



ADVOCACY



KNOWLEDGE



COMMUNITY

DEVELOPMENTAL DISABILITY *wa*

**SUBMISSION ON THE NATIONAL DISABILITY
ADVOCACY FRAMEWORK**

JULY 2022

Background

Developmental Disability WA (DDWA) was established by families in 1985 and is a trusted source of independent information, advocacy, education and support for people with intellectual and other developmental disability, their families and the people who support them.

DDWA has a particular focus on supporting people with a more significant level of disability, which affects their ability to communicate and may affect their behaviour, when their needs are unmet.

DDWA works in three ways:

1. Advocacy

- To support people with developmental disability and their families to have a strong voice and seek change where needed.
- To influence government and other decision-makers to achieve positive and lasting change.

2. Knowledge

- To build the expectations and capacity of people with developmental disability and their families.
- To inform people with disability and families about their rights, choices and options in services and supports.

3. Community

- To support people with developmental disability and their families to live their lives.
- To partner with others to develop more connected and inclusive communities.

More recently DDWA have developed an Easy Read version, as follows:

‘We help people who were born with a disability and need help to understand things.



ADVOCACY

We help you to stand up for yourself and your family



KNOWLEDGE

We help you to learn new things to make your life better



COMMUNITY

We help make the community a better place for people with disability to live’.

The CEO of DDWA is Chair of the WA Coalition of Disability Advocacy Organisations and is a member of the Ministerial Advisory Council on Disability in WA. Both of these roles contribute to the systemic voice of people with developmental disability in WA.

DDWA has received specialist advocacy project funding for 4.5 years, until January 2022, from the WA Department of Communities. Initially, it was for advocacy in education and more recently advocacy for people with complex communication needs. One key outcome of the projects was the identification of ‘Outcomes’ related to advocacy and other DDWA services, see attached report. Being able to identify outcomes from advocacy intervention, particularly longitudinally, was seen as critical in measuring the impact of services.

Response to draft framework

OBJECTIVE

1. Do you believe the new NDAF encompasses your vision of advocacy? No If not, what changes are required?

It needs to be amended to include families.

People with disability and their families access effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights, enabling full community participation and inclusion.

PRINCIPLES

2. Are the **principles** of the NDAF appropriate for guiding the delivery of advocacy for people with disability in a changing disability environment, including in the context of the NDIS? If not, what changes are required?

The Framework is informed by and supports the implementation of the following:

- United Nations Convention on the Rights of Persons with Disabilities
- Disability Discrimination Act 1992
- Australia's Disability Strategy 2021-2031
- Closing the Gap National Agreement.
- NDIS Quality and Safeguarding Framework
- Information Linkages and Capacity Building program

Framework Principles should also be informed by the

<https://www.asha.org/siteassets/uploadedfiles/njc-communication-bill-rights.pdf>

The parties to this Framework accept and adopt the following national disability advocacy principles as guiding the provision of advocacy for people with disability:

Presumption of Rights and Capacity

- All people have the right to be free from abuse, neglect, and discrimination.
- All people have the right to pursue any grievance or complaint. Need to add 'without fear of retribution or disadvantage'. Recognises the real fear that comes from making a complaint.

- All people have the right to privacy, dignity and confidentiality.
- All adults have an equal right to make decisions that affect their lives, and to have those decisions respected.
- Children and young people with disability have the right to participate, in whatever capacity, in decisions that impact on their lives.
- Adults with disability are presumed to have capacity to make and take part in decisions affecting all aspects of their life.

Access to Supports

- Facilitating effective and appropriate communication for people with disability is an essential component of disability advocacy.
- The will, preferences and rights of people with disability who may require decision-making supports, must direct the decisions that affect their lives.

Whilst it is good that communication is recognised, there appears to be an assumption that people will somehow be able to contact an advocacy service to seek support. People with developmental disability often do not know what advocacy services are or their right to access a service and hence never access support and put up with poor services.

Advocacy services supporting people with developmental disability need an outreach capacity to visit places that are likely to have vulnerable people and explain what rights are and what advocacy services do, how to find them etc.

The principles related to '**Access to Supports**' need to reflect that certain groups within the community will not seek to access advocacy services of their own accord and need more targeted access strategies eg. woman in group home who did not have access to her communication device was prevented from actively participating in a workshop that we were delivering to teach her about her rights and how to stand up for herself. Often group home residents are conditioned into not ever challenging authority or asking questions.

Under the section on '**Access to Supports**' there appears to be no recognition of the role of families and the importance they may have in the life of a person with developmental disability, as compared to someone without or with little family support. These people are likely to be even more vulnerable and need access to advocates they trust.

Participation and Inclusion

- Disability advocacy is an essential tool for fostering the full and effective participation and inclusion of people with disability in society.

Justice

· Disability advocacy is inclusive of legal advice and representation where it is required to assist people with disability to exercise their rights.

Person-Centred Approach

· Keeping in-line with the principle 'Nothing about us, without us', disability advocates should:

- ensure the voice of the individual is understood and heard
- empower individuals to use their voice by identifying a person's strengths, and to use these strengths to maximise their involvement in decisions and outcomes; and
- foster independence through educating individuals in self advocacy.

Aboriginal and Torres Strait Islander People with Disability

· In-line with the Closing the Gap National Agreement, for Aboriginal and Torres Strait Islander people with disability, ensuring:

- partnerships and shared decision-making processes are implemented to support the design and implementation of disability advocacy
- the community-controlled sector is strengthened to deliver advocacy
- cultural safety and capabilities of non-Indigenous disability advocacy are strengthened; and
- access to, and the capability to use, locally-relevant data and information to contribute to, set and monitor disability advocacy.

Respect for Intersectionality and Diversity

· Diversity of people with disability is respected including where they are affected by additional forms of discrimination and disadvantage due to their age, gender, culture, heritage, language, faith, sexual identity, relationship status, and other relevant factors.

Under the section on '**Respect for Intersectionality and Diversity**' there appears to be no recognition of whether someone has verbal communication skills. In our experience, as soon as someone demonstrates they cannot speak verbally all kinds of assumptions around capacity are made and discriminatory practices occur.

Safeguards

- The rights of people with disability are promoted, upheld and protected, and people with disability feel safe and enjoy equality before the law.
- Individuals are supported to identify and understand when they have been subject to violence, abuse, neglect and exploitation and to understand what actions they can take in response to what they have experienced.

Under the section on **Safeguards**, there is no recognition of the role of families, informal supports or communities in safeguarding a person with disability. People with higher levels of family support are often less likely to need intensive advocacy services as compared to people with people who have no support networks around them.

OUTCOMES

3. Are the **outcomes** of the NDAF clear and achievable? Should different ones be included? If so, what should be included?

Disability advocacy supports provided in-line with this Framework will contribute to the following outcomes:

- People with disability are accorded the same rights and freedoms as all Australians.
- People with disability enjoy increased choice, control and wellbeing, exercise their right to make decisions, are involved in all decision-making processes that affect their lives, and receive the support they need to make those decisions.
- People with disability are able to participate in all aspects of the civil, political, economic, social and cultural life of our communities.
- Regardless of where they live, people with disability can access quality and independent advocacy support.
- People with disability, including those experiencing multiple disadvantage, are supported to have effective interactions and access to disability supports and services and/or mainstream services and facilities including supportive, flexible and timely access to justice and legal advocacy.
- Aboriginal and Torres Strait Islander peoples with disability will have a greater say in how advocacy is designed and delivered; have access to culturally and linguistically appropriate, and culturally safe, disability advocacy, including access to community controlled organisations delivering disability advocacy; and have access to, and the capability to use, locally-relevant data and information.
- Culturally and linguistically diverse communities, have access to culturally and linguistically appropriate, and culturally safe, disability advocacy that features the engagement and input of relevant local communities.
- People with disability have a range of ways to express their views and wishes about supports and services, play an active role in working out how things will improve, and can access a complaints mechanism and independent support and advice when providing feedback or making a

complaint in relation to the supports and services they purchase or engage.

- The demographics of people with disability receiving individual advocacy reflects the diversity of the communities that the agencies are operating in.
- People with disability have the opportunity to be actively involved in all aspects of the development, delivery and evaluation of disability and broader government policies, programs and services that impact them.
- There is increased community awareness of barriers to people with disability, the stigma associated with disability and the presence and value of advocacy supports.

There is no reference to people actually knowing their rights. People might be 'accorded the same rights', however they will not 'exercise their right to make decisions' if they do not know what their rights are or have the confidence to speak up. Time and again DDWA meet adults with intellectual disability who have little if any idea of their rights. Currently DDWA are undertaking an ILC project where we are visiting group homes and high schools to teach people with intellectual disability what their rights are, how to stand up for themselves and how to be confident in doing so.

Broadly there does not appear to be recognition of the combined dimensions that makes a person more at risk than others. '**Multiple disadvantage**' does not capture the dimensions of:

1. Nature of disability/disabilities and other health conditions eg. Has intellectual disability, autism and is diabetic
2. Circumstances eg. Recently left foster system and no family or community support. Very low income and poor money management skills.
3. Issues – eg. has multiple issues related to housing, health, justice and employment.

RESPONSIBILITIES, REFORM AND POLICY DIRECTIONS

4. Are the **responsibilities, reform and policy directions** of the NDAF relevant or should different ones be included?

- In agreeing to this Framework, the Commonwealth, state and territory governments are committing to share the responsibility for disability advocacy in their jurisdictions. How each advocacy program is developed, funded and managed is the decision and subsequent responsibility of the funding government.
- In agreeing to this Framework, the Commonwealth, state and territory governments are committing to working together to achieve an effective network of disability advocacy across Australia. This includes supporting the capacity building of disability advocates and the development of nationally consistent guidelines and processes.
- In agreeing to this Framework, all Commonwealth, state and territory governments are committing to:
 1. - Ensuring policy and reform that affect people with disability are designed and implemented including people with disability and their families at the centre of the design. This includes implemented person-centred approaches and co-design principles.
 2. - Ongoing policy and reform directions in the provision of disability advocacy to achieve the objective and outcomes of this Framework.
 3. - Building awareness across the disability sector and the community of the rights of people with disability and the importance of disability advocacy.
 4. - Ensuring the funding of disability advocacy is transparent, equitable and accountable, and geographical coverage and services gaps are identified and addressed.
 5. - The collection, use, and reporting of evidence based data for administration and planning of disability advocacy and improvement of services systems.
 6. - Improving coordination and communication between disability advocacy organisations, disability services, the National Disability Insurance Agency, mainstream services, community-based services and governments to develop the overall capacity of the disability sector, including promoting linkages between individual and systemic advocacy.
 7. - To implement advocacy in-line with the Closing the Gap National Agreement Priority Reforms.

With reference to ‘The collection, use, and reporting of evidence-based data for administration and planning of disability advocacy and improvement of services systems’ this needs to be very thoughtfully considered with respect to:

1. who really benefits from the data collection and
2. the impact on efficiency and effectiveness of advocacy when there is a heavy data collection burden.

The attached example intake form used by a WA advocacy provider suggests the advocacy needs of the person become secondary to obtaining the data required to comply with DSS. Appendix 1.

It is not surprising so many advocacy services have waitlists when so much time is “wasted” gathering irrelevant information that does not serve the advocacy outcome the person is seeking. In 4.5 years of individual advocacy service delivery by DDWA, we have never utilised a waitlist because our responses to requests are nimbly and efficiently responded to, with only the essential information gathered to progress the issue. If we were to start gathering all of this information for every person we serve, we would not only antagonise people with inane questions, we would also diminish the quality of service we deliver, as we would not be as focussed on getting to the heart of the matter that concerns them and potential courses of action.

Governments must work together to streamline what data is collected and what processes are used.

IDENTIFY WHAT IS NEEDED

5. Does the NDAF **identify what is needed** in the current and future disability environment? If not, what changes are required?

Need to prioritise specialisation amongst organisations so that generalist advocates can obtain support or refer people when appropriate. Currently only ATSI and CALD communities are recognised as having specialist needs, when there are so many other groups of people who are equally, if not more vulnerable eg. people who cannot speak verbally (complex communication needs) and people who behave in challenging ways, particularly if they live in accommodation services and do not have any family or other informal supports.

Specialization may also be in areas of systems expertise such as guardianship, education, health, prisons, child protection etc.

Case example

Man in his 50's with intellectual disability, leaving a long term stay at a mental health facility. His siblings told DDWA that the man could not speak, so there was no point in trying to discuss his future or going home with him directly.

The DDWA Communication consultant met the man and his siblings at their house and whilst the advocate talked to the family, the Communication consultant worked with the man, using an ipad with picture symbols, to determine his capacity to indicate his wishes. Within 1 hour the man was giving consistent YES/NO answers on the communication device when asked questions. His family were amazed that he had preferences and that he could indicate his preferences in such a short time.

When the man subsequently attended the State Administrative Tribunal, he was able to give responses, albeit rudimentary to the presiding member of the court. A Communication Profile was given to the presiding member before the hearing so they could better understand how to connect with the man they had sitting before them. An example of a Communication Profile follows. All of these processes require experienced advocates with relevant specialist communication skills.



Communication Profile for: Fxxxx

Prepared by DDWA to help *you* meet Fxxxx's communication support needs and uphold their communication rights (Month, YYYY).

| What you need to know | What you can do... | Don't do this... |
|--|--|---|
| I need lots of time to think about what you say and to think before I reply. | Give me lots of time to think. Pause often. | Don't just keep talk, talk, talking. |
| I need my support person with me at all times. They know best how to help me communicate with you. | Talk directly to me but also welcome my support person to our meeting. | Don't ignore me and talk to my supporter |
| I use a communication book called a PODD. I point to pictures in the book. My supporter will read aloud the label and turn my pages. | Pause if you see me reach for or look at my PODD. I may have something to say. Wait for my supporter to check if I have something to say. | Don't show more interest in the tools I use to talk than in what I am saying. |
| It can take me a long time to put my message together. | Wait for me to put my message together. | Don't interrupt me when I am making a message. |
| Pictures, photos and symbols help me understand you better. | Use pictures or photos or to help me better understand. Give time for my supporter to explain what you are saying using my PODD book. | Don't just talk at me without any visual supports to help me understand. |
| My advocate / support person knows me well and will recognise if I am not understanding. | Let my advocate or support person speak up for me in our meetings. | Don't ignore my advocate or my support person. They know me well. |
| I get overwhelmed by new information. I need to go over new information many times to understand it and think about my response. | Give me short videos or short easy read booklets to share many times with my supporter <i>before</i> I have to talk about the new information (before / between our meetings). | Don't give me lots of new information in the meeting and expect me to think about it and respond to it in the same meeting. |
| I sometimes find it easier to answer questions with my Yes, No, Maybe chart or rating scales. | Try asking me Yes/No/ Maybe questions or ask me to rate things (e.g. pain, how much I like different things). | Don't limit what I say to only yes/no. Keep my PODD close so I can say different things too. |

| Things you might notice... | This might mean... | Try this... |
|---|--|--|
| I start to choose the last option given when offered different choices. | I can't remember the other options. | Try using visual supports so I can see and think about the different options in a different way. |
| I seem less responsive, quieter than usual. | I could be feeling confused, tired or unwell. I may be about to have a seizure. | Make sure I have a support person with me who I trust and who knows me well so they can help problem solve. |
| I may be using a loud voice a lot more than usual. | I could be getting frustrated or upset. I may need a break or need to move. | Notice aloud that you can hear my voice and that maybe something is wrong. Allow my supporter to check in with me. Let me have a break if I need this or my sensory support tools. |
| I may start to bite my arm or hands. | I am now very upset, angry or frustrated. Something is very wrong and I urgently need support. I might not be able to tell you or my supporter now what I need. | Offer to stop the meeting. Let my supporter offer a break, a walk, sensory support tools. Reassure me that we can continue at another time if we need to. Agree to set a new meeting time. |

My Top Tips For You When Talking With Me:

- Make sure I have a skilled communication partner (my supporter) with me at our meeting
- Talk directly to me
- Keep your language clear and simple
- Respect me as an adult, don't treat me like a child
- Pause LOTS
- Wait for me to think
- Wait for me to put my message together
- Don't interrupt me when I'm thinking or talking with my PODD book.

OTHER

Do you have any other comments, thoughts or ideas about the NDAF?

Definitions

Disability advocacy enables people with disability to participate in the decision-making processes that safeguard and advance their human rights.

Individual advocacy a one-on-one approach, undertaken by a professional advocate, relative, friend or volunteer, to prevent or address instances of unfair treatment or abuse.

Systemic advocacy involves working for long-term social change to ensure the collective rights and interests of people with disability are served through legislation, policies and practices.

Self advocacy undertaken by someone with disability who speaks up and represents themselves. Support and training for self advocacy is available through community-based groups.

These definitions would be better replaced by the definitions from DANA.

[What is advocacy? | Disability Advocacy Network Australia \(dana.org.au\)](http://dana.org.au)

There are six main models of advocacy:

- Self advocacy
- Family advocacy
- Citizen advocacy
- Individual advocacy
- Legal advocacy
- Systemic advocacy.

APPENDIX 1 EXAMPLE TEST INTAKE

Advocacy Request Intake Form

About You

██████ advocacy service is primarily for People with Disability. If you are calling on someone's behalf we will need to hear from the individual before we can provide specific advice. If the individual is a child we can speak with a parent or guardian.

We are funded by the state and federal governments to provide advocacy services. They require us to collect data to show them what we have been doing. When we show them our data it shared in a deidentify way so they will not know your name or the details of the issue you talk to us about. We also use your data to help us plan and improve our advocacy service and other projects. We store you data on a secure network to make sure you privacy is protected. If you would like more information about how your data is used please ask.

1. Individual's First Name *

2. Individual's Last Name *

3. Date of Birth

6/8/2022



4. What is your residential Address?

5. Individual's Phone Number *

6. Individual's Email address

7. Secondary Contact Name, Number, & Relationship to Individual

None offered

Other

8. Type of disability/disabilities

Psychosocial

Physical

Intellectual / Cognitive

Autism

Neurodiverse

Vision

Hearing

Speech

Other

9. Do you have an Australian First Nations or Culturally Diverse background?

Yes, First Nations

Yes, Culturally Diverse

No

10. What is your main Language?

English

Other

11. Which Country were you born in?

Australia

Other

About My Issue

This section is done primarily from the individual's self-assessment of the issue and their ability to solve it alone. There is a section at the end for the advocate to apply their own assessment of the issue and provide recommendations.

12. Brief description of the **issue** and the **outcome** you would like to achieve *

NDIS Access Request
To be supported to review evidence

13. How would you like an Advocate to help with this issue?

*if they aren't sure, give them some information about what advocates do, keep a strength-based pure advocacy approach, give examples of how an advocate has helped other people with similar issues *

Review evidence only. Has access to a computer to email by themselves.

14. ***Individual Self-Assessment**

How would you rate your capacity to address this problem alone? *

1 2 3 4 5 6

1: "I am able to address this alone, but I would like some information"; **6:** "I am unable to address this problem alone."



15. ***Individual Self-Assessment**

How would you rate the ability of the **Formal Supports** around you to help with your issue?

*Formal Supports include paid and unpaid services such support coordinators, Legal Aid and professional advocates. *

1 2 3 4 5 6

1: "I have good formal support & they can help me with the issue" **6:** "I have no formal supports"

16. *Individual Self-Assessment

How would you rate the ability of the **Informal Supports** around you to help with your issue?

*Informal Supports could include family, friends and online support networks. *

1 2 3 4 5 6

1: "I have good informal supports and they help me with this issue" **6:** "I have no informal supports"

17. Brief description of formal and informal supports Strengths and Weaknesses *

No formal or informal supports available.

18. *Individual Self-Assessment

How would you rate your ability to **Communicate** your wishes?

*

1 2 3 4 5 6

1: "I can explain what I want and people understand me"
6: "I cannot express what I want or when I do people do"

not understand me & I have not access to technology."

19. How would you rate your and access to **Technology**?

*This can include access to technology such a phone, the internet and a computer. If the Individual does not have access to Technology ask follow-up questions about if they could access community resources at libraries etc. and make note in the following box.

*

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1: "I have access to the technology I need" 6: "I have no access to any technology." | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. Brief description of Communication and access to Technology **Strengths** and **Weaknesses**.

*

Has access to email and uses email well. Stated they are happy to email the application themselves.

21. Additional risk factors?

*you do not need to ask the individual these directly, only tick if the individual discloses during the call, if you are unsure please check Other and arrange time to discuss the issue with the service manager *

- Risk of Homelessness in the next month
- Case involves abuse or neglect
- Serious safety risks if the issues is not addressed

- Person with high/complex needs will reach crisis if they do not receive advocacy quickly
- The issue is likely to cause imminent support breakdown
- Interaction with third party such as Police, Justice, Courts or Department of Child Protection
- None Identified
-

22. Advocacy Type *

- National Disability Insurance Scheme
- State Administrative Tribunal (Guardianship, Administration & Authorised Restricted Practices)
- Disability Royal Commission
- General

NDIS Issues

These questions relate to issues concerning the NDIS

Documents to request: Internal review outcome letter, supporting documents for the internal review (letters from doctors, support workers therapists & medical evidence), AAT application & NDIS Plan

23. Does your NIDS issue relate to any of the following? *

- Access Request
- Planning
- Support implementing plan/accessing services
- SDA/Housing
- No
- Unsure

24. Which stage of the NDIS process are you at? *

- Access Request
- Planning
- Implementing a plan
- Reviewing a decision (internal appeal)
- Appealing a decision (external appeal with the AAT)

25. Has the Individual tried to contact any other Advocacy services for support? If yes are they on a waitlist and what other outcome have been achieved * the caller does not need to name the organisation if they don't wish to. *

No

SCORE

SCORE is designed to measure the result of a client's interaction with a funded service. This data helps funders and organisations understand the impact the service is making on a client's life. SCORE captures a point in time in the client's service journey.

26. Circumstances - ONLY PICK ONE

| | Very Poor | Poor | Is Okay | Good | Very Good/Fine |
|--------------------------------------|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| Physical Health | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Health, Wellbeing & Self-Care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Personal & Family Safety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Age-appropriate development (children) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Participation & Networks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Family Functioning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial Resilience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Material Wellbeing (DSP) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Employment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Education & Training | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. Goal - ONLY PICK ONE

| | No Progress | Limited Progress/Engaging | Limited Progress/Struggling | Moderate Progress | Fully Achieved |
|---|-----------------------|----------------------------------|-----------------------------|-----------------------|-----------------------|
| Change knowledge and access to information | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Empowerment, choice and control to make own decisions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Engagement with relevant support services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Change impact of immediate crisis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changed skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changed Behaviours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Advocates Recommendations

This section is filled out by the advocate and reflects their experience and assessment of the individual's situation and capacity. Do not ask the individual these questions, if you are unsure about any of the answers choose the most appropriate and make a note at the end.

28. Did you refer the caller to any [REDACTED] workshops?

*

Self Advocacy

NDIS

DSP & Centerlink

No, Individual refused

Other

29. Did you refer the caller to another service or source of information?

*This could include Legal Aid, another Advocacy Service Provider, NDIA, NDS, or the Individual's current Disability Service Provider *

No

Other

30. ***Do not ask these questions*** Please tick any risk factors you have identified during your intake.

*If you are unsure please check Other and arrange time to discuss the issue with the service manager

*

History of drug or alcohol abuse.

History of physical violence.

Expressing or history of suicidal ideation/thoughts.

- Sexually inappropriate behaviour or history of sexual abuse.
- Expressing intent to harm self or others.
- Owns pets that are not restrained.
- Access or safety issues at accommodation.
- Unexpected or unwelcome visitors during meeting(s).
- Expressing use of or history of weapons (knives, pepper spray etc).
- None Identified
- Other

31. Advocate Recommendation

*This is the level of support the Intake Advocate is currently recommending for the Individual. If this is not the first time the Individual has contacted [REDACTED] in relation to this Issue the Recommendation may be different to past Recommendations *

- 1. One off advice and referral
- 2. Will call for advice as needed
- 3. Information and Advice Appointment
- 4. Individual Advocacy

32. Additional Comments and Notes

Review off medical information only. M ay require a follow up meeting.

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