

SECTION C: ADVOCACY AND ACCESSIBILITY

INTRODUCTION

CRCs/CCRCs are aware of and sensitive to the needs of individuals with disabilities and recognize that individuals with disabilities are disproportionately represented in communities of color and are more likely to experience poverty, homelessness, trauma, systemic racism, and other adversities. CRCs/CCRCs advocate at individual, group, institutional, professional, and societal levels to (1) promote opportunity and access; (2) improve the quality of life for individuals with disabilities; (3) remove potential barriers (e.g., societal, institutional, environmental) to the provision of or access to services; (4) address stigma; (5) foster systems change when appropriate, and (6) promote diversity, equity, inclusion, and belonging, while maintaining an awareness of the intersectionality of client identities throughout their advocacy efforts.

C.1. ADVOCACY

a. ATTITUDINAL BARRIERS. CRCs/CCRCs recognize and address attitudinal barriers in applicable settings (e.g., employment, educational, health care, community inclusion) that inhibit the growth and development of their clients, including stigma, stereotyping, and discrimination.

b. SELF ADVOCACY AND GUARDIANSHIP. CRCs/CCRCs empower clients, parents, or legal guardians by providing appropriate information to facilitate their self-advocacy actions whenever possible. CRCs/CCRCs work with clients, parents, or legal guardians to support understanding of their rights and responsibilities and encourage them to speak for themselves and make informed decisions. When appropriate and with the consent of a client, parent, or legal guardian, CRCs/CCRCs act as advocates on behalf of that client at the local, regional, and/or national levels. To better support clients, CRCs/CCRCs are familiar with guardianship and the range of alternatives available to clients and their support systems (e.g., supported decision-making).

c. EMPOWERING THE CLIENT. CRCs/CCRCs work to ensure the voice of the client is heard, valued, and given full consideration by supporting informed choice and client engagement in decision-making and treatment planning. CRCs/CCRCs foster self-advocacy skills of clients to achieve maximum independence.

d. ORGANIZATIONAL AND SYSTEM ADVOCACY. CRCs/CCRCs consider how actions taken by their own organization, as well as cooperating organizations impact clients. To ensure effective service delivery, CRCs/CCRCs act as advocates for clients who cannot self-advocate. CRCs/CCRCs make reasonable efforts to partner with client groups and community members to address environmental and systemic issues and to combat ableism and systems of oppression across policies, procedures, and practices. See M.2.f.

e. ADEQUACY OF SERVICES. CRCs/CCRCs advocate for a client-to-professional ratio and length of service that are sufficient to allow for a thorough and effective provision of services to meet the needs of the client.

f. ADVOCACY AND CONSENT. CRCs/CCRCs obtain client consent prior to engaging in advocacy efforts on behalf of a client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

g. ADVOCACY AND CONFIDENTIALITY. When engaging in advocacy on behalf of clients, should circumstances require the disclosure of confidential information, CRCs/CCRCs obtain and document consent from the client and disclose only minimal information. CRCs/CCRCs advocate for systems and policy change when privacy and confidentiality rights are infringed upon.

h. AREAS OF KNOWLEDGE AND COMPETENCY. CRCs/CCRCs are knowledgeable about systems and laws, as well as organizational policies and how they affect access to employment, education, transportation, housing, civil rights, financial benefits, medical services, and mental health services for individuals with disabilities. CRCs/CCRCs keep current with changes in these areas in order to advocate effectively for clients and/or to facilitate self-advocacy of clients in these areas.

i. KNOWLEDGE OF BENEFIT SYSTEMS. CRCs/CCRCs are aware that disability benefit systems directly affect the quality of life of clients as well as clients' motivation and interest in pursuing personal, career, and independent living goals. CRCs/CCRCs provide accurate and timely information and resources to individuals (and their support network), including referral to appropriate experts, so that informed decisions can be made.

C.2. ACCESSIBILITY

a. ACCOMMODATIONS. To address the barriers encountered by individuals with disabilities and ensure fair and equitable access to personal, career, and independent living goals, CRCs/CCRCs facilitate the provision of necessary, appropriate, and reasonable accommodations in accordance with the law.

b. REFERRAL ACCESSIBILITY. CRCs/CCRCs make reasonable efforts to refer clients only to programs, facilities, or employment settings that are appropriately accessible (including multicultural responsiveness) and that do not condone or engage in the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

c. BARRIERS TO SERVICES. CRCs/CCRCs collaborate with clients and/or other stakeholders to identify and develop a plan to address physical, programmatic, structural, attitudinal, or technological barriers to service and to ensure fair and equitable access to service.

d. BARRIERS TO COMMUNITY INCLUSION. CRCs/CCRCs promote the welfare of individuals with disabilities to maximize their potential for community integration. They engage in community collaboration when feasible to address systemic barriers to fair and equitable access, participation, and inclusion into the social, cultural, and economic life of the community.