National Advocacy Service

For people with disabilities

Annual Report 2024

Contents

Foreword by Chairperson

Welcome to the 2024 Annual Report for the National Advocacy Service for People with Disabilities (NAS) and the Patient Advocacy Service (PAS). This year's report reflects a continued commitment to upholding the rights and dignity of people with disabilities across Ireland. It captures not only the increasing demand for advocacy services, but also the complexity and urgency of the issues faced by those we support. From supporting people in asserting their decision-making rights under new legislation to challenging barriers to financial autonomy, the report provides an in-depth overview of the work our services undertook in 2024.

2024 again demonstrated the significant need for our services, as marked by another busy year for NAS.

In April 2023, the Assisted Decision-Making (Capacity) Act 2015 commenced. Since then, NAS Advocates have continued to work on an increasing number of cases relating to the Act. The Act aims to achieve key reforms, including the abolition of the ward of court system for adults. A core principle of the Act is the presumption that everyone has capacity until proven otherwise. Equally, a person should be fully supported to make their own decisions to the greatest extent possible, emphasising that a person's will and preferences must be considered at all times. Such principles equally underpin the work of Independent Advocates.

In recent years, there has been a growing recognition of the vital role independent advocacy plays in supporting the rights and voices of people with disabilities in Ireland. This increased awareness across policy, service provision and wider society has led to a growing demand for advocacy services. As individuals and their supporters become more informed and empowered to seek support in navigating complex systems, our service has experienced continued growth in enquiries, highlighting both the impact of our work and the pressing need for sustained investment in independent advocacy.

NAS Advocates worked on a wide range of issues during 2024, including housing, issues related to residential and healthcare settings, as well as supporting people to have their voices heard and their will and preferences represented under the Assisted Decision-Making (Capacity) Act 2015 (ADM). NAS Advocates saw a significant increase in the volume of advocacy cases relating to decision-making as a result of the commencement of the ADM. Advocates provide essential support to people to uphold their individual human rights. Many of the barriers faced by people supported by both services can severely impact a person's ability to live a meaningful life within their chosen communities.

In October 2024, NAS published a Social Policy Paper entitled *"Shortchanged: Barriers to Financial Autonomy for People with Disabilities in Ireland."* There has been significant growth in NAS advocacy issues relating to financial autonomy in recent years. The paper highlights the experiences of NAS Advocates and shows the key role that independent advocacy plays in supporting people to realise their human rights. The response to the paper has been very positive. For instance, it has led the Bank of Ireland to reform its training programme for staff (in collaboration with NAS) to include a section on the financial autonomy of people with disabilities, ensuring a rights-based approach is encouraged in everyday banking interactions. Denial of financial autonomy and restrictions on people's finances limit their life choices, and the paper has sparked a focus and fresh dialogue on how to overcome the barriers that exist. The paper demonstrates the pivotal role independent advocacy plays in Ireland in meeting its obligations in line with the UNCRPD.

This increased awareness has led to a growing demand for advocacy services, highlighting both the impact of our work and the pressing need for sustained investment in independent advocacy.

NAS continues to operate with very overstretched resources, and demand has continued to grow across the country for our service throughout 2024. In the past year, our waiting list has remained persistently high, with 266 on the list at the end of 2024. Additional resources will be essential to ensure its continued capacity to meet the growing demand for independent advocacy.

This Annual Report is broken into two sections. Section one provides detailed information on all of the work carried out by NAS in 2024. Section two details similar information relating to the Patient Advocacy Service.

Both Sections highlight key data, including the number of enquiries received by our services, the number of advocacy cases worked on by our Advocates, and the complexity of the advocacy cases we have worked on. This document illustrates the wide range of people that we work with and the types of issues they face. Crucially, it provides an insight into how NAS Advocates work with people through several case examples.

I would like to express the Board's sincere gratitude to all the staff of NAS and the Patient Advocacy Service for their dedication and commitment to providing professional advocacy services throughout 2024. Finally, I would like to thank the Citizens Information Board for funding the essential services NAS delivers to people with disabilities across the country.

Rosemary Smyth

Rosemary Smyth,
Chairperson of NAS Board

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 with disabilities to have their voice heard.

NAS supports people with disabilities who may not have a lot of other supports or who may find it difficult to be a part of their community.

NAS supports people with disabilities, including people who communicate in different ways.

The people who work for NAS to provide this support are called Advocates.

Who Supports NAS?

Citizens **Information** Board
information · advice · advocacy

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

NAS uses this money to fund its work.

How NAS Advocates Work

NAS Advocates work alongside people with disabilities. They work out together what the person wants and make a plan called an advocacy plan.

We all have different ways of showing what we want. NAS Advocates watch and learn the different ways people communicate.

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

NAS Work in 2024

NAS Advocates worked on 1,779 advocacy cases in 2024. There were 3166 enquiries to NAS in 2024. The NAS waiting list ended in 2024 at 266, up from 248 in 2023.

NAS Advocates helped people speak up, write letters, make phone calls, attend meetings and think about important decisions.

NAS has a website. In 2024, more than 46,000 people visited the website, up from 29,355 in 2023.

NAS has a telephone number that people can call for help with their issue on 0818 07 3000

2,419 people called this number in 2024, up from 2,217 in 2023.

Key Issues for NAS in 2024

NAS dealt with a lot of important issues for people with disabilities in 2024.

The biggest issues were around capacity building, housing, residential and healthcare settings, and decision-making.

NAS helped people with disabilities work on these issues to try to make things better.

The Patient Advocacy Service

Patient
Advocacy
Service
INFORMATION | SUPPORT | EMPOWERMENT

NAS also provides another important service called the Patient Advocacy Service.

The Patient Advocacy Service gives information and support to people who want to make a complaint about something that happened to them in a hospital or a nursing home. They also help people if something goes wrong with their care.

Who Supports the Patient Advocacy Service?

Rialtas na hÉireann
Government of Ireland

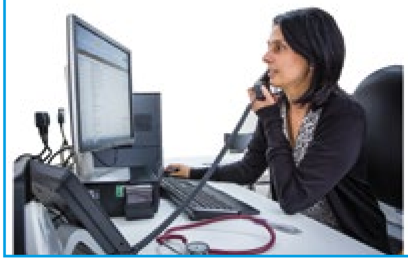
The Department of Health pays for the Patient Advocacy Service.

They give money to NAS to run the service

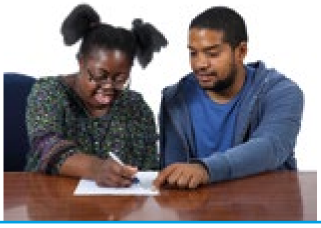
Patient Advocacy Service

The Patient Advocacy Service is an independent service. It does not get money from the HSE.

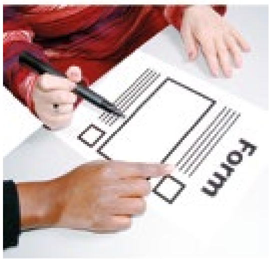
How Patient Advocacy Service Advocates Work



The Patient Advocacy Service offers information, support, and guidance to a person about their issue or complaint. They also help people after a patient safety incident.



That is called empowerment advocacy.



Patient Advocacy Service Advocates also support people with their complaints and can attend meetings.

Patient Advocacy Service's work in 2024

Patient
Advocacy
Service

The Patient Advocacy Service provided support to 2,120 people in 2024.

Advocates worked on 6,553 complaint issues for the people they supported.

Advocates supported people to write letters, attend meetings and to speak up for themselves.

In October 2022, the Patient Advocacy Service began to support residents in private nursing homes. This continued in 2024.

The Patient Advocacy Service has a website, and it was visited by over 12,199 new users in 2024.

The Patient Advocacy Service has a telephone number that people can call for help with their issue on 0818 293003

Key Issues for the Patient Advocacy Service in 2024

The Patient Advocacy Service worked on important issues for people in 2024.

The top complaint issues were that people felt their anxieties were not being listened to, they were unable to visit hospitals, their questions were not being answered, hospital staff did not communicate care plans to the patients, and staff were rude.

Who Contacted Us?

NAS was contacted by people with many different types of disabilities. Some people have more than one disability.

Many people who were connected with NAS lived in residential services or attended day services.

People contacted NAS themselves or were supported by family, friends or support staff to be connected with an Advocate.

People contacted the Patient Advocacy Service in different ways, such as themselves or through hospitals and nursing homes.

Other Important Work in 2024

NAS and the Patient Advocacy Service were members of groups that looked at important issues.

NAS and the Patient Advocacy Service also wrote papers called Policy Submissions. These were sent to the government and other expert groups.

NAS and the Patient Advocacy Service carried out a lot of work on the Assisted Decision-Making (Capacity) Act and the Decision Support Service.

NAS managers spoke at important meetings about disability issues.

Telling People About Us

NAS and the PAS participated in lots of events to talk about the work of the Advocates.

We told people how both services could support people with their advocacy issues.

We also used social media like Facebook and Twitter to tell people about the work that both services do.

The Patient Advocacy Service had one national advertising campaign in 2024. This meant going on the radio and telling people about how they could support them.

NAS Highlights 2024

+ 1% increase

NAS received 3166 **new initial enquiries** in 2024, an increase of 1% from 2023 (3,125)

The **duration of cases** increased in length overall in 2024. The average duration of an empowerment advocacy case[1] in 2024 was 5 months and 15 days (2023 was 4 months), and a representative case was 21 months (2023 was 18 months), from start to finish.

Some of the **biggest advocacy issues** for people with disabilities, which were worked on by NAS advocates in 2024, related to access to finances, capacity building, housing and accommodation, issues within residential and healthcare settings, decision making and social care

1779 Active cases

The total number of **Active Cases in 2024** was 1779, a very slight increase on 2023 (1775).

32,965 Actions

Advocates logged 32,965 **individual actions on cases** (34,703 in 2023), spending on average 3 hours 46 minutes per closed empowerment case and nearly 37 hours 14 minutes per representative case.

The **NAS website** had 46,000 individual site visits with 10,000 different users in 2024, an increase from 29,355 in 2023.

The **NAS national phone line** received **2,419** calls in 2024. A rise from 2217 in 2023.

884 New Cases

NAS opened 884 **new cases** in 2024, of which 375 became representative type cases, a decrease of 7.5% on 2023 (950) newly opened cases.

NAS **closed** a total of **829 cases** in 2024 (of which 454 were empowerment cases and 375 were representative advocacy cases), a decrease of 6% from 2023 (883).

NAS staff engaged in over 250 **promotional events and presentations** in disability services and other services throughout Ireland. Due to waiting list numbers, promotional activities in some regions remained significantly curtailed.

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[1] Empowerment advocacy supports a person to take action on their issue themselves. From a NAS perspective, this may involve working with the person to fully explore the issue itself, suggesting actions they can take to progress their situation, signposting them to various services (e.g., legal) or complaint mechanisms, and providing a template letter, among other actions.

NAS Highlights - 2024

Ongoing Professional Development

The NAS teams undertook ongoing professional development throughout the year, attending ongoing and varied training events and practice development sessions on topics including dementia, Assisted Decision Making, trauma-informed care, Mental Health First Aid, alcohol related brain injuries, written communication, use of psychotropic medication in people with intellectual disabilities, wills and inheritance, housing and homelessness law, among others. NAS also hosted its own in-house ADM webinar for Advocacy staff to mark the one-year anniversary of the Act's commencement and to share our learning to date.

There were many positive outcomes achieved for those we supported, including supported moves to the community from residential services for individuals, access to housing, discharges from wardship, support for people to have their voices heard where decisions were being made about their lives, individuals' support to regain control over their own finances and many others.

We commenced consultation in 2024 with staff, those we support, our funder and key external stakeholders to inform the development of our new strategic plan 2025-2027.

NAS/PAS National Staff Day 2024

Industrial action

During 2024, some NAS staff engaged in industrial action, including a period of strike, as part of their efforts to seek pay parity. This was a challenging time for the organisation, which saw some disruption to service provision during the period of the strike, with phone lines closing and advocacy suspended for a short period. Following dialogue between the relevant parties, the matter was subsequently resolved with full levels of service delivery restored in a relatively short period of time.

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 seek 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, who 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. The Patient Advocacy Service, which is funded by the Department of Health, 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 public acute hospital or nursing home, and in the aftermath of patient safety incidents.

Core Values

Our Strategic Plan 2018-2023 establishes the following five core values that underpin the work of NAS.

1 **Independence**: 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.

2 **Autonomy:** 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 preference. We also empower people to have their complaints processed in a balanced, fair and transparent manner.

3 **Equality/Citizenship**: 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.

4 **Respect**: 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.

5 **Empowerment:** 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.

3. 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 the 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. 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 perspectives. The work of advocates ranges from providing information 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.

Case study:

Under 65 in Nursing Home

Advocate helped to fulfil Jo's wishes to transition to the Day Service. She also helped to secure funding for Jo for new equipment.

Jo is 55 years old and has lived in a nursing home for the last 4 years. She moved there due to medical needs, having lost her natural carer. She was seeking assistance to ensure she had more meaning and choice in her day. She described that she felt lost in the nursing home, as people who resided there were mainly elderly and sick. The staff were always busy helping the older people who needed more care than she did, and so she felt like she was bothering them when looking to chat to people or interact with them. She didn't want to highlight how she felt, as she did not want to cause trouble or bother people when they are always so busy. The choices to leave the nursing home for excursions were very limited as the transport is shared between the other centres.

Actions by Advocate/Challenges:

Jo used to attend a Day Service and expressed that she would like to return there. Leaving the nursing home would give her opportunities to explore her community, socialise, learn new skills and have more meaning in her day. The Advocate linked with HSE Disability services to identify funding and explore day opportunities. Jo received funding for a Day Service, and it was also identified that she required suitable equipment to support her safely in her new service. Accessing an assessment under the Public Health system to recommend equipment was difficult, as Jo was a long-term resident, meaning she was deemed a low priority. The Advocate needed to regularly engage with various professionals, such as an Occupational Therapist, Physio Day Service team members, Nursing Home team and the HSE, to seek progress for Jo. The Advocate had to explore various funding options, a process that was slow. Jo became increasingly dismayed, and it was affecting her quality of life. The Advocate explained various options, and Jo was supported to follow the HSE complaints process to highlight the urgency of her case.

Successes/Next steps:

Following the complaints process, which highlighted the need for Jo to receive personal supports, she received visits from the Day Service team at the nursing home while she waited to go there. This bespoke package ensured that Joe had one-to-one options for choice activities and support tailored to her psychosocial needs. The Disability Case manager confirmed the funding would go through in the next week, ensuring a speedy transition to the Day Service for Jo. Jo expressed that she felt empowered while being involved and informed in all parts of the process and decision-making process, which is an integral part of the Advocate's role.

> **"The Advocate needed to regularly engage with various professionals, such as an Occupational Therapist, Physio Day Service team members, Nursing Home team and the HSE, to seek progress for Jo."**

Case study:

Assisted Decision-Making

The Advocate made sure Emma's wishes were heard and helped Emma plan her future. Now Emma can live independently with the right support.

Emma is in her early fifties and has been residing in a nursing home for over 10 years following an accident. She contacted NAS when she saw news reports of the Ombudsman's Wasted Lives report to say she was very unhappy living in a nursing home, explaining she feels the best years of her life have been wasted, as described by others in similar situations in the Wasted Lives report.

Emma wanted to leave the nursing home and live independently with support and to apply for social housing on medical/disability grounds. The Advocate supported Emma to write a letter to key decision makers in the HSE, including the Chief Officer, describing her life and how inappropriate a nursing home was for her.

The Advocate also supported the person to complete the HSE Under 65s in Nursing Homes survey.

The HSE responded to Emma and confirmed that they could provide funding for her to move to a residential disability service in another county where she had no connections. In meetings with the HSE, Emma was supported by declining this offer and expressing her will and preference to live in her own community with the support she required.

The HSE and nursing home then organised a capacity assessment for Emma as they believed she did not have the capacity to manage her financial affairs or understand her own care needs. There was no presumption of capacity for Emma in line with the guiding principles of the ADM (Capacity) Act.

The Advocate supported Emma to challenge this practice in writing and in meetings, and brought to the attention of the professionals involved the relevant provisions of the Assisted Decision-Making (Capacity) Act 2015 and Decision Support Service codes of practice that were not being abided by when they considered the person was making an 'unwise decision'.

> **"The Advocate supported Emma to challenge this practice in writing and in meetings and brought to the attention of the professionals involved the relevant provisions of the Assisted Decision-Making (Capacity) Act 2015"**

The Advocate supported Emma to complete a social housing application, as the person's nursing home would not support her with this application. The Advocate wrote an accompanying letter to the local authority outlining the inappropriateness of a nursing home setting for such a young person.

Emma was successful in her application for social housing and was approved for HAP.

The Advocate continued to advocate that Emma's will and preference to live independently with support in her own community be respected in line with Article 19 of the UNCRPD. The Advocate wrote to Emma's HSE Disability team and mental health team and requested a multi-disciplinary team (MDT) approach to support her to leave the nursing home to move to a home of her choice. The Advocate attended many MDT meetings with Emma and consistently reinforced her wish to live independently in her own community with the required support. The Advocate supported Emma to capture her needs in writing to support the funding application.

The multi-disciplinary team are now actively working on securing the funding needed to support Emma to return to live in a home in the community.

Emma is very happy with the change in approach by the multi-disciplinary team. She attributes this to the work of the Advocate in challenging bad practice and keeping her will and preference central to decisions.

4. Our Service

4.1 National Advocacy Service Work in 2024

“I finally felt strong enough to face up to what I needed for safety for myself. It was good to open up once real support was by my side, and I didn’t feel alone and unheard. Thank you for coming on board, and I wish we had met from the very beginning. I won’t ever forget that hope I felt, to have someone hear me and help me. For once, I wasn’t alone. Thank you for all you tried to do for me, and for your honesty, reflection and openness. I am grateful for the encouragement you always gave me. I am hopeful now that I can speak up clearer and have a better understanding of my life.”

(Feedback from person who received advocacy support from NAS)

NAS provides independent, confidential, and free professional representative advocacy to adults with disabilities throughout Ireland. 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 reviews and supervision, provision of regular team meetings, practice development sessions and formal training. NAS has 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 practices and knowledge.

The range of issues that advocates support people to navigate continues to grow, both in terms of numbers and complexity; 61% of cases in 2024 had between 2 and 7 issues. The number of issues per case has also increased from 495 with 2-7 issues in 2018 to 625 at the end of 2024.

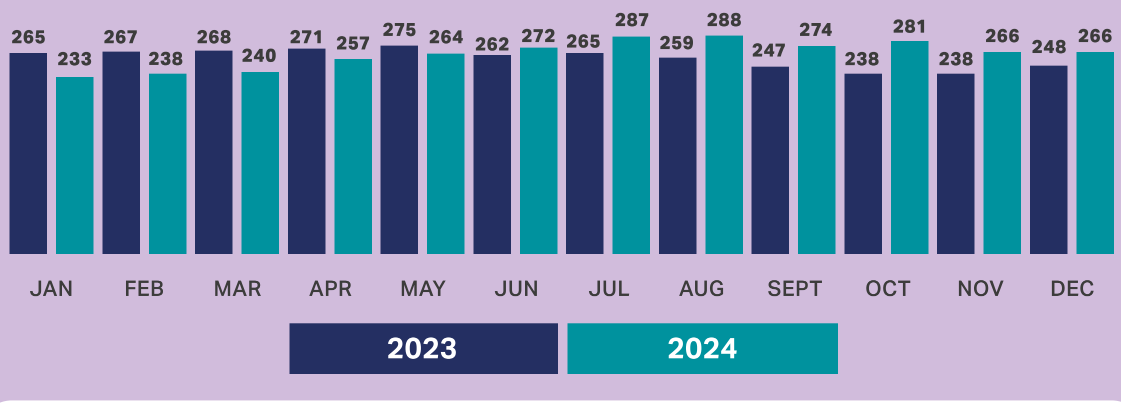
Article 12.3 of the UNCRPD on ‘*Equal Recognition before the Law*’ obliges State Parties to provide access to the support people with disabilities may require to exercise their right to legal capacity. Accordingly, NAS, as a national leading independent advocacy service, have a central role to play in Ireland’s fulfilment of these obligations.

Article 12.3 of the UNCRPD on ‘Equal Recognition before the Law’ obliges State Parties to provide access to the support people with disabilities may require to exercise their right to legal capacity. Accordingly, NAS, as a national leading independent advocacy service, have a central role to play in Ireland’s fulfilment of these obligations. It is therefore vital that individuals have access to independent advocacy and that resourcing is adequate to ensure prompt access when people need it. Strategic investment in NAS staffing will ensure the service can continue to deliver reliable and effective services in the years ahead to all who need it.

The criteria for accessing NAS services are outlined in our Access and Eligibility Criteria Policy, an internal document used in NAS operations. The policy is designed to ensure that NAS can uphold its remit of providing advocacy services for people with disabilities. To access NAS services, a person must meet the criteria outlined in this policy. The policy ensures that our resources are utilised most fairly and efficiently and that those who most need our service can access it. The document focuses on a range of relevant issues, including quality of life, risk of harm to a person’s health, issues accessing services, lack of natural supports, and some other factors.

The number of people on the waiting list to access NAS services went from 233 in January 2024 to 266 at the end of December 2024, an increase of 33 people. While such a waiting list may look small when compared to waiting lists for other public services, behind these numbers lie individuals with disabilities who are facing significant barriers and experiencing personal suffering. These waiting lists are not distributed evenly across the country. Some counties have no waiting list, whilst counties like Cork, Kildare, and Wexford may have a waiting list of up to 12 months or more, amounting to a postcode lottery. The lack of sufficient resources available to NAS to deliver its services is also making waiting list management both more difficult and more time-consuming.

NAS Waiting List



There is a clear trend of an increase in the overall number of cases each year, rising from 856 in 2017 to 1779 in 2024 (2023 was 1775).

Despite an ongoing rise over the past 10 years in the number of enquiries and cases to the Service, there has been no increase in permanent Advocate numbers. This means that people who are already isolated and in difficult situations are left waiting a long time for access to advocacy. Waiting list delays for a person often lead to increased complexities, as by the time an advocate works with the person, the issue has further escalated.

The importance of representative advocacy was underlined in several reports throughout 2024. These included:

- In the recommendation[1] to provide people with a statutory entitlement to independent advocacy in the **Joint Committee on Disability Matters**
- The **UNCRPD Budget 2023 Pre-Budget Submission**[2].
- In the **Ombudsman's Wasted Lives report**[3].
- It is underlined in the **ADM Codes of Practice**[4].
- The **Joint Committee on Disability Matters report - *'Planning for Inclusive Communities for persons with disabilities'*** [5] (published 10th October 2024). This report includes a recommendation which states, *'Access to independent advocacy must be increased so that individuals in inappropriate settings have access to advocacy. National Advocacy Service (NAS) must be adequately funded to access all settings.'*

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[1] Point 4.4 of Joint Committee on Disability Matters Aligning Disability Funding with the United Nations Convention on the Rights of Persons with Disabilities Budget 2023 Pre-Budget Submission

[2] https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_disability_matters/reports/2023/2023-02-23_report-on-aligning-disability-services-with-the-united-nations-convention-on-the-rights-of-persons-with-disabilities_en.pdf

[3] https://www.ombudsman.ie/publications/reports/wasted-lives/OMBWastedLives2021.pdf

[4] https://decisionsupportservice.ie/resources/codes-practice

[5] https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_disability_matters/reports/2024/2024-10-10_report-on-planning-for-inclusive-communities-for-persons-with-disabilities_en.pdf

- **IHREC's Access to Justice report: implementation of Article 13 of the UNCRPD**[6] – *'Adequate funding should be prioritised for Advocacy Services to address current limitations, such as waiting lists. Consideration should also be given to introducing a statutory right to independent advocacy to ensure consistent and tailored support for all disabled people seeking an advocate, and should include children.'* The report also called for a statutory right to independent advocacy.

- **Sharing the Vision – A mental health policy for everyone 2020-2030**[7] acknowledges gaps in access to advocacy supports and the need to expand advocacy availability.

- **Law Reform Commission's (LRC) 2024 Report on Adult Safeguarding in Ireland**[8] had a dedicated chapter on Independent Advocacy, showing the LRC considers advocacy crucial to the safeguarding framework in Ireland, sees a right to independent advocacy as essential and urges consideration of regulation of independent advocacy services.

- **The Child Care Law Reporting Project – Falling through the cracks**[9] identified the need for further investment in advocacy, stating - *'The most pressing need for people with disabilities in the child protection system is for an advocate to assist them in negotiating their relationship with the CFA and, frequently, childcare proceedings, including participating in parenting capacity assessments. Often these are conducted in the course of legal proceedings aimed at taking children into care. At this point, many parents have already had engagement with social services, frequently without the support of an advocate. However, access to appropriate advocacy is limited and haphazard, as the National Advocacy Service is seriously under-resourced.*

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

The importance of representative advocacy was underlined in several reports throughout 2024.

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[6] https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_disability_matters/reports/2024/2024-10-10_report-on-planning-for-inclusive-communities-for-persons-with-disabilities_en.pdf

[7] https://www.gov.ie/en/department-of-health/publications/sharing-the-vision-a-mental-health-policy-for-everyone/

[8] https://www.lawreform.ie/news/the-law-reform-commission-publishes-report-on-a-regulatory-framework-for-adult-safeguarding.1141.html

[9] https://www.childlawproject.ie/publications/

Enquiries to NAS

- Overall, NAS received a total of 3166 new Initial Enquiries to the service in 2024. This demonstrates a slight increase in demand of 1% on 2023 figures (3,125).
- Total number of active initial enquiries in 2024 was 3482, an increase of 4% from the previous year. (2023: 3358).

Advocacy Casework

- NAS opened a total of 884 new advocacy cases in 2024 (-7.5% in 2023, 950). Of these advocacy cases, 375 became representative advocacy cases.
- Combining both ways that NAS advocates assist people, NAS provided advocacy support in a total of 1779 active (open) Advocacy Cases in the period (1775).
- NAS closed a total of 829 advocacy cases in 2024 (of which 454 were empowerment cases and 375 representative advocacy cases), a decrease of 6% from 2023 (883).
- The average duration of an empowerment case in 2024 was 5 months and 15 days (2023 was 4 months), and the representative case for 2024 was 21 months and 12 days from start to finish (2023 was 18 months, from start to finish). The increase in case length is likely linked to the complexity of advocacy issues, resulting in them being open for longer.
- Advocates logged 32,965 individual actions on cases in 2024, spending on average 3 hours 46 minutes per closed empowerment case and nearly 37 hours 14 minutes per representative case.

Phone line and NAS website

- The NAS National phone line experienced a 9.11% increase in calls from 2023-2024. NAS received 2419 calls in 2024, V 2217 calls in 2023..
- The NAS website had 46,000 individual site visits in 2024 (an increase from 29,355 in 2023).

Promotional activity and key stakeholder engagement

- NAS staff and management engaged in over 250 promotional events for disability services and others, as well as key stakeholder engagements in 2024. Due to waiting list numbers, some promotional activity continued to be curtailed.

Waiting list

- The NAS Waiting List stands at 266 at the end of the reporting period. This is an increase of 18 on the figures at the end of the previous reporting period. NAS has ongoing concerns about the size of its Waiting List and the impact on access to the service for those needing advocacy support.

Case Categories

Cases are broken down into a number of categories.
The three highest case categories in 2024 were:

1. **Housing and Living Arrangements**
2. **Decision-Making**
3. **Capacity Building and Communication**

4.2 Publication of Casebook 2024

NAS and the Patient Advocacy Service published our second joint Casebook document.

The Casebook provides a comprehensive overview of the crucial work undertaken by both services, highlighting the positive impact of independent advocacy on individuals' lives and the protection of their human rights.

The Casebook offers a unique glimpse into the diverse range of issues that both NAS and The Patient Advocacy Service supported people with in 2024. Each case example demonstrates how advocates in both services help bridge gaps in systems, ensure best practice across public services, promote positive systemic changes, and show how independent advocacy has a positive impact on both individuals and communities across Ireland. The Casebook covers topics such as access to justice, capacity building, parenting with a disability, housing, healthcare and nursing home complaints.

In addition, 2024's Casebook featured a collection of assisted decision-making cases from NAS, showcasing the increasing advocacy needs related to will and preference. Issues relating to the ADM were a key issue across all NAS regions in 2024.

4.3 The Assisted Decision-Making (Capacity) Act 2015

The Assisted Decision-Making (ADM) (Capacity) Act came into effect on April 26, 2023. The Act places an obligation on anyone interacting with a person, including a person with a disability, to presume they have the capacity to make their own decisions, to support their decision-making, to understand their right to make an unwise decision, and to intervene only where necessary and when it respects the person's rights, will and preference.

Between the commencement of the Act and the end of December 2024, NAS saw a steady increase in the volume of ADM-related advocacy work undertaken. This work includes support with advance health care directives, support relating to assessments of capacity, co-decision making arrangements, decision making assistant arrangements, Enduring power of attorney arrangements, exclusion from decision making, expression of will and preference, Part 5 applications under the ADM Act, Part 6 applications under the Act and Decision-Making representative orders.

Advocates continued to provide high levels of advocacy support to individuals around decision-making in all areas of their lives in 2024. The following table provides a snapshot of NAS's work as it relates to ADM matters since the Act commenced.

NAS Advocacy work and ADM

26/04/2023 (commencement of Act) – 31/12/2024	**Active Advocacy Cases**
Total Overall NAS Advocacy Active Cases since ADM Commencement	2397
Of which is ADM work	23%
Sub-Categories	
Expression of Will & Preference	413
Decision Making Representative (part 5)	73
Advocacy support re Assessments of Capacity	56
Decision-Making Agreements	29
Advance Healthcare Directives	25
Co-Decision Making	17
Enduring Power of Attorney	11
Wards of Court/Discharge from Wardship (part 6)	59

The ADM is critical to ensure people have the right to make decisions about their personal welfare, property and affairs in accordance with their will and preference. The UNCRPD recognises that all people have the right to make decisions about their lives, and the ADM now provides a vehicle for the implementation of such rights in law and everyday life. Significantly, it facilitates empowerment for all people to live with dignity and respect, and to progress their autonomy and their self-determination.

Access to Independent Advocacy is a vital enabler that supports people in upholding their rights and having their voice heard. The central role that independent advocacy plays is outlined in the Code of Practice for Independent Advocates published by the Decision Support Service. The code is one of thirteen codes of practice for decision supporters, interveners and relevant professionals, providing guidance for their functions and responsibilities under the Assisted Decision-Making (Capacity) Act 2015.

The commencement of the Act kick-started the countdown of the three-year period within which people who are wards of court would be discharged from Wardship, with or without decision-making support. Independent Advocacy has a key role to play in supporting people with disabilities to uphold their rights and have their voice heard in wardship proceedings and discharges, with 59 individuals in Ward of Court arrangements supported by NAS to date.

It has been apparent from our advocacy work that a rights-based implementation of the Act is heavily dependent on adherence by all to the guiding principles of the Act. In instances where this does not occur, there is a far greater risk of the person's rights not being fully respected and their voice not being upheld. It is evident from the high volume of work undertaken by NAS in supporting people to express their will and preference (413 advocacy cases) that Independent Advocacy plays a key role in upholding the guiding principles of the Act and ensuring proportionality applies and that people are supported in the least restrictive manner.

> **"Access to Independent Advocacy is a vital enabler that supports people in upholding their rights and having their voice heard. "**

4.4 Complexity of NAS Work

Empowerment cases were introduced by NAS in 2022. They are often less complex than representative cases.

The number of issues per representative advocacy case for NAS has, however, continued to increase year on year. This continued to be the case in 2024, underscoring the multifaceted nature of the casework. The majority of our advocacy cases have between 2-7 issues, and a further 88 cases had in excess of 8 individual advocacy issues.

Cases with more than one issue can be particularly complicated as NAS advocates may have to coordinate communication with many stakeholders and agencies that have become involved in a person's life, all while ensuring that each issue is worked through at a pace that works best for the person.

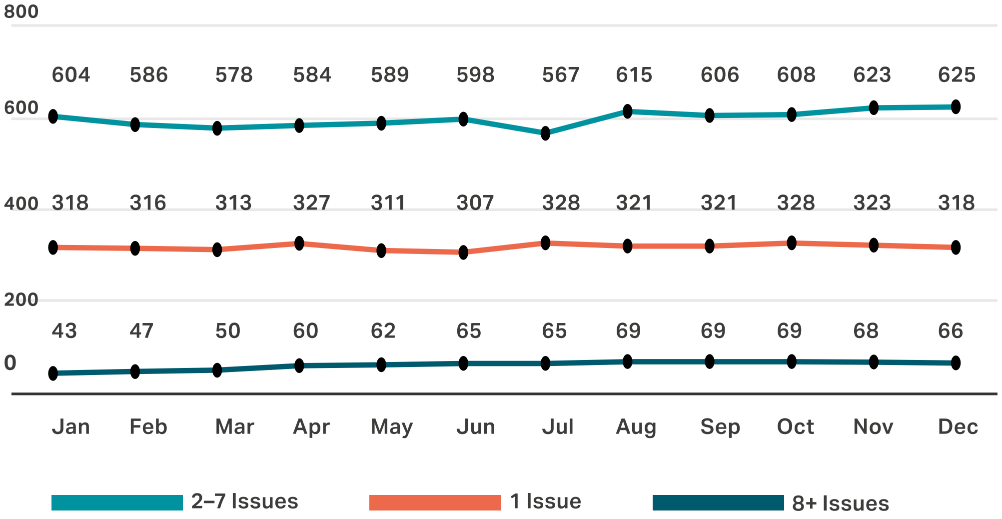
Examining the number of issues in a case is one good indication of case complexity, as an Advocate is supporting multi-faceted issues, which are often interconnected. A further indicator of complexity is the need for additional communication support. NAS data shows that a high percentage of those supported in advocacy casework over the past number of years have required additional support by way of the use of assistive technology, sign language interpreting, picture aids, literacy support and translation, among others.

> **"NAS data shows that a high percentage of those supported in advocacy casework over the past number of years have required additional support by way of the use of assistive technology, sign language interpreting, picture aids, literacy support and translation, among others."**

Quantifying the complexity of a case is also possible via qualitative information gathered by Managers and Senior Advocates through case reviews. There has been a significant change in the complexity of casework reported by all Managers over recent years. The demographics of Ireland have significantly changed, and this has added further complexity to NAS's work, for example, the need for translators, people experiencing trauma from war, the homelessness crisis, often experienced by those with an Acquired Brain Injury or Intellectual disability, trying to navigate a very overstretched system where appropriate supports are harder to obtain.

NAS advocacy is needed by more people in a rapidly changing external environment in which disabled people are being increasingly supported to exercise their human rights. While this is a positive development, it has also placed increasing pressure on our existing resources, leading to waiting lists and increased waiting times. To sustain quality advocacy support and meet growing demand, NAS recognises the urgent need to strengthen and expand its capacity. The majority of NAS cases now have between 2 and 7 issues. The number of issues per case has also increased from 495 with 2-7 issues in 2018 to 625 in 2024.

Table showing the number of advocacy issues per case in 2024:



In recognition of the fact that NAS casework has consistently grown in complexity, NAS developed a Complex Case Review Forum. This is a new method of reviewing and supporting particularly complex cases. It involves a meeting of several NAS staff from different roles, who are briefed on a complex anonymised case. Each staff member then pools their experiences, knowledge, and expertise to provide possible options and pathways for progress, offering expertise to suggest potential solutions and pathways for advancing advocacy cases.

4.5 Key Issues for NAS in 2024

In 2024, Many challenges were evident for those supported by NAS, including:

- NAS continued to support a high volume of people under 65 living in Nursing Homes.
- Many individuals were placed in temporary accommodation because they fell between the remit of Mental Health and Disability Services.
- Ongoing lack of suitable housing increased distress for people with disabilities at risk of homelessness.
- Issues arose with the lack of transparency around Nursing home charges.
- Ongoing issues for people accessing their finances.
- Ongoing issues of compatibility in residential services result in people feeling unsafe, experiencing peer-on-peer abuse, living in fear, and some people are unable to access all parts of their home.
- Disputes of wills concerning trusts, right of residence not being honoured and people being pressurised out of their inheritance.
- Lack of consultation with people concerning transition planning where services are closing.
- Use of the Fair Deal scheme without full informed consent or understanding of persons.
- Out-of-county placements for individuals far from their families, friends and familiar communities.

An ongoing issue of concern in NAS casework in 2024 was up the quality-of-life issues experienced by people living in congregated settings (institutions), which accounted for 12% of all NAS casework in 2024. As a result, NAS has identified this as the focus for their next social policy paper, to ensure the lived experience of those we support is captured and given voice.

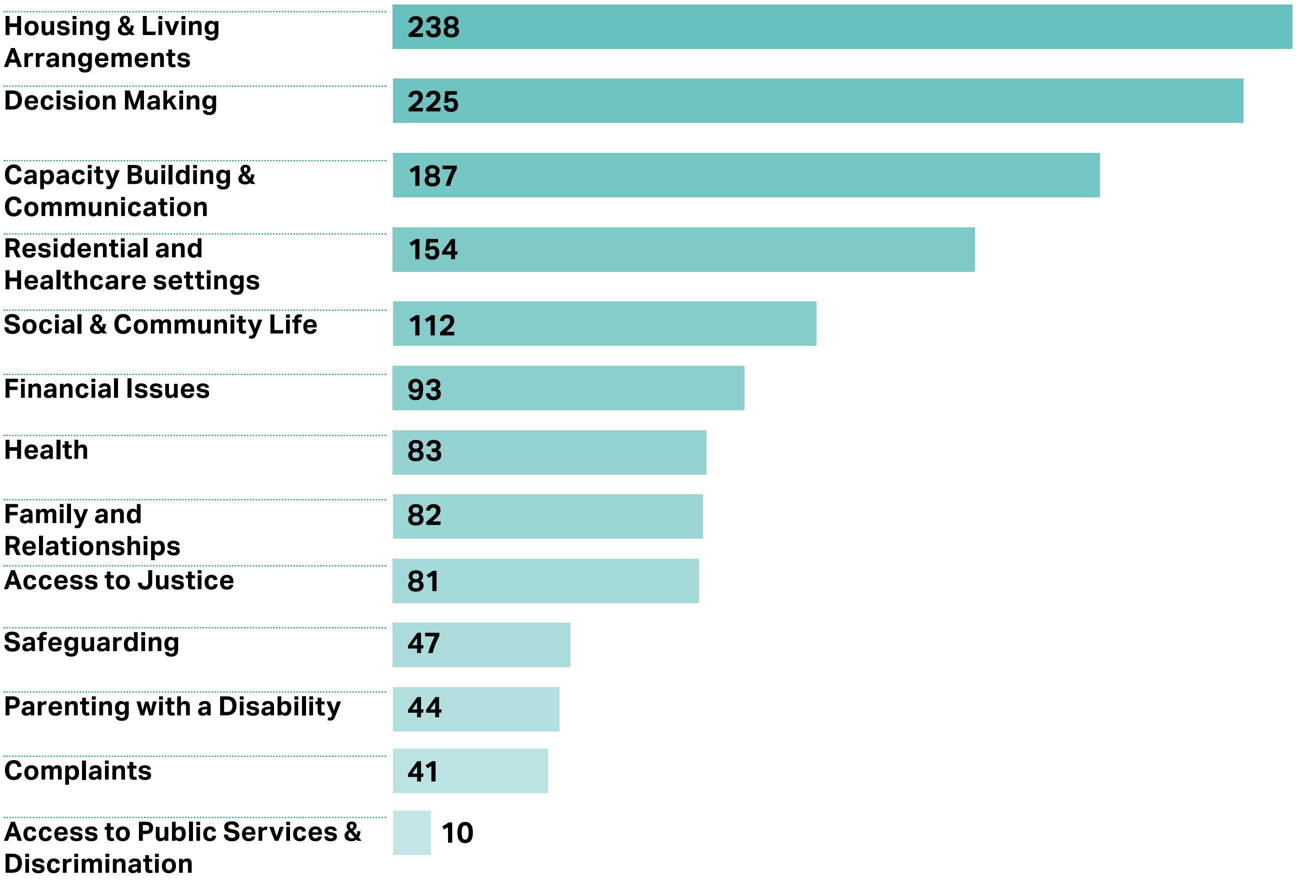
The issue of young people under-65 living in and being placed inappropriately in nursing homes continued to be an issue of concern throughout 2024, with little progress made at a national level in reducing the overall numbers of people finding themselves in this situation. Advocates have also identified numerous other issues associated with living in these settings, which continue to occur, including compatibility issues with other residents, a lack of autonomy over their own lives, and limited access to their own money and communities. Additionally, they are often the youngest resident by decades, experience very little stimulation, see coffins pass by their bedroom door regularly and have virtually no money after fair deal and nursing home charges are paid.

In 2024, 27% of all cases were related to housing and accommodation-related issues, while 17% of all cases were related to residential and healthcare settings. These are significant figures and represent a large portion of the work of NAS advocates and the needs of people who access our services.

> **"I finally felt strong enough to face up to what I needed for safety for myself. It was good to open up once real support was by my side, and I didn't feel alone and not heard. Thank you for coming on board and I wish we had met from the very beginning. I won't ever forget that hope I felt, to have someone hear me and help me. For once, I wasn't alone. Thank you for all you tried to do for me, and for your honesty, reflection and openness. I am grateful for the encouragement you always gave me. I am hopeful now that I can speak up clearer and have a better understanding of my life."**
>
> (Feedback from person supported by a NAS Advocate)

National Advocacy Service Issue Categories in 2024

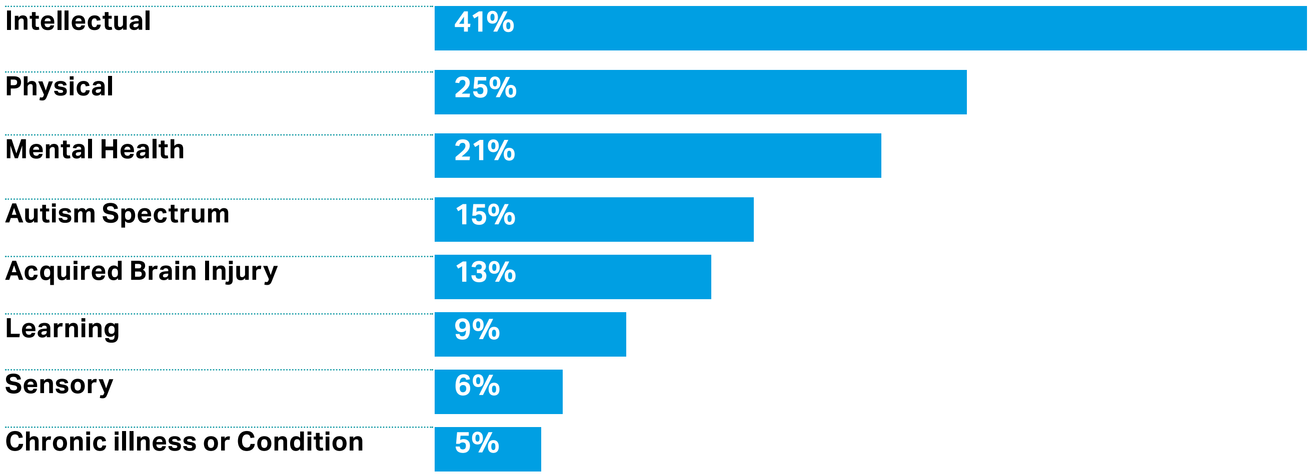
Area Requiring Support



4.6 Who Engaged with the National Advocacy Service

NAS has a particular remit to provide advocacy services to individuals in particularly challenging situations. The service worked with a diverse range of people in 2024 who had many different types of disabilities.

The table below outlines the percentage of people with whom NAS worked in 2024 who experienced each type of disability. (With some people experiencing multiple types, hence why the table below is over 100%)



As has been the case for several years, intellectual disability continued to make up the largest cohort of people NAS supports, at 41% of cases. People with intellectual disabilities who engage with NAS are mainly living in residential services or attending day services.

People with physical disabilities also continued to be a significant cohort of those NAS supported in 2024 at 25%. While people with mental health difficulties also feature heavily in NAS casework, 21% of those NAS supported had some form of mental health difficulty.

The number of people with acquired brain injuries (ABIs) continues to play a significant role in NAS casework, maintaining the figure of 13% of cases in 2024. This was the same as 2023 and is an increase from the 8% figure seen in 2019.

A trend which has been continued in NAS service delivery for 2024 is that a significant element of NAS work is with people who have multiple disabilities. For example, a person seeking advocacy may have an intellectual disability and a physical disability, or a mental health issue. Overall, people who have multiple disabilities will often have more complex issues or will experience more difficulty trying to navigate multiple systems of support, which requires them to be provided with a higher level of advocacy input.

> **“The number of people with acquired brain injuries (ABIs) continues to play a significant role in NAS casework, maintaining the figure of 13% of cases in 2024. ”**

Case study:

Free and Informed Consent, Decision-making

Jack's Advocate helped him make his own medical decisions. Jack signed his own consent form and understood his surgery after getting the right support.

Jack is in his mid-fifties. Jack has an intellectual disability. Jack lives with his family and attends a day service. Jack has a keyworker in his day service. Jack was being supported by his Advocate to access vital community services. During this time, Jack was due to have an outpatient surgery procedure in the hospital.

Jack shared a letter with his Advocate that had been sent from his consultant to a member of his family. The letter confirmed that Jack's family member was happy for the surgery to go ahead and asked the family member to sign the consent form, "as Jack's next-of-kin," and advised the family member that they would need to attend with Jack to the hospital.

Jack expressed concern about this to his Advocate and didn't understand why his family member had to sign the consent form and attend the hospital with him. All the information on the surgery procedure was also sent directly to Jack's family member, and not to Jack.

The Advocate explained to Jack his rights regarding consent, specifically in relation to consent to medical procedures. The easy-to-read HSE National Consent Policy was reviewed with Jack. Jack advised that he wanted to sign his own consent form and did not want his family member to support him on the day of surgery. The Advocate and Jack agreed on an advocacy plan on how to work on resolving this issue for Jack. Jack agreed for the Advocate to follow up with his consultant directly to discuss consent and Jack's rights.

> **"Jack expressed concern about this to his Advocate and didn't understand why his family member had to sign the consent form and attend the hospital with him. All the information on the surgery procedure was also sent directly to Jack's family member, and not to Jack. "**

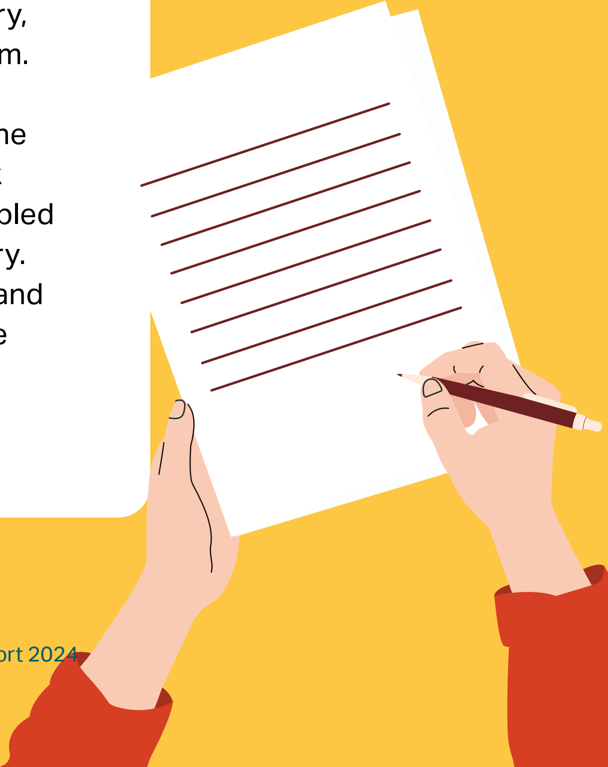
“This enabled Jack to provide his informed consent to the surgery. Advocacy support was necessary to ensure Jack and others were clear on their rights and that they were upheld.”

The Advocate called the Consultant’s office and left messages requesting a call, but these calls were not returned. The Advocate then wrote an email to the Consultant outlining the issue with the consent process and Jack’s rights in relation to consent. The Advocate advised that Jack’s family member has no legal authority to consent to Jack’s surgery, and that it was Jack’s preference not to have his family member attend on the day of surgery.

The Advocate encouraged Jack’s keyworker to support Jack in following up with the hospital/ Consultant’s office. The Consultant did not respond to the Advocate.

The keyworker received a call back from a nurse confirming that Jack would sign his own consent form on the day of the surgery. The Advocate provided Jack and his keyworker with easy-to-read resources on the procedure and videos explaining the procedure and recovery. Jack’s keyworker reviewed these with Jack, and Jack watched the videos on his iPad.

Jack attended the hospital on the day of his surgery, and a nurse went through the consent form with him. He signed his own consent form at the hospital on the day of his surgery. Jack was fully informed of the procedure and what to expect, and was able to ask questions he had to the admission nurse. This enabled Jack to provide his informed consent to the surgery. Advocacy support was necessary to ensure Jack and others were clear on their rights and that they were upheld.



Case study:

Quality of Life and Decision-making

James's Advocate helped him raise concerns about his day service. That led to more support for him and others.

James contacted NAS with the support of his key worker, as he was unhappy with restrictions on access to his day service, which had not been restored since the Covid-19 pandemic. James only had two days per week to enjoy activities, and there were not enough staff in his residential service to help him get out and do the things he wanted to do, as they often had to support others in attending medical appointments or in other duties to maintain the house, such as shopping and cleaning. James told the Advocate that he was often feeling very distressed and upset due to the lack of opportunity to get out and about, and was spending some days in bed because he had nothing to do or 'get up for'.

James and his Advocate worked on an advocacy plan, which saw the Advocate supporting James at a meeting with the day service manager. The manager offered no solution or further support to James to participate in the desired activities or engage with peers. The Advocate then supported James to make a complaint to the service provider, highlighting the lack of support James had and the impact of this on his quality of life. The response to the complaint outlined that the service did not have the funds or staff to provide James with the support he needed to take part in activities each day. The service said they hoped the situation would change.

> **"The Advocate then supported James to make a complaint to the service provider, highlighting the lack of support James had and the impact of this on his quality of life."**

James and his Advocate then contacted the HSE Disability manager and arranged a meeting with her to talk about the problem. The HSE manager promised to explore the issue further and return to James to talk about it. She was unaware of the situation before the meeting and thought that there were funds in place to ensure James was able to get out when he wished to. A few weeks later, the manager told James that he was not alone in having his supports reduced since the pandemic and that she had asked for a report on how many were affected. Shortly after this, a meeting was held with James and his day service manager and keyworker. A plan was made for James to receive increased hours of support to engage in sports and recreation activities as he desired. The HSE manager met with James again to check if he was happy with the plan and told him that his contact with her had meant that she was able to ensure that James and 10 other people were now receiving more hours of support during the day to leave their homes and take part in activities in their communities. James told the HSE that he wanted to be supported from home sometimes, rather than always attending a day service, and the manager agreed to follow up on this with the service provider as well.

With the support of an Advocate, James was able to make his views known both to the service provider and the funder of the services, and his actions resulted not only in significant change for himself but also for others.

5. Our Policy Work

5.1 Stakeholder engagement: Engagement with external bodies

NAS experience and expertise mean the service contributes yearly to a wide range of statutory bodies, public debates and discussions, key stakeholder meetings, and organisational working groups and forums. NAS has provided insights into the role of advocacy and the importance of ensuring that a person's will and preference, voice and experience are central components in policy discussions.

NAS continued to build and maintain strong working relationships with people supported by NAS, families, external agencies, organisations and professionals in 2024.

Some examples of our engagement with external bodies include:

- **Promotional presentations to a broad range of services** including: NUA services, Praxis care, social care students in DKIT, Brother of Charity services, Barnardos Family Advocacy service, Sallynogin college of further education, Presentation to CHO 6 Adult Safeguarding Day Event, St Josephs Intellectual Disability Service, St John of God Services, Open training college, Muiriosa services, Prosper, Enable Ireland, Ability West, Cheshire, HSE Disability services, Independent advocacy gathering Cork, among many others.

- **Engagement with a wide range of key stakeholders,** including: The Decision Support Service, The Banking and Payments Federation of Ireland, Inclusion Ireland, The Central Bank, Bank of Ireland, The Irish Human Rights and Equality Commission (IHREC), HIQA, Dept. of Health, HSE ADM Transitional Oversight group, Legal Aid Board, Immigrant Council of Ireland, The HSE Human Rights and Equality office, the Court Service, The Mental Health Commission, Safeguarding Ireland, EPIC, DFI, the National Care Experience Programme among many others.

- **Panel meeting with His Honour Judge John O'Connor on ADM (Capacity) Act proceedings in Circuit Court**
  On Wednesday, 21st February 2024, NAS attended an evening with His Honour Judge John O'Connor, hosted by the HSE National Office for Human Rights and Equality Policy. The event provided insights into the implementation of the ADM (Capacity) Act in the Circuit Courts. Judge O'Connor's presentation was followed by a Q&A session chaired by Professor Mary Donnelly, School of Law, University College Cork. The evening concluded with questions from the floor to the Judge and a panel of experts, including NAS GDR Regional Manager, Suzy Byrne,

Professor Shaun O'Keeffe, Aine Flynn, Director of the Decision Support Service, and Bibiana Savin, Assistant CEO, Sage Advocacy.

- NAS attended and presented at the **Assisted Decision-Making Capacity Act event** in Cork in December 2024, providing an overview of NAS reflections, challenges and opportunities since the commencement of the Act.
- NAS attended Ireland's launch of the **multi-country Technical Support Instrument Project on People Centred Access to Justice –** Department of Justice**.**
- NAS National Manager was a panel member on the **HSE Consent Policy Webinar** in January 2024, which saw over 2500 people register to attend.
- NAS attended **Social Care Ireland's Annual Conference** to promote the service.
- NAS were interviewed by Hilary Jenkinson, who undertook research for the EPIC Advocacy service on models of advocacy.
- **Engagement with various Government Departments**, including the Department of Social Protection, Department of Justice, Department of Health, Department of Disability, Children, Equality, Disability, Integration and Youth (now DCDE) and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media.
- Attendance at **various national events,** some of which include: The National Disability Consultative Forum, International Safeguarding Conference, HSE Patient and public partnership conference, 5 Nations Safeguarding Webinar, Nursing Homes Ireland Conference, UK Advocacy conference, to name a few.

5.2 Social Policy Work and Publications

My Money, My Rights, My Options launch

NAS launched an easy-to-read money guide on 28th February 2024. The leaflet entitled ‘My Money, My Rights, My Options’ is aimed at building the capacity of the person with a disability to access their own finances. The leaflet provides the person with explanations and definitions of key stakeholders, details on financial rights, support options, places to store money, and essential contact details. The leaflet was launched online, alongside a news story on our website and a wide dissemination of the online version with key stakeholders, as well as Residential and Day Services that support people with disabilities. The easy-to-read guide was also shared by several national key stakeholders across their platforms, including HIQA, IHREC, DFI, HSE National Office for Human Rights and Equality Policy, St Michael’s House, and the Mental Health Commission, to name a few. Our website featured a person-centred news story with key facts to share alongside the online version of the leaflet, including quotes from Jacqui Browne, Chair of DESSA and The National Platform of Self Advocates.

NAS Social Policy Paper on Access to Finances Launch

NAS Advocates reported access to finance issues as a significant issue for people with disabilities in 2024. Due to the steadily rising financial concerns that arose across the regions, this issue was the focus of NAS's social policy work that commenced in 2023, which included obtaining a grant from CIB to produce a social policy report on the issue, along with a number of other related initiatives.

The National Advocacy Service (NAS) launched its social policy paper, "Shortchanged: Barriers to Financial Autonomy for People with Disabilities in Ireland", on 10th October 2024 at the Irish Human Rights and Equality Commission offices. Deputy Pauline Tully, Leas-Cathaoirleach of The Joint Committee on Disability Matters, Houses of the Oireachtas, opened the event. NAS National Manager Joanne Condon followed Deputy Tully's opening remarks by highlighting the reality that financial autonomy is out of reach for many people in Ireland and provided an overview of the key findings and recommendations of the report. Regional Manager, Micheál Walsh, then introduced the video segment in which we heard a first-person account from a man who was supported by a NAS Advocate. This was followed by a panel discussion moderated by Caoimhe Gleeson, HSE General Manager of HSE Human Rights and Equality Policy Office. The event was very well attended with excellent audience engagement from the key stakeholders in attendance, such as the Central Bank, the Department of Finance, the Decision Support Service and many others.

Report Impact: The feedback on the report and the event was overwhelmingly positive. Following the event, Bank of Ireland reached out to NAS seeking to review the content of their training programs for staff based on the report and event. NAS were able to provide valuable input to the Bank of Ireland's training modules. There was widespread media coverage of the event, including several radio interviews with the NAS National Manager and also TV coverage of the report on RTE Television News at One.

Feedback was also sent to NAS by Bank of Ireland to capture the impact that the NAS Social Policy Paper had. They wrote, 'The input from yourselves has really opened our eyes to a new focus of a 'one door' policy for all our customers.'

Pictures from the Social Policy Paper launch

"The input from yourselves has really opened our eyes to a new focus of a 'one door' policy for all our customers."

Joint Disability Oireachtas Committee report – calls for increased resourcing of NAS

The Committee undertook a module of public meetings between October 2022 and July 2024, examining various aspects of communities and the support required by people with disabilities to live and participate in their communities. NAS National Manager Joanne Condon, joined by Regional Manager Suzy Byrne, presented to the Committee as part of these public meetings. The report has 30 recommendations for the Government to implement. Recommendation 5 says the following: *Access to independent advocacy must be increased so that individuals in inappropriate settings have access to advocacy. National Advocacy Service (NAS) must be adequately funded to access all settings.'*

> **"Access to independent advocacy must be increased so that individuals in inappropriate settings have access to advocacy. National Advocacy Service (NAS) must be adequately funded to access all settings."**
>
> **Joint Disability Oireachtas Committee**

Membership of the following groups:

- National Care Experience Programme Steering Group
- Department of Health Protection of Liberty safeguards Expert Advisory Group
- HSE ADM Implementation Oversight Group
- HSE Under 65 Stakeholder Reference Group and Steering Group
- Ward of Court Research Advisory Group
- National Disability Consultative Forum
- HSE DNACPR (Do not attempt cardiopulmonary resuscitation) Policy Steering Group
- Safeguarding Ireland Advisory Committee
- International Advocacy Network (Ireland, Finland, New Zealand, Northern Ireland, South Korea, Australia, UK)
- Commission on Care for Older Persons Reference Group

5.3 Public Consultations and Submissions

NAS contributed to 18 consultations as follows:

1. NAS submission on the National Disability Strategy, February 2024.
2. Design Guide for Long-Term Residential Care Settings for Older People, February 2024.
3. NAS submission to public consultation on policy proposals for adult safeguarding in the health and social care sector, March 2024.
4. NAS submission to Green Paper on Disability Reform, March 2024.
5. Dept. of Finance: National Payment Strategy
6. NAS submission to public consultation on policy proposals for adult safeguarding in the health and social care sector, March 2024.
7. NAS submission on Green Paper on Disability Reform, March 2024.
8. NAS input to Child Law Project research on a child in care proceedings and the role of the Advocate. A report by the Child Law Project was published on 4th November. The report makes several mentions of the serious under-resourcing of the National Advocacy Service for people with disabilities.
9. NAS met with the World Health Organisation (WHO) regarding the National Policy dialogue on long-term care system transformation. The WHO is working with EU member states to strengthen their long-term care provision, as Ireland is piloting the WHO instrument for the same purpose, in collaboration with EU member states.
10. NAS submission to the Joint Committee on Disability Matters on Planning for Inclusive Communities.
11. Submission to the Court Service Strategic Plan 2024 – 2027.
12. RCSI survey on a National Induction Programme for Home Support Workers.
13. NAS is a member of the TCD research on cancer and specific interest groups committee.
14. NAS inputted to the Nighttime culture and disability survey from The Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media.
15. NAS were interviewed by researchers from the EU Fundamental Rights Agency, looking at violence and abuse in institutions relating to disabled people in Ireland.
16. Public Consultation on the Development of Standards for Community Residential Mental Health Services on Standards for Community Mental Health Services- July 2024.
17. NAS submitted a survey to the Review of the Role of Expert Reports in the Family Law Process.
18. NAS submission to Commission of Care for Older People - Public Consultation on Health and Social Care Services and Supports for Older People.

6. Raising Awareness of Our Service

6.1 Promoting the National Advocacy Service

In 2024, NAS Advocates, Senior Advocates and Regional Managers took part in 250 outreach events. This included stakeholder events such as: NAS spoke at HSE ADM Mentoring Event to mark first anniversary of project, NAS presentation at GHEEL conference, WALK self-advocacy conference, ASIAM conference, NAS presented to staff in the Dept of Children, Integration, Equality Disability and Youth on the Mother and Baby Home Scheme at dept internal training event, NAS attended HIQA 10 years of Regulation of Disability Services publication launch at Kings Inn and many more.

Communicating our message

NAS Website received 46,000 individual visits in 2024, a significant increase in visits from 2023.

NAS increased its use of social media in 2024:

The Service's Facebook page grew from 2286 followers at the end of 2023 to 2,700 at the end of 2024, an increase of 10 %.

The Service's X Page grew from 2,232 followers at the start of 2024 to 2,284 at the end of 2024.

The Service's LinkedIn grew from 879 followers at the beginning of 2024 to 6668 at the end of the year.

NAS ran an Optional Protocol and Article 12 CRPD social media campaign across November and December 2024. The campaign sought to increase awareness about what the Optional Protocol is and how NAS can support Ireland's implementation of it.

NAS gave radio interviews on a number of occasions throughout 2024. Our Casebook and Social Policy paper, in particular, received extensive coverage both on the radio and in various newspapers.

NAS were also featured or mentioned in numerous newspaper articles, and bulletins/newsletters.

> **"Have you any idea of how much you have helped me? I was never able to get this far and with your help I finally feel as if I am getting somewhere. I am very grateful to have you on side. If you are ever having a bad day at work, think of me because I am so happy with how you have helped me".**
>
> **(Feedback from a person supported by NAS)**

National Advocacy Service
For people with disabilities

Patient Advocacy Service
INFORMATION | SUPPORT | EMPOWERMENT

NAS is funded & supported by the
Citizens Information Board

The Patient Advocacy Service is funded and
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Citizens **Information** Board
information · advice · advocacy

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