



NAS Organisation Feedback Policy

Date: 12th November 2021

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NAS Organisation Policy on Feedback

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 with a disability using the service and adheres to the highest professional standards.

In addition, the organisation provides an independent, confidential and free Patient Advocacy Service that works to support and empower all patients in public acute hospitals and HSE Operated Nursing homes through the (i) HSE Complaints Process 'Your Service Your Say' and (ii) in the aftermath of Patient Safety Incidents.

Within this Policy, Organisation refers to the National Advocacy Service for People with Disabilities (NAS), which incorporates both NAS and PAS.

This document is only valid when accessed from www.advocacy.ie.

1. Purpose

This policy relates directly to the organisations core principles of Equality, Respect and Empowerment. The purpose of this policy is to state the organisations commitment to obtaining and using feedback from people who use or interact with the service to improve service delivery and to ensure that the service is accessible and effective for everyone.

2. Scope

This policy applies to all enquiries handled and cases taken by the organisation and to policy and resource allocation decisions by organisation management to the design and operation of policies.

3. Background and Guiding Principles

- 3.1 The Organisation recognises the importance of feedback in developing and maintaining quality services, which are responsive to the needs of the people who use them.

- 3.2 The Organisation is committed to equal opportunities both as a core value and in accordance with equality legislation (Equality Acts, consolidated 2004). This means that no group of people with disabilities will be directly or indirectly excluded from service, or receive a lesser quality of service. Feedback is an essential element of monitoring equal opportunities. The Organisation is committed to ensuring that people who communicate differently are facilitated wherever possible to give feedback and that where feedback cannot be obtained directly from the person, feedback from those who know them may be used to evaluate that person's experience of the service.

4. Providing Opportunities for Feedback

- 4.1 At the end of the advocacy process, wherever possible, advocates will let the person know that their feedback on the service would be valued and discuss with them how they would like to give feedback. The advocate will provide the person with the feedback form or easy to read feedback form (see Appendices) for the relevant service, along with a stamped addressed envelope for return to the Line Manager. If the person wishes to offer their feedback through the advocate, the advocate will discuss this with their Line Manager. The Organisation will promote a neutral feedback process (via Line Manager).
- 4.2 Organisation management will recognise the need for Advocates to allocate time to obtain feedback on all cases and that extra time may be required to facilitate feedback from someone who communicates differently.
- 4.3 Feedback forms will be available in various formats, and will consist of questions with yes/no answers with an option for more detail if the person wishes. Feedback forms will include a question on how the person felt about how communication was handled. Feedback may be offered anonymously. Feedback forms will offer the person the opportunity to speak directly with the Line Manager if they wish.
- 4.4 The Organisation is committed to facilitating all people who engage with the service to give

their feedback. Any feedback, in any format, offered at any stage of the advocacy process will be recorded. All feedback, in any format, is captured monthly on the template provided and is submitted to the relevant Line Manager.

- 4.5 Where a person requires assistance in order to give feedback, organisation staff will, with their agreement, try to identify someone with whom they have good communication who will support them to give feedback. If the person wishes to offer their feedback through the organisation staff member this is acceptable, but it would be preferable if a neutral person were involved.
- 4.6 Where an advocate has not been able to establish sufficient communication with the person to enable feedback, they will consider looking for third party feedback from people who know the person well e.g. on how the person responded during and after the advocate's visits and how they responded to any interventions brought about by the advocate. This will be recorded as third-party feedback. The third party will be offered the opportunity to complete a feedback form and/or to speak directly to the Line Manager.
- 4.7 While feedback is important, it is also important that no one should be pressured into giving feedback. There may be exceptional circumstances in which it is not appropriate to seek feedback from a person – Such instances must be discussed with a line manager. If possible the person should be offered another opportunity to give feedback in the manner which suits them best.
- 4.8 Anyone who has had contact with the service may offer feedback on their experience.

5. Management of Feedback

- 5.1. Organisation management will ensure that feedback is collated and reviewed and that staff are aware of positive and negative feedback on their work and that learning is applied both to individual staff through support and supervision and, where appropriate organisationally, so as to improve service provision.

- 5.2 Feedback will be treated in accordance with the Confidentiality Policy. If feedback is being used at management or Board level to inform policy or service development, it will be anonymised.
- 5.3 Organisation management supply monthly information on feedback received via identified reporting template to National Manager. Once a month, Senior Management team discuss feedback in compliance with the Charities Governance Code.

6. Related Policies

Other policies which may be of particular relevance to situations covered by this policy include:

- Case Management Policy
- Complaints Policy
- Advocacy Planning Policy
- Confidentiality Policy
- Enquiry Policy

7. Review Date

This document will be reviewed as necessary and no later than within 2 years of approval date.

ENDS

NAS Feedback Form



Our Advocatehas completed their work with you and we would like to know what you think about the National Advocacy Service. Your views will help us to change and improve how we work. If you want, ask a friend or someone you trust to support you to fill this form in.

Please feel free to use the lines provided to add comments or additional information.

Was it easy to make contact with the NAS Advocate?

YES ☐ NO ☐ SOMETIMES ☐

At the start did you agree an action plan with your advocate?

YES ☐ NO ☐ Don't Know ☐

How did your advocate support you? (more than one box can be ticked here)

- Finding Information

Representing Me

At Meetings
- ☐

☐

☐
- Making Contact with Others

Help Me To Speak Up

Other
- ☐

☐

☐

Did the advocate help you to get information or find answers to questions you had?

YES ☐ NO ☐ SOMETIMES ☐

Did the information given help you to make decisions?

YES ☐ NO ☐ SOMETIMES ☐

Did your advocate keep you informed about the work they were doing?

YES ☐ NO ☐ SOMETIMES ☐

Did the advocate spend enough time with you?

YES ☐ NO ☐ Don't Know ☐

Did the advocate support you to get the result you planned for?

YES ☐ YES, Partly ☐ NO ☐

Did having an advocate give you more confidence to tell people what you want?

YES ☐ NO ☐ Don't Know ☐

Would you use us again if needed?

YES ☐ NO ☐ Don't Know ☐

If you want to tell us anything else please do so below!

Thank you

Name (Optional) _____

Date:



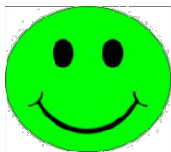
NAS Feedback Form

Our advocate has completed their work with you and we would like to know what you think about the National Advocacy Service. Your views will help us to change and improve how we work. If you want, ask a friend or someone you trust to support you to fill this form in.

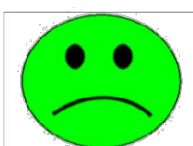
Were you happy with your Advocate?

☐☐

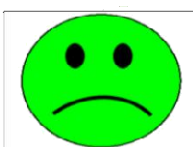
Did your advocate listen to you?

☐☐

Did you and your advocate make a plan?

☐☐

Was your advocate able to help you to get what you wanted?

☐☐

Would you use a NAS advocate again?

☐☐

**WOULD YOU
LIKE TO TELL US
ANYTHING
ELSE**

Thank you very much for your help.

Name (Optional): _____ Date: _____

If you would rather phone in your evaluation, please call:



0818 07 3000

PAS Feedback Form



Our Advocate _____ has completed their work with you. By completing this feedback form your views will help us to change and improve how we work.

Was it easy to make contact with the Advocate?

YES ☐ NO ☐ SOMETIMES ☐

Please comment _____

Did you agree an action plan and explore options with your Advocate?

YES ☐ NO ☐

Please comment _____

How did your advocate support you? (tick as many boxes that apply)

Finding Information	<input type="checkbox"/>	Finding services	<input type="checkbox"/>
Understanding the complaints process	<input type="checkbox"/>	At meetings	<input type="checkbox"/>
Drafting letters	<input type="checkbox"/>	Helped me gain confidence	<input type="checkbox"/>
Get answers to my questions	<input type="checkbox"/>	To learn to self-advocate	<input type="checkbox"/>

Accessing files/information		Understanding reports/files	
Make a complaint through YSYS		Make a complaint to a regulatory body	
Make a complaint to the Ombudsman		Other	

Was there any other support you would have liked to have?

YES

☐

NO

☐

Please comment _____

Were you happy with the support you received?

YES

☐

NO

☐

If no, please comment

Would you work with the Patient Advocacy Service again if needed?

YES

☐

NO

☐

Please comment _____

Would you recommend the Patient Advocacy Service to a friend?

YES

☐

NO

□

Further comments or information would be welcomed...

[illegible]

Thank you very much for your help


Name (Optional) _____


Date: _____

PAS Feedback Form


Our advocate has completed their work with you and we would like to know what you think about the Patient Advocacy Service. Your views will help us to change and improve how we work. If you want, ask a friend or someone you trust to support you to fill this form in.


Were you happy with your Advocate?

☐


☐


Did your advocate listen to you?

☐


☐


Did you and your advocate make a plan?

☐


☐


Was your advocate able to help you with your options?

☐

☐

Would you use a PAS advocate again?

☐

☐



Thank you very much for your help

Name (Optional): _____ **Date:** _____