



Annual Report 2019

Launched in October 2019



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1.1 Easy to read

Summary of NAS Annual Report 2019



What is NAS?

NAS is the National Advocacy Service for People with Disabilities.

It is called NAS for short.

NAS works to protect the rights and choices of people with disabilities.

NAS supports people who communicate in different ways like Lámh. NAS also supports people who find it hard to be part of their community.

The people who work for NAS are called Advocates. Advocates work with people who do not have a lot of other support.



Who Supports NAS?

The government gives money to the Citizens Information Board and then the Citizens Information Board gives this money to NAS.

NAS uses this money for its work and to pay the NAS Advocates.



How NAS Advocates work

Advocates work alongside people with disabilities.

They work out together what the person wants.

We all have different ways of showing what we want.

NAS Advocates watch and learn the ways people communicate.

Advocates also talk to friends, family and staff to find out more about what the person wants.



Strategic Plan 2018 - 2021

NAS has a plan for its work called the NAS Strategic Plan 2018-2021.

The plan is about 3 important parts of NAS work. These are services, standards and policies.

The plan is about NAS giving a good quality service and telling people about the issues that matter.

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|  The image shows the year '2019' in large, white, 3D block letters on a textured, light brown background. Below this, a close-up photograph shows a person's hand holding a black pen, ready to write. | <p>NAS Work in 2019</p> <p>Advocates helped people speak up, write letters, make phone calls, attend meetings and think about important decisions.</p> <p>Advocates helped 1,026 people with disabilities in 2019 with advocacy.</p> |
|  This section contains two logos. The top logo is a blue circle with a white lowercase 'i' inside. The bottom logo is the NAS National Advocacy Service logo, featuring a stylized green and blue figure icon, the text 'NATIONAL ADVOCACY SERVICE' in white on a blue background, 'FOR PEOPLE WITH DISABILITIES' in white on a green background, and the phone number '0761 07 3000' in large blue digits. | <p>NAS gave information to 3,459 people in 2019.</p> <p>NAS has a telephone number people can call. Many people called this telephone number for help in 2019.</p> |
|  A photograph of a two-story red brick house with a grey tiled roof. The house has several windows and two white front doors. | <p>NAS dealt with a lot of important issues for people with disabilities in 2019. These included housing, health, legal and family issues.</p> <p>NAS helped people with disabilities to work on these issues to try and make things better.</p> |



NAS worked with people with all types of disability.

People contacted NAS themselves or with support from others like their service provider or family.



Other Important Work in 2019

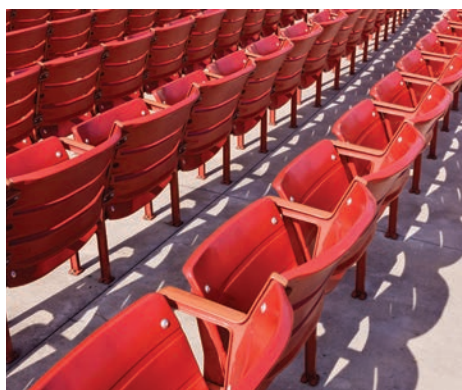
NAS wrote 4 papers called Policy Submissions to groups like HIQA and the Garda Inspectorate.

NAS told them why issues like the cost of disability, safeguarding and human rights are important for people with disabilities.






NAS also took part in a lot of meetings to discuss disability issues.

NAS met with groups like the HSE and HIQA. One example was a meeting hosted by the Department of Health to discuss adult safeguarding.



In 2019 NAS took part in 312 events to talk about the work of their Advocates.

Some of these events were in disability services and others were public events. NAS spoke at the HIQA disability roadshows in Dublin, Cork and Galway.

| | |
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|  <p>Training Room</p> | <h3>Training</h3> <p>Training is important for Advocates.</p> <p>Advocates attended courses to learn more about disability issues and patient issues.</p> <p>Training helps NAS provide a better service to the people they support.</p> |
|  | <h3>What is the Patient Advocacy Service?</h3> <p>NAS also provides a new service called the Patient Advocacy Service.</p> <p>The Patient Advocacy Service gives information and support to people who want to make a complaint about something that happened to them in hospital.</p> |
|  | <h3>Who Supports the Patient Advocacy Service?</h3> <p>The Patient Advocacy Service is paid for by the Department of Health. They give money to NAS to run the Service.</p> <p>The Patient Advocacy Service is an independent service. It does not get any money from the HSE.</p> |



The Patient Advocacy Service Work in 2019

The Patient Advocacy Service did a lot of work in 2019 planning how it would support people.

The Patient Advocacy Service also took part in many meetings to tell hospitals and other groups about its work.

The Patient Advocacy Service started working with people on 31st October 2019. In the first two months it worked with 65 people.

Advocacy Officers worked on complaints like staff ignoring questions from patients, rude behaviour, staff not communicating a patient's care plan to them, patients being unable to access specialist care or being misdiagnosed.



Thank You

NAS thanks all of its staff for all their hard work in 2019.

NAS also thanks the Citizens Information Board and the Department of Health for their support in 2019.

Case Study on Quality of Life Issue: Samuel

My name is Samuel and I am in my forties. I have sensory and intellectual disabilities. I lived with family who had cared for me for most of my life.

I did the same thing every day. I spent most of the time sitting in a bed. My carer was not able to take good care of me and I lived in poor conditions.

NAS heard about my situation and a NAS advocate came to visit me. The advocate saw that I could do more things like take part in activities.

My advocate told Disability Services, The Community Healthcare Team and the HSE Safeguarding and Protection team about what life was like for me.

The HSE gave money so that I could move to a service. I am now living a happier and healthier life. I am supported to have contact with my family.

None of this would have been possible without the support of my NAS advocate.

Case Study on Housing Issue: Sheila

My name is Sheila and I am in my 50s. I lived in a group home with four other people. I did not want to stay there as it was too noisy.

My NAS advocate helped me communicate how I felt. We used a chart with pictures and the staff in my house also helped me. I was able to communicate how the noise in the house made me feel sad, angry and upset.

My advocate helped me have meetings with staff and managers so that I could explain why I wanted to move. My advocate explained things to me at the meetings and this was a big help.

A new house was found for me. My advocate helped managers to plan how I would move. I moved for a short time to see if I would like the new house.

My advocate supported me to tell staff how I felt about the new house and any issues and concerns I had. This made me feel like I really had a say in what was happening to me.

I chose to move to the new house full time and I am so happy that I did. It is much quieter and more relaxed.

1.2 Foreword by Chairperson

As chairperson of the Board of Directors of the National Advocacy Service for People with Disabilities (NAS), I am delighted to present this Annual Report on the work of the organisation in 2019.

2019 was a significant year of development and growth for NAS. In October 2019, after months of thorough planning and organisation, we established the new, independent Patient Advocacy Service, providing an additional stream of advocacy work alongside our work for people with disabilities. Commissioned by the National Patient Safety Office in the Department of Health, the Patient Advocacy Service provides information and support to people who want to make a complaint about an experience they had in a HSE-funded public acute hospital.

NAS worked with a range of state agencies throughout 2019 to develop the new Service, including the National Patient Safety Office, the HSE, HIQA, the Mental Health Commission, hospital groups and patient representatives. This ensured we understood how best to develop the Service to meet the needs of patients in Ireland.

Marking the culmination of the year's work, the Patient Advocacy Service was officially launched by the then Minister for Health, Simon Harris, at Dublin Castle in November 2019. The new Service will benefit from the experience and expertise that NAS has gained over the years, and in turn the Patient Advocacy Service will inform and support the work of NAS. It offers an excellent opportunity for us to continue to strengthen and integrate the rather fragmented field of advocacy in Ireland.

2019 also marked the continuing growth of NAS service provision, with an ever-increasing demand for NAS services, particularly our core advocacy and information support services. NAS advocates assist people with disabilities to ensure that their voices are being heard in decisions that affect their lives. Advocates work to put the person and the person's views and opinions at the heart of any decision-making process about them.

This Annual Report provides a detailed breakdown of key data covering our work in 2019 and explains the story behind the numbers through a series of case studies highlighting the real issues faced by the people we support. It also highlights some of the statistics and complaint issues faced by the Patient Advocacy Service in its first two months of work.

The report describes some of the issues that NAS advocates encounter in their work. The issue of housing and accommodation remained the most common issue where people sought the assistance of NAS in 2019, with half of all cases relating to accommodation.

This is just one of the many complex issues facing people with disabilities in Ireland. Every day, our advocates experience the great strength and resilience of the people we support as they strive to overcome seemingly insurmountable odds. I would like to thank those who use our services for that courage, which inspires us all to keep moving forward.

I wish to express my sincere thanks to the Citizens Information Board for their continued championing of NAS and their ongoing support and assistance of our work. I would also like to thank the Department of Health for all the support, input and guidance they provided during 2019 in the set-up of the new Patient Advocacy Service.

In addition, I would like to express the Board's gratitude to all the staff of NAS and the newly formed Patient Advocacy Service for their dedication, professionalism and commitment in providing excellent and much-needed advocacy services.

Finally, although this Annual Report looks at the work of NAS and the Patient Advocacy Service in 2019, it would be remiss of me not to mention the impact of the Covid-19 pandemic on our society as a whole and on the people who use our services.

We recognise the devastating impact Covid-19 has had on the lives of people across Ireland, including the people we support, some of whom lost their lives to this terrible virus. We send our condolences to their families at this very difficult time. We also acknowledge the many difficulties that the HSE and health care services have had to cope with during this unprecedented period.

We do not know exactly how the virus will affect our services in the months ahead but we expect to see a rise in demand. We will continue to adapt to any changes and will provide the highest level of advocacy services to the people who need our support.



A handwritten signature in black ink that reads "Nuala Doherty." The signature is written in a cursive, flowing style.

Nuala Doherty
Chairperson of NAS Board



1.3 Highlights 2019

NAS provided full representative advocacy support in **1,018** cases in 2019

11%
increase
on 2018

NAS provided information, advice, one-off interventions and short-term advocacy in **3,456** initial enquiries in 2019

14%
increase
on 2018

This included writing a letter, information provision by phone, short-term support and referrals to other services

NAS closed **431** cases, having achieved outcomes for clients

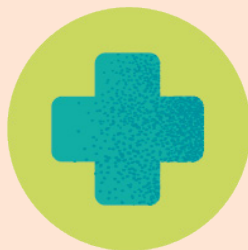
The NAS national phone line received **2,141** calls in 2019, up from 1,953 in 2018



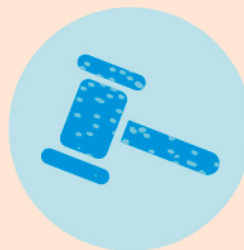
Representative advocacy issues included:



housing and accommodation
50%



health
23%



justice issues
12%



parenting with a disability
8%



NAS staff engaged in **312** promotional events and presentations in disability services and other services throughout Ireland



The most significant issues for people with disabilities worked on by NAS advocates in 2019 were

housing and accommodation
50%



health
23%



justice
13%



parenting with a disability
8%



Patient
Advocacy
Service

INFORMATION | SUPPORT | EMPOWERMENT

Launch of the Patient Advocacy Service provided by NAS, in November 2019.

The Service was launched by then Minister for Health, Simon Harris, at Dublin Castle, who said:



"I am confident it will offer a responsive, compassionate and supportive service to people when they are unhappy with their care."

The new Service provides free, independent and confidential advocacy information and support to patients in Ireland who want to make a complaint about the care they have received in a HSE-funded public acute hospital.

2. Vision, Mission and Values



Vision statement

Our vision for society is one where people with disabilities can exercise their rights – with dignity, autonomy, equality and independence at the core. We recognise the capacity of people with disabilities to make their own decisions equally with others, in accordance with the United Nations Convention on the Rights of People with Disabilities (UNCRPD).

We also recognise the right of all people to support, guidance and information when issues arise in relation to their care and treatment which may lead to their wish to complain about their treatment or care or seek answers in the aftermath of a patient safety incident.

Mission statement

The National Advocacy Service for People with Disabilities (NAS) is a registered charity that provides an independent, confidential and free advocacy service that works exclusively for adults with disabilities. Our role is to work with those who may be isolated from their community of choice or mainstream society, may communicate differently and have limited informal or natural supports. We act as a catalyst for change through collaboration, capacity building and representation to make the rights of people with disabilities a reality.

NAS also provides an independent, confidential and free Patient Advocacy Service, established in October 2019, that works to support and empower all patients in public acute hospitals through the (i) HSE Complaints Process ‘Your Service Your Say’ and (ii) in the aftermath of Patient Safety Incidents.

Core Values

Our Strategic Plan 2018-2021 establishes the following five Core Values that underpin the work of NAS and the Patient Advocacy Service.

| | |
|---|--|
|  | <p>1. Independence</p> <p>We work with the person independently of others and free from all conflicts of interest. The advocacy process is led and guided by the person.</p> |
|  | <p>2. Autonomy</p> <p>We support the right of the person to self-direction/determination (i.e. to be in control of their own life) and to make informed decisions based on their will and preferences. We also empower people to have their complaints processed in a balanced, fair and transparent manner.</p> |
|  | <p>3. Equality/Citizenship</p> <p>We support the right of every person to assert and enjoy their human rights, to participate in society as an equal citizen and to fulfil their full potential within a life of their own choosing.</p> |
|  | <p>4. Respect</p> <p>We work with the person in a way which demonstrates respect for the person as an individual and for their privacy, dignity and autonomy. All staff, partners and directors of NAS and the Patient Advocacy Service will act in a way that demonstrates respect for the people who use our services and each other.</p> |
|  | <p>5. Empowerment</p> <p>We aim to facilitate the person to be an active participant in decisions which affect their life, through the way in which the advocacy process is carried out as well as the outcomes it seeks to achieve. We also aim to empower the person to make a complaint or engage with a review process and seek answers when things go wrong.</p> |

3. Introduction

The National Advocacy Service for People with Disabilities (NAS) provides an independent, confidential and free, issues-based representative advocacy service.

The Patient Advocacy Service is provided under the auspices of the National Advocacy Service for People with Disabilities and was established in October 2019 following the awarding of the contract a competitive tendering process to NAS in 2018. The Patient Advocacy Service is an independent, free and confidential Service that provides information and support to people who want to make a complaint about an experience they have had in a HSE-funded public acute hospital, and in the aftermath of patient safety incidents.

3.1 National Advocacy Service Remit

NAS provides an independent, confidential and free issues-based representative advocacy service.

NAS is funded and supported by the Citizens Information Board (CIB) which has a mandate under the Citizens Information Act 2007 and Comhairle Act 2000 to support the provision of advocacy for people with disabilities.

NAS operates on the principles that people with disabilities:

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

NAS has a particular remit to work with those who may be isolated from their community of choice or mainstream society, may communicate differently and those who have limited informal or natural supports.

3.2 Patient Advocacy Service Remit

The Patient Advocacy Service is commissioned and funded by the National Patient Safety Office in the Department of Health. The Patient Advocacy Service is fully independent of the HSE and its hospitals, receiving no HSE funding.

The Patient Advocacy Service empowers people by supporting them to assert their views and seek answers and outcomes through the HSE complaints process.

The advocates do not take sides on an issue, but rather seek to ensure that a process is fair, and that the individual's views, concerns, and decisions are adequately addressed. The Patient Advocacy Service also aims to work with hospital teams to improve complaints systems.

The Patient Advocacy Service does not act on a person's behalf, provide mediation or counselling, or offer legal or medical advice. It is not a replacement for the Ombudsman. Advocates do not carry out activism work, and they do not campaign or comment publicly in relation to individual's cases.

“My advocate was brilliant, she was very understanding and knew what I was going through. If it wasn't for her, I don't think I would have got what I needed.”

Sarah, who used the NAS service in 2019

3.3 Our Funders

The National Advocacy Service was previously wholly funded by the Citizens Information Board (CIB), but is now a dual funded organisation. Since 2019, NAS has also received funding from the Department of Health (DoH) to provide the Patient Advocacy Service.

The Citizens Information Board (CIB) has, under the Comhairle Act 2000 section 7, as amended by Section 4 of the Citizens Information Act 2007, among its functions the following:

- to support the provision of or, where the Board of CIB considers it appropriate, to provide directly, independent information, advice and advocacy services so as to ensure that individuals have access to accurate, comprehensive and clear information relating to social services and are referred to the relevant services;
- to assist and support individuals, in particular those with disabilities, in identifying and understanding their needs and options and in accessing their entitlements to social services;
- to promote greater accessibility, co-ordination and public awareness of social services and of information, advice and advocacy services provided in relation to such services whether by a statutory body or a voluntary body;
- to support, promote and develop the provision of information on the effectiveness of current social policy and services and to highlight issues which are of concern to users of those services.



Department of Health

The Department of Health's (DoH) mission is to improve the health and wellbeing of people in Ireland by delivering high quality health services and getting the best value from health system resources. Its role is to provide strategic leadership for the health service and to ensure that government policies are translated into actions and implemented effectively.

3.4 What the National Advocacy Service Does

NAS Advocates take affirmative action to uphold the person's rights, ensure fair and equal treatment and access to services. They make certain that decisions are taken with due consideration for their unique preferences and perspective. The work of advocates ranges from information provision and advice, to longer term full representative advocacy.

Independent, representative advocacy is directed by the people who use it. It is person centred, accountable, accessible, impartial and independent of service providers, families and other supports.

NAS representative advocacy involves professional, trained experts in advocacy dealing with specific issues and working with an individual until that issue reaches conclusion. Issues can be about any aspect of a person's life and the advocacy plan is directed by the person. Where the person communicates differently (through behaviour and gestures or assistive technology as opposed to verbal or written communication) the advocacy plan is still directed by the person.

3.5 What the Patient Advocacy Service Does

The Patient Advocacy Service provides free, independent and confidential information and support to people who want to make a formal complaint through the HSE 'Your Service, Your Say' complaints policy in relation to the care they have experienced in a HSE-funded public acute hospital, and in the aftermath of a patient safety incident.

The service's trained advocates can:

- ✓ Support people to get information on the formal HSE complaints process 'Your Service, Your Say.'
- ✓ Explain what to include in their formal complaint, and how to write a formal complaint.
- ✓ Help people to prepare for meetings.
- ✓ Support people to explore their options following a response from the HSE to their formal complaint.

Joanne

Housing Issue: Transition from Psychiatric Unit to Community Setting

My name is Joanne, I am in my forties and I have long-term mental health issues. I got in contact with NAS because I was living in a long-term care facility on a locked ward, where I felt like I was a prisoner. I had been transferred there from a hospital psychiatric unit because my medical team believed this was the best environment for me.

My NAS advocate worked with me to develop a support plan that would mean I could return to living in the community with the support of staff. This was a long and tiring process that involved many meetings with the psychiatric institution, HSE mental health representatives and my family.

Thanks to the support of my advocate, who helped me understand the process of discussing and negotiating, it was agreed that I could move to alternative living arrangements. I chose to live in a community house, close to my family and friends in the local community.

I thought life was improving, but before I could move the HSE told me that they needed to secure additional funding. This meant long delays and I had to go back to the acute hospital psychiatry unit. Without speaking to me first, the HSE gave my placement to someone else.



I was extremely upset and confused. I stayed in the hospital unit for nine more months. My advocate presented my case to the Head of Mental Health, the HSE and my treating psychiatrist and also made a complaint on my behalf. I was scared my community placement had gone and I would have to remain in the hospital unit long term.

However, with the support of my advocate, I was finally moved to a home in the community where I am supported by a team of professional staff. I also attend a day service locally three days a week and take part in lots of other activities in my community.

My family visits me all the time and I stay overnight at our family home during holiday times. My medication has been reduced by my new psychiatrist and I feel much more like myself again.

This case demonstrates the long-term nature of some advocacy casework to ensure the voice of the person is heard and that their rights are supported. The persistence of the advocate and multiple representations ensured that Joanne was able to move to housing with supports in the community and a new clinical support team.

* Please note, all of the case studies presented in this annual report have been anonymised in line with the services Case Anonymisation Policy. All personal details have been changed to ensure protection of the person's identity.

4. Strategic Plan 2018-2021

This plan can be found on the NAS website:
at this link

4.1 Strategic Priorities and Enablers in 2019

The National Advocacy Service strategic plan for 2019 brought together our leadership role and experience in providing professional, independent, representative advocacy services for people with disabilities. The plan highlighted our role as a collaborative champion in developing and driving standards of practice in advocacy for people with disabilities across Ireland. The Strategic Plan was based around three strategic priorities: service, standards and policy.





Strategic Priority 1 - Services:

There was an emphasis on continuous, measurable improvement in the effectiveness and efficiency of the service over this period.



Strategic Priority 2 - Standards:

NAS was committed to developing a suite of standards for advocacy for people with disabilities. Whilst the standards were primarily for NAS, NAS worked collaboratively with other advocacy providers and commissioners to share the standards.



Strategic Priority 3 - Policy:

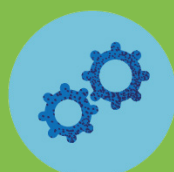
As a frontline service, NAS advocates encountered many systemic issues in our social and health care system which adversely affected the lives of people with disabilities. This Strategic Plan created a framework for NAS to identify the social policy issues that its advocates encountered in providing the service, and enabled NAS to bring these issues to the relevant stakeholders.

The strategic plan also identified two key enablers to allow for improvements in the priority areas of services, standards and policy.



Enabler 1 - Awareness:

Awareness as an enabler allowed for greater access to the service for people with disabilities and enhanced the ability of NAS to contribute to social policy with important issues that our advocates identified in their work.



Enabler 2 - Building Capacity and Enhancing Effectiveness:

This important enabler focused on organisational and systems development, in the areas of human resources, training, IT systems, corporate services, and accessibility.

This Annual Report is structured to reflect the priorities and key enablers in the Strategic Plan for 2019.

The Strategic Plan will be revised in 2020 to reflect the establishment of the Patient Advocacy Service.

Breda

Complexity of Case Issue: Access to Justice for Person with Moderate Intellectual Disability

My name is Breda, I am a woman in my thirties and I have a moderate intellectual disability. I have three children who were taken into care because I was finding it difficult to cope at home. I was supported by a NAS advocate when criminal charges were taken against me, alleging neglect of my children.



My advocate was a great support to me and my legal team, coming with me to legal consultations and pre-trial court hearings, giving me the opportunity to have a voice and helping me to query the content of some of the reports I was shown.

My advocate and legal team identified several psychiatrists who assessed my condition and were able to show that I did not have the capacity to stand trial.

In the end, the judge ruled that I did not have the capacity to stand trial and the case did not continue. Due to my vulnerability, it was recommended that I should get support from Disability Services. My advocate contacted HSE Disability Services, Social Workers and Women's Aid to make them aware of my situation, and I am now known to primary care teams in my local area.

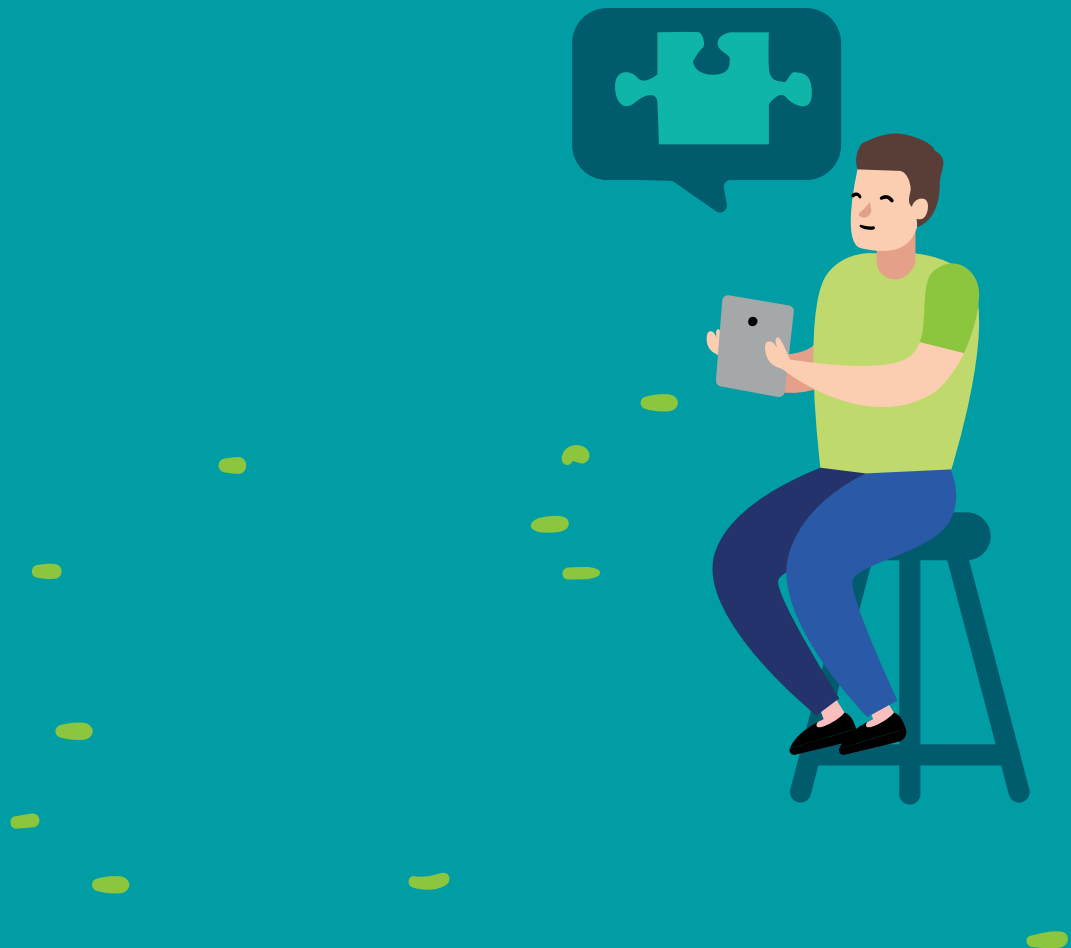
I don't think I would have been able to continue in this process without the involvement of my advocate and the time they spent explaining things and supporting me.

This case study shows the complexity of legal proceedings for a person with a disability. It demonstrates the importance of advocacy in supporting a person to overcome some of these challenges.

5. Strategic Priority Services

“I was at my lowest point when I contacted NAS for help. My advocate spent hours with me, by phone and in meetings, to discuss all the issues I was having. She helped me through an extremely difficult time”

Jack, who used the NAS service in 2019



5.1 National Advocacy Service Work in 2019

NAS provides services to adults over 18 with disabilities. The range of issues which advocates have to navigate has grown both in numbers, but also in complexity.

NAS aims to provide a high-quality advocacy service with a focus on continuous improvement. We measure the quality of the work we provide through regular case review and supervision, provision of regular team meetings, practice development and formal training. NAS has developed a Code of Practice underpinned by a suite of policies to support our advocates in their work. These policies are regularly reviewed to ensure we stay up to date with best practice and knowledge.

NAS has identified that as our work has become more complex and is provided to more people, we have a need for an increase in resources. This is most acute in locations where there are waiting lists for access to our service, but it is also needed across the country to ensure as many people as possible have access to advocacy. The number of people on the waiting list to access NAS services rose from 98 (in January 2019) to 130 (at the end of December 2019).

NAS advocates help people in two ways, with full representative advocacy, and with short-term advocacy and information support.

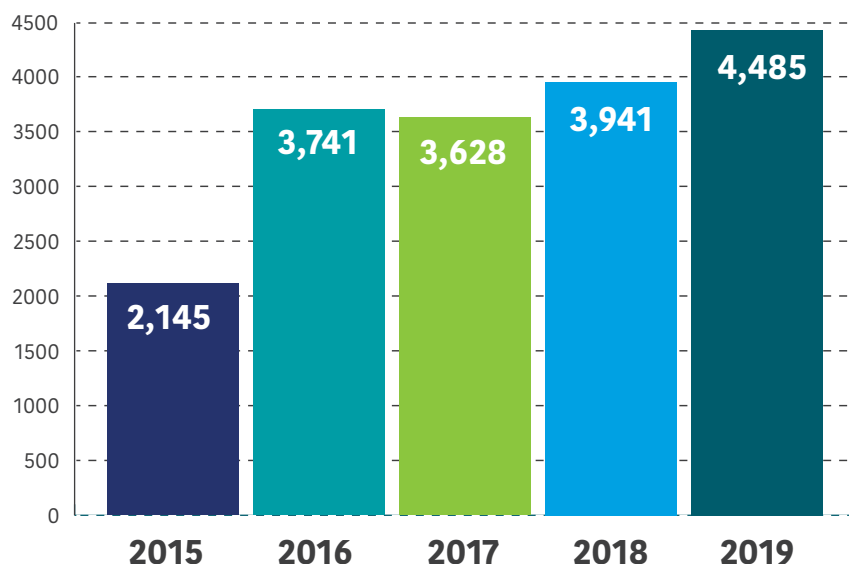
- Overall, NAS received a total of 3,456 initial enquiries in 2019, representing a 14% increase on 2018.
- NAS provided full representative advocacy to 1,026 people in 2019, an 11% increase from the 916 people receiving advocacy support in 2018. This work involved extended engagement with individuals, ensuring that their will and preferences were heard, understood and taken into account in decisions for each person. It also involved writing correspondence, attending meetings with the person in a variety of settings, speaking up for the person and supporting them to speak up for themselves.
- In total, 14,455 hours of full representative advocacy case work were undertaken, with an average of 12.5 hours per case.
- In addition, NAS also provided short-term advocacy support and information support to people with disabilities. NAS engaged in 3,459 instances of such support in 2019. This involved supporting individuals to self-advocate, through information provision and empowerment. It included one-off representations, such as writing a letter, information provision by phone, and short-term support. It also included signposting and referrals to other services.

- The level, length and complexity of type of advocacy support work varied, with an average time spent being 1.12 hours. In total, 4,664 hours were spent on this type of work in 2019.
- Of the 1,026 full representative advocacy cases in 2019, 457 cases had been open from 2018, while 569 new cases were opened in 2019.
- Combining both ways that NAS advocates help people, NAS provided advocacy support in 4,485 pieces of work in 2019, continuing the overall pattern of increased yearly engagement since 2015.

The continued demand for the service resulted from several factors:

- NAS continued to engage in substantial promotional work in disability services around the country, with 319 face-to-face presentations and meetings held to promote the service across the country in 2019;
- Ongoing engagement with key stakeholders such as the HSE and service providers to improve and enhance referral processes;
- External societal factors also impacted on demand for the service. For example, the continuing national housing crisis was reflected in the statistic that 50% of all representative advocacy cases in 2019 involved a housing or accommodation issue;
- The delayed enactment of the Assisted Decision Making (Capacity) Act 2015 meant that Ward of Court cases continue to consistently feature as a complex element of NAS work;
- An improved understanding of the rights of people with disabilities to be involved in decision making following the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD).

Total Combined Advocacy Information Support and Representation Casework by the National Advocacy Service over Past Five Years (in 2019)



5.2 Patient Advocacy Service Work in 2019

The Patient Advocacy Service went live on 31st October and in its first two months provided advocacy support in 65 cases.

Of these 65 cases, 140 separate complaint issues were identified, including staff ignoring questions from patients, rude behaviour, staff not communicating a patient's care plan to them, patients being unable to access specialist care, and misdiagnosis of a critical illness by a clinician.

It should be noted, much of the work of the Patient Advocacy Service in 2019 involved scoping out and planning the launch and development of the Service.

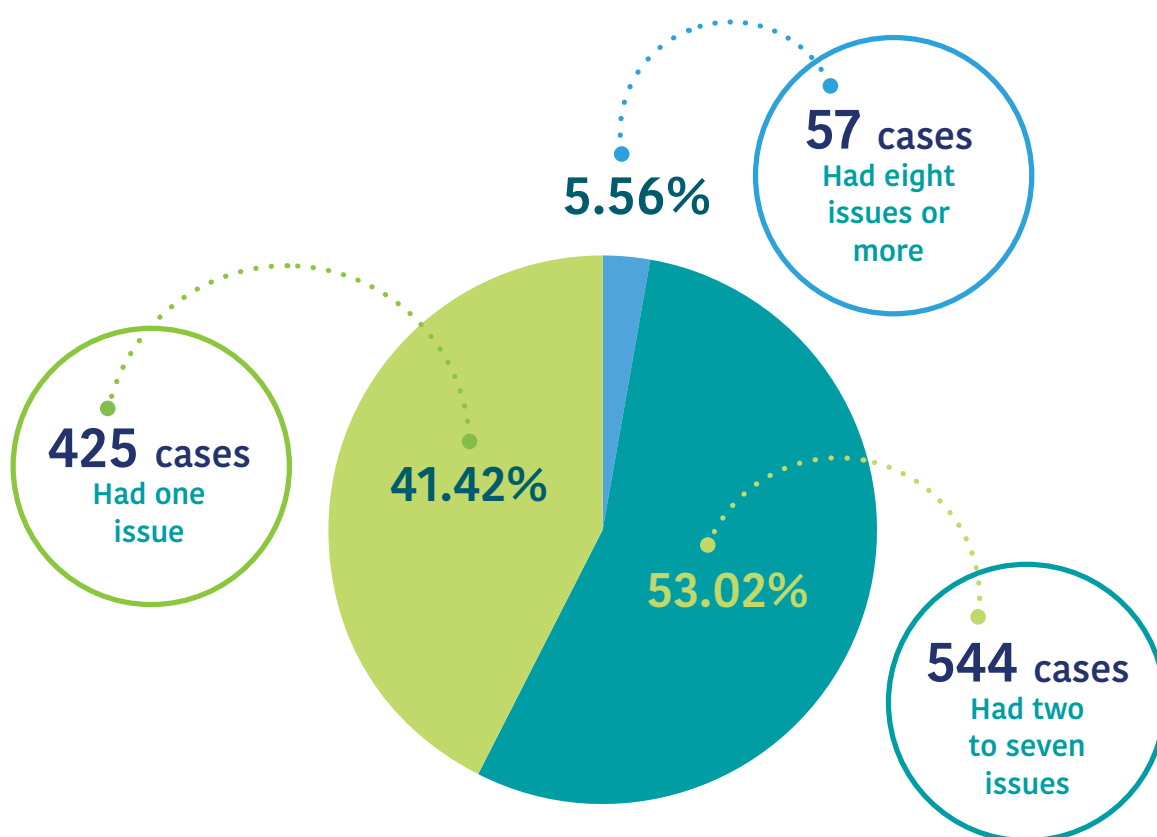
5.3 Complexity of Work

The majority of full, representative advocacy cases for **NAS** in 2019 involved more than one issue, underscoring the complex nature of the casework. Of the 1,018 representative advocacy cases in 2019, 425 (41.42%) had one issue, 544 (53.02%) had two to seven issues and 57 cases (5.56%) had eight issues or more.

Cases with more than one issue can be particularly complex as NAS advocates may have to coordinate communication with a large number of stakeholders and agencies that have become involved in a person's life.

Complex issues can be interdependent. For example, in an access to justice case there can often be an impact on a person's housing or day service situation which also requires advocacy support. Through advocacy plans, the complex work of our advocates can be managed and focused. Casework with individuals are closed when the issues in the advocacy plan are resolved.

The **Patient Advocacy Service** provided advocacy support in 65 cases in 2019. There were 57 cases that had between 1 and 5 complaint issues, 7 cases that had between 6 and 10 complaint issues, and 1 case that had 11 complaint issues.



5.4 More Highlights 2019



1,026
people
supported by full
representative
NAS advocacy
in 2019



3,459
instances of
short-term NAS
advocacy support
(information provision,
one-off intervention and
arms-length advocacy)



457
Number of people
engaged in NAS
representative
advocacy at start
of 2019



65
The number of people
supported by the Patient
Advocacy Service during
its first two months of
operation

Samuel

Quality of Life: Addressing concerns of neglect

My name is Samuel, I am in my forties and I have sensory and intellectual disabilities. I lived with a family member who had cared for me for most of my life and I had no access to respite or day services for many years.

I did the same thing every day. I spent most of the time sitting in a bed. My carer struggled to look after me and I lived in poor conditions where I rarely had heating and suffered regular infections.

I had home help, but they were often denied access by my carer and I was regularly left alone for hours on end without support.



Contact was made with NAS and an advocate came to visit me at my home. The advocate quickly recognised that I could take part in activities and complete everyday tasks independently. I had attended a day service in the past and local health and community workers knew about my situation, but it was my advocate who played a central role in highlighting my issues.

My advocate outlined their concerns about my neglect to Disability Services, The Community Healthcare Team and the HSE Safeguarding and Protection team.

The HSE agreed to fund my move to a service where my needs could be met, where I am now living a happier, healthier, new life and I am supported to maintain contact with my family. None of this would have been possible without the support provided by my NAS advocate.

This case study demonstrates the important role of the independent advocate to examine the person's quality of life and overall needs and ask questions of key stakeholders to ensure that their quality of life can be enhanced to the greatest extent possible and ensure they are adequately supported to reach their full potential.

5.5 Key Issues for the National Advocacy Service in 2019

The key issues for NAS advocates in 2019 were very similar to those experienced in 2018, with several of the issues/factors that led to these figures still proving to have an impact. Continuing the trend from the past number of years, the most significant issues worked on by advocates in 2019 were housing and accommodation, accounting for 50% of representative advocacy cases.

This complex category includes people experiencing homelessness or those at risk of homelessness, inappropriate residential placements, lack of choice in terms of residential placements, people in the process of moving out from large residential centres to live in the community, rent and arrears and social housing list issues.

Inappropriate residential placements refer to situations where a person is living in a type of accommodation that is not suitable for their needs or wishes and does not allow them to participate in their communities.

The second most common issue in 2019 was healthcare, at 23% of representative advocacy cases. This was a very slight increase on 2018 when it stood at 22%. Health issues include access to healthcare services, treatment choice and meaningful engagement in defining treatment plans.

At 13% of representative advocacy cases, the third most common area was that of justice, including Ward of Court cases, wills and probate, personal injuries claims, rights of residence and criminal cases. Ward of Court cases continue to represent a significant element of NAS work, as the Assisted Decision Making (Capacity) Act 2015 awaits commencement. NAS has also been supporting people with disabilities accused of crimes, or who are alleged victims of crimes navigate their way through complex legal proceedings.

8% of representative advocacy cases related to parenting with a disability. This usually relates to cases where a parent with an intellectual disability is subject to an intervention by social services in relation to their child/children.



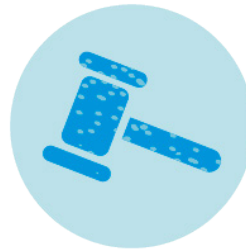
National Advocacy Service Issue Categories in 2019



Housing
50%



Health
23%



Justice
13%



Parenting with
a Disability
8%



Birth, family and
relationships
7%



Money and Tax
4%



Social Welfare
6%



Education
3%

Ruby

Understanding disability payment and accessing services

My name is Ruby. I am in my sixties, I have an acquired brain injury and I live in a nursing home. My family contacted NAS because they were finding it difficult to work out the amount of my disability top up payment.

We were having a lot of difficulty getting my personal files transferred from the nursing home where I previously lived. The process was very stressful for me and my family.

Without my files, my current nursing home could not carry out any assessments for me, including my medical and physical circumstances, my access to services and my overall social care. Everything was stalled and my nursing home could not organise activities for me.

My NAS advocate was a big help, contacting my previous nursing home to remind them of their legislative obligations and organising a courier to deliver the files as a matter of priority.

Once my nursing home had the files, they were able to carry out my assessments. I got a customised power wheelchair which made it easier for me to get outside and enjoy the fresh air.

My advocate telephoned the Head of Social Care in my local Community Health Care Organisation who confirmed in writing the positive news that the top up amount.



The advocate worked with a member of my family who is helping me to ensure that the funding received from the HSE is used for the things I choose to do and which will support my health and wellbeing.

This case study shows how NAS supported Ruby and her family to ensure funding from the HSE was used as it was intended to support her day to day living in a nursing home. The advocate ensured that Ruby's assessments and files were passed to her new nursing home with her consent and that new equipment and activities were organised. Ruby's family members were then supported to continue to ensure Ruby benefited from the top up funds and that they were used for activities that Ruby preferred.

5.6 Who Engaged with the National Advocacy Service

NAS has a particular remit to provide advocacy services to people in particularly vulnerable situations, but we worked with a diverse range of people in 2019 experiencing many different types of disabilities.

As was the case in 2018, intellectual disability continued to make up the largest number of cases, at 49% of cases. People with intellectual disabilities who engage with the NAS service are mainly living in residential services or attending day services.

Also, people with acquired brain injuries increased as an element of NAS work in 2019.

Most notably, 2019 continued to show that a significant element of NAS work is with people who have multiple disabilities. For example, a person may have an intellectual disability and also a physical disability, or mental health issue. The table below outlines the percentage of advocacy cases where a type of disability was present.

| People with... | 2018 | 2019 |
|-------------------------|------|------|
| Intellectual Disability | 45% | 49% |
| Physical Disability | 31% | 32% |
| Mental Health | 24% | 24% |
| Learning Disability | 17% | 14% |
| Autistic Spectrum | 12% | 11% |
| Sensory Disability | 8% | 8% |
| Acquired Brain Injury | 8% | 12% |

5.7 How did the Person Come to Use the National Advocacy Service?

People can apply to use the service provided by NAS by contacting the NAS national line, filling out a form, or emailing. Other people, such as family, friends or service providers, can also refer individuals to the NAS service.

People accessed the NAS representative advocacy service in 2019 in the following ways:

| | |
|--|------|
| Supported by a Service Provider | 25% |
| Health Professionals | 21% |
| Supported by a family member | 14% |
| Supported by their Disability Service provider | 13% |
| Initial contact made by the person | 16% |
| Other | 7% |
| Citizens Information | 2.7% |



Jane

Ward of Court Case: Representing the person's voice

My name is Jane, I am in my forties and I have an intellectual disability. I have been a Ward of Court for many years and I contacted NAS because I was unhappy about how my Committee (a person who was appointed by the High Court to look after my personal affairs) was executing my wishes.

I am the only beneficiary of my parents' estate. However, my Committee began to make decisions about my parent's property and money without speaking to me at all. They wanted to sell our family home, but I wanted to continue to live there.

Supported by my advocate, I asked for a review of my Wardship and I presented my will and preference to the President of the High Court. My advocate also attended the High Court hearing with me, supporting me to have my say, helping me to understand complex information and ensuring my voice was heard.

As a result of my request, my wishes were listened to and my home was not sold. An independent assessment was also carried out to reassess my capacity. This assessment showed that I needed more support and I received some home help hours to support me with household tasks.



I was very happy with the positive outcomes of the case. With the guidance and support of the NAS advocate, my will and preference was upheld throughout the process and I have been able to continue living independently in my home, which was my ultimate goal.

The President of the High Court even gave special acknowledgement to the great support provided by my advocate throughout the hearing.

This case study highlights the role of the advocate in ensuring the voice of the person is heard when decisions are being made about their life and how this can lead to more positive outcomes for the person.

6. Strategic Priority Standards

“I was in a situation where I felt like I was losing my right to be treated as a human being, but my advocate used everything in her power to protect me.”

Anna, who used the NAS service in 2019



Developing national standards in advocacy is a priority in the NAS Strategic Plan for the period 2018-2021.

NAS identified that there were no national standards in advocacy and there were many different forms of advocacy as well as advocacy providers. The public should be able to decide what is a good quality advocacy service. Standards are one way of measuring the quality of a service. The advocacy sector is fragmented, with many different funding and service delivery models. Joining the dots across sectors and Government departments can contribute to better quality advocacy services for the public.

Over several years NAS has carried out a great deal of work on developing its robust policies and quality working standards. This included ensuring it was in a position to win the contract for the Patient Advocacy Service in 2018. Following the award of the contract, in 2019 NAS used its experience and knowledge of the sector to establish the Patient Advocacy Service and align its professional and advocacy standards with those of NAS.

NAS engaged with stakeholders across the disability, health and social care sector in 2019, promoting advocacy as a core response to ensuring efficacy in the delivery of public social services.

NAS established the Patient Advocacy Service in October 2019, building on its experience and respected reputation in advocacy work.

6.1 Establishing the Patient Advocacy Service

In 2018, NAS won a competitive tendering process to be the provider of an independent Patient Advocacy Service, commissioned by the National Patient Safety Office in the Department of Health.

The Patient Advocacy Service was developed over the course of 2019, involving a period of stakeholder engagement, mapping and data analysis to understand the nature of the demand and need for a service to assist people making a complaint about their experience with the public health service.

The NAS team worked with the National Patient Safety Office, CIB, the HSE, relevant state agencies such as HIQA and the Mental Health Commission, hospital groups and patient representatives to understand how best to initially develop the service, and the nature of the support necessary.

The Patient Advocacy Service went live in October 2019. The Service provides information and support to people who want to make a complaint about an experience they have had in a HSE-funded public acute hospital.

Professional Standards

The Patient Advocacy Service is fully aligned with the professional standards operated by NAS. The following policies were adapted in 2019 for the Patient Advocacy Service:

- Code of Practice for Advocates
- Access and Eligibility Policy
- Complaints and Feedback Policy

Patient Advocacy Service Strategic Advisory Forum

The National Patient Safety Office (in the Department of Health) established a group called the Strategic Advisory Forum to provide advice and support to the Department of Health and NAS, as the Service was developed through 2019. The Forum met three times in 2019. The Forum monitored progress in the development of the Service, while also offering strategic advice in relation to the appropriate scope of the initial service offering, and strategy for further development of the Service beyond launch.

The membership of the Strategic Advisory Forum was as follows in 2019:

- Department of Health National Patient Safety Office
- CEO Mental Health Commission
- CEO HIQA
- State Claims Agency
- HSE Acute Operations National Director
- HSE Chief Clinical Officer
- Two Patient Representatives

Eamonn

Inappropriate placement: Upholding Rights and Quality of Life

My name is Eamonn, I am in my forties and I have autism spectrum disorder (ASD), which means I require support with social interaction and communication. I lived in a large residential setting until the service was closed following an inspection by HIQA.

I was moved to an emergency placement in a rented house, with support provided by staff from a care agency. However, the staff had no training or experience in supporting people with ASD, which meant I did not receive the type of support and care I needed. Many of the doors in the house were locked and there was very little furniture. I spent most of the time in the sitting room with two staff.

I like to collect items and store them in a box, like picture frames, candles, books, clothes and other objects, but the staff removed all the items from the house on health and safety grounds. I only left the house for drives or to go to my parent's house for short visits.

I was referred to an advocate from NAS who recognised that the care I was receiving was not meeting my needs and was highly restrictive. My advocate explained my situation to the HSE and stressed that although I was safe there was a serious risk to my quality of life. The advocate also raised questions about whether the current service and house should be a HIQA designated centre.

The HSE accepted that I needed a new form of support and my advocate's observations were used to develop a transition plan for me. After a great deal of hard work from my advocate, I was moved to a more suitable residential placement with appropriate supports and with a focus on promoting my abilities.

As a result, I now shower and dress independently, I can make breakfast with minimal support, I attend community services and I go out shopping from time to time.

This case study shows that advocacy is central to upholding human rights and ensuring that people can live in the least restrictive way possible and be supported to have their needs met and be as independent as possible.

7. Strategic Priority Policy

“NAS advocates are determined to seek results for people with disabilities and ensure that their voice is present.”

Cian, who used the NAS service in 2019



NAS continued to contribute to disability social policy in 2019 through stakeholder engagements and policy submissions. This included the steps taken to establish the new Patient Advocacy Service.

In its policy work in 2019, NAS sought to make sure that advocacy is recognised as playing an important role in ensuring that the equal legal capacity of people with disabilities is recognised and respected under the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

7.1 Submissions

NAS made specific recommendations on several social policy issues which are pertinent for people with disabilities who are living in particularly vulnerable situations, or experiencing particularly complex issues. This included inappropriate or unacceptable accommodation, home support packages, decongregation (moving people out of residential setting with 10 or more people living in it), homelessness for those with intellectual disabilities, autism and acquired brain injuries, transport to and from Day Services and equality proofing.

7.2 Stakeholder Engagement

NAS engaged extensively with public bodies, state agencies, service providers, representative groups and civil society organisations in the disability sector.

Department of Health Stakeholder Consultation Day, February 2019

NAS was represented at a stakeholder consultation day hosted by the Department of Health, where we presented on the role of NAS in adult safeguarding. The event was attended by HIQA and the HSE to inform stakeholders of the Department's work in this area.

Engagement with Ombudsman on Younger People in Nursing Homes

NAS advocates continued to engage with the Office of the Ombudsman to facilitate interviews with people under the age of 65 who are living in nursing homes. NAS looks forward to the publication of the Ombudsman's report into this important issue

Patient Advocacy Service Strategic Advisory Forum

As mentioned in section 6.1, a Strategic Advisory Forum for the Patient Advocacy Service was set up. The CEOs of HIQA and the Mental Health Commission, as well as the Chief Clinical Officer of the HSE sat on this Forum, amongst other members.

Initiation of MoU between the Patient Advocacy Service and the HSE

In late 2019, the process of establishing a Memorandum of Understanding (MoU) between the Patient Advocacy Service and the HSE was initiated to provide an agreed framework for cooperation and communication between the two organisations. As part of this MoU, pathways will be determined to inform the HSE where issues or trends emerge in the Service's casework that may indicate particular systemic, regional or individual hospital-based issues.

Government Departmental and Inter-Agency Groups

Throughout 2019, NAS was an active participating member of the:

- **Steering Committee of the National Patient Experience Survey, led by HIQA CEO Phelim Quinn**
- **Mental Health Commission Decision Support Service Oversight and Assurance Group**
- **Department of Employment and Social Protection (DEASP) Disability Stakeholder Group, alongside colleagues in the CIB social policy team**
- **HSE National Disability Consultative Forum**
- **Safeguarding Ireland, formerly known as the National Safeguarding Committee**
- **Disability Federation of Ireland (DFI) Research and Policy Advisory Group**
NAS sat on the steering committee for a piece of research commissioned by DFI on the experiences of younger people with disabilities living in nursing homes.
- **Developing Guidance for Service User and Staff Supports following Patient Safety Incidents**

The Patient Advocacy Service Manager was a member of a Steering Group which worked to develop guidance for the provision of support to persons impacted by significant patient safety incidents – its focus was to assist in promoting a consistent but individualised response based on best the needs of the person affected.

7.3 Public Consultations and Submissions

NAS responded to public consultations and policy submissions in areas related to our remit, particularly around adult safeguarding, capacity and independent living. NAS social policy submissions were developed with the support of the social policy team of the Citizens Information Board.

- **HIQA Scoping Consultation on a Human Rights Based Approach, June 2019**

NAS welcomed the introduction of human rights guidelines by HIQA for health and social care settings, stating that they can empower staff to do the right thing, and feel supported by HIQA guidance in doing so. However, we noted that the guidance was not a 'Standard' or 'Code' and therefore may be perceived not to carry the same level of obligation or compulsion on staff as other HIQA documents. We stressed that the guidelines will make human rights more real for staff in their workplaces, but we said it should also refer to the International Covenant on Economic, Social and Cultural Rights, UN CRPD, European Social Charter and Equal Status legislation.

- **Second National Strategy on Domestic, Sexual and Gender-based Violence, 2016-2021**

NAS highlighted the importance of accessibility, stressing that there should be a 'universal design' approach to the development of all domestic, sexual and gender based violence services in Ireland across agencies, so that they are fully accessible to everyone, including people with disabilities. We said the strategy should reflect the need for training for Gardaí covering issues affecting people with disabilities. We also stressed that disability and primary care services should carry out training and awareness in domestic violence issues so they can support people with disabilities.

- **Indecon Terms of Reference on the Cost of Disability, August 2019**

NAS stressed that it is important for the voices and experiences of people with disabilities in particularly vulnerable situations to be included in this research, using multiple methods of communications such as on site visits in disability residential settings and other residential settings, interviews with their family, friends, advocates and service providers, and voice recordings and pictures submissions. We outlined several issues that should be considered as a cost of disability including accommodation and household cost, care packages and personal assistance, transport and employment, and training and welfare.

- **CIB Pre-budget Submission**

NAS contributed to CIB's pre-budget submission with a particular emphasis on budgetary issues for people with disabilities.

- **Garda Inspectorate Consultation on Custody Practice in relation to issues faced by people with disabilities in custody in Ireland, as part of the European Commission's consultation on a European Strategy for People with Disabilities.**

The primary recommendation of NAS was the need for the criminal justice system to proactively identify where a person who is subject to criminal proceedings has a disability, and to then proactively ensure that the correct supports and accessibility requirements are available to that person to ensure they are treated fairly throughout the custodial process, as is required under the Equal Status Acts, Disability Act and Public Sector Equality and Human Rights Duty.

Mick

Mobility Issue: Accessing my home

My name is Mick, I am in my forties and I had a stroke. This means I have mobility issues and I have to use a walking aid to get around. I contacted NAS because I was having difficulty getting into my home.

Every day, a car was being parked outside the entrance to the cul-de-sac I live in. The car blocked access to my home and meant that I had to take a longer, more unstable, path to get to my front door. I found the situation exhausting and it caused me a great deal of anxiety and stress.

I had no idea who to speak to sort out this issue, so it was a huge relief to have the support of the NAS advocate who helped me to contact my local County Council regarding the problem. The advocate accompanied me to meetings with the council, helped me to write letters and explained any complex information I received.

As a result of my request, the Council agreed to put up a sign and road markings in the area, making it clear that the space outside my home had to be kept clear.

The advocate also supported me to speak to the council about carrying out repairs to the laneway and footpaths at my home, which were a bit uneven. I was concerned that I might trip or have a nasty fall when I was going in and out of my home. The council were really helpful and carried out these repairs for me, making the pathways much safer to use.



Making these changes wouldn't have been possible without the support of my advocate, who was able to show me who I should speak to and how to go about making a request.

As a result, my stress levels and risk of injury have been massively reduced. I can now be dropped at the entrance to my home and no longer have to worry whether I will make it to my door. It has been life changing.

This case study highlights how an advocate can support an individual to gather relevant information relating to their issue and to provide guidance and support in relation to navigating complex systems and seeking remedy to their specific concerns. Having an agreed action plan with the advocate can help to bring the issue to a satisfactory outcome in a timely manner.

8. Key Enabler Awareness

“It has been a long road, but the journey I have been on with the advocate has made me feel that I have the freedom to do what I really want to do. I am better understood by those supporting me.”

Aoife, who used the service in 2019



The NAS Strategic Plan identified two key enablers: awareness and capacity building, to help achieve the goals set in relation to strategic priorities around services, standards and policy. This section outlines work in 2019 in relation to the first key enabler: awareness.

8.1 Outreach and Promotional Work

A particular focus in 2019 was our proactive promotion of NAS and the Patient Advocacy Service.

The aim for **NAS** was to continue to raise awareness and understanding of its established Service and further build on its reputation as a leading provider of the advocacy sector. It also aimed to reach targeted groups and referring organisations, and to ensure it reached out to those people with disabilities in society who really needed the support of its Service.

For the newly established **Patient Advocacy Service**, promotional work was focused on building an awareness about the Service with key stakeholders (Hospitals, Professional bodies, the Advocacy sector and Support Organisations) to make them aware that the Service had launched, explain the support it provided and how to get in touch, and start the process of building relationships so they could effectively direct us to those people who need our support.

Promoting the National Advocacy Service

The new NAS website was launched in June 2019, receiving around 70 visitors per day during 2019. The modern website was designed to be more engaging for visitors, easier to navigate, and more effective in communicating the key messages and activities of NAS.

New promotional materials were designed and developed to include new look NAS branding.

To support our ongoing approach of ensuring our service is fully accessible to those who may need it, a new Irish Sign Language video guide to NAS was published on the NAS website.

Also in 2019, NAS advocates, senior advocates and regional managers took part in 312 outreach events around the country.

This important promotional work is carried out through face-to-face presentations and meetings with groups in disability services, hospitals, residential centres and day centres. Our staff present to people with disabilities who could potentially use the NAS service, and to staff and other stakeholders amongst whom an increased awareness and understanding of the service leads to increased referrals.

In addition to promoting access to the service, these meetings and presentations help to increase understanding of NAS amongst staff, and therefore can facilitate better cooperation by staff with advocates in terms of allowing access to people, documents and decision-makers.

Presentations to people with disabilities are delivered in a way that is appropriate to the communication styles of individuals, and can involve imagery, videos, simple case examples and games.

These presentations not only promote access to and effectiveness of the NAS service, but also promote a greater appreciation of what a rights-based and person centred approach to care is, and highlight the need to put the will and preferences of people with disabilities at the heart of decisions that affect their lives.

Recognising the ever-increasing importance of social media for engagement, NAS public outreach in 2019 also involved a consistent social media presence through our Twitter, Facebook and LinkedIn pages.

The NAS regional teams continue to engage in promotional presentations in Disability Services across the country:

- NAS presented at four high profile HIQA roadshows with disability services in Dublin, Cork and Galway
- NAS staff hosted a stand at the 'Citizens First' Citizens Information Board tent at the Ploughing Championships in September
- Also in September, NAS had a stand at the 'AsIAm' annual conference on issues relating to autism

Social Policy Events

In addition to public outreach, NAS took part in a series of social policy events in 2019, delivering lectures, speeches and participating as panel members in the following:

- National Patient Experience Survey Conference, organised by HIQA in Dublin Castle, March 2019;
- National Staff Day of the disability inspectorate team in HIQA, May 2019;
- Independent Advocacy Gathering event on 'On Voices, Our Choices' in Cork, March 2019;
- Gathering of staff and volunteers of Dublin South Citizens Information Service, June 2019.

8.2 Promoting the Patient Advocacy Service

Communications Strategy, Presentations and Promotion

During 2019, a mapping exercise of key stakeholders was undertaken, to understand the communications needs of different audiences.

Initial communications work throughout 2019 focused on meeting with and presenting to the CEOs and complaints officers of each hospital group across the Irish public health system. These presentations were an important step in communicating the purpose and intention behind the development of the new, independent Patient Advocacy Service to the hospital groups.

The Patient Advocacy Service also carried out significant promotional activities in 2019 to raise awareness and understanding of the new Service. This included engagement with stakeholders, including hospitals, advocacy groups and independent advocates, support and information groups, and professional bodies.

As a result, the Patient Advocacy Service received 83 enquiries related to its promotions, including requests for promotional materials, such as leaflets and posters, presentations from staff, attendance at public events, and general information about the service.

Branding and Identity

An easily recognisable and engaging brand and logo were developed for the Patient Advocacy Service in 2019.

Launch of the Website

The branding also extended to the new Patient Advocacy Service website which went live on 31 October. A suite of materials and resources was created for the website in a distinct and attractive style. The website included key information for the public explaining the HSE Your Service, Your Say process, and extensive FAQs on the area. In its first two months, the website had 1,307 new users.

Launch of the Service

On 13 November 2019, Minister for Health, Simon Harris T.D., launched the new Patient Advocacy Service during the National Patient Safety Conference in Dublin Castle.

The Patient Advocacy Service's staff had a stand on the day, and NAS national manager Louise Loughlin presented to the conference.

The Patient Advocacy Service launch received substantial media coverage, including national coverage on RTE News and RTE Radio One, in the Irish Examiner and Irish Independent, and in Breaking News. There was also regional coverage in the Carlow, Kildare and Laois Nationalist, and on Mid-West Radio.

Speaking at the launch, Minister Harris stressed that patient safety is the cornerstone of Ireland's health care system.

Louise Loughlin, National Manager of NAS, said: "The National Advocacy Service has been providing advocacy services since 2011, and we are confident that this new service will be welcomed by the public and the wider health sector. We look forward to delivering this crucial new Patient Advocacy Service in the coming months".

Looking forward, plans were established for ongoing promotion of the service in 2020 as it develops and grows, including engagement with key stakeholders, such as patients of acute public hospitals and the hospitals themselves, advocacy services, statutory and professional bodies, and the NAS Network.

Methods of communications planned for promotion include presentations, promotional materials, an Ireland wide advertising and PR campaign, and social media.



Claire Lehane, Patient Advocacy Service Manager, Simon Harris, TD, then Minister for Health and Louise Loughlin, National Manager at the launch of the Patient Advocacy Service.



Minister Simon Harris launching the Patient Advocacy Service



Examples of our promotional material

Eric

Decision Making: Exploring my options

My name is Eric, I am a young man living in my local community. I have an acquired brain injury and I also experience poor mental health. I was referred to NAS when I was living at home as the main carer for my elderly dad.

My dad's health began to get worse and he needed more support, which meant that I had to look after him most of the time. I found it really stressful and it caused me huge anxiety and worry.

As time went on, my dad's health issues meant he needed more medical support, so the local health services offered to place him in a nursing home. This was a really confusing time for me. I wasn't sure how to support my dad or what was best for me once he moved out.

I had a lot of meetings with staff from the HSE to discuss our options, but there were so many things to think about and a lot of information to understand. It was very difficult for me.

The advocate from NAS supported me to explore all the options available, including filling out a Fair Deal application so my dad would have financial support in the nursing home.

The advocate also helped me develop an advocacy plan so I could understand what my rights were and what my dad and my family were entitled to. The advocate explained that I had the right to continue living in our family home.



For me, I really wanted to move out of our house and get my own place, so the advocate helped me to apply for housing support from my local council and get a place on the social housing list. They also helped me to get in contact with Employability where I got job training and opportunities for future employment.

My mental health has improved and I am now much happier. Having the advocate there to support me meant that I was really listened to, which means a lot, and I had the guidance I needed to make positive changes in my life.

This case study shows how an advocate can support an individual to work through complex issues. The advocate can do this by gathering relevant information, ensuring they are aware of all options in order to make fully informed decisions regarding their life. The advocate in this case supported the person through their complex home life situation but was also able to support the person to look at other areas of their life including training and employment leading to opportunities which impacted positively on their mental health.

9. Key Enabler Building Capacity and Effectiveness

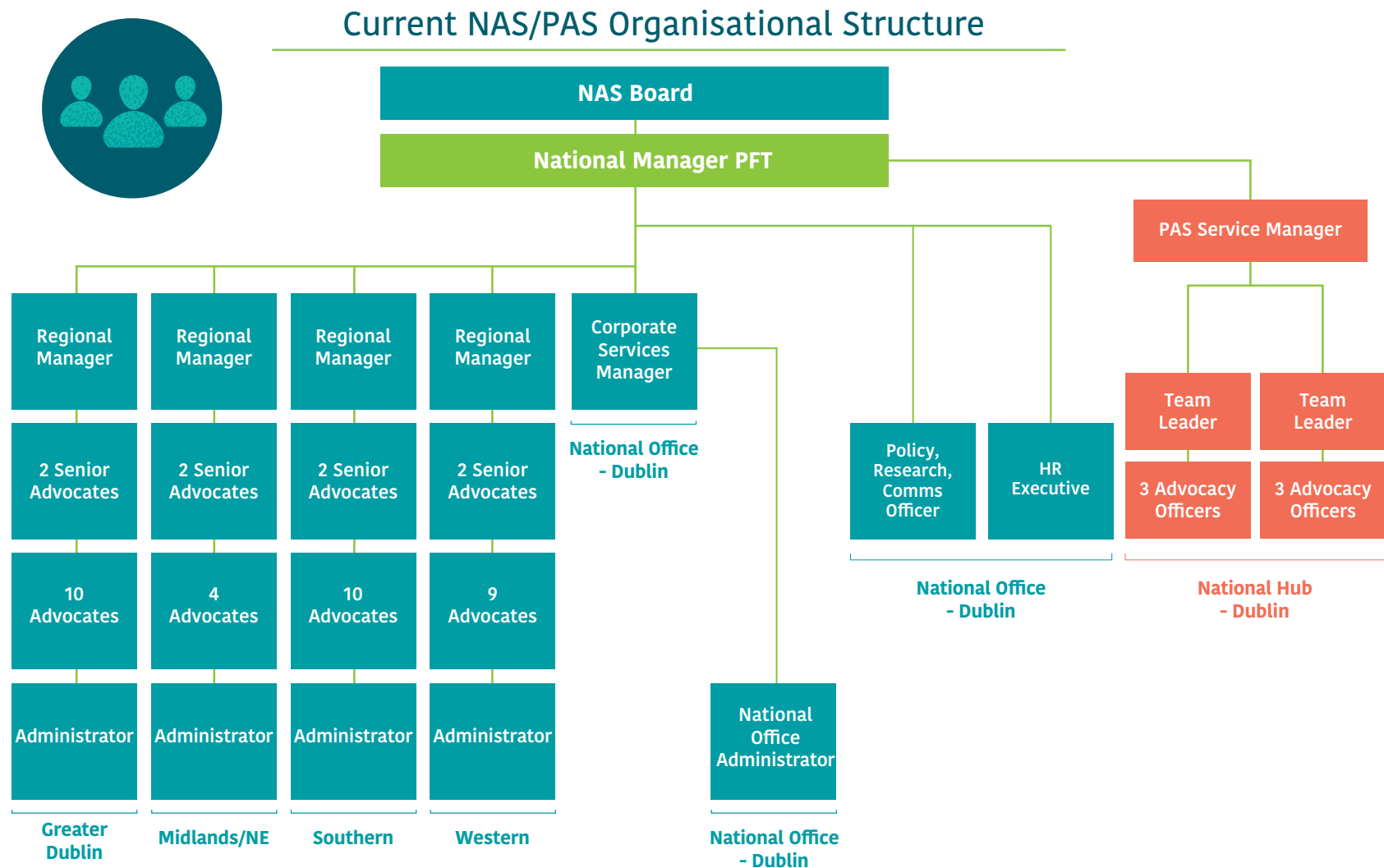
“I express my wishes confidently now and I know if there is something I feel is out of my control I can contact NAS”.

Donal, who used the service in 2019

This section outlines work in 2019 in relation to the second key enabler in the NAS Strategic Plan: building capacity and effectiveness.

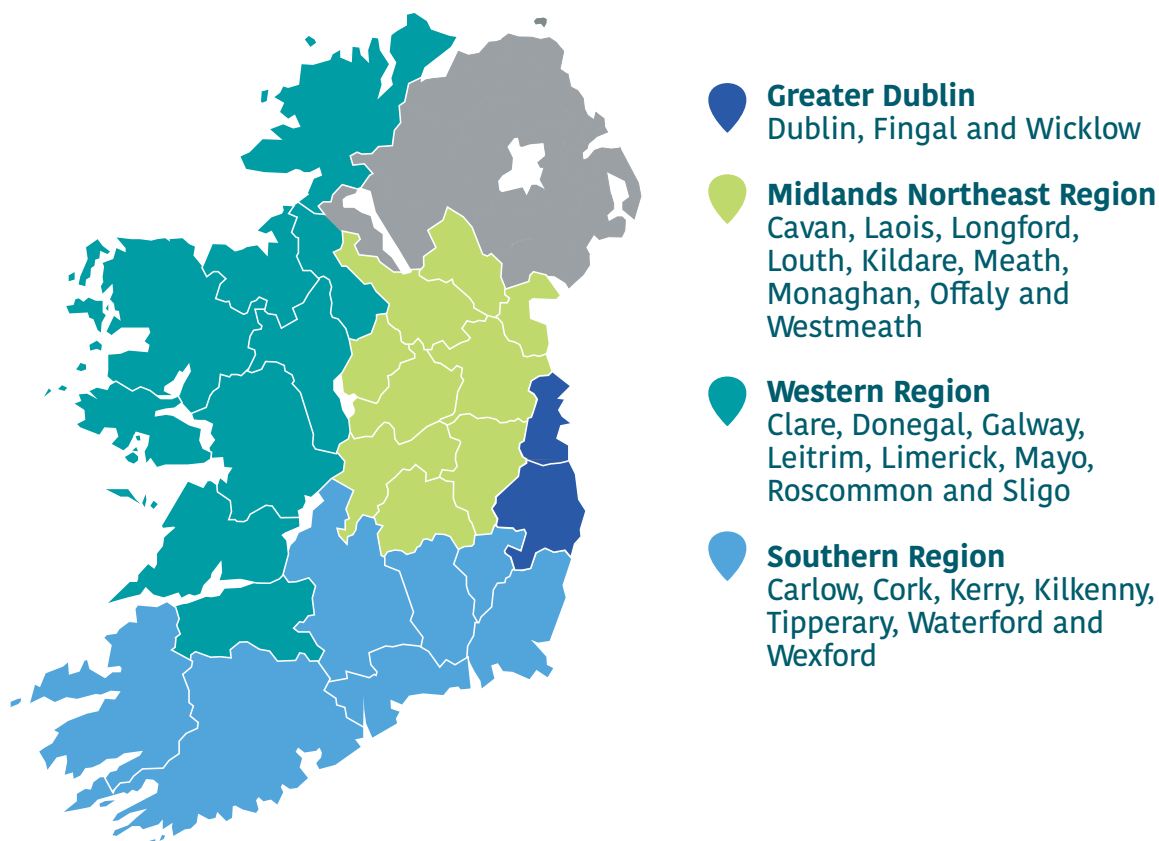


9.1 Resources

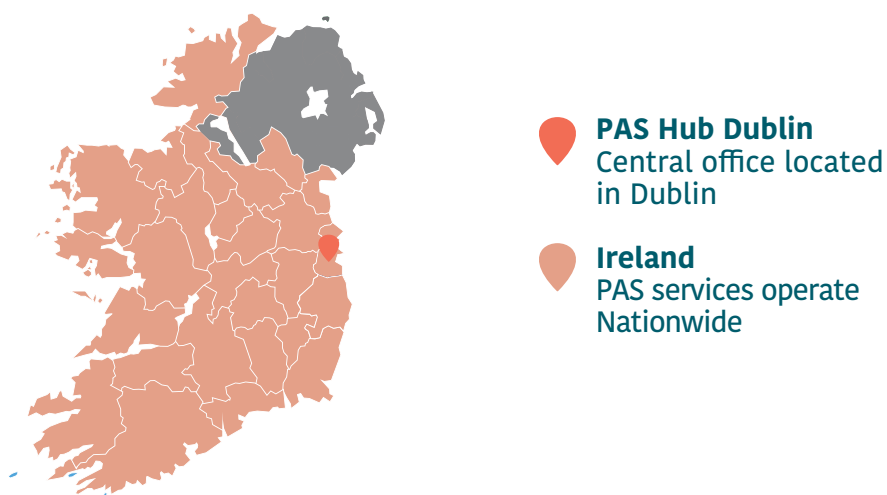


NAS operates with four regions and a National Office in Dublin.

NAS operates across 31 locations throughout Ireland and share premises with Citizens Information Services (13), Money Advice and Budgeting Service (1), Citizens Information Board (4) and others (13). This co-location enhances the referral of people between services.



The Patient Advocacy Service is based in a Hub in Dublin from which they offer advocacy support to people throughout Ireland



Human Resources

2019 was a busy year for recruitment with 21 hires, for both permanent and temporary roles. This included hiring 9 staff for the newly established Patient Advocacy Service.

NAS had the following approved posts in 2019:

- National Manager
- Corporate Services Manager
- Policy, Communications & Research Officer
- HR Executive
- 4 Regional Managers
- 8 Senior Advocates
- 31 Advocates
- 5 administrators

The Service Manager for the **Patient Advocacy Service** was recruited in July 2019. Following a recruitment drive, a team of 6 Advocacy Officers and 2 Team Leads were in place for the launch of the Patient Advocacy Service in October 2019. Based in an Advocacy Hub in Dublin city centre, the advocacy team commenced delivery of its service on 31st October through a national phone line, email enquiries and face-to-face meetings.

9.2 Training and Development

A priority for teams from both NAS and the Patient Advocacy Service was to provide opportunities for continuous professional and personal development.

Advocates from both Services attended training and events on a wide range of topics in 2019, ensuring they were equipped to work at a high standard, they could address new and emerging needs as they arose, and they were able to best meet the needs of the people they supported.

Each regional team in NAS undertook a practice development session every six weeks, while each Advocacy Officer and Team Lead for the Patient Advocacy Service was enrolled on the Open Training College's Certificate in Patient Safety Complaints Advocacy.

Some of the key topics covered by NAS advocates included: Advanced Disability Management; Intellectual Disability and Ageing Housing Law; Suicide Prevention; Disclosures, Observations and Suspicions of Abuse Policy; and Bereavement Support for People with Intellectual Disabilities

Advocacy Officer for the Patient Advocacy Service took part in training that included: HSE Effective Complaints Handling; Open Disclosure Training; HSE Risk and Incident Management; and Getting to the Root of a Problem.

Sheila

Housing Issue: Living arrangement at a residential service

My name is Sheila, I am in my fifties and have a moderate intellectual disability. I lived in a residential house with four other people, but I did not want to stay there as it was too noisy.

I was referred to a NAS advocate who initially supported me to develop an accessible communication tool. It was a chart with pictures of my house, accompanied by text boxes with visuals representing how I felt and a section for staff to help me fill in each day, so I could outline exactly how the noise was affecting me.



Over a period of time this chart supported me to capture examples of when I was upset, the possible reasons for this and how this impacted on my quality of life.

For example, the noise from other residents impacted negatively on me and I would choose to go to my room to eat my dinner or to eat outside weather permitting. I was supported to record when I felt sad, upset and angry. Through this information gathering exercise, the advocate understood that I liked helping staff with chores but did not like having to wait, for example, for my medication.

My advocate also helped me to organise a meeting with staff and management of the service, as well as my occupational therapist, so I could explain why I wanted to move, outline the impact of noise on my quality of life and ask them to look for another place for me to live.

Having the advocate there to support me, explaining things and helping me understand what was happening, made a big difference.

As a result, an alternative house was found for me and we organised a trial period to be sure that I would be happy and settled there. In the absence of a transition planning policy, the Advocate worked with management to develop a transition plan centred on my needs.

It included the information gathered through the communication tool.

My advocate was aware that I would need to be supported to evaluate the trial, but they knew it would be overwhelming to do this all at once.

The advocate also helped me to develop a similar communication tool that I could use, with assistance from staff, during my trial period in the new home. I was able to write down what I thought of the new house and any issues and concerns I had, which made me feel like I really had a say in what was happening to me.

I chose to move to the new house on a permanent basis and I am so happy that I did. It is much quieter and more relaxed. I feel at ease in my new home and I am much happier in myself.

This case study highlights how an advocate can support an individual to gather relevant information relating to their issue and to provide guidance and support in relation to navigating complex systems and seeking remedy to their specific concerns. Having an agreed action plan with the advocate can help to bring the issue to a satisfactory outcome in a timely manner.

9.3 Organisation Operational Highlights

NAS continued to delivery its advocacy service through its established regional teams who are supported by Regional Managers. NAS continued to review its operational policies throughout the year to ensure they adhere to best practice.

2019 saw the operationalisation of the **Patient Advocacy Service**. This included the creation of a case management system. Working closely with a programme developer, the Patient Advocacy Service ensured that its Case Management system, was secure, functional, robust and provides easy identification of trends and social policy issues.

The Patient Advocacy Service website was developed and went live on 31st October.

A national telephone line was also developed and launched on 31st October. A total of 148 calls were received by the service in the first two months of service delivery.

9.4 Organisational Corporate Governance

There were a number of changes in NAS directors in 2019:

- Retirement of Brege McCarrick
- Retirement of Liz Chaloner
- Retirement of Peter Kearns

NAS also welcomed a new director:

- Joe Shannon

NAS Directors completed training on the roles and responsibilities of charity directors, and on the Charity Governance Code.

The Board of NAS met 6 times in 2019.

There are 3 sub committees of the Board:

- HR subcommittee – 7 meetings
- Finance Audit and Risk Committee – 7 meetings
- Policy and Communications Committee – 1 meeting

The development of the **Patient Advocacy Service** in 2019 extended the footprint of NAS. It marked the first time that the organisation had received significant funding from an organisation other than the Citizens Information Board.

Significant work was undertaken to establish the appropriate financial arrangements to accommodate this new funding stream, including the opening of separate bank accounts, budgeting proposals, reporting structures and invoice mechanisms.

NAS established a Patient Advocacy Service Project Working Group to provide advice and guidance to the NAS leadership on the establishment and operationalisation phase of the Patient Advocacy Service. The Working Group also provided advice on the approach to establish an operational Patient Advocacy Service within NAS, and how the Patient Advocacy Service would be aligned to NAS. The Working Group was comprised of the CEO of the Citizens Information Board, a Senior Manager of the Citizens Information Board, the Chair of the Board of Directors of the NAS, a Director of the Board of Directors of NAS, the NAS National Manager, the Patient Advocacy Service Manager, the Corporate Services Manager of NAS, and a member of the NAS Secretariat.

The National Patient Safety Office established the Strategic Advisory Forum to provide advice and support to the Department of Health and National Advocacy Service for People with Disabilities, as the Patient Advocacy Service was developed through 2019. The Forum monitored progress in the development of the Service, while also offering strategic advice in relation to the appropriate scope of the initial service offering, and strategy for further development of the Service beyond its launch.

A range of supports were put in place for the Patient Advocacy Service's Advocacy Officers to include weekly team meetings, weekly practice development as well as ongoing case review and monitoring. A suite of policies were developed which included an access and eligibility criteria, a code of practice, an enquiry policy, a conflict of interest policy, and several operational policies.

10. Conclusion

from the National Manager of the National Advocacy Service

2019 was a landmark year for NAS. We continued our work to uphold the human rights of people with disabilities, and that equality for people with disabilities was promoted across all services that we came into contact with.

The high quality, professional NAS service delivered full, representative advocacy to 1,018 people across Ireland, and 3,456 instances of short-term advocacy support, bringing our overall total in NAS to 4,485. There were a further 65 cases in the Patient Advocacy Service.

In October, we also established the vitally important Patient Advocacy Service following a year of development with several state agencies and stakeholders. The new Service provided advocacy support to 65 people in its first two months of work.

Until now, people in Ireland who experienced difficulties in the Irish health service often felt there was nowhere for them to turn. The Patient Advocacy Service offers patients the guidance and information they need to make a complaint when they are unhappy with the care they receive. It is free, independent, and run by our professionally trained Patient Advocates, who will use their compassion and knowledge to guide people through the HSE complaints process.

The Patient Advocacy Service will build on the excellent reputation and high level of expertise NAS has developed in the field of advocacy support over several years. It will allow us to strengthen advocacy in Ireland and help those people who really need our support.

Looking ahead, it is likely that this support will be needed more than ever. The Covid-19 global pandemic in 2020 has caused issues for many people with disabilities across Ireland, and affected the care received by many hospital patients. As a result, it is inevitable that demand for our services will increase.

I would like to acknowledge the loss of some people who have used our service in the course of the Pandemic, and the losses suffered by our staff and people who use our services.

It is uncertain how the Covid-19 situation will develop, but we will continue to adapt to any changes. We look forward to working with key stakeholders across the disability and patient advocacy sectors in 2020 to provide the highest level of service to people in Ireland.

I would like to thank the support from our funders, the Citizens Information Board and the Department of Health in enabling us to continue to develop high quality advocacy for users of health and social care in Ireland.

The staff of NAS and the Patient Advocacy Service have demonstrated resilience and tenacity in their ability to obtain outcomes for people in complex and challenging situations. Their adaptability in the face of the Covid-19 pandemic has demonstrated a commitment and passion for their work. I would like to thank them all for their ongoing hard work.

The Board of NAS has demonstrated support for the organisation and has sought to ensure that both the work of the service and governance continue to improve. Their ongoing advice and support has been very important as the service grows and develops.

Finally, I would like to record my sincere thanks to our outgoing Chair, Nuala Doherty. Nuala has led the Board through numerous changes both in composition, but also in various challenges for the organisation, including supporting myself and the executive through the establishment of the Patient Advocacy Service.

The role of a Chair requires an understanding of advocacy, of health and social care services, of the needs of key stakeholders, as well as an ability to drive decision making at Board level and support the Executive.

Not an easy task! But one which Nuala has always approached with integrity and wisdom and a significant dash of good humour.

Whilst 2020 has taken on a different complexion for us all than we could have even imagined at the end of 2019, I would like to record my very best wishes for Nuala in her retirement, and to note that she will be greatly missed.



Louise Loughlin

Appendix

Directors' Report and Financial Statements
For the year ended 31 December 2019

Company Information

Directors

Brege McCarrick
Michele Tait
Diarmaid O'Corrbui (retired)
Liz Chaloner (retired)
Nuala Doherty (Chairperson)
Donal Patrick Buggy
Noel Beecher (resigned 28 January 2020)
Helen McDaid
Elaine O'Mahony
John Roycroft (appointed 30 January 2020)

Company secretary

Helen McDaid (appointed 30 January 2020)
Diarmaid O'Corrbui (resigned 30 January 2020)

Registered number

535779

Registered office

Ground Floor
George's Quay House
43 Townsend Street
Dublin 2

Independent auditors

Nexia Smith & Williamson (Ireland) Limited
Chartered Accountants & Statutory Audit Firm
Paramount Court
Corrig Road
Sandyford Business Park
Dublin 18

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| Statement of Financial Position | 01 |
| Statement of Changes in Members funds | 01 |
| Statement of Cash Flows | 01 |
| Notes to the Financial Statements | 01 |

The directors present their annual report and the audited financial statements for the year ended 31 December 2019

Activity review

Both the level of activity and the year-end financial position were satisfactory and the directors expect that the present level of activity will be maintained for the foreseeable future.

The National Advocacy Service for People with Disabilities is a free, independent and confidential representative advocacy service, available to adults with disabilities across Ireland. NAS is funded and supported by the Citizens Information Board. NAS has a remit to provide advocacy support to people in particularly vulnerable situations, such as those living in inappropriate accommodation, residential settings, attending day services, those with communications differences or little formal or natural supports

Results

The surplus for the year, amounted to €365,060 (2018 - deficit: €135,372).

It should be noted that the National Advocacy Service did not, and does not, exceed the cash allocation provided annually by its funder.

The accounts are prepared in accordance with FRS 102, which requires the accounts to be prepared on an accruals basis. This requires the provision for certain items which have no cash impact in the year in which they are accrued.

Directors and their interests

The company is limited by guarantee and does not have any share capital. Therefore, the directors and secretary who served during the year did not have a beneficial interest in the company. All directors serve in a voluntary capacity.

Principal risks and uncertainties

The directors of National Advocacy Service are aware of the statutory obligations in relation to providing a fair review of the company's development and performance. The directors are satisfied that the principal financial risk facing the company is the availability of continued funding from the Citizens Information Board and the Department of Health. The directors have addressed this risk by controlled and closely monitored spending of the funds received.

The principal non-financial risks are:

the impact of Covid-19 on service delivery and staff wellbeing (further detail outlined below in "post balance sheet" events

- that we have the staff with the necessary skills and capacity
- that we are enabled to maintain continuity of quality service
- that we can continue to gain access to the people we were set up to serve, people supported given the difficulties involved
- that we have strong and effective relationships and collaboration with other service providers and referral sources.
- that relevant organisations and individuals are responsive to the concerns we raise on behalf of individuals with disabilities
- that Government continues to support and fund this work.

The following mitigating actions have been undertaken in relation to these principal non-financial risks:

- quality recruitment processes including competency-based interview assessment;
- HR workforce planning
- ongoing support and supervision for all staff
- ongoing relationship building with service providers who facilitate access to people who use the service
- ongoing discussions with the Citizens Information Board and Department of Employment Affairs and Social Protection regarding statutory powers for NAS
- ongoing relationship building at a national level with key stakeholders including the Department of Health, HSE, HIQA, Mental Health Commission
- ongoing advocate engagement with the Office of the Ombudsman

- represented by National Manager on the HIQA/HSE/Department of Health Steering Committee for the National Patient Experience Programme
- represented by PAS Service Manager on the HSE's Incident Management User Guide Review Group
- inputting into the CIB social policy remit through responses to consultations
- providing regular reporting to our funder in relation to finance, governance and oversight
- providing regular reporting to our funders in relation to operational performance and frontline service delivery in both quantitative and qualitative formats (such as case studies)
- regular review of Risk Register by the Finance, Audit and Risk Committee

Political contributions

The company made no political contributions during the year as defined by the Electoral Act 1997.

Going concern

The directors have considered the ongoing uncertainty around the likely impact of Covid-19 and the manner in which the organisation delivers its services and also any wider economic and funding implications. After making appropriate enquiries, the directors have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in note 2 of the financial statements.

Accounting records

The measures taken by the directors to ensure compliance with the requirements of Sections 281 to 285 of the Companies Act 2014 with regard to the keeping of adequate accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The company's accounting records are maintained at the company's registered office at George's Quay House, 47 Townsend Street, Dublin 2.

Statement on relevant audit information

Each of the persons who are directors at the time when this Directors' Report is approved has confirmed that:

- so far as the director is aware, there is no relevant audit information of which the Company's auditors are unaware, and
- the director has taken all the steps that ought to have been taken as a director in order to be aware of any relevant audit information and to establish that the Company's auditors are aware of that information.

Post balance sheet events

At the time of writing, the world is experiencing a global pandemic of the Covid-19 virus. Management and Directors are continually monitoring the impact of this on NAS and PAS operations both in the short term and long term. At this point, nobody can predict the duration and impact of this public health crisis but NAS as an organisation will likely play a role in supporting people both during and in the aftermath of this unprecedented situation. NAS are well positioned to adapt and respond to the needs of our service users and funders as they emerge. NAS has remained fully operational since the arrival of Covid-19. Staff are working remotely and the only notable change to service delivery is the postponement of face to face meetings. Meetings are continuing virtually where possible and face to face meetings will be resumed when it is safe and appropriate to do so.

There have been no other significant events affecting the Company since the year end.


Auditors

The auditors, Nexia Smith & Williamson (Ireland) Limited, continue in office in accordance with section 383(2) of the Companies Act 2014.

This report was approved by the board on 14th May 2020 and signed on its behalf.



Nuala Doherty
Director



Helen McDaid
Director

Directors' Responsibilities Statement

For the year ended 31 December 2019

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with Irish law and regulations.

Irish company law requires the directors to prepare the financial statements for each financial year. Under the law, the directors have elected to prepare the financial statements in accordance with the Companies Act 2014 and Financial Reporting Standard 102 'The Financial Reporting Standard applicable In the UK and Republic of Ireland' .

Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the Company as at the financial year end date, of the surplus or deficit for that financial year and otherwise comply with the Companies Act. 2014.

In preparing these financial statements, the directors are required to:

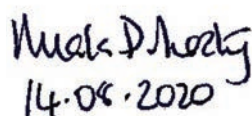
- select suitable accounting policies for the Company's financial statements and then apply them consistently;
- make Judgments and accounting estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with applicable accounting standards. Identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Company will continue in business.

The directors confirm that they have complied with the above requirements in preparing the financial statements.

The directors are responsible for ensuring that the Company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the Company, enable at any time the assets, liabilities, financial position and surplus or deficit of the Company to be determined With reasonable accuracy, enable them to ensure that the financial statements and Directors' Report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the Company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors are responsible for the maintenance and integrity of the corporate and financial information included on the Company's website. Legislation in the Republic of Ireland governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

On behalf of the board



Nuala Doherty
Director

Date: 14.08.2020



Helen McDaid
Director

Date: 18.08.2020

Report on the audit of the financial statements

Opinion

We have audited the financial statements of National Advocacy Service for People with Disabilities (the 'Company') for the year ended 31 December 2019, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Equity and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is Irish law and Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'.

In our opinion, the accompanying financial statements:

- give a true and fair view of the assets, liabilities and financial position of the Company as at 31 December 2019 and of its results for the year then ended;
- have been properly prepared in accordance with Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland'; and
- have been properly prepared in accordance with the requirements of the Companies Act 2014.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the Company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISA (Ireland) 570 requires us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Emphasis of matter- impact of Covid-19

We draw attention to Note 2 of the financial statements which includes a description of the potential effects of Covid-19 on the operations of the company. Our opinion is not modified in respect of this matter.

Other information

The directors are responsible for the other information. The other information comprises the information included in the Directors Report and Financial Statements, other than the financial statements and our Auditors' report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Companies Act 2014

Based solely on the work undertaken in the course of the audit, we report that in our opinion:

- The information given in the Directors' Report is consistent with the financial statements; and
- The Directors' Report has been prepared in accordance with applicable legal requirements.
- We have obtained all the information and explanations which we consider necessary for the purposes of our audit; and
- The accounting records of the Company were sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with the accounting records.

Matters on which we are required to report by exception

Based on the knowledge and understanding of the Company and its environment obtained in the course of the audit, we have not identified any material misstatements in the Directors' Report.

The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions required by sections 305 to 312 of the Act are not made. We have nothing to report in this regard.

Respective responsibilities and restrictions on use

Responsibilities of directors for the financial statements

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

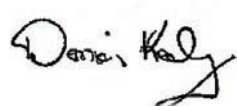
Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditors' Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: [https://www.iaasa.ie/Publications/ISA-700-\(Ireland\)](https://www.iaasa.ie/Publications/ISA-700-(Ireland)). This description forms part of our Auditors' Report.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Company's members, as a body, in accordance with Section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the Company's members those matters we are required to state to them in an Auditors' Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Company and the Company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Damien Kealy

for and on behalf of

Nexia Smith & Williamson (Ireland) Limited

Chartered Accountants
Statutory Audit Firm

Paramount Court
Corrig Road
Sandyford Business Park
Dublin 18

Date: 28/08/2020

Statement Of Comprehensive Income

For the year ended 31 December 2019

| | | 2019 | 2018 |
|---|------|--------------------|-------------|
| | Note | € | € |
| Income | 3 | 4,055,254 | 3,052,673 |
| Administrative expenses | | (3,690,194) | (3,188,045) |
| Operating surplus/(deficit) for the financial year | 4 | 365,060 | (135,372) |
| Other comprehensive income | | - | - |
| Other comprehensive income for the financial year | | - | - |
| Total comprehensive income for the financial year | | 365,060 | (135,372) |

There were no recognised surpluses and deficits for 2019 or 2018 other than those included in the Statement of Comprehensive Income.

Statement of Financial Position

As at 31 December 2019

| | Note | 2019 € | 2018 € |
|--|------|-----------------------|------------------|
| Fixed assets | | | |
| Tangible assets | 10 | <u>41,802</u> | <u>14,043</u> |
| | | 41,802 | 14,043 |
| Current assets | | | |
| Debtors: amounts falling due within one year | | 750 | 8,856 |
| Cash at bank and in hand | 12 | <u>968,689</u> | <u>745,677</u> |
| | | 969,439 | 754,533 |
| Creditors: amounts falling due within one year | 13 | <u>(191,549)</u> | <u>(313,944)</u> |
| Net current assets | | <u>777,890</u> | <u>440,589</u> |
| Total assets less current liabilities | | 819,692 | 454,632 |
| Net assets | | <u>819,692</u> | <u>819,692</u> |
| Reserves | | | |
| Funds | 15 | <u>819,692</u> | <u>454,632</u> |
| Members funds | | <u>819,692</u> | <u>454,632</u> |

These financial statements have been prepared in accordance with the small companies regime.

The financial statements were approved and authorised for issue by the board on.



Nuala Doherty
Director



Helen McDaid
Director

Statement of Changes in Members Funds

For the year ended 31 December 2019

| | Funds | Total members funds |
|--|----------------|------------------------------------|
| | € | € |
| At 1 January 2019 | 454,632 | 454,632 |
| Comprehensive income for the year | | |
| Surplus for the year | 365,060 | 365,060 |
| Other comprehensive income for the year | - | - |
| Total comprehensive income for the year | 365,060 | 365,060 |
| At 31 December 2019 | 819,692 | 819,692 |

Statement of Changes in Members Funds

For the year ended 31 December 2018

| | Funds | Total members funds |
|--|----------------|---------------------|
| | € | € |
| At 1 January 2018 | 590,004 | 590,004 |
| Comprehensive income for the year | | |
| Deficit for the year | (135,372) | (135,372) |
| Other comprehensive income for the year | - | - |
| Total comprehensive income for the year | (135,372) | (135,372) |
| At 31 December 2018 | 454,632 | 454,632 |

Statement of Cash Flows

For the year ended 31 December 2019

| | 2019 | 2018 |
|---|------------------|-----------|
| | € | € |
| Cash flows from operating activities | | |
| Surplus/(deficit) for the financial year | 365,060 | (135,372) |
| Adjustments for: | | |
| Depreciation of tangible assets | 13,276 | 6,728 |
| Movement in debtors | 8,106 | (8,856) |
| Movement in creditors | (122,395) | 262,278 |
| Net cash generated from operating activities | 264,047 | 124,778 |
| Cash flows from investing activities | | |
| Purchase of tangible fixed assets | (41,035) | (8,884) |
| Net cash from investing activities | (41,035) | (8,884) |
| Net increase in cash and cash equivalents | 223,012 | 115,894 |
| Cash and cash equivalents at beginning of year | 745,677 | 629,783 |
| Cash and cash equivalents at the end of year | 968,689 | 745,677 |
| Cash and cash equivalents at the end of year comprise: | | |
| Cash at bank and in hand | 968,689 | 745,677 |
| | 968,689 | 745,677 |

1. Accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the company's financial statements.

1.1 Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention and in accordance with FRS 102 "Financial Reporting Standard applicable in the UK and the Republic of Ireland" and with the Irish Statute comprising the Companies Act 2014.

1.2 Income

Income is included in the Statement of Comprehensive Income only when realised in the form of cash or other assets, the ultimate realisation of which can be assessed as probable. The company, in common with many similar charitable organisations, may derive a proportion of its income from voluntary donations and fund raising activities held by individuals/parties outside the control of the company. Income from fundraising, voluntary subscriptions and donations is necessarily recognised with effect from the time it is acknowledged as received by an officer of the company and received into the company's bank accounts or entered into the company's accounting records.

1.3 Grants

Grants are recognised using the performance model when there is reasonable assurances that the grant will be received and all attaching conditions will be complied with. Grants towards capital expenditure are released to the Statement of Comprehensive Income over the expected useful life of the assets. Grants towards revenue expenditure are released to the Statement of Comprehensive Income as the related expenditure is incurred.

1.4 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accrual basis. All expenses including support costs and governance costs are allocated to the applicable expenditure headings.

1.5 Tangible fixed assets

Tangible fixed assets under the cost model are stated at historical cost less accumulated depreciation and any accumulated impairment losses. Historical cost includes expenditure that is directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management.

Depreciation is charged so as to allocate the cost of assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following basis:

| | |
|-----------------------|-------|
| Premises development | - 20% |
| Fixtures and fittings | - 20% |

The assets' residual values, useful lives and depreciation methods are reviewed, and adjusted prospectively if appropriate, or if there is an indication of a significant change since the last reporting date.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount and are recognised in the Statement of Comprehensive Income.

1.6 Debtors

Short term debtors are measured at transaction price, less any impairment. Loans receivable are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method, less any impairment.

1.7 Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the Company's cash management.

1.8 Creditors

Short term creditors are measured at the transaction price. Other financial liabilities, including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

1.9 Financial instruments

The company only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.10 Deferred income

Deferred income represents monies received in advance in respect of specific projects undertaken in a future period.

The income will be released to the Statement of Comprehensive Income in the financial year in which the expenditure is incurred.

1.11 Provisions for liabilities

Provisions are made where an event has taken place that gives the company a legal or constructive obligation that probably requires settlement by a transfer of economic benefit, and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the Statement of Comprehensive Income in the year that the company becomes aware of the obligation, and measured at the best estimate at the reporting date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision carried in the Statement of Financial Position.

1.12 Operating leases: the Company as lessee

Rentals paid under operating leases are charged to the Statement of Comprehensive Income on a straight line basis over the lease term.

Benefits received and receivable as an incentive to sign an operating lease are recognised on a straight line basis over the lease term, unless another systematic basis is representative of the time pattern of the lessee's benefit from the use of the leased asset.

The Company has taken advantage of the optional exemption available on transition to FRS 102 which allows lease incentives on leases entered into before the date of transition to the standard on 01 January 2016 to continue to be charged over the period to the first market rent review rather than the term of the lease.

1.13 Pensions

Defined contribution pension plan

The Company operates a defined contribution plan for its employees. A defined contribution plan is a pension plan under which the Company pays fixed contributions into a separate entity. Once the contributions have been paid the Company has no further payment obligations.

The contributions are recognised as an expense in the Statement of Comprehensive Income when they fall due. Amounts not paid are shown in accruals as a liability in the Statement of Financial Position. The assets of the plan are held separately from the Company in independently administered funds.

1.14 Critical accounting estimates and areas of judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

The company makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. The estimates and assumptions that have significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

2. Going concern

The financial statements have been prepared on the going concern basis, which assumes that National Advocacy Service for People with Disabilities will continue in operational existence for the foreseeable future.

The validity of this assumption depends on the following:

The company is dependent on grants from Citizens Information Board (CIB) and Department of Health for a significant proportion of its funding. The directors have received assurances from CIB that funding will continue to be provided for the foreseeable future to allow the company to continue. The directors have also considered the ongoing uncertainty around the likely impact of Covid-19 and the manner in which the organisation delivers its services and also the wider economic and funding implications. Having assessed any likely impact the board are satisfied that the company can continue operating for the foreseeable future as they have the resources and systems to do so,

The Financial Statements do not include any adjustments that would result if the required funding is not achieved, whilst taking into consideration the uncertainties described above, the directors believe that it is appropriate for the Financial Statements to be prepared on a going concern basis.

3. Income

An analysis of income is as follows:

| | 2019 | 2018 |
|--|------------------|-----------|
| | € | € |
| Grant income- Citizens Information Board | 3,250,954 | 3,009,009 |
| Grant income- Department of Health | 759,449 | - |
| Other income | 44,851 | 43,664 |
| | 4,055,254 | 3,052,673 |

Other income represents Department of Employment Affairs and Social Protection refunds received in the year.

All income arises in the Republic of Ireland.

4. Surplus/(deficit) on ordinary activities before taxation

The operating surplus/(deficit) is stated after charging:

| | 2019 | 2018 |
|---------------------------------------|---------------|-------|
| | € | € |
| Depreciation of tangible fixed assets | 13,276 | 6,728 |

5. Employees

The average monthly number of employees during the year was as follows:

| | 2019 | 2018 |
|----------------|-------------|------|
| | No. | No. |
| Administration | 56 | 45 |

The profile of employees engaged in the year differs from the prior period as it reflects an increase in the numbers of staff arising from the commencement of the Patient Advocacy Service in October 2019. The 2019 wages and salaries recorded in the financial statements also reflect annual increments applied in the year.

Staff costs were as follows

| | 2019 | 2018 |
|--------------------------------|------------------|-----------|
| | € | € |
| Wages and salaries | 2,443,189 | 2,200,585 |
| Employers PRSI | 264,897 | 236,794 |
| Employers Pension Contribution | 176,305 | 149,866 |
| Board of Management Expenses | 6,292 | 6,722 |
| Recruitment Fees | 15,764 | 12,147 |
| | 2,906,447 | 2,606,114 |

The number of employees whose total employee benefits (excluding employers pension and employer PRSI) for the reporting period which fell within each bank of €10,000 from €60,000 upwards, as required by the SORP (FRS 102), were as follows:

| | 2019 | 2018 |
|-------------------------------|-------------|------|
| | € | € |
| Salary band €60,000 - €70,000 | 2 | - |
| Salary band €70,000 - €80,000 | 1 | 1 |
| | 3 | 1 |

6. Key management compensation

Key management includes directors and members of the company management team. The compensation paid or payable to key management for employee services is shown below:

| | 2019 | 2018 |
|---|---------------|--------|
| | € | € |
| Salaries and other short term employee benefits | 79,337 | 76,570 |
| Long term benefits | 5,554 | 5,360 |
| | 84,891 | 81,930 |

7. Directors' remuneration

The directors did not receive any remuneration in the year as they provide their services on a voluntary basis.

8. Taxation

The company is exempt from taxation due to its charitable status (Charity tax number: 21530).

9. Grant income detail

| Grantor | Grant Scheme | Purpose of Grant | Amount of Grant | Term |
|---|--|-------------------|-----------------|--------|
| Citizens Information Board | Provision of Financial Assistance to support Advocacy Service for People with Disabilities | Service provision | €3,250,954 | 1 Year |
| Department of Health - Patient Safety Advocacy Services | Provision of Patient Safety Advocacy Services. | Service provision | €759,449 | 1 Year |
| | | | €4,010,403 | |

Reconciliation of deferred income during the year ended 31 December 2019:

| | Deferred Income at 1 Jan 2019 | Cash received in 2019 | Amount taken to Income in 2019 | Deferred Income at 31 Dec 2019 |
|---|-------------------------------|-----------------------|--------------------------------|--------------------------------|
| | € | € | € | € |
| Citizens Information Board | - | 3,250,954 | 3,250,954 | - |
| Department of Health - Patient Safety Advocacy Services | 197,100 | 562,349 | 759,449 | - |
| | 197,100 | 3,813,303 | 4,010,403 | - |

10. Tangible fixed assets

| | Freehold property € | Fixtures and fittings € | Total € |
|-------------------------------------|---------------------------|----------------------------------|------------|
| Cost or valuation | | | |
| At 1 January 2019 | 12,045 | 21,664 | 33,709 |
| Additions | 29,762 | 11,273 | 41,035 |
| At 31 December 2019 | 41,807 | 32,937 | 74,744 |
| Depreciation | | | |
| At 1 January 2019 | 4,888 | 14,778 | 19,666 |
| Charge for the year on owned assets | 5,315 | 7,961 | 13,276 |
| At 31 December 2019 | 10,203 | 22,739 | 32,942 |
| Net book value | | | |
| At 31 December 2019 | 31,604 | 10,198 | 41,802 |
| At 31 December 2018 | 7,157 | 6,886 | 14,043 |

11. Debtors

| | 2019 € | 2018 € |
|-------------|-----------|-----------|
| Prepayments | 750 | 8,856 |
| | 750 | 8,856 |

12. Cash and cash equivalents

| | 2019 | 2018 |
|--------------------------|----------------|---------|
| | € | € |
| Cash at bank and in hand | 968,689 | 745,677 |
| | 968,689 | 745,677 |

13. Creditors: Amounts falling due within one year

| | 2019 | 2018 |
|-------------------------------|----------------|---------|
| | € | € |
| Taxation and social insurance | 74,138 | 62,026 |
| Accruals | 117,411 | 54,818 |
| Deferred income | - | 197,100 |
| | 191,549 | 313,944 |

14. Financial instruments

| | 2019 | 2018 |
|--|----------------|---------|
| | € | € |
| Financial assets measured at fair value through surplus or deficit | 968,689 | 745,677 |

Financial assets measured at fair value through surplus or deficit comprise cash and cash equivalents.

15. Members funds

This account relates to the cumulative retained surplus and deficit amounts, accumulated by the organisation since its incorporation.

16. Company status

The company is limited by guarantee and consequently does not have share capital. Each of the members is liable to contribute an amount not exceeding €1 towards the assets of the company in the event of liquidation.

17. Commitments under operating leases

At 31 December 2019 the Company had future minimum lease payments under non-cancelable operating leases as follows:

| | 2019 | 2018 |
|--|---------------|--------|
| | € | € |
| Not later than 1 year | 11,260 | 30,652 |
| Later than 1 year and not later than 5 years | 6,667 | - |
| | 17,927 | 30,652 |

18. Post balance sheet events

At the time of writing, the world is experiencing a global pandemic of the Covid-19 virus. Management and Directors are continually monitoring the impact of this on NAS and PAS operations both in the short term and long term. At this point, nobody can predict the duration and impact of this public health crisis but NAS as an organisation will likely play a role in supporting people both during and in the aftermath of this unprecedented situation. NAS are well positioned to adapt and respond to the needs of our service users and funders as they emerge.

19. Approval of financial statements

The board of directors approved these financial statements for issue on 14 May 2020.

Registered number: 535779

Detailed profit and loss account

For the year ended 31 December 2019

| | 2019 | 2018 |
|---------------------------------------|----------------|------------------|
| | € | € |
| Income | 4,055,254 | 3,052,673 |
| Less: overheads | | |
| Administration expenses | (3,690,194) | (3,188,045) |
| Operating surplus/(deficit) | 365,060 | (135,372) |
| Surplus/(Deficit) for the year | 365,060 | (135,372) |

Schedule to the detailed accounts

As at 31 December 2019

| | 2019 | 2018 |
|--|------------------|-----------|
| | € | € |
| Income | | |
| Grant income- Citizens Information Board | 3,250,954 | 3,009,009 |
| Grant income- Department of Health | 759,449 | - |
| Other income | 44,851 | 43,664 |
| | 4,055,254 | 3,052,673 |
| Administration expenses | | |
| Staff salaries | 2,443,189 | 2,200,585 |
| Employers PRSI | 264,897 | 236,794 |
| Staff pension costs - defined contribution schemes | 176,305 | 149,866 |
| Staff training | 51,022 | 71,418 |
| Staff Health, Safety and Welfare | 598 | 26,489 |
| Hotels, travel and subsistence | 247,690 | 215,611 |
| Cost of seconded staff | 43,203 | - |
| Printing and stationery | 1,981 | 2,415 |
| Telephone and fax | 29,693 | 18,780 |
| General office expenses | 18,704 | 11,445 |
| Advertising and promotion | 24,981 | 19,396 |
| Legal and professional | 146,698 | 41,966 |
| Auditors' remuneration | 9,840 | 6,150 |
| Bank charges | 301 | 223 |
| Sundry expenses | 47,722 | 23,188 |
| Rent - operating leases | 136,568 | 120,562 |
| Rates | 250 | 1,863 |
| Light and heat | 7,234 | 7,494 |
| Cleaning | 3,024 | 3,514 |

Schedule to the detailed accounts (cont.)

As at 31 December 2019

| | 2019 | 2018 |
|--|------------------|-----------|
| | € | € |
| Administration expenses (Cont.) | | |
| Insurances | 11,502 | 6,878 |
| Repairs and maintenance | 649 | 1,495 |
| Depreciation | 13,276 | 6,728 |
| Board of Directors Expenses | 6,292 | 6,722 |
| Licence fees | 3,375 | 2,648 |
| Specific project expenses | 1,200 | 5,815 |
| | 3,690,194 | 3,188,045 |



National Advocacy Service for People with Disabilities

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design by www.thewonderworks.ie

NAS is funded and supported by the Citizens Information Board