



National Advocacy Service for People with Disabilities

2016 Annual Report

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1. INTRODUCTION

The National Advocacy Service for People with Disabilities (NAS) provides an independent, confidential and free, issues-based representative advocacy service that works exclusively for the person using the service and adheres to the highest professional standards. The service has a particular remit for people who are isolated from their community and services, have communication differences, are inappropriately accommodated, live in residential services, attend day services and have limited informal or natural supports.

Our vision is to work towards a society that ensures the full participation of persons with disabilities. We identify the core human rights as being dignity, autonomy, equality and independence. We recognise the capacity of persons with disabilities to make their own decisions equally with others, in accordance with United Nations Convention on the Rights of People with Disabilities (UNCRPD).

NAS is fully funded and supported by the Citizens Information Board which has a mandate under the Citizens Information Act 2007 to provide advocacy for people with disabilities.

What NAS does

NAS provides an independent, confidential and free representative advocacy service that works exclusively for service-users. This service empowers and is directed by the people who use it. It is person centred, accountable, accessible, impartial and independent of service providers, families and other supports. The organisation has a particular remit for adults with disabilities who are isolated from their community and services, have communication differences, are inappropriately accommodated, live in residential services, attend day services and have limited informal or natural supports.

The purpose of advocacy is to:

- ✓ Enable people to seek and receive information, explore and understand their options, make their wishes and views known to others and make decisions for themselves.
- ✓ Support people to represent their own views, wishes and interests, especially when they find it difficult to express them.
- ✓ Ensure that people's rights are respected by others.
- ✓ Ensure that people's needs and wishes are given due consideration and acted upon.
- ✓ Enable people to be involved in decisions that would otherwise be made for them by others.

The NAS service offer

- Providing free representation
- Empowerment

- Confidentiality
- Using an electronic case management system
- Always working from the person's point of view
- Connecting the person to community, needed or preferred services

How NAS achieves this

- Enquiry or referral
- Initial assessment/information gathering with existing/previous services
- Ordinary life principles/natural authority
- Pro-actively engage in partnerships with services to identify solutions with the person at the centre
- Develop new partnerships
- Led or indirectly led by the person - flexible and responsive to the person's need, supporting people to prepare for and work through issues to get that desired outcome

NAS advocacy

NAS ensures that when life decisions are made, due consideration is given to the will and preference of people with disabilities and that their rights are safeguarded.

Professional NAS Advocates support that person to make a decision or access services and if appropriate, go on to negotiate or make a case for the person. They take direct instruction from the person, and in instances where will and preference is not immediately clear to others, Advocates will engage with the person and their supporters to gain an understanding of their will and preference.

Advocates will take affirmative action to uphold the person's rights, ensure fair and equal treatment and access to services and make certain that decisions are taken with due consideration for their unique preferences and perspective.

NAS operates on the principle that people with disabilities:

- ✓ Make decisions about their lives.
- ✓ Are listened to and consulted by their families and those who provide their services.
- ✓ Access the supports they need to enable them to live their lives and enjoy meaningful participation in family, work and leisure.
- ✓ Enjoy the benefits of participation in and contribution to their local communities.

In 2016, NAS continued to provide advocacy to people with disabilities. NAS provided casework to 1,000 people in 2016, and provided one off information, advice and advocacy to 1,152 people. There were almost 2,000 calls to the national line in 2016.

The value of advocacy continued to be demonstrated through the outcomes for people with disabilities.

CASE

A person whose memory is affected by an acquired brain injury, believed that her solicitor was not supporting her correctly regarding financial legal matters. With the support of an advocate the person felt empowered and was in a position to demand her rights to an appropriate accessible service to meet her needs. The person's legal issues were then resolved promptly and the person achieved her desired outcome.

Additionally, NAS continued to consolidate the service by the addition of new policies, provision of staff training and improved measurement of service demand. Independent research commissioned by the Citizens Information Board "Access Review of NAS", by Eustace Patterson was completed. The report recommended that NAS continue existing processes and made some recommendations for improvement. The EFQM which is the European Foundation for Quality Management Quality Mark with a specific focus on customer feedback was completed and is awaiting validation early in 2017.

The external landscape for the Service was extremely fluid in 2016. Some of the features of this environment include:-

- Passing into law of the Assisted Decision Making (Capacity) Act 2015 and commencement (still awaited);
- Establishment of Decision Support Service under same;
- Commitment to the establishment of a Volunteer Advocacy Programme by the HSE;
- Statutory powers for NAS (pending);
- Kevin McCoy Review into Aras Attracta (published September 2016);
- Department of Justice "Roadmap to Ratification" October 2015;
- Disability Equality (Miscellaneous Provisions) Bill 2016;
- Government National Disability Inclusion Strategy (due for publication end 2016);
- Ongoing HIQA inspections;
- Ongoing HSE Transforming Lives programme (closure of congregated settings);

This constantly changing environment meant that 2 years' post TUPE was an appropriate time for NAS to take stock of its strategic position and to consider what is the core message of the service.

To this end NAS published a tender for services at the end of 2016 for consultancy services for the drafting of a Strategic Plan which will be proceeding in early 2017.

2. NATIONAL ADVOCACY SERVICE STAFFING & BUDGET FOR 2016

NAS operated with the following staff (WTE) during 2016:

- 1 National Manager
- 4 Regional Managers
- 5 Administrators
- 7 Senior Advocates
- 28 Advocates (WTE)

There were a number of staff changes due to maternity leaves and extended sick leaves.

The Department of Social Protection approved funding for the post of a Corporate Services Manager for a period of 5 years in May 2016. Recruitment was ongoing at the end of 2016 for this role.

In 2016, the budget allocated to NAS was €3,103,045. Approximately 80% of the budget was allocated to salaries. NAS staff operate from 31 locations across the country and shares premises with Citizen Information Services (13), Money Advice & Budgeting Services (1), CIB (4) and other (13).

3. MEETING THE REPRESENTATIVE ADVOCACY NEEDS OF PEOPLE WITH DISABILITIES

3.1. CORE NATIONAL ADVOCACY SERVICE

The focus of NAS work is to provide a one-to-one independent representative advocacy service for people with disabilities. The service has a particular remit for people who are isolated from their community and services, have communication differences, are inappropriately accommodated, live in residential services, attend day services and have limited informal or natural supports. In the absence of any overarching social care legislation, it can be difficult for individuals to assert their rights without advocacy.

CASE

A resident in a Congregated Setting (a residential service accommodating more than 10 people) received correspondence from their Local Authority advising that her application for social housing support had been terminated and closed as the person was deemed to be adequately housed. With the support of an advocate, the person questioned the Local Authority on the basis for this decision and lodged a formal complaint. The Local Authority subsequently reinstated the person to the social housing list without any break in continuity.

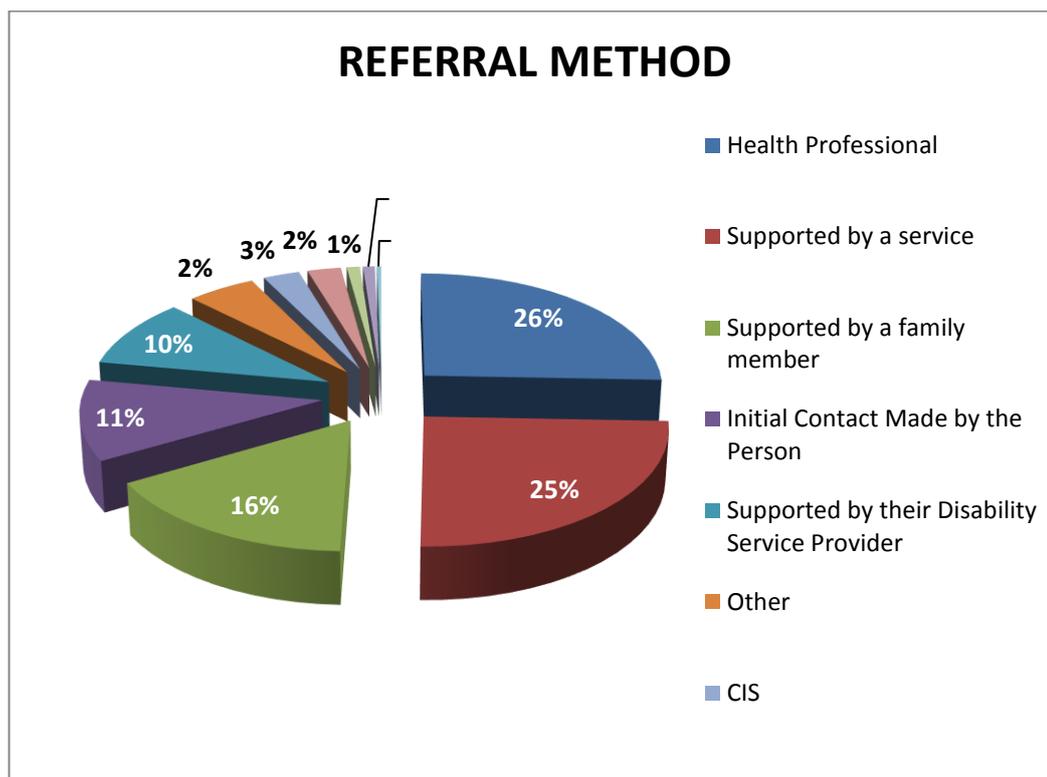
3.2. HOW CAN PEOPLE ACCESS NAS

There are a number of different routes to access NAS:-

- Direct face to face contact between a person with a disability and an advocate
- Through the NAS National Number which operates Monday to Friday 10am to 4pm
- By email or letter or other phone (staff mobiles)

People who contact NAS may be people with disabilities, family member, service provider staff or health professional. In 2016, service providers and health professionals combined amounted to 51% of referrals. Family members and self-referral were 16% and 11% respectively.

INITIAL CONTACT METHOD	QTY	%
Health Professional	236	26
Supported by a service	229	25
Supported by a family member	149	16
Initial Contact Made by the Person	104	11
Supported by their Disability Service Provider	89	10
Other	47	5
CIS	25	3
NAS	23	2
Supported by a Peer/Friend/Informal Support	9	1
Supported by a Support Group	8	.8
MABS	3	.3



NAS ACCESS REVIEW: FOCUS OF REVIEW AND OBJECTIVES

CIB commissioned research to identify and recommend standardised processes for use by NAS to ensure effective and timely service responses to people who engage with the service. Eustace Patterson Ltd were contracted by the CIB to conduct the review.

The primary focus of the Review was to identify standardised processes for use by NAS to ensure effective and timely service responses to people who engage with the service.

The research has now been completed and their report issued to the NAS board for consideration. The report made recommendations in the following areas: -

NAS Vision and Purpose

Awareness & Promotion of NAS

Information Technology

NAS Pathways into NAS

Managing Demand for NAS

Policy to Practice

The Board of NAS has considered the recommendations contained in the Eustace Paterson Access to NAS research. NAS is committed to: -

- Development of a strategic plan;
- Establishment of a NAS website and social media presence following completion of the strategic planning process;
- Review of the current Electronic Case Management System;
- Consideration of the current operation of the national line;
- Exploration of a pilot project with the Citizens Information Phone Service (CIPs) to co-work the national line and to develop skills and expertise;
- Continuation of regular case review, practice development and team meetings;
- Development of training policy
- Roll out of PMDS across the organisation to enhance training and development for all staff.

3.3 NATIONAL PHONE LINE

The NAS national number provides a single, national, point of contact. The national number primarily offers a service to first time callers to NAS or to deal with general enquiries to the NAS service. The national line handled 2071 calls in 2016 with a total time spent on the calls 155.96 hours. A team of call handlers who also carry an administration role within NAS respond to calls on the line. A number of calls to the

national line are signposted to other services. Most calls to the national line are directed to advocates and, in accordance with the NAS Standard Operating Procedure and Enquiry Policy standard, are responded to within three working days.

4. PEOPLE SUPPORTED BY THE NATIONAL ADVOCACY SERVICE IN 2016

4.1 NAS CASE STATISTICS¹

The number of people in receipt of services since 2011

NAS Statistics	2011	2012	2013	2014	2015	2016
People at Start of Period	206	573	667	671	592	597
Total Client numbers	856	1068	1063	1013	959	921
New Cases opened in the year	650	495	397	342	367	324
Cases closed in the year	291	411	399	423	369	380
Initial Enquiries	748	872	861	809	1288	3147
No. On Waiting List	n/a	n/a	n/a	n/a	154	141

¹ See Appendix 2 – ECMS Statistics

National Enquiry Line Calls	2014	2015	2016
Call Received	1787	2153	2071
Total Hours	128.35	164.47	155.96

INITIAL ENQUIRIES

There was an increase of 244% between the number of enquiries recorded in 2015 and those recorded in 2016. This was due to more systematic and consistent recording across the country. It can be seen that the time involved in each enquiry remains significant.

The Electronic Case Management (ECMS) uses the terminology “initial enquiry” to describe the following aspects of the work of NAS:-

- Initial contact by phone (mobile, landline, national line) to advocates, SAs and administrators
- Requests for information / promotional leaflets / promotional activity
- Initial meetings with people potentially eligible for NAS
- Assessment phase of working with people who communicate differently (i.e. non-verbal communication, communication by sign, gesture of behaviour or where there is no discernible

communication) to ascertain if there is an advocacy issue and if the person meets our Access and Eligibility Criteria

- Work which can be described as a “brief intervention” on behalf of a person such as phone calls, emails or letters which do not necessitate the opening of a case

There are numerous actions, which can take place in this phase, including-

- Explanation / Promotion of Advocacy Service
- Phone Call
- Preparation of Form (s)
- Provision of Information
- Representation to employer, landlord or other (private sector)
- Representation to Government Dept. or Agency (Public Sector)
- Research
- Letters or emails

This demonstrates the value of this initial intervention stage as the average time engaged per initial intervention was 1 hour.

INITIAL ENQUIRIES ACTIONED	INITIAL ENQUIRIES ACTIONED	TOTAL TIME	AVERAGE TIME PER ENQUIRY (hrs)
Greater Dublin Region	819	1134.8	1.4
Midlands & North East Region	759	699.8	0.9
Western Region	920	914.5	1.0
Southern Region	663	994.3	1.5
National Office	182	32.1	0.2

141 people in total were placed on a waiting list across 2016. This group of individuals have been assessed by an advocate as meeting the NAS Access & Eligibility Criteria but due to the local advocate being at caseload capacity the case could not be opened immediately. Therefore, there is an identifiable pressure on NAS to meet the needs of people with disabilities requiring access to an independent representative advocacy service.

The waiting list has been most prevalent in particular counties and there may be a correlation between waiting lists and the implementation of the HSE Safeguarding Policy. Under that policy, an action plan may be developed to respond to abuse allegations, and part of that action plan may involve advocacy. The HSE Safeguarding Policy includes advocacy as one of its standards.

4.2. NUMBER OF ISSUES PER ADVOCACY CASE

Similar to 2015, of the people supported in 2016, 42% had one key issue of concern, 52% identified between two to seven issues and 6% had in excess of eight issues, illustrating the complexities in the lives of some people with disability.

4.3 AREAS OF ADVOCACY INTERVENTION 2016

NAS was involved in supporting people across a range of issues including: -

- Housing 31%
- Health 19%
- Child Care related court case 10%
- Justice 10%

Housing has been the most recorded issue for NAS clients over recent years. Housing in this context means all aspects of where a person lives, or wishes to live.

Some examples would be:- a person who is living in a congregated setting who is being moved into the community; a person residing in inappropriate accommodation such as a young person under 65 living in a nursing home.

NAS has seen a year on year increase in Child Care related cases since 2012 when figures were first recorded. In 2012, they accounted for 2% of cases and in 2016 they amounted to 10%.

This gradual rise is a reflection of awareness of NAS within services in the child protection system including Tusla, the Courts Service, the Judiciary, Family Resource Centres, the Legal Aid Board, as well as other legal professionals and *Guardians ad Litem*. However, it is also symptomatic of the lack of supports available for parents with disabilities, in particular around access to justice, and that there are few if any alternative advocacy services available.

This exacerbates the already difficult situation for many parents with disabilities as evidence by Coulter². Coulter (2015) identified in her research that a child/ren from a single parent with a disability were 4 times more likely to be taken into the care of the state. The research identified that the current child protection system is challenging for people with a disability, and in particular those with mental health or intellectual disability and for those who rely on legal aid.

² Child Care Law Reporting Project, Final Report, November 2015, Dr Carol Coulter

There are many positive outcomes recorded and feedback from professionals noting the central and essential role which advocacy brings to the legal process surrounding childcare cases.

The National Advocacy Service has identified a critical need for advocacy for people with a disability in the childcare case area. Moreover, for a unified approach to the delivery of such a service.

5. IMPACT OF NAS

It is an essential component of any advocacy service to support the person to become empowered and to self-advocate.

NAS supported people to become empowered in the following areas:-

- 15% explored lifestyle options
- 13% supported to self-advocate
- 10% to deal with being excluded from decisions
- 10% to become more independent
- 8% around family relationships
- 7% to develop social connections
- 5% around lack of access to own money
- 5% support with self confidence
- 4% supported to improve communications
- 3% around fear of complaining

The case below illustrates the isolation that can be experienced by people when dwellings are provided in remote locations and where consultation with residents about where and *how* they want to live has not been at the heart of the decision making process.

CASE

Joe lives in a community group home in a remote setting. The advocacy issue related to the lack of transport available to enable Joe to access his local community on a regular basis. Joe was supported by his Advocate to outline to the Area Disability Manager the impact the lack of transport was having on his quality of life and his ability to develop meaningful links in his local community. As a result of the advocacy process a new system was put in place whereby Joe and the other residents now plan their social outings each week at a house meeting allowing staff to request transport as and when required. Joe has told the advocate that his social life has increased greatly as a result of the new arrangement.

The case below is an example of a person residing in the community who is seeking to increase his social connections and to contribute to his community through employment.

CASE

Eric sought support from an advocate to assist him in accessing employment opportunities. Eric who has a learning disability is living independently in the community having moved from supported accommodation. He told the advocate he had met with a local supported employment service who advised that they would not be in a position to assist him in sourcing employment at that time. He said he did not know why the employment service had reached this decision.

The Advocate supported Eric to self-advocate at a further meeting with the supported Employment Service in order for Eric to find out why the decision was reached. The employment service suggested to Eric that he build up his skills before entering the workforce. They also recommended a particular FETAC accredited course that offers participants practical work experience placements.

The Advocate linked Eric in with the course organisers and he recently started the course. Eric has told the advocate he is enjoying the course and sees it as a stepping-stone to getting a job.

6. NATIONAL ADVOCACY SERVICE AWARENESS ACTIVITY – LOCAL AND NATIONAL

NAS continues to promote the NAS service to people with disabilities, service providers, agencies, and educational establishments that train social care workers and therapists.

This an opportunity for advocates to explain what NAS does, raise awareness of the rights of people with disabilities, distribute brochures and show how to contact an advocate. Sometimes enquiries are made following such promotions and sometimes no enquiries ensue.

The greatest awareness is raised through advocacy practice within a service, where the advocate demonstrates best practice, especially among staff that are open to a change in the way people are supported.

NAS brochures are available in both general and easy-to-read formats and are widely distributed in services and agencies locally by advocates and administrators.

At the national level, the National Manager contributed as a guest speaker at the following events:-

- UCC School of Law & Irish Mental Health Lawyers Association Conference on Capacity Law;
- Dublin Solicitors Bar Association Seminar on Capacity Law;
- Legal Aid Board Annual Conference

7. WORKING WITH SERVICES

IMPLEMENTING STRATEGIES TO IMPROVE SERVICE ACCESS

For a variety of reasons, and as noted in the 2015 NAS annual report, there can still be a lack of understanding of the role and purpose of advocacy among service providers and staff in agencies who make enquiries and referrals to NAS.

This can make meaningful advocacy engagement with decision makers challenging. Some providers do not facilitate the development of an advocacy plan.

The need for statutory powers is regarded as necessary to effect real positive change for people with disabilities residing in congregated settings, community group homes and in the community.

NAS continues to identify some situations where residential service providers do not meaningfully facilitate advocacy, by not enabling meetings between the person and the advocate, and by not enabling the advocate to attend decision making meetings or accessing documents. NAS continues to seek to work collaboratively with service providers to enhance their understanding of the value of advocacy.

VIGNETTE

John, a resident in a congregated setting was brought to a nearby hotel by staff and told he was going on his holidays. John was not told how long he would be staying at the hotel for. With the support of the Advocate John wrote to the Person in Charge requesting further information. It was only then that John was advised that he would be staying in the hotel until a new home could be sourced for him in line with his Individualised Living Option. John was not kept informed or consulted around any proposed changes to his living arrangements either before his move to the hotel or during his stay at the hotel. The Advocate supported John to lodge a formal complaint under the HSE Your Service, Your Say Policy in relation to his stay in emergency accommodation and the lack of consultation with John throughout the process. HIQA also advised the service that John's stay at the hotel was in breach of the Health Act and John was moved from the hotel to temporary accommodation on the basis that suitable long-term accommodation would be sourced for him within a month. John has now been staying in the new temporary accommodation for almost two months and the service has so far failed to identify any suitable long term accommodation for him. Advocate is supporting John to lodge a further formal complaint.

ARAS ATTRACTA

The Aras Attracta independent review group established by the HSE in 2014 and chaired by Dr Kevin Mc Coy, published its findings in July 2016. What Matters Most featured the chapter “A Day in the life of three residents of Aras Attracta”. This narrative piece was undertaken by NAS staff with the purpose of stepping into the shoes of residents and seeing their lives through their eyes and experiences. The report concluded that the piece presented “a picture of life in Aras Attracta that is characterised by inactivity, lack of stimulation and dependency on support staff for many of the things that most people take for granted”. The report also made a compelling case for the voices of residents to be facilitated, listened to and promoted through advocacy and called for the development of further advocacy services under the auspices of NAS.

8. DEVELOPMENT OF A CONSISTENT, HIGH QUALITY ADVOCACY SERVICE

8.1. POLICY DEVELOPMENT

New policies completed and approved in 2016 were:

- Enquiry Policy
- Case Review Policy
- Advocacy Planning Policy
- Case Closure Policy
- Advocacy in a Legal Context Policy
- Policy on Disclosures, Suspicions and Observations of Abuse Policy
- Suicide Prevention Policy

Coupled with the policies developed in 2015, NAS now has a suite of policies to drive forward a consistent high quality advocacy service.

Further policy development is planned for 2017, including an Escalation Policy. The purpose of this policy is to set out the approach to be taken by advocates and managers in situations where an advocacy issue cannot be resolved locally and further action is required.

8.2 CUSTOMER SERVICE EXCELLENCE – EFQM

The EFQM which is the European Foundation for Quality Management Quality Mark with a specific focus on customer feedback was completed and is awaiting validation early in 2017. The EQFM helps an

organisation improve customer facing services in real and tangible ways; the customer here being the 3051 people who contacted NAS in 2016.

Stakeholder Engagement

As well as extensive engagement at local and regional level, NAS engaged with a number of key stakeholders in 2016 including – Sage, HSE Social Care Division and Transforming Lives Programme, HSE Quality Improvement division, Legal Aid board, the Confidential Recipient and the Ombudsman.

Statutory Powers

NAS engaged with CIB and the Department of Social Protection regarding statutory powers for NAS. These powers would be loosely based on the provisions of the Personal Advocacy Service Provisions in the Citizens Information Act 2007. However, they would align to current model of NAS and would be specifically focussed on powers of access to premises, persons, records, decision makers and decision making meetings. Discussions are at advanced stage and it is hoped that when granted the powers will make a significant impact around delay experienced by NAS.

9. CONCLUSION

2016 was an important year for NAS organisation and was a year of review and development. The CIB commissioned Eustace Patterson report has provided NAS and the Board of Directors clear strategic objectives and recommendations. 2016 was a year of bedding down the goals and objectives of the organisation following the 2014 Transfer of Undertaking Process whilst looking to the future growth and expansion of the NAS service offering.

The continued support of the Board of Directors with the development of values, policies, strategy and quality assurance has been critical to the ongoing success of the service. NAS has developed a suite of policies and processes that will ensure a streamlined approach to service delivery is adopted and that a consistent service is achieved for clients.

The work carried out by staff members in preparation for EFQM validation has been invaluable to the organisation and NAS would like to thank its team for their dedication and hard work in preparing for a 2017 validation.

The external environment is increasingly evolving and challenging, as the cultural shift required in disability services is slow. Moreover, the advocacy landscape is changing and NAS has to continue to develop a strategic approach in response to these external factors. As previously stated in the 2016 Annual Report, NAS will continue to engage with key stakeholders in 2017, and with CIB regarding the potential granting of statutory powers for the organisation.

NAS continues to observe that in the social care area, the person with the disability is often not at the centre of the decision-making process and it continues to be a struggle to translate government policy into practice.

NAS will continue over 2017 to support individuals to have their will and preference adhered to and implemented. In addition, NAS will grow as a service in terms of policy and practice development, access to the service, consistency of service offer and quality assurance.

NAS looks forward to the commencement of the Assisted Decision Making (Capacity) Act and the establishment of the Decision Support Service which will in time drive cultural change. NAS also looks forward to further developments in the area of safeguarding for adults in vulnerable situations, individualised budgets, in the area of supports for parents with disabilities, and continued improvements in the lives of people with disabilities.

Midlands and North East Region

The Midlands & North East Region completed approx. 20 promotions with a range of stakeholders throughout 2016. These promotions were delivered across a range of services in varied settings including residential, day services, primary care facilities, community houses and training centres. These promotions enveloped a diverse audience mix, primarily people with disabilities and also support staff, community groups, family and other professionals. Throughout 2016 the Midlands and North East Region worked within the challenge of staff shortages to minimise impact on targeted promotion and training. While the number of promotions are relatively low for 2016, it is envisaged that this number will increase in 2017 with the increase in available resources.

MNE staff welcomed the opportunity to avail of a number of ongoing training/conferences and seminars. Of note DOSA and ADM /Capacity training were beneficial in supporting staff to enhance and update our skills and knowledge base and continue to provide a high level service to those whom they support. Practical training such as project management and PMDS was also completed.

Southern Region

The Southern Region completed approximately 46 promotions in 2016 across a range of stakeholders. These included Cheshire Services, RehabCare, Brothers of Charity, COPE Foundation, Camphill Services, Kerry Parents and Friends Association, HSE Disability Services and a range of other service providers. Promotion largely included presentations to people with disabilities in residential and day services, some presentations to staff and carers, some presentations to college students in both social care and autism studies along with the circulation of NAS promotional material. Presentations to people with disabilities encompassed a range of disabilities including intellectual disabilities, Autism Spectrum Disorder, acquired brain injuries, physical disabilities and mental health issues.

The Southern Region team attended approximately 19 different training events over the course of 2016. All staff members attended a one day learning programme entitled 'Training on Disclosures, Observations and Suspicions of Abuse Policy' as well as a one day training event on the new Performance Management Development System (PMDS) implemented within the NAS. A large number of the team also attended Safe Talk and the follow on ASIST suicide prevention training programs. Advocates also individually attended training events and conferences some of which included the following: the SAGE ADM Seminar, the HSE Service Quality Improvement Team's ADM Focus Group, Janina Fisher's Trauma Informed Stabilisation Training, the Inclusion Ireland Conference, the Legal Aid Conference, the Transforming Lives

HSE workshop and a range of other events. Project Management Training and Management Training/Managing People Skills training both run by IBEC were also attended by senior advocates and the Regional Manager of the region as well as the Kate Mercer run National Advocacy Conference UK 2016.

Western Region

The Western Region completed approx. 71 promotional events in 2016 with various stakeholders throughout the Disability Sector. These involved providing presentations to groups, one to one promotion and circulating promotional materials. The audience varied from people who use the service, service provider's staff and management, health services and educational services. The promotions involved informing these audiences on the service the National Advocacy Service provides, when a person with disabilities may need to access the service and how to access the service.

The Western Region completed various training events throughout 2016. With the enactment of the Assisted Decision Making ACT all Advocates, Senior Advocate and Manager attended seminars about this Act. All staff completed training on our Disclosure, Observations and Suspicions of Abuse Policy. Training on ASSIST Suicide Intervention was provided for all staff members, for those who had not completed the training and for staff who needed to update their intervention skills. Various training events requested by the advocates were supported such as Designated Officer Training, Working with People who may present mental health difficulties and Family Law. With the implementation of the Performance Management Development Systems for the service all staff attended training to support them in completing a PMDS.

Greater Dublin Region

In 2016 Greater Dublin Region conducted an extensive programme of visits and presentations to management, staff and service users in residential services throughout the region numbering 67 in all. Upon reviewing referrals and their sources it became clear that some residential services were making very low numbers of referrals if any to NAS. In order to address this and to overcome the challenge of disseminating the NAS service offer in larger service providers the Greater Dublin Region adapted their promotional strategy. A series of engagements with management and senior staff in service providers lead to a series of presentations being delivered to staff and clients of large services in the region such as St. Michael's House, Daughters of Charity, Cheeverstown, Stuarts Care, St. Joseph's ID Services and Cluain Mhuire Mental Health Services. A workshop promotional activity was piloted within the region and delivered in order to develop the understanding of NAS with staff in Stuarts Service.

Staff in the region also participated in a range of training and development opportunities including Disclosures, Observations and Suspicions of Abuse (DOSAs), Assisted Decision Making/Capacity Training, PMDS, Project Management, Practical Management Skills Training etc.

APPENDIX 2: CASE MANAGEMENT STATISTICS

Programme Report for the dates
01/01/2016 to 31/12/2016

Citizens Information 

Advocacy Case Management

Number of Clients on Books at Start of Period : 597 (clients in cases that were open on 01/01/2016)

Total Client Numbers : 921 (clients in cases that were open at any time between 01/01/2016 and 31/12/2016)

New Cases: 324 (new cases created between 01/01/2016 and 31/12/2016)

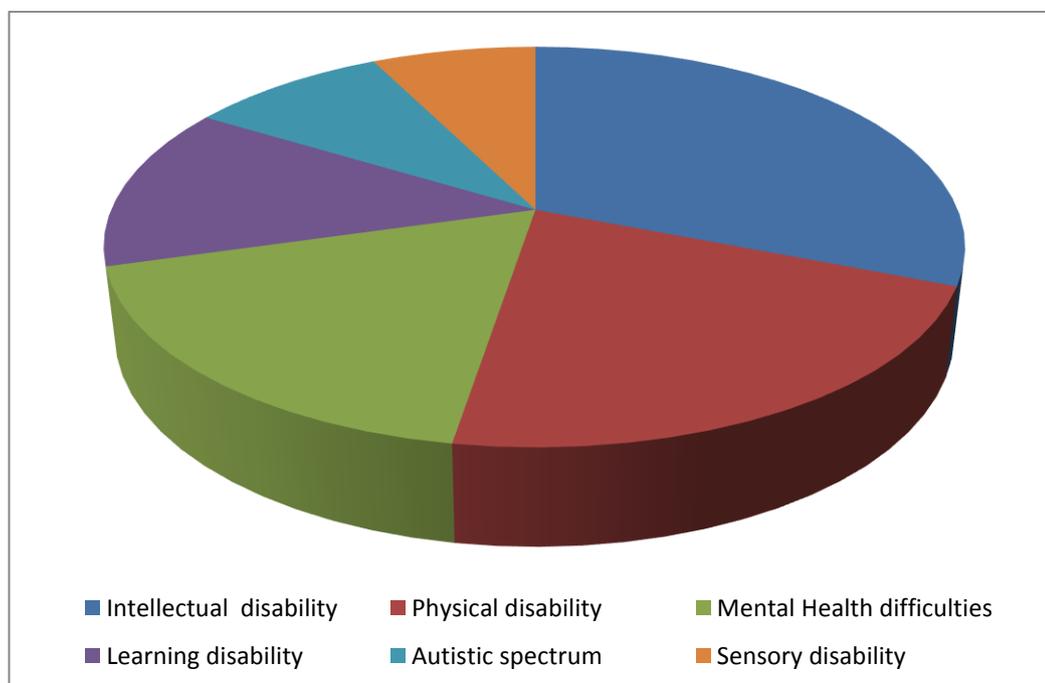
Closed Cases: 380 (cases that were closed between 01/01/2016 and 31/12/2016)

Initial Interviews with Clients: 3147 (initial interviews with clients any time between 01/01/2016 and 31/12/2016)

Number put on waiting list: 141 (clients were put on a waiting list between 01/01/2016 and 31/12/2016)

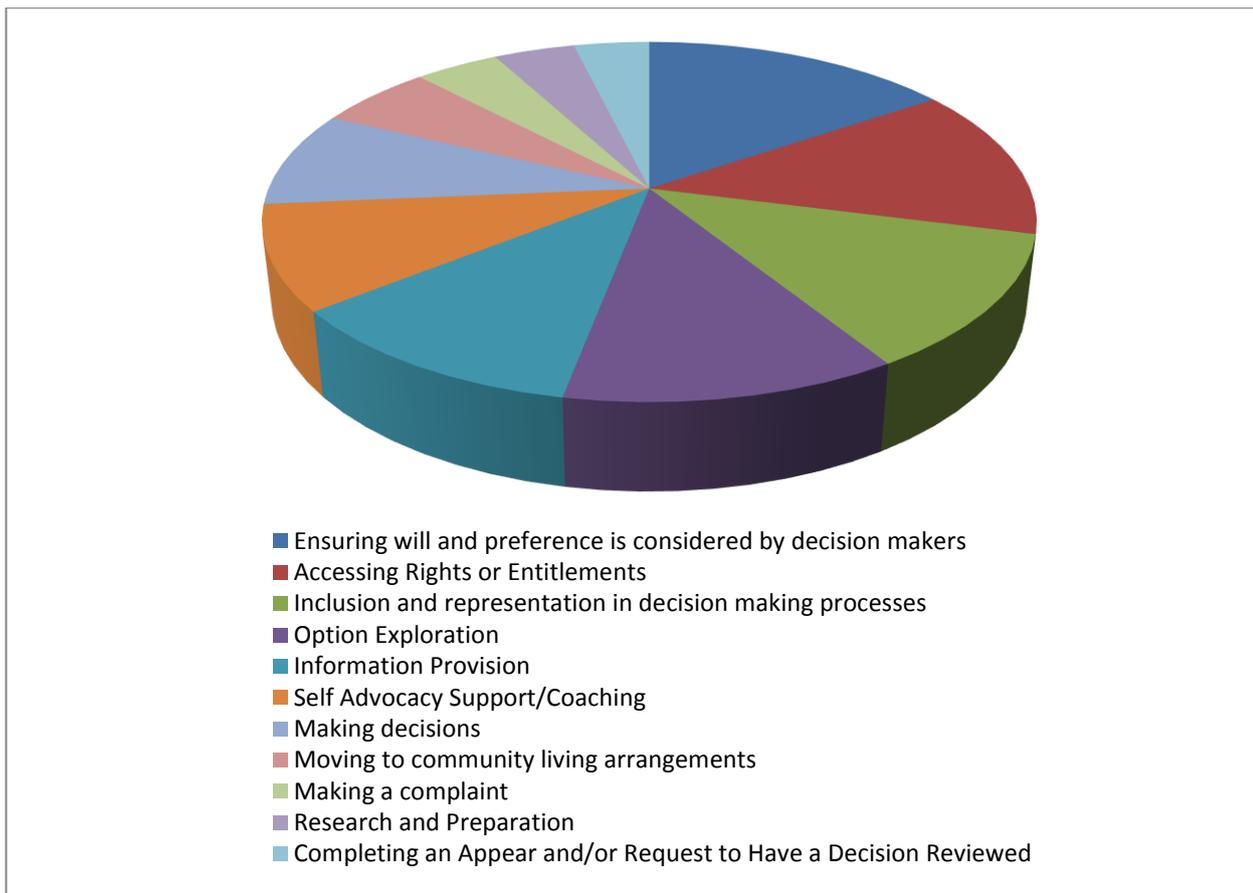
People Supported By Type of Disability 2016

PEOPLE WITH:	CASES
Intellectual disability	31%
Physical disability	22%
Mental Health difficulties	18%
Learning disability	13%
Autistic spectrum	9%
Sensory disability	7%



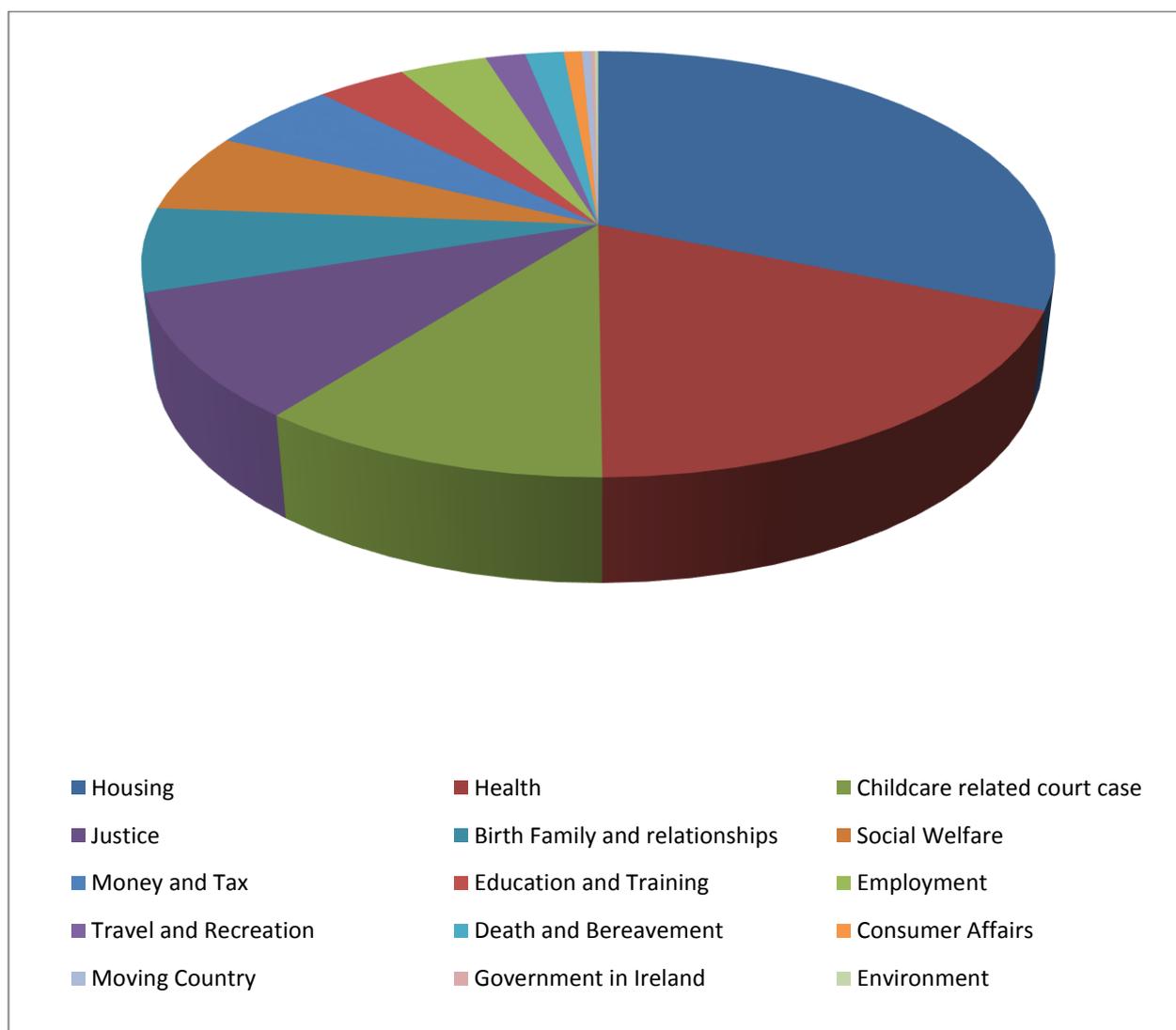
Types of Advocacy Intervention 2016

ISSUES	CASES
Ensuring will and preference is considered by decision makers	15%
Accessing Rights or Entitlements	14%
Inclusion and representation in decision making processes	12%
Option Exploration	12%
Information Provision	11%
Self Advocacy Support/Coaching	9%
Making decisions	9%
Moving to community living arrangements	6%
Making a complaint	4%
Research and Preparation	4%
Completing an Appeal and/or Request to Have a Decision Reviewed	4%



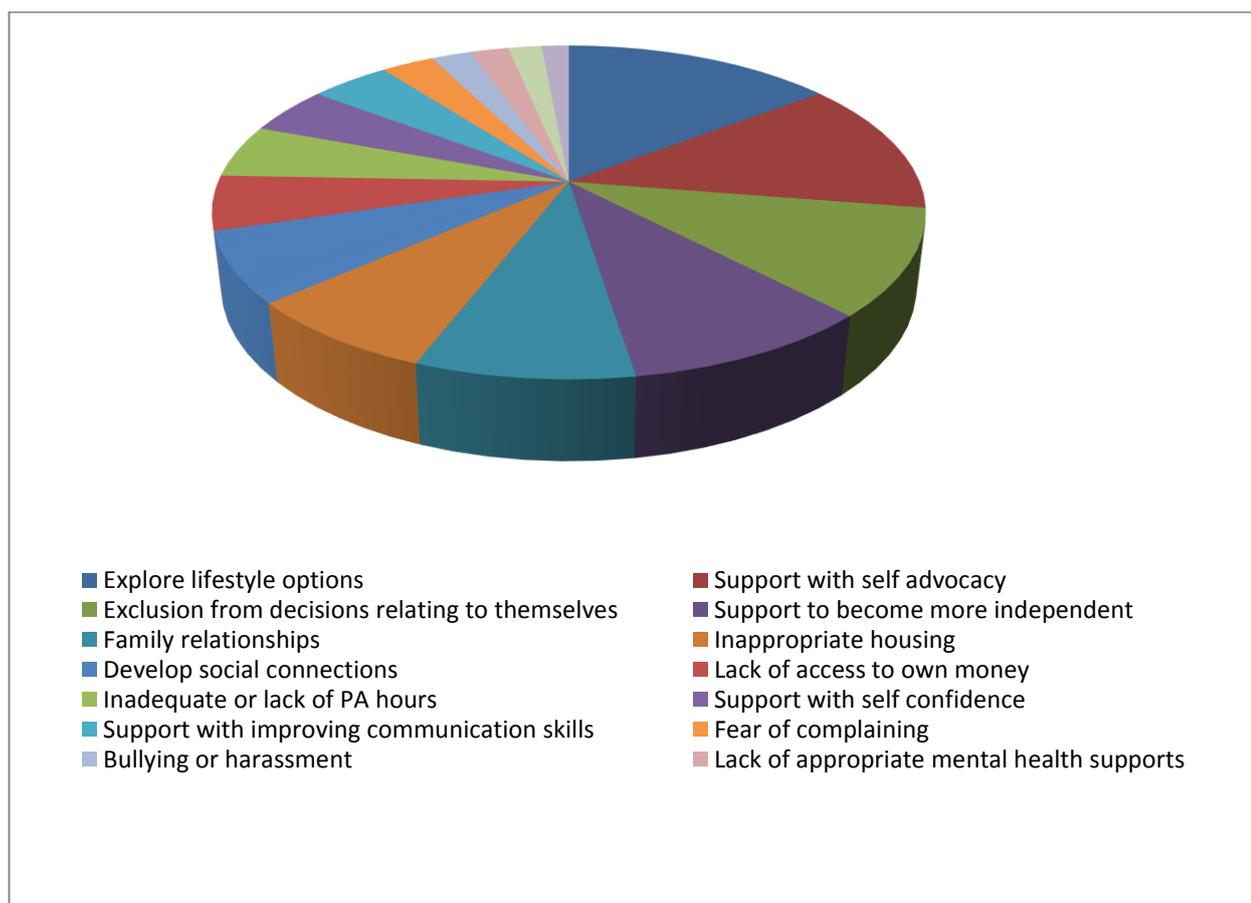
Case Categories (excluding quality of life)

CATEGORY	CASES
Housing	31%
Health	19%
Childcare related court case	11%
Justice	9%
Birth Family and relationships	6%
Social Welfare	6%
Money and Tax	5%
Education and Training	4%
Employment	4%
Travel and Recreation	2%
Death and Bereavement	2%
Consumer Affairs	1%
Moving Country	.3%
Government in Ireland	.1%
Environment	.1%



Case Categories (Quality of Life)

CATEGORY	CASES
Explore lifestyle options	15%
Support with self advocacy	13%
Exclusion from decisions relating to themselves	10%
Support to become more independent	10%
Family relationships	8%
Inappropriate housing	8%
Develop social connections	7%
Lack of access to own money	5%
Inadequate or lack of PA hours	5%
Support with self confidence	5%
Support with improving communication skills	4%
Fear of complaining	3%
Bullying or harassment	2%
Lack of appropriate mental health supports	2%
Poor standards of housing	2%
Re-establish family connections	1%



Total Initial Enquiries

3147 (initial enquiries any time between 01/01/2016 and 31/12/2016)

Total Initial Enquiries Closed Without a Case

2882 (initial enquiries any time between 01/01/2016 and 31/12/2016 that were closed without a case being created)

Action Taken at Initial Enquiry

Action Taken	Amount	Percentage
Explanation/Promotion of Advocacy Service	1394	31.25%
Phone Call	1152	25.82%
Provided Information	1013	22.71%
Wrote letter or email	737	16.52%
Prepared form(s)	84	1.88%
Research	71	1.59%
Representation to Government Dept. Or Agency (Public Sector)	8	0.18%
Representation to employer, landlord or other (Private Sector)	2	0.04%
Total	4461	100%