of vulnerability and risk.
 <b>Responsive</b>	Safeguards should be responsive to the circumstances of an individual at a particular time and may need to change over time as participants’ circumstances change.
 <b>Assume capacity</b>	The starting assumption is that all participants have capacity to make decisions and exercise choice and control, regardless of their disability, unless proven otherwise for a specific decision.
 <b>Minimum restriction</b>	Safeguarding enhances an individual’s and other community member’s safety and wellbeing, while imposing the least possible restrictions on an individual and their choices.

### Determining Safeguarding

Participants should be involved as far as is possible, to the extent of their capacity, in the consideration and determination of their own safeguards, as an authority of their own lives. A participant's family, friends, carers and advocates should also be involved in the consideration and determination of a participant’s safeguards, as determined by:

- The participant, when a participant is an adult with capacity to make this decision
- Their family, friends, carers, advocates when an adult participant does not have capacity to make this decision (unless someone else is legally appointed with substitute decision-making authority for this decision)
- Their parents (or legal guardian where appointed) when the participant is a child under 18 years.

**Note:** Substitute decision-makers should be in accordance with the *WA Guardianship and Administration Act 1990*. Legally appointed representatives for the participant should be involved according to their statutory role. People supporting participants in the consideration and determination of safeguards should, as far as possible, be free from conflict of interest, or manage any conflict of interest to objectively focus on the participant’s interests in these considerations. The consideration and determination of participant safeguards may be required

in relation to the ongoing everyday life of a participant or a particular decision, choice, or situation.

### When are safeguards required?

The extent to which safeguards need to be intentionally considered is determined by a participant's level of vulnerability, and their risk of experiencing compromised human rights and outcomes. Thus a necessary prerequisite in determining participant safeguards is to first understand a participant's level of vulnerability and risk of experiencing compromised rights and outcomes. Vulnerability determining a participant's level of vulnerability requires understanding any limitations they experience in their:

- **Intrinsic cognitive capacity to:**
  - Make reasoned judgements
  - Understand their rights and what constitutes a violation of their rights
  - Capacity to protect themselves in situations where they are exposed to risk
  - Capacity to make themselves understood by others
  - Likelihood, when their rights are compromised, of:
    - speaking up; telling people who will help them; self-referring to advocacy services, complaints processes, statutory authorities
    - dependency on others to have their basic needs met (such as food, personal care, communication, clothing, housing, mobility, financial management)
  - Personal power, which in this framework refers to a participant's ability to effectively:
    - assert themselves, including their rights, opinions, preferences and choices
    - ensure their rights, preferences, decisions and choices are enacted self-direct and control their lives.

If a participant is vulnerable to any extent, safeguarding needs to be considered. Safeguards should as far as is possible be proportionate and responsive to the participant's level of vulnerability. Risk of experiencing compromised human rights and outcomes if a participant is vulnerable, it is also important to understand their level of risk of experiencing compromised human rights and outcomes, to assist in the determination of appropriate safeguards. This requires understanding and identifying potential and actual situations where a participant could experience compromised human rights and outcomes, and the likelihood of this occurring.

The level of risk to other participants, staff and other community members resulting from a participant's choices and/or actions also needs to be considered. To identify the risk of compromised rights and outcomes, a deep and objective understanding of what compromised rights and outcomes could look like in the lives of participants is required. The risk of experiencing compromised human rights and outcomes needs to be considered across the range of human rights and outcomes promoted by the UNCRPD, Act and Standards.

This includes, but is not restricted to, the risk of a participant experiencing:

- Abuse, harm, neglect, restriction, violence, exploitation, discrimination
- Compromised health and wellbeing
- Lack of respect for their dignity, worth, independence, autonomy, privacy, difference

- Limitations in opportunities/support for their freedom of expression - seeking, receiving and imparting information/ideas/opinions/feelings using their preferred communication mode and accessible information
- Limitations in opportunities /support to make decisions and choices to the full extent of their capacity
- Limited opportunities for relationships with family and friends
- Limitations in access to the physical environment, services, facilities, information
- Limitations in opportunities/support for independent community living and security of home
- Limitations in opportunities/support for full participation and inclusion in community life
- Limitations in opportunities for education, learning, personal growth, work
- Compromised standard of living.

### Duty of Care and Dignity of Risk in Disability Arts Practice

All people have freedom to make decisions and choices that expose their own self to a level of risk. All people also have freedom to make mistakes, and learn and grow from trial and error. This is referred to as dignity of risk. However, duty of care refers to:

- Responsibility under the common law for people to take reasonable care to ensure their actions, or inactions, do not cause injury or harm others
- Considering, planning for, supporting Artistic Risk, to meet the Artistic Goals, project concepts and creative development needs of all participants accessing DADAA's programs. This is the foundation for all Arts Workers and Producers across DADAA in supporting Disability Arts practice.

**Duty of care requires understanding of both the risk to the participant and the potential exposure of other people to risk.**

The greater a participant's vulnerability and risk, the greater the consideration that needs to be given to duty of care. Careful consideration needs to be given to balancing dignity of risk with duty of care and at DADAA Artistic risk, will always form part of our planning process. When required to demonstrate duty of care, records should be kept of a participant's capacity to make the decision, the decision-making process, any support for their decision making and any risk mitigation strategies. For participants who are vulnerable, safeguarding should aim to enhance a participant's and other community members' safety and wellbeing, while respecting their dignity of risk, and imposing the least possible restrictions on a participant and their choices, particularly in terms of arts practice, which at DADAA needs to be where at all possible framed against disability-led, practice approaches.

### Which Safeguards?

Once a requirement for participant safeguards has been determined, a number of factors need to be considered in determining and facilitating the most appropriate safeguards:

- Extent of a participant's vulnerability
- Risk of compromised human rights and outcomes
- The context where safeguarding is required (everyday life, situation specific)
- Range of safeguarding actions required to respond effectively to a participant's vulnerability and minimise identified risks
- The extent to which the 'witnessing' action of safeguarding is required



- Safeguard, or combination of safeguards, which can effectively provide the required safeguarding
- The safeguard’s freedom from conflict of interest and independence
- Extent to which the safeguard maximises participant empowerment and informal relationships
- Least restrictive option

### The Importance of Independent Safeguarding

People who are independent of a participant's disability services, in our circumstances, (outside of DADAA) who have a relationship with a participant involving ongoing regular personal contact, have opportunity to have a level of scrutiny of participants’ circumstances in their day to day lives. This enables them to witness and recognise incidences of compromised human rights and outcomes that participants may not otherwise identify or report themselves. This ‘witnessing’ activity of safeguarding is not possible with those safeguards involving more limited contact. Relationship-based independent safeguards, and the ‘witnessing’ activity of safeguarding they provide, are particularly critical for participants who:

- May not understand or recognise when their rights are compromised and/or are unable or unlikely of their own accord, to notify people who can help them and/or self-refer to an independent advocacy service/complaints process/statutory authority. Relationships also allow for the time and level of contact needed for:
  - The participant to feel comfortable and to trust someone
  - The person providing safeguarding to get to know the participant and their life history, strengths, aspirations, choices, circumstances, communication mode, support needs and preferences.

Relationship-based independent safeguards could include family, friends, carers advocates (informal and formal), and Community Guardians when these have ongoing regular personal contact with a participant. It does not include people who do not have regular personal contact with the participant, including Public Advocate guardians who have limited contact with participants. A participant's safeguards should as far as possible:

- Be proportionate and responsive to a participant's level of vulnerability and risks
- Minimise identified risks of compromised human rights and outcomes
- Maximise participant empowerment
- Include and maximise informal relationship-based independent safeguards
- Include safeguards that are independent of the participant’s disability services (outside of DADAA)
- Place least possible restriction on the participant.

### DADAA has a range of safeguards which are always considered

Safeguard	Description
Individual empowerment	The first and foremost consideration in individual safeguarding should be reducing participant’ vulnerability through enhancing participant’ ability to safeguard themselves. Participant can experience vulnerability as a result of an imbalance of personal power between them and another person, which can result in another person having power over an individual. The term ‘individual empowerment safeguards’ describes strategies that facilitate opportunities for participant to strengthen their personal power and ability to safeguard themselves.

<p>Informal relationships</p>	<p>'Informal relationships' refers to participant' relationships that are freely given and not provided by or through a service. Informal relationships include an individual's natural relationships, informal advocates and community connections.</p>
<p>Independent community services</p>	<p>This refers to community services that are independent of an individual's disability services. It is important to consider that access to referral-based services may be restricted for participant who:</p> <ul style="list-style-type: none"> <li>• May not be aware when their rights are compromised and/or are not able or likely to self-refer to these services and</li> <li>• Don't have people around them who can recognise when participant' rights are compromised and/or facilitate their referral.</li> </ul>
<p>Disability services safeguards</p>	<p>This refers to safeguards that are implemented by, and are a component of, a particular Commission contracted, or Commission provided disability service. Service policies, guidelines and processes that promote:</p> <ul style="list-style-type: none"> <li>• The individual rights and outcomes described in the UNCRPD,</li> <li>• Best practice service delivery in accordance with the UNCRPD, NDIS Quality &amp; Safeguarding Commission, and the standards of Disability Services Act 1993</li> <li>• Best practice individual safeguarding</li> </ul> <p>Safeguarding should be an ongoing intentional consideration embedded in all service practices, particular in the process of development training resources and decision-making in interna, complaints procedures.</p>
<p>System level safeguards</p>	<p>This refers to overarching legislation, regulations, policy and mechanisms, applicable to NDIS Commission, provided disability services, or participant, or the broader community, that have a safeguarding function.</p>

At DADAA these points need to be considered in an artistic context at all times. All other safeguards cascading below should aim to maximise and enhance a participant's natural relationships, and their capacity to provide safeguarding for the participant, as appropriate. Enhancement strategies that can be considered, as appropriate include maximising participants' existing natural relationships' capacity to provide safeguarding by facilitating and supporting their:

- Engagement with the participant and involvement in the participant's life
- Access to support they need to be strong and resilient in their safeguarding role.

# 4

## MANDATORY AND INCIDENT REPORTING



### Purpose

This policy provides a framework for DADAA to adequately report and manage incidents that may cause harm to staff or participants, or significant damage to facilities or equipment. This policy assists identify the severity of the incident, the process of investigation, response recommendations and implementation, and the level of reporting required. This links DADAA's internal incident reporting procedures with external NDIS Quality & Safeguarding Reportable Incident reporting processes.

### Scope

This Policy covers employees and participants of DADAA Ltd and assists staff to detail the incident effectively, identify the severity of the incident, and outlines the workflow and timeframe for investigation and response to the incident. This policy also outlines the management and Executive involvement, as well as process of external reporting on serious incidents. Based on workplace health and safety, risk-management processes and procedures, effective consultation, documentation monitoring and evaluation, this policy is designed to support DADAA's staff to establish and maintain an effective incident reporting process.

### Definitions

- **Abuse:** refers to any action that intentionally harms or injures another person. Abuse also encompasses inappropriate use of any substance, especially those that alter consciousness (e.g., alcohol, cocaine, methamphetamines).
- **Alleged Perpetrator:** refers to a person who committed an act against a person with disability, or who is responsible for the event occurring.
- **Death:** refers to the irreversible cessation of all vital functions especially as indicated by permanent stoppage of the heart, respiration, and brain activity.
- **Emotional Abuse:** refers to non-physical behaviors such as threats, insults, can include constant monitoring or "checking in," excessive texting, humiliation, intimidation, isolation, 'withholding' behaviours or stalking.
- **Financial Abuse:** refers to illegal or improper exploitation or use of funds or other resources of the person. Can be very subtle and include controlling what a person with disability can or cannot buy or requiring that they share control of their bank accounts.
- **Neglect:** is a passive form of abuse in which a perpetrator is responsible to provide care for a person who is unable to care for himself or herself, but fails to provide adequate care. Neglect may include the failure to provide sufficient supervision, nourishment, or medical care, or the failure to fulfill other needs for which the person cannot provide themselves.

- **A Notifiable Incident means any of the following:**
  - (a) The occurrence of a serious Incident;
  - (b) Where a participant causes or contributes to injury, illness or death of any person, or poses a serious risk to the health, safety or welfare of any person;
  - (c) Any referral of any matter or complaint regarding any participant, the services or DADAA generally, to any regulatory or investigative body;
  - (d) The charging of the DADAA or an Associate with a criminal offence involving a sexual offence, dishonesty or breach of trust or which otherwise may result in imprisonment of that person;
  - (e) Serious verbal or written complaints received in relation to the our services or in relation to the DADAA generally; and
  - (f) The occurrence of any event which may cause adverse publicity including but not limited to if DADAA is contacted by the media for comment on any aspect of our services involving a participant.
  
- **Physical Abuse:** refers to the infliction of injury or other physical impact by another person and applies to both children and adults. The injuries can be inflicted by punching, kicking, biting, burning, beating, or use of a weapon. Physical abuse can result in bruises, burns, poisoning, broken bones, and internal hemorrhages.
  
- **Psychological Abuse:** refers to behaviour that intimidates a person, resulting in them living in a state of fear, anxiety or apprehension. It includes threatening the person with violence, harassing them (e.g., at school or work), denying the person access to others (e.g., refusing to allow the person to see friends, preventing use of the telephone), confining the person to home, or destroying the person's property.
  
- **Reportable Incident:** Serious incidents or alleged incidents which result in harm to an NDIS participant and occur in connection with NDIS supports and services. Specific types of reportable incidents include:
  - The death of a person with disability.
  - Serious injury of a person with disability.
  - Abuse or neglect of a person with disability.
  - Unlawful sexual or physical contact with, or assault of, a person with disability (excluding, in the case of unlawful physical assault, contact with, and impact on, the person that is negligible).
  - Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity.
  - The use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person or a behaviour support plan for the person.
  
- **Sexual Abuse:** refers to any act of a sexual nature performed that a person has not consented to, or that are performed in a criminal manner, as with a child or with a non-consenting adult. This include rape, incest, oral copulation, and penetration of genital or anal opening with a foreign object. The term also includes any sexual act that could be expected to trouble or offend

another person when done by someone motivated by sexual interest, including indecent exposure and acts related to sexual exploitation, such as those related to pornography, prostitution involving minors, or coercion of minors to perform obscene acts.

- **Serious Illness:** refers to conditions that require immediate care to relieve suffering and minimise morbidity and mortality risk. Serious illnesses can include conditions involving the cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, the immune system and dermatological and metabolic systems.

### Objectives

- Improve internal incident reporting processes through clear staff guidelines and forms;
- Link and manage DADAA's mandatory reporting of incidents while supporting DADAA's no blame approach to investigations and DADAA's commitment to natural justice
- Ensure that DADAA's staff and volunteers are trained in incident reporting.
- Support DADAA's culture of Risk Management Planning and continuous review

### Responsibility

Content	Level 1	Level 2	Level 3	Response Staff Member	Manager/ Ex Director/ Board
OHS duties of employers and employees	✓	✓	✓	✓	✓
Reporting (Mandatory and internal mechanisms for incidents in place	✓	✓	✓	✓	✓
Incident Management					✓
Implementation of staff support during recovery phase of an incident					✓
Conducting systematic investigation following an incident					✓
Driving regular Quality Improvement Process across DADAA's services					✓

### Occupational Health & Safety Legislation

DADAA has a responsibility to comply with Health & Safety laws, including duties to ensure that the highest level of protection to workers, participants and others in the workplace. DADAA works to manage its OHS risks ensure that our services are effectively delivered and employees are protected. DADAA works to consider the needs of participants and understands the importance of staff health and safety.

DADAA works to build a solid foundation to support relevant, sustainable and continuously improving aggression prevention and management strategies. DADAA's strategies are organisation-wide and form part of our OHS management plan. This policy is grounded in DADAA's approach to self-assessment, risk management and continuous improvement.

### Implementation

DADAA's Incident Report Forms will be available through the Policy and Procedures Manual, and in Shared drives accessible to all staff across all DADAA Hubs. Staff will be inducted and trained in the use of the Incident Report Forms, the Incident Severity Assessment and Response Table, and the Serious Incident Reporting Process. All Incidents will be managed to a satisfactory conclusion with follow-up recorded and appropriate notifications made. Serious Incidents that are deemed reportable incidents (by relevant personnel in DADAA) will be mandatorily reported to the NDIS Quality & Safeguarding Commission or the Aged Care Quality and Safety Commission.

Risk control is a process of implementing effective measures to eliminate or reduce risks to health and safety. If risks cannot be eliminated, the *OHS Act* requires they be reduced so far as is reasonably practicable. The hazard can be removed or the activity that precipitates the risk, can be altered to reduce and manage the risk of occupational aggression or violence.

- Elimination at the source of the risks
- Substitution of the hazard with an alternative (lower risk) option
- Withdrawal support clients / participants to withdraw from activities to quiet spaces as they require, to minimize escalation.
- Engineering control regular maintenance of all studio and workshop equipment and facilities, ensure that all DADAA premises have dual access and exit points to eliminate entrapment.
- Communication All participants and clients are aware and agree to DADAA's service user agreements and have a demonstrated understanding of their rights and responsibilities (as per DADAA participant handbook). Ensure that all DADAA participants and participants have access too and understand the DADAA Complaints process and have access to support if and when raising complaints in relation to the service.
- Administration / Management Ensure that DADAA staff have undergone protective behavior training and have a sound working knowledge of DADAA's policies and procedures in relation DADAA's Management of Aggression policy.
- Ensure that DADAA's key staff have access to client / participant profiles along with key clinical, carer and service contacts should DADAA require additional support in responding to and managing client/participant needs in relation to aggression management.

### Review

- DADAA is committed to a culture of continuous improvement (CI).
- As part of DADAA's CI/reflective practices approach, all incident reports should be evaluated at the conclusion of an investigation and response cycle to assess the effectiveness of DADAA's reporting process and risk control measures.
- Where the evaluation of risk control measures reveal ineffective planning and or response, or reveal remaining risks, DADAA will re-engage in the risk management process until the risk/s are minimised.



- Satisfactory control of risk is a gradual and consultative process, involving trialing and refining measures that consider participant and staff feedback and changes in knowledge around the risk.

### Procedures

DADAA has a number of supportive policies and procedures that assist in incident reporting and management that include:

- Workplace Health and Safety Policy
- Code of Conduct, Contracts on entry to the service
- Management of Aggression Policy
- Complaints Management Process
- Warnings system
- Entry/Exit Procedure
- Alcohol and Substance Use policy
- Serious Incident Reporting Process (mandatory external reporting)

### Incident Management

If an incident occurs or escalates, all DADAA workers must have immediate response options, which in the 1<sup>st</sup> instance may include calling more senior staff for assistance, or the Police. The response approach selected needs to be appropriate to the situation and skills of staff and may include:

- Review by a Clinician
- Calm verbal and non-verbal communication
- Verbal de-escalation and distraction techniques
- Support from other DADAA staff
- Requesting the aggressor to leave
- Withdrawal to a safer location
- Internal emergency response
- External emergency response
- Evasive self-defense
- Initiating a duress response

### Incident investigation and review

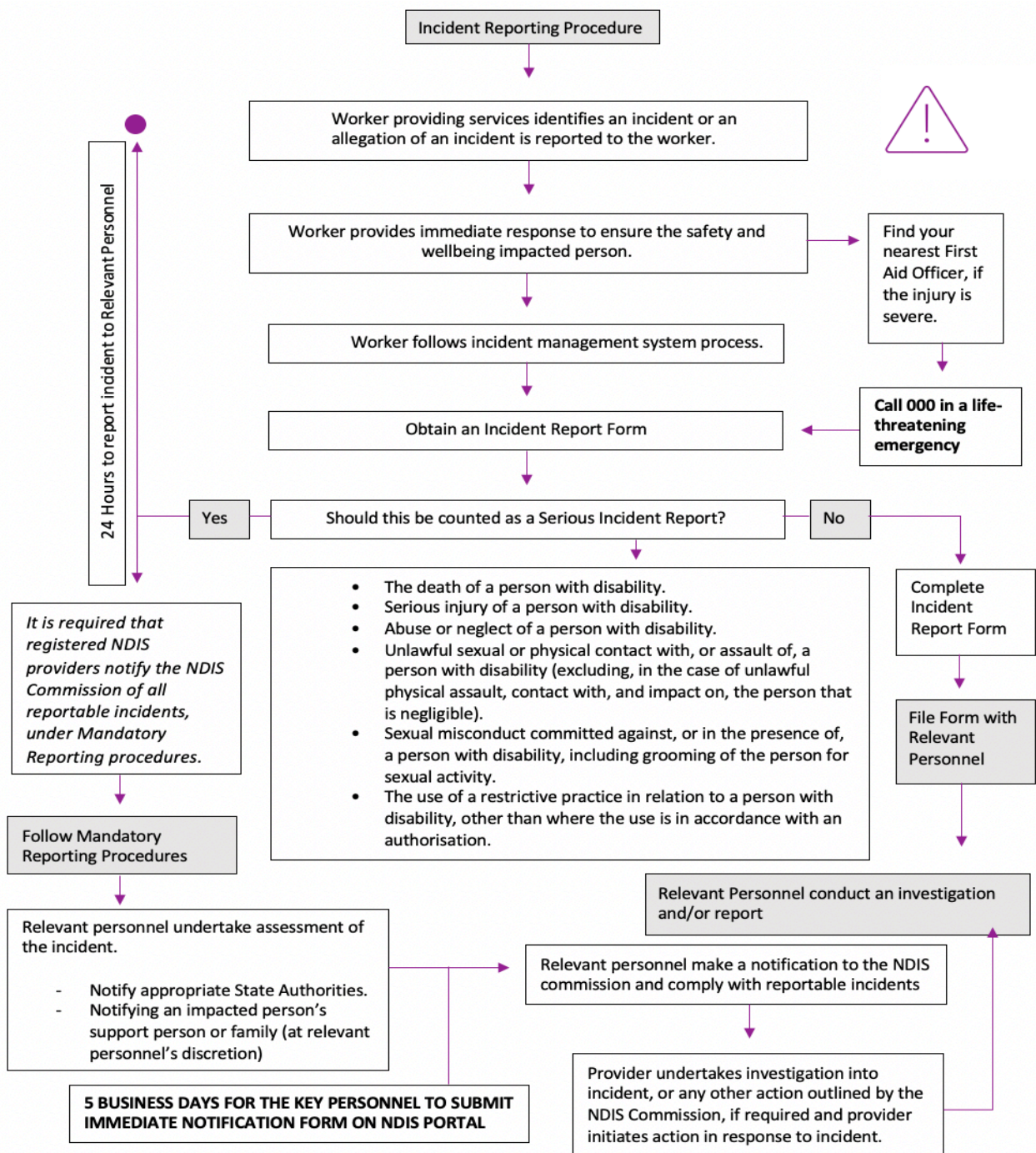
Investigations need to be conducted in a systematic way to identify risks and hazards inside and outside the facility. Investigations also provide learning opportunities and should be conducted without seeking to blame participants or groups. DADAA's Incident Management Process is the primary investigation tools, that captures.

- The type of incident including the severity
- Date and time of incident
- Site of incident
- People involved – including witnesses to the incident
- The outcome of the incident

- Injuries sustained by workers and/or clients, and
- Contributing factors – clinical, workplace design, equipment failure/maintenance, human resources and any other risks or hazards.

As well as speaking with people involved or witnesses to an incident, it may also be necessary to consult other agencies or service providers (eg police, ambulance officers or general practitioners) to obtain detailed background on an incident, further actions or other relevant information. If deemed a Serious Incident, staff must follow the Mandatory Reporting procedure.

**Participants MUST be aware that DADAA is legally required to follow Mandatory Reporting Procedures for a Reportable Incident under the Aged Care and NDIS Quality & Safeguarding Commissions.**



## Post Incident Response

Priorities following the incident

- are:
- Safety for all concerned
  - Medical attention
  - Psychological support
  - Reporting (Internal and Mandatory)
  - Investigation
  - Review

# 5

## FEEDBACK, COMPLAINTS & DISPUTES



### Purpose

The purpose of this policy is to establish uniform standards for the complaints and feedback process across all aspects of DADAA's dealings with all members/participants, volunteers, carers and staff of the organisation and ensure that DADAA's services are designed and delivered in ways that offer opportunities for all people to contribute and be heard. The policy has been framed around the *Disability Services Standards, Home and Community Care (HACC) service standards* and *National Mental Health Standards*.

DADAA is committed to ensuring that all participants/carers/advocates are free to lodge complaints, to have those complaints dealt with promptly, fairly and non-threateningly by the agency and to have those complaints resolved if possible. Treatment of disputes and complaints will be fair to both the complainant and respondent, will be responded to in a timely manner that is in line with DADAA's values and behaviours and given high priority for resolution and remediation. Lodging complaints with the independent governing bodies of the NDIS Commission and Aged Care Commission is supported and promoted by DADAA to all participants at service entry, at service reviews and throughout the duration of enrolment.

### Scope

The scope of this policy is to establish mechanisms for participant and/or carers to lodge a complaint. Complaints are also seen to have an important role in contributing to service improvement in DADAA. The policy has been framed around natural justice principles and participants' rights as they are specified in the relevant and applicable service standards for NDIS and Aged Care.

- This policy applies to all of the agency's programs and activities.
- This policy applies to all employees performing work for DADAA across Western Australia, Australia and when they work internationally.
- This policy also applies to all volunteers and contractors performing work on behalf of DADAA.
- This policy does not absolve DADAA directors from their responsibilities as Officers of the company.

### Context and compliance

The following performance standards need to be met to ensure that the procedures specified in the Complaints/ Disputes/Resource File are implemented effectively:

- All staff and/or volunteers are aware of the existence of, and have ready access to, a copy of the Complaints Management Resource File.
- There is a nominated person within the agency who is responsible for coordinating complaints and to whom all complaints are referred.
- Participants/carers/advocates have been advised of their rights to take their complaint to wherever and whomever they feel comfortable and informed of their right to use an Independent Advocate.

- If a participant has elected to have the complaint dealt with internally, the Director (or delegated authority) will meet with the complainant within five working days of being advised that the participant and/or carer wishes to proceed with the complaint internally.
- The Director will clarify and document the nature of the complaint or concern and the resolution sought by the complainant.
- The Director in consultation and on the authority of the Executive Director will interview the involved parties and assemble a proposed course of remedial action within ten working days of meeting with the complainant.
- In the event of the proposed course of remedial action being unacceptable to the complainant, the Director will advise the complainant of his or her rights and avenues to take the matter further, as per the DADAA Complaint Procedure.
- All complaints, resolved and unresolved, will be recorded in a confidential complaints log book and a non-identifying summary of any complaints will be tabled at the next Board meeting to inform future service improvement efforts.

### Responsibilities

It is the responsibility of all employees, volunteers and contractors to meet the obligations arising from this Policy. The services coordinator will discuss the complaints process with participant/carers at the initial interview.

- Services coordinators ensure that articles about participant/carers complaint processes are posted in survey form at least annually.
- DADAA ensures that the participant/carers complaint brochures are available to participant/carers on DADAA's website, and available to staff/volunteer on the DADAA server.
- Staff/volunteers are informed in the staff/volunteer Handbook and reinforced at their Induction
- Coordinators and staff/volunteers are encouraged to discuss the complaints process with the participant/carers during the planning process of services to be received
- Staff/volunteers support participant/carers and or advocates to complete survey forms
- All DADAA sites ensure that participant/carers/advocate complaint information is displayed and available to participant/carers/advocates at Fremantle, Midland and Lancelin
- Complaints processes are available to participant/carers/advocates and staff/volunteers on the DADAA Website, including to the NDIS Commission and Aged Care Commission.

### Complaint definitions

A complaint is an expression of dissatisfaction with any aspect of DADAA provided services made by people with disabilities, their families, carers and/or advocates that are not typical of regular communication or feedback about services. From the viewpoint of the complainant, the involvement of management staff/volunteer is required to achieve a satisfactory resolution to the concern raised. A complaint is additionally classified as serious when:

- It may result in a legal action – civil, criminal, or an administrative action such as a disciplinary hearing;
- There is an allegation of physical, sexual, or emotional abuse or neglect of a participant/carers by a DADAA employee;

- The action of a staff/volunteer or another participant/carer may have resulted in death or serious injury of the complainant;
- Any action taken by a staff/volunteer member/volunteer is outside the Public Service Guidelines, DADAA’s standards, code of conduct/ethics for the specific profession(s); and/or
- A complaint may have an impact on DADAA as a whole.

**Selection of complaints for investigation**

Where a complainant raises multiple issues of complaint, DADAA may elect to identify certain issues and investigate only those issues. The decision to limit the scope of a complaint investigation will be approved by the Executive Director and the complainant must be advised in writing of the decision, and the reasons for that decision. Reasons for not taking up a particular complaint issue may include, but are not limited to, the following:

- The issue has been investigated or dealt with previously
- The issue is unsubstantiated or unverifiable
- The issue is not current and occurred more than two years ago
- The issue is vexatious

**Prioritisation of issues for complaint investigation**

Where there are multiple issues of complaint that are reasonable to investigate, DADAA may elect to address the issues in a particular order, rather than investigate all issues concurrently. The decision to do so will usually be based on the availability of resources and the need to ensure that ongoing services are not disrupted.

**Identifying a complaint**

A complaint or dispute may arise from many different types of situations, circumstances or interactions. The following examples are a guide to help identify potential problems:

<b>WHO DOES IT INVOLVE?</b>	<b>HOW DOES IT HAPPEN?</b>
All Staff/Volunteers Participants/Carers Visitors Other Agencies Partners	In person Indirectly On the phone In letter form Email



<p><b>ZERO TOLERANCE</b> <b>Bullying/Harassment</b></p> <p>Hiding the truth Verbal harassment Non Verbal harassment Physical harassment Sexual harassment Haranguing Name calling Mental harassment Visual harassment Spreading gossip Patronising Belittling</p>	<p><b>ZERO TOLERANCE</b> <b>Discrimination/ Vilification</b></p> <p>Race Gender Colour Origin Pregnancy Marital Status Age Disability Religion Trade Union Sexuality Culture</p>
<p><b>Misinformation</b></p> <p>Supplying incorrect information Lack of consultation Inappropriate collection of information Reporting and non-reporting Withholding information Hiding the truth</p>	<p><b>Silence</b></p> <p>Non response Ignorance Skipping coordinators and 1<sup>st</sup> line management Intimidation to silence Aloofness</p>
<p><b>Victimisation</b></p> <p>Annoying behavior Unfair dismissal Provoking, belittling Blurring boundaries Threatening behaviour towards others</p>	<p><b>Subtle Harassment</b></p> <p>Inappropriate conversations Offensive or abusive language Hostile or aloof body language Lack of eye contact Poor hygiene</p>
<p><b>Harassment can include</b> Rude hand or body gestures; hitting, kicking, pushing; abusive language, threats, mouthing off; gossiping, spreading rumors; leaving someone out, silent treatment; rude letters or phone calls or email messages; daring someone to do dangerous or embarrassing things; staring, unwanted touching; insults, name calling, hurtful personal comments; making fun of someone, teasing, inappropriate jokes; damage to personal belongings; leaving unwanted notes; stalking someone</p>	

**REQUESTS FOR INFORMATION RELATING TO DADAA**

**OWNERSHIP** Job

Pay  
Responsibilities  
Management Systems  
Job Description Form  
Duty statement  
Instructions  
Projects/Programs  
Intellectual Property

**THEFT**

Time  
Money  
Merchandise and company property  
Overcharging or pocketing extra cash  
Inappropriate use of vehicles  
Misappropriate use of materials and or equipment  
Intellectual property  
Commercial in confidence  
Inappropriate commissioning

**OCCUPATION SAFETY AND**

**HEALTH** Incidents

Accidents  
Near Misses  
Lack of Forward Thinking  
Lack of Preventative Measures  
Injury / Serious Injury  
Ergonomics  
Hazards

**TAKING CARE OF**

**YOURSELF** Debriefing

Time out from work  
Take a break  
Manage stress  
Hangover

**COMPLAINT FORM**



Please complete all parts of the form in FULL.

**Part A – About me**

**Full Name:**  
**NDIS Number (if available):**

**Part B- About the complainant (if different to above). Please only complete one box (tick)**

**Fill in this box if you are complaining on behalf of someone else**

Name of Person:

What is your relationship to that person?

Does the person know you are making this complaint?

Does the person consent to the complaint being made?

**Fill in this box if someone is assisting you with the complaint – for example a family member, your nominee or representative.**

Name of representative:

Organisation:

Postal Address:

Contact Number (Phone):

Email:

My preferred contact is:

**Part C – Your complaint**

**What is your complaint about?**

**Provide some details to help us understand your concerns. You can include what happened, where it happened and who was involved, or the decision made by the Agency that you are unhappy about.**

**Part D – Who is your complaint about?**

**DADAA and/or Name of the Staff/Volunteer/Contractor about whom you are complaining**

Name of Staff/Volunteer/Contractor

DADAA

What is this person's/organisation's relationship to you?

**What outcomes are you seeking?**

**Have you made a complaint about this to another agency? (For example: a disability service or equal opportunity agency, Health Care Complaints Commission, Ombudsman.)**  
**If so, please provide details of the agency to which you made your complaint and any outcome. Please also attach copies of any letters you have received from that agency.**

DADAA follows the guidelines published by the Department of Social Services and their *National Disability Advocacy Program*. The information below is sourced from the **Disability Advocacy Fact Sheet** and includes a link of where to find an independent advocate nearest to you.

## DISABILITY ADVOCACY

### What is disability advocacy and why is it important?

Disability advocacy is acting, speaking or writing to promote, protect and defend the human rights of people with disability. The Australian Government, and some state and territory governments, fund independent advocacy to help people with disability who face complex challenges or are unable to advocate for themselves, and do not have family, friends or peers who can support them as informal advocates, to access advocacy support.

**An independent advocate**, in relation to a person with disability, means a person who:

- (a) is independent of the organisations providing supports or services to the person with disability; and
- (b) provides independent advocacy for the person with disability, to assist the person with disability to exercise choice and control and to have their voice heard in matters that affect them; and
- (c) acts at the direction of the person with disability, reflecting the person with disability's expressed wishes, will, preferences and rights; and
- (d) is free of relevant conflicts of interest

### Why does independence matter?

A disability advocate must be independent and act solely in the interests of the person with disability who they are supporting. An advocate cannot be independent if they, or the organisation they work for, might benefit in some way from influencing the outcomes of the advocacy – this would be a conflict of interest.

A conflict of interest can happen in many situations, for example, a support worker helping a person with disability to resolve a complaint about the disability service that employs the support worker. Government-funded independent advocates can act solely on the side of the person with disability and without a conflict of interest. This differs from National Disability Insurance Scheme (NDIS) Local Area Coordinators, for example, whose role is to link people with the NDIS and to provide information and support in their community, but not to act as advocates. It also differs from NDIS Support Coordinators who have an interest in maintaining services and/or funding relationships and have restrictions on how much they can support the direct wishes of the person with a disability.



### We have the NDIS now. Do we still need independent advocacy?

Yes. Independent advocates assist people with complex, specialised and often serious issues that can include supporting them:

- to understand their rights and responsibilities.
- through discrimination, criminal and child protection cases.
- within mental health facilities and through the mental health review tribunal.
- to resolve issues about government benefits, payments, pensions and support services.
- through tribunals for guardianship, tenancy and participant affairs.
- to access housing, education or other state systems.
- to resolve complex service provision or complaints issues, especially where it is difficult for the person to speak up for themselves; and
- to leave domestic violence situations.

None of these activities are available as NDIS-funded supports. Approximately 460,000 Australians with profound disability will receive individual NDIS funding. However, there are another 3.9 million Australians who identify as having a disability who may also require access to independent advocacy, if the need arises. The NDIS will fund some forms of decision-making support and capacity building through Individual Funded Packages for NDIS participants and through activities funded by the Information, Linkages and Capacity Building program. Examples of these supports and services include:

- assistance to coordinate NDIS supports.
- support to develop skills for decision-making to exercise choice and control.
- supports that help people to develop their knowledge and skills for making choices and decisions and standing up for their rights.
- information and training about how to make complaints; and
- information about where to make complaints.

Although advocacy organisations have supported people with disability in similar ways, NDIS-funded supports are **not** the same as independent advocacy support and will not replace the role of independent advocates.

### How do I find an independent advocate?

To find the locations and contact details of government-funded independent advocates near you, go to <http://disabilityadvocacyfinder.dss.gov.au>.

It is DADAA's policy that participants are required to disclose their nominated Advocates and if applicable their Legal Guardians through the Authority Form used by Client Services when enrolling participants.

## EXTERNAL RESOURCES



- **NDIS (for Participants)**  
Website: <https://www.ndis.gov.au/participants> Phone: 1800 800 110 Email: [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au)
- **NDIS Quality and Safeguards Commission:** Lodge complaints about NDIS services, information about advocacy, your rights, and quality services:  
<https://www.ndiscommission.gov.au/participants> <https://www.ndiscommission.gov.au/about/complaints> Phone: 1800 035 544
- **Aged Care Quality and Safety Commission:** Lodge complaints about CHSP services, find information about advocacy and quality services:  
[www.agedcarequality.gov.au/making-complaint](http://www.agedcarequality.gov.au/making-complaint) <https://www.agedcarequality.gov.au/consumers>  
Phone: 1800 951 822
- **National Disability Abuse and Neglect Hotline**  
Website: [www.jobaccess.gov.au/complaints](http://www.jobaccess.gov.au/complaints) Phone: 1800 880 052 Email: [hotline@workfocus.com](mailto:hotline@workfocus.com).
- **WA Police**  
Website: [www.police.wa.gov.au](http://www.police.wa.gov.au) Phone: 131 444
- **Western Australian Ombudsman** (for complaints about administrative matters involving State Government departments and statutory authorities)  
Website: [www.ombudsman.wa.gov.au](http://www.ombudsman.wa.gov.au) Phone: 1800 117 000
- **Discrimination Complaints Resolution, Australian Human Rights Commission**  
Website: [www.humanrights.gov.au](http://www.humanrights.gov.au) Phone: 1300 369 711. Hours are 9:00 AM - 5:00 PM AEST
- **National Relay Service**  
Website: <https://nrschat.nrscall.gov.au/nrs/internetrelay>
- **Equal Opportunity Commission- Western Australia**  
Website: [www.eoc.wa.gov.au](http://www.eoc.wa.gov.au) Phone: 08 9216 3900
- **Older Persons Advocacy Network (OPAN)** Phone 1800 700 600 or visit [opan.org.au](http://opan.org.au).