

[insert organisation name/logo]

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## Advocacy Policy

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**Lead Author:** [name and position]

**Approved by:** [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

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### Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

### Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
  - Policy is no longer relevant/current due to changes in external operating environment.
  - There are changes to laws, regulations, terminology and/or government policy.
  - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
  - A stakeholder has identified a need, eg by email, telephone etc
  - A serious or critical incident has occurred, requiring an urgent review.
  - Need for consistency in service delivery across programs and organisations.
  - Separate, stand-alone policy is now warranted
  - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

**Additional Comments**

*[for example, policy now covers details related to new legislation].*

# Advocacy Policy

## 1. Purpose and Scope

The purpose of this policy is to ensure that **[insert organisation name]** staff, Board members, students and volunteers are aware of different forms of advocacy and respond effectively to the involvement of advocates on behalf of people with lived experience of mental illness/recovery and / or their families and carers.

## 2. Definitions

Advocacy is the process of taking action to:

- achieve social justice in the areas of rights, access, participation and equity;
- prevent or stop abusive, discriminatory or negligent treatment;
- increase and improve well-being;
- increase inclusion and acceptance in the community; and
- identify and put a stop to the causes of unjust and unfair treatment, situations and their many causes, so that people's fundamental needs can be met<sup>1</sup>.

Capacity, in this policy, describes a person's ability to make his/her own decisions. A person may lack capacity in some areas, i.e. make financial or medical decisions but still be able to make other decisions i.e. what to eat and wear. Therefore capacity may be decision specific.

Informed decision making occurs when a person with decision-making capacity makes a decision after gathering and considering relevant facts.

Individual Advocacy means the advocate concentrates their efforts on one or two people only. Individual advocacy includes:

- a. Informal Advocacy: carers, parents, brothers and sisters, relatives, friends who take on advocacy roles are all examples of informal individual advocacy.
- b. Community managed organisations: some staff have a formal advocacy role and are paid to advocate for consumers
- c. Community legal services: including specialist mental health legal services also have an important advocacy role.

Citizen advocacy is a community based movement that aims to recognise, promote and defend the rights, well-being and interests of people with lived experience of mental illness/recovery. It does so by finding and supporting caring, responsible citizens who make long-term voluntary commitment to make a positive difference in the life of a person who may be lonely, face difficult challenges, or be in "at risk" situations.

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<sup>1</sup> Ageing, Disability and Home Care (1996, cited in Department of Human Services NSW, 2011, p97).

Systemic Advocacy is primarily concerned with influencing and changing the system (legislation, policy and practices) in ways that will benefit people with lived experience of mental illness/recovery as a group within society. Systemic advocates will encourage legislative and government policy reform to improve standards, guidelines and implementation to improve service policies and community attitudes.

Self-advocacy is undertaken by people on their own behalf, and in their own interests, or by groups who share the same characteristics or interests.

### **3. Principles**

Inclusion: People with lived experience of mental illness/recovery:

- are placed at the centre of decision making so that personal needs, goals and senses of achievement shape advocacy support.
- are supported to enable them to choose how they want to participate and contribute within their communities.

Social and cultural diversity is explored, considered and embraced, and strategies implemented that minimise exclusion.

Empowerment: People with lived experience of mental illness/recovery are encouraged and supported to represent themselves and to understand their rights and responsibilities and the options available to make informed decisions.

Trauma: The impact of past trauma may make it difficult for people to develop self-advocacy skills, or to trust an individual advocate.

Privacy and confidentiality: The privacy, dignity and confidentiality of people with lived experience of mental illness/recovery are protected and upheld at all times and consistent with relevant privacy laws and principles, and limits to confidentiality under the NSW Mental Health Act (2007) – see Privacy and Confidentiality Policy and Family and Carers Policy.

Collaboration: Advocates should foster strategic alliances with people with lived experience of mental illness/recovery, families and carers, peak organisations and universal services to ensure contemporary models of treatment, care and support.

Independence of support: People with lived experience of mental illness/recovery and their families and carers all receive independent and autonomous support that is not inhibited by conflict of interest.

Quality: All supports delivered to people with lived experience of mental illness/recovery are of high quality, effective and outcomes based.

Equity: Each person seeking a service has access to that service on the basis of relative need and available resources.

**4. Outcomes**

People with lived experience of mental illness/recovery and their families and carers are supported to self-advocate, advocate on behalf of other people, or access an advocate so that their rights are upheld in the community.

People with lived experience of mental illness/recovery choose to participate in a community in which they are welcomed and supported.

A person’s participation and contribution to the local community is determined by that consumer.

People have improved access to appropriate and responsive advocacy including people from Aboriginal and Torres Strait Islander and CALD backgrounds.

There is greater acknowledgement and awareness of mental health in the community.

**5. Functions and Delegations**

<b>Position</b>	<b>Task/Delegation</b>
Board of Directors	Endorse Advocacy Policy.  Comply with Advocacy Policy.
Management	Comply with Advocacy Policy.  Ensure organisation complies with Advocacy Policy.
Staff	Comply with Advocacy Policy.

**6. Risk Management**

All staff, Board members, students and volunteers and are made aware of this policy during orientation.

The Board of Directors ensures mechanisms are in place for decisions and actions relating to advocacy to be transparent and fair.

Staff members with support functions are provided with ongoing professional development in regard to advocacy.

## 7. Policy Implementation

Board members, staff, students and volunteers are aware of **[insert organisation name]** procedures for Advocacy through orientation and induction processes.

This policy and supporting documents is reviewed as part of the organisations quality improvement program.

## 8. Policy Detail

In order to fulfil its responsibilities in relation to advocacy, **[insert organisation name]** will:

- facilitate life choices by supporting people with lived experience of mental illness/recovery to have their say and make their decisions;
- provide better opportunities for people with lived experience of mental illness/recovery and their families and carers to make informed decisions about their lives, while considering how these decisions will impact upon those around them;
- enhance the rights of people with lived experience of mental illness/recovery through advocacy;
- support families and carers of people with lived experience of mental illness/recovery to choose how they want to participate and contribute to the care of their loved ones;
- support people with lived experience of mental illness/recovery to choose how they want to participate and contribute within their communities;
- increase options for Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and **[insert target groups]** with lived experience of mental illness/recovery to participate in the community;
- include and value families and carers (where available) as part of the support system for people with lived experience of mental illness/recovery;
- improve access to mental health advocacy supports that meet individual requirements/goals;
- acknowledge and respect the role of people who act as advocates for consumers, including their families, guardians and friends when they take on that role; and

- build upon the existing support system to ensure a strong and viable sector and the delivery of high quality services.

### **8.1 Advocacy Activities**

**[insert organisation name]** Advocacy activities may include, but are not limited to:

- providing access for people with lived experience of mental illness/recovery, their families and carers to an advocate for consultation and representation if required;
- fostering the development of self-advocacy amongst people with lived experience of mental illness/recovery, their families, carers and friends through the provision of advocacy training and education;
- assisting the person with lived experience of mental illness/recovery to understand and utilise review and complaints processes where required;
- providing access to culturally appropriate advocacy supports for Aboriginal and Torres Strait Islander people;
- providing access to culturally appropriate advocacy support for people from culturally and linguistically diverse backgrounds;
- developing links between people with lived experience of mental illness/recovery, their families and carers into the local community; and
- locally promote social inclusion, valuing of diversity and building of mental health awareness that will support consumers and groups.

### **8.2 Access to Advocacy**

Consumers are made aware that **[insert organisation name]** responds positively to advocacy on their behalf.

**[insert organisation name]:**

- provides opportunities to families to gain an understanding of the role of advocacy
- provides consumers with a list of advocates in their area
- assists people to access all forms of advocacy, if and when required.
- respects the right of consumers to choose their own advocates.
- ensures consumers have unimpeded access to their advocates.
- identifies consumers who do not have personal networks and who need assistance to speak up and actively seek the involvement of advocates on their behalf.
- records contact details of advocates on consumers' files and individual plans.

### **8.3 Involvement of Advocates**

**[insert organisation name]** encourages consumers to involve their advocates or families to support or represent them in processes such as:

- individual planning;

- informed decision-making;
- complaints and disputes;
- communication and consultation;
- recovery meetings;
- policy development and review;
- involvement with the governing body;
- participation in subcommittees and working groups;
- the **[insert organisation name]**'s annual self-assessment
- strategic planning; and
- general meetings.

#### **8.4 Contact with Advocates**

**[insert organisation name]** is in regular contact with advocacy groups in its area.

**[insert organisation name]** makes contact with groups and organisations representing people of different language and cultural backgrounds to encourage advocacy for consumers from those communities.

**[insert organisation name]** makes contact with Aboriginal and Torres Strait Islander and CALD groups and organisations to encourage advocacy for consumers from those communities.

**[insert organisation name]** provides current and relevant information about its services when advocates become involved with consumers.

Advocates are added to **[insert organisation name]**'s mailing list so that they receive regular mail outs.

#### **8.5 Self-Advocacy**

**[insert organisation name]** staff support self-advocacy through activities such as:

- Assisting individuals or groups to identify their issues, rights and preferred options.
- Providing information on self-advocacy in relation to individual or group issues.
- Supporting individuals to gain self-advocacy skills
- Following up and supporting individuals after self-advocacy activity
- Promoting self-advocacy

#### **8.6 Consent, Concerns and Choice**

A consumer's informed consent is gained before a **[insert organisation name]** staff member rings an advocacy service on the consumer's behalf.

Where **[insert organisation name]** is concerned about the actions of a consumer's advocate, **[insert organisation name]** raises its concerns with the advocate and/or the Advocacy organisation which appointed the advocate.

**[insert organisation name]** respects the right of consumers to change their advocate at any time.

Respects the right of a consumer to make the decision not to share information with any family member who is not the primary carer.

## 8.7 Other Organisational Processes

**[insert organisation name]** complaints management information brochures contain information about rights to engage an advocate, and how to do so

**[insert organisation name]:**

- employs a peer worker and/or has trained peer volunteers
- facilitates access to separate advocates for people who cannot make informed decisions, and their families and carers, to avoid conflicts of interest
- collaborates in initiatives with advocacy organisations
- documents in personal records any support that consumers have been given to access advocacy and support services.
- provides information to consumers about mental health advocacy organisations, mental health legal centres, peer support workers, and consumer or carer consultants.

### 8.7.1 Organisations

Aboriginal Disability Network (02) 9319 1422 [www.pwd.org.au](http://www.pwd.org.au)

Citizen Advocacy NSW (02) 9369 2411 [www.citizenadvocacy.org.au](http://www.citizenadvocacy.org.au)

Disability Discrimination Legal Centre (02) 9319 6549 [www.ddlcnsw.org.au](http://www.ddlcnsw.org.au)

Guardianship Tribunal (02) 9556 7600 [www.gt.nsw.gov.au](http://www.gt.nsw.gov.au)

NSW Office of the Public Guardian (02) 8688 2650 [www.lawlink.nsw.gov.au](http://www.lawlink.nsw.gov.au)

NSW Trustee and Guardian (02) 8688 2600 [www.lawlink.nsw.gov.au](http://www.lawlink.nsw.gov.au)

Family Advocacy (02) 9869 0866 [www.family-advocacy.com](http://www.family-advocacy.com)

Mental Health Advocacy Service (02) 9745

4277 <http://www.legalaid.nsw.gov.au/asp/index.asp?pgid=514>

Multicultural Disability Advocacy Association of NSW (02) 9891

6400 [www.mdaa.org.au](http://www.mdaa.org.au)

Self Advocacy Sydney (02) 9622 3005 [www.sasinc.com.au](http://www.sasinc.com.au)

The Aged-care Rights Service (TARS) (02) 9281 3600 or 1800 424 079

[www.tars.com.au](http://www.tars.com.au)



## 9. References

### 9.1 Internal

Community, Professional & Personal Development  
Feedback & Complaints Policy  
Individual Supports  
Informed Decision Making Policy  
Integration Policy  
Participation Policy  
Personal Records Policy  
Privacy & Confidentiality Policy

### 9.2 External

Department of Human Services NSW (2011). *Standards in action*. Ageing, Disability and Home Care.

Prevention and Pathways Directorate Ageing, Disability and Home Care, Department of Human Services NSW (2010). *NSW Advocacy Program Guidelines (Disability)*. [http://www.adhc.nsw.gov.au/search\\_results?cx=014046274563383784287%3Amciwbn8heci&cof=FORID%3A11&ie=UTF-8&q=advocacy&sa=Go#1650](http://www.adhc.nsw.gov.au/search_results?cx=014046274563383784287%3Amciwbn8heci&cof=FORID%3A11&ie=UTF-8&q=advocacy&sa=Go#1650)  
Accessed 30<sup>th</sup> May 2011.

Queensland Advocacy Inc. (2007). *What is Advocacy?* <http://www.qia.org.au/PDFforms/Forms/Advocacy%20Info%2020Dec07.pdf> Accessed 30<sup>th</sup> May, 2011.

## Legislation

Aged Care Act 1997 (Commonwealth)  
Anti-Discrimination Act 1977 (NSW)  
Disability Discrimination Act 1992 (Commonwealth)  
Crimes Act 1900 (NSW) section 66F  
Guardianship Act 1987 (NSW)  
Health Records and Information Privacy Act 2002 (NSW)  
Mental Health Act 2007 (NSW)  
Privacy Act 1988 (Cth)  
Privacy and Personal Information Protection Act 1998 (NSW)  
Work Health and Safety Act 2011 (Commonwealth)  
Model Work Health and Safety Regulations 2011 (Cth)

## Other

Emerson, E. (1995). *Challenging Behaviour: Analysis and intervention in people with learning difficulties*. Cambridge University Press.

Office of the Senior Practitioner, NSW Department of Ageing, Disability and Home Care (2009). *Behaviour Support: Policy and Practice Manual* [http://www.adhc.nsw.gov.au/\\_data/assets/file/0003/228360/BehaviourSupport\\_PolicyPracticeManual\\_Part2.pdf](http://www.adhc.nsw.gov.au/_data/assets/file/0003/228360/BehaviourSupport_PolicyPracticeManual_Part2.pdf)

### **9.3 Quality and Accreditation Standards**

#### **EQUIP4**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.

Criterion 1.6.2: Consumers / patients are informed of their rights & responsibilities.

Criterion 1.6.3: The organisation makes provision for consumers / patients from culturally and linguistically diverse backgrounds and consumers / patients with special needs

#### **EQUIP5**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 1.6: The governing body is committed to consumer participation.

Criterion 1.6.1: Consumers / patients, carers and the community participate in the planning, delivery and evaluation of the health service.

Criterion 1.6.2: Consumers / patients are informed of their rights & responsibilities.

Criterion 1.6.3: The organisation meets the needs of consumers / patients and carers with diverse needs and from diverse backgrounds.

### **Health and Community Service Standards (6<sup>th</sup> edition)**

Provided by Quality Improvement Council (QIC)

## Standard 2.2: Focusing on positive outcomes

Evidence Questions: What is the evidence that:

- consumers and communities participate in decision-making about services and programs they receive?

## Standard 2.4: Confirming consumer rights

Evidence Questions: What is the evidence that:

- the organisation advocates on behalf of individual consumers at their request and at community and political levels as appropriate?
- informed consent processes are implemented for service and program provision, and when personal information is gathered, stored, shared and used?
- consumers are aware of their rights and responsibilities including complaint, grievance, appeal and conflict management procedures, and these procedures are implemented promptly, judiciously and fairly?
- barriers to service access are identified and addressed, and consumers are supported to access services?

## **9.4 National Mental Health Standards (Revised 2010)**

Criterion 1.11: The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.

Criterion 1.15: The organisation upholds the right of the consumer to access advocacy and support services.

Criterion 3.5: The organisation provides ongoing training and support to consumers and carers who are involved in formal advocacy and / or support roles within the organisation.

Criterion 6.18: Training and support is provided for consumers involved in a formal advocacy and / or support role within the organisation.

Criterion 7.15: The organisation provides ongoing training and support to carers who participate in representational and advocacy roles.

Criterion 10.1.5: The organisation promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.

## 9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.8: The organisation values the consumer's right to independently determine who will represent their views to the service, and links people to peer support, peer workers and other advocates in the area.

Item 1.9: The organisation and individual workers challenge stigma and discrimination in public settings.

Item 2.2: Management proactively and constructively challenge non-recovery oriented attitudes and behaviours among workers (e.g. stigmatising and discriminatory attitudes and behaviours).

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice.
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 3.7: Workers recognise that self-direction and self-responsibility are important in a person's recovery journey, and that providing them with choice and information inspires recovery and enhances control over decision-making.

Item 4.3d: The organisation provides the opportunity for ongoing training on consumer self-directed care:

- How to facilitate the delivery of consumer self-directed services, including how to maximise consumer choice and control in their recovery
- Information on the individual, non-linear nature of recovery and how this affects the level of support provided by workers

Item 4.3e: The organisation provides the opportunity for ongoing training on the obtaining and sharing of knowledge and information including:

- Protocols relating to privacy and confidentiality
- Relevant legislation changes
- Innovative recovery based practice
- New and existing relevant services
- Sharing accessible information and resources relevant to consumers, their families and carers.

Item 5.3c: Consumers are provided with the regular opportunity to evaluate the consumer self-directed focus:

- The degree to which workers advocate for the persons' centrality in directing their own recovery journey
- The amount of input they have into the services they receive.

## **9.6 NSW Disability Services Standards (DSS)**

3.7: Each person with a disability can involve an advocate in making decisions about the service he/she receives.

7.8: The complaints and disputes procedure allows for the participation of the service user's advocate where requested.