



National Advocacy
Service

For people with
disabilities

National Advocacy Service for People with Disabilities Casebook 2025



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Foreword by Chairperson



Welcome to the fourth Annual Casebook from the National Advocacy Service for People with Disabilities (NAS) and the Patient Advocacy Service. The Casebook provides an insight into the work of both services, detailing the complex case work carried out by our Advocates, highlighting the challenges faced by the people we support and the positive impact independent advocacy can have on their lives.

The National Advocacy Service for People with Disabilities (NAS), which is funded by the Citizens Information Board (CIB), focuses on ensuring the rights of people with disabilities are upheld. It provides people with disabilities across Ireland with an independent, professional and free advocacy service that helps people to have their voices heard, make their own decisions and live their lives independently.

The Patient Advocacy Service is commissioned by the Department of Health (DoH) and provided by NAS. It provides people who wish to make a complaint about their care in a Public Acute Hospital or a Nursing home or people who have been harmed by a Patient Safety Incident with a free, independent, confidential and professional empowerment advocacy service. It helps to keep people at the centre of the complaint or incident review process and have their voice and lived experience heard to inform learning and quality improvement.

NAS and the Patient Advocacy Service have seen a year-on-year increase in the numbers of people seeking independent advocacy support. We want to share some of these lived experiences and highlight the issues and challenges that people are facing. The lived experience of the people we work with helps to shape and guide the work we do. The Casebook highlights the vital role independent, professional advocacy can play in supporting people to have their human rights protected and promoted. Advocacy support is generally offered when people need specific and tailored information or support. You will read about the different forms of advocacy, including empowerment and representative advocacy, and you will see that these situations are often very emotive for both the people receiving advocacy support and our Advocacy staff. Our Services provide advocacy in relation to multi-faceted issues, for example, issues relating to housing, healthcare, nursing homes, social care and much more, including complex difficulties experienced by parents with a disability and by people impacted by healthcare.

This year we are sharing 15 case examples from NAS and 11 from the Patient Advocacy Service. I hope that these case examples provide you with rich insight into what our Services do, highlighting the importance of independent advocacy, showcasing the positive impact we have had on people and in communities across the country. Advocacy helps breach gaps in systems that leave people in difficult situations, it ensures best practice across public services, and it promotes positive systemic change when necessary.

Finally, I would like to thank anyone who accessed our Services in 2025. I wish to extend my thanks to the Citizen's Information Board for their continued endorsement of NAS and their ongoing support of our work. I would also like to thank the Department of Health for their guidance and support of the Patient Advocacy Service. On behalf of the Board, I would like to thank all the staff of both Services for their work ethic and dedication in providing high quality professional advocacy services.



Rosemary Smyth

Chairperson of the National Advocacy Service for People with Disabilities (NAS), which delivers the Patient Advocacy Service.

Note to Reader: all case studies included in this document have gone through a rigorous anonymisation process which involves changing identifying elements of the case to protect the anonymity of the person and advocate involved. This means that the location, age, gender and name of the people in these stories are likely to have been changed.

1. Access to Justice



Context

Christine is a woman in her forties who sustained an Acquired Brain Injury (ABI). She was later involved in a minor road traffic accident in which she was not at fault. Christine initiated a personal injury claim. Due to her ABI, Christine experienced short-term memory difficulties, fatigue, and heightened anxiety, particularly when faced with complex or unfamiliar situations. She sometimes struggled to process information, recall prior discussions, and maintain trust in professionals. Christine was supported to make an enquiry to NAS, she felt there was a lack of understanding by her solicitor of her brain injury and how this impacted her.



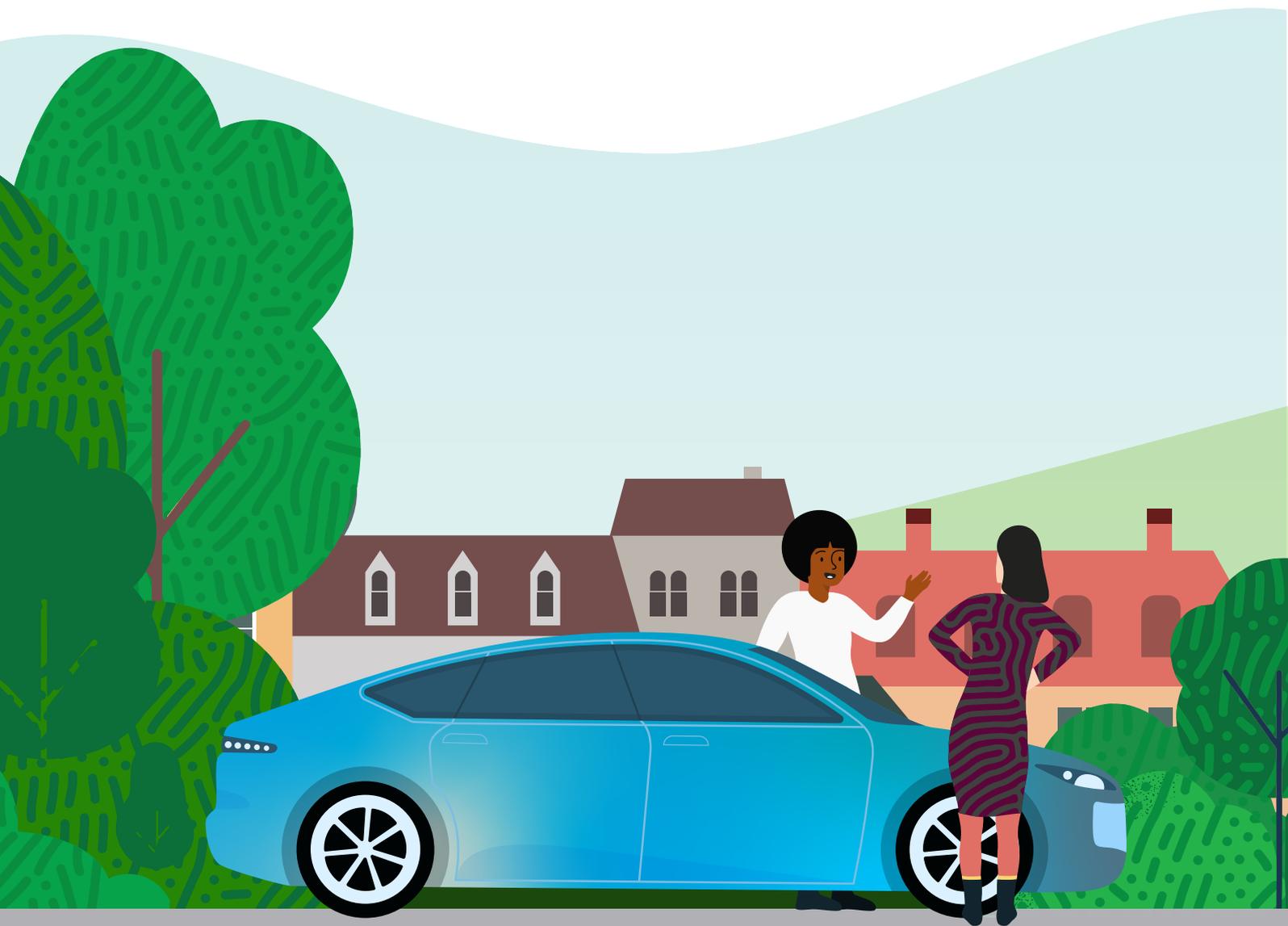
Actions by the Advocate

The NAS Advocate with Christine's consent, engaged with her solicitor outlining the reasonable accommodations that Christine would need to partake meaningfully and feel supported in the personal injury claim process. The Advocate asked that a trauma-informed approach, (grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development) be used by all working with Christine. The Advocate met regularly with Christine before and after legal appointments to prepare her for discussions and review what had been discussed and provided her with written and verbal summaries of legal advice in accessible, plain language. Christine was supported to express her concerns and questions to her legal team. The Advocate encouraged informed decision-making by revisiting key information at a pace that Christine was comfortable with. Christine explained she found the entire process very stressful and overwhelming at times. The Advocate engaged with Christine and the service provider to support Christine to manage her anxiety that was triggered by past experiences and the legal proceedings. The Advocate and disability service supported Christine with anxiety management strategies, including pacing information and agreeing on breaks during meetings.



Outcome

With NAS advocacy support, Christine was able to remain engaged with the legal process, maintain a working relationship with her legal team, and feel confident in her decisions. On the advice of her legal team, and after fully understanding the advice provided to her, she decided to settle her case outside of court proceedings. Christine expressed that she felt that she could make this decision with confidence once she had the support of someone independent to discuss the legal advice with her. Christine now looks forward to purchasing a new car and moving on with her life.



2. Decision-Making: Discharge from Assisted Decision-Making Arrangement



Context

Janet is 26 and living in a nursing home after sustaining a brain injury two years ago. She has spent time in three hospitals. Her initial prognosis suggested she might remain in a prolonged disorder of consciousness. Her partner was appointed as her decision-making representative (DMR) to make decisions on her finances and where she would live.

Janet's overall health and ability to communicate improved significantly during the two years she was in the nursing home. She was very clear she did not want to remain in the nursing home long-term. The existing decision-making order also meant she was blocked from access to day-to-day finances. This was frustrating as she could not purchase simple items such as a soft drink or a computer game. Her personal relationship with her appointed DMR (her partner) had broken down, further complicating matters. NAS was asked to provide Independent Advocacy to help Janet exit the DMR arrangement and support her to have her will and preference heard.

Janet wanted access to her personal finances, to move out of the nursing home and for the court to revisit the previous decision-making order, given her improved health, capacity to make decisions, and the breakup of her relationship with the DMR.



Actions by the Advocate

The Advocate met with Janet many times as the legal review process began. Together, they repeatedly highlighted to the relevant parties how the original order unfairly prevented Janet from having financial independence. A capacity assessment was carried out and a recommendation was made to discharge the existing order and replace it with a co-decision-making agreement. The Advocate supported Janet in several practical ways, including explaining the capacity assessment, helping her understand a co-decision-making agreement and deciding what the agreement would include. The NAS Advocate also helped Janet in meetings with her solicitor, understanding paperwork online for the Decision Support Services and drafting a letter to the court to express her will and preferences directly.

Janet and the Advocate encountered barriers to her expressed wishes. Some clinicians took a paternalistic approach, seeking to control Janet's finances rather than supporting her independence. Janet said she found the online systems of the Decision Support Services complex and difficult to navigate. Despite these obstacles, Janet and the Advocate worked together to overcome them.



Outcome

The court discharged Janet from her decision-making representative order, which had been in place for around 18 months. Janet now has a co-decision-making agreement in place with the person she chose to nominate. This arrangement allows Janet to access and manage her finances independently, while receiving support when needed. Janet is planning to move out of the nursing home into a familiar home which will be adapted for her needs.



3. Parenting with a Disability and Capacity-Building



Context

Jamie, a father in his twenties with an intellectual disability, found himself engaging with Tusla (the Child and Family Agency) and the Child-in-Care system, after the birth of his first child and the breakdown of a relationship.

There were many changes for Jamie at this time, and a lot expected of him, including having to interact with a system that he was not familiar with. Jamie had to complete various assessments and had his personal and family life exposed to the Courts and many other third parties, which he found extremely difficult. Jamie's child was taken into Voluntary Care at only a couple of weeks old and he was referred to NAS by a Family Support Practitioner from Tusla.



Actions by the Advocate

In the beginning, Jamie said he found interactions with Tusla and his legal team difficult. Negotiating the Child-in-Care system and the expectations on him brought much frustration. He also had to come to terms with his child not living with him at home and only seeing his child for a very short period in a controlled environment with access workers present.

The Advocate supported Jamie to agree a communication plan with Tusla to ensure he was getting timely information and updates on his child. The Advocate supported Jamie to understand the process and the next steps so that he and the Social Work team developed a good working relationship. The Advocate helped Jamie to understand avenues of escalation through his legal team when he felt that his will and preference was not being considered.

The Advocate ensured that Jamie and other third parties understood from the start that NAS was not a long term support, but rather that NAS would seek to support Jamie's understanding of the process, empower him to proceed further on his own or to ensure that adequate and appropriate supports were put in place for him if they were required.



Outcome

Jamie felt empowered and supported by NAS to attend all the Interim Care Order hearings, and regular Child-in-Care review meetings. He spent time with his Advocate ahead of the meetings and Court hearings to prepare and consider his will and preference, as well as how he would like things to unfold in relation to his child.

As his work with NAS moved on, Jamie had a good communication plan in place with Tusla. Jamie was supported by NAS to understand the next steps in the process. He was comfortable and familiar with the Court setting and he felt empowered to continue to communicate and instruct his legal team independently.



4. Access to Health Care



Context

Laura is in her late fifties and has a physical and intellectual disability. She lives in a residential service. Laura was supported to attend a hospital appointment for a scan. However, the doctor would not carry out the scan as he felt Laura could not consent to the procedure. Laura's residential service provider made a referral to NAS looking for an Advocate to support Laura to access appropriate healthcare.



Actions by the Advocate

The Advocate got to know Laura and her communication preferences. After speaking to the service manager, the Advocate learned Laura had also not had the services of a doctor for over a year as the appropriate medical forms were not completed and Laura was not supported by her service to do this. Laura's health needs were not being addressed, and she was unable to access appropriate health care.

The Advocate and Laura raised the issue again with her service and wrote to the services regulator to highlight that her health care needs were not being met by the service provider as required under the statutory regulations. Through these actions, Laura was then supported by her service to apply for a doctor who then spent time to get to know her communication style and needs.

The Advocate supported Laura and her service to write to the hospital regarding their consent policy and how they could better support Laura and obtain her consent in the best way possible to ensure that her health needs were met.



Outcome

Laura and her Advocate agreed a plan with her service and the hospital to support Laura at her next hospital appointment. A staff member who understands Laura's communication style attended the rescheduled hospital appointment to support her. This was done through objects of reference and visuals enabling consent to be obtained in a way that suited her communication preferences.

Through engaging with the Advocate who got to know Laura and her communication preferences, Laura's voice was heard in a process where it was being lost. Laura is now able to access her doctor in her local community, and her communication style is supported by her service to ensure she has access to, and can consent to, treatments and scans in hospital to support her health needs currently and in the future.



5. Housing and Finance



Context

Riley is in her mid-forties and was living independently in the community. Unfortunately, Riley was in an accident which led to a brain and spinal injury. She was in hospital for months and engaged with rehabilitation services. After two years, Riley was ready for discharge and wanted to return home to her house to live independently. Riley was being supported by a hospital social worker to explore this and prepare a transition plan.

Riley's social worker referred her to NAS, as Riley had received correspondence from her bank regarding her mortgage arrears. Following this, Riley received a court summons seeking to repossess her home. Riley's family raised their concern that she was unable to return to live in her home due to increased support needs. They believed she had no knowledge or understanding of how to make decisions in her life following her accident.



Actions by the Advocate

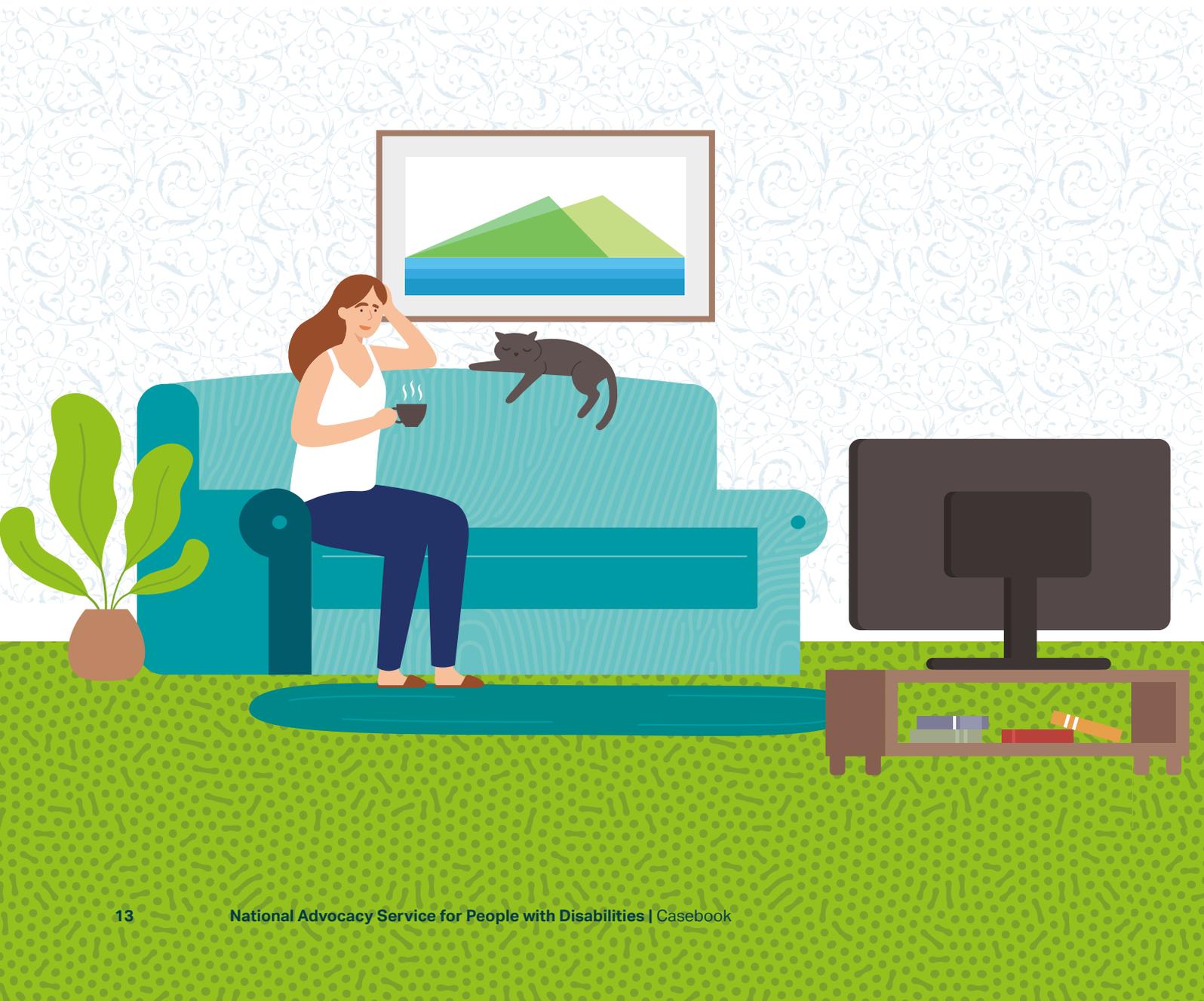
An Advocate met Riley to establish her will and preference regarding financial matters. Riley was clear that her overall goal was to return home and live independently. Riley highlighted that she was anxious that the bank would repossess her home and that she would become homeless. The Advocate supported Riley to understand her rights and options through engaging with the Money Advice Service (MABS) and seeking legal advice. Riley was supported by a legal representative to explore possible decision support options and engage in a capacity assessment. The outcome of the assessment was that Riley was deemed to have the capacity to understand the court proceedings, as well as the issues that she was experiencing regarding mortgage arrears.

The Advocate supported Riley to be at the centre of the decision-making process by preparing for and supporting Riley to attend meetings in person and online to engage with support services and the legal process. The Advocate also supported Riley by debriefing her after legal meetings to aid understanding of possible next steps and to follow up with any questions she had.



Outcome

With Advocacy support, Riley's voice was heard by professionals and the people supporting her. She was helped to understand her options on accommodation and financial matters. The Advocate supported Riley to engage and understand the legal proceedings and her options. Riley's legal representative and MABs were able to reach a settlement with the bank and secure her rights to her home. Riley's will and preference were realised and she was able to move back into her home where she now lives independently with support.



6. Capacity-Building and Living Arrangements



Context

Gráinne is in her thirties and has an intellectual disability. She lives with family and attends a local day service. Gráinne loves music, cooking and going out with her friends. When the Advocate first met with Gráinne in her day service, she was clear that she wished to move out of home closer to town so that she could meet her friends more often. Gráinne expressed sadness that her siblings had moved out of home and asked if NAS could help her. Gráinne explained her parents did not want her to move and would not support her decision.



Actions by the Advocate

The Advocate worked with Gráinne and her day service key worker to explore her wish to move out of home. A short time later, Gráinne was offered a residential placement with appropriate staffing. Gráinne was very excited about having her own home, however, without family support, Gráinne indicated she would not progress with a move. The Advocate worked with Gráinne to build her self-advocacy skills and her confidence to articulate her expressed wishes to move, just like her siblings.

The Advocate supported Gráinne to convene, prepare for and actively participate in various multidisciplinary meetings with the service and her family, setting out her wishes. Gráinne's family shared their own concerns on how she would be supported in various areas, such as healthcare, finances, personal care, and decision-making. The Advocate actively engaged with key stakeholders to ensure that Gráinne's needs and expressed wishes remained the focus and priority, and that decisions made were in line with her will and preference.

Gráinne was supported to understand her options and the Advocate explained what a residential supported living arrangement would look like. Gráinne was supported to raise any concerns she had about the move. While the exploration process continued and Gráinne remained at home, Gráinne's Advocate helped her to meet with key professionals, including an Occupational Therapist. A plan was made with Gráinne to develop her independent living skills, including individual sessions with the Occupational Therapist, exploring care plans, and navigating how she could learn to manage her finances.

The Advocate and Gráinne worked with the service, her social worker, and family to develop a transition plan centred on Gráinne's specific support needs to trial a supported living placement over several months.



Outcome

At each stage, the Advocate supported Gráinne to have her voice heard, to navigate the next steps and to review any perceived issues. Over several months, Gráinne transitioned to her own supported living accommodation and hosted a party for her extended family.

The independence of the NAS Advocate from the service was fundamental to ensuring that the decision to move to supported living was made by Gráinne herself and not the service.



7. Will and Preference



Context

Arthur is in his mid-forties and has an intellectual disability. Arthur moved to a residential home in the community following the death of his parent and carer. Arthur has a close relationship with his siblings and visits them regularly. Family members continued to manage Arthur's finances after his move into his new home. Arthur's referral came to NAS via the disability service provider following a HIQA (Health Information and Quality Authority) inspection which noted that Arthur did not have control over his finances.



Actions by the Advocate

Arthur told his Advocate about his interests and what was important to him. Arthur's restricted access to his own money was having a negative impact on his quality of life, he had previously used a bank card but no longer had access to it. Arthur's Advocate used the NAS easy-to-read leaflet, 'My Money, My Rights, My Options' to help Arthur and his family understand his right to manage his own money.

With Arthur's consent, the Advocate spoke to the family member who had concerns about the increased risk should Arthur manage his own money and bank card. The Advocate outlined what they had learned from Arthur and highlighted the impact on Arthur not having enough money to do what was important to him. The Advocate explained Arthur's rights as an adult to access his money and the responsibility of the service provider to support and safeguard his finances where needed.

The Advocate liaised with the HSE (Health Service Executive) Safeguarding and Protection team and wrote to the Department of Social Protection about the restrictions identified with Arthur's social welfare payments.

After several months, the family member contacted the service provider to say that they would step back from their control of Arthur's finances. The Advocate asked the service to support Arthur to make decisions around how he would like to manage his money. Arthur visited the bank and local Post Offices, and his Speech and Language Therapist also developed social stories about financial autonomy for him.



Outcome

Arthur now manages his own bank account and ATM card in his local Post Office. His service supports him with his weekly budget and helps him plan for bigger events, like holidays. The Advocate delivered an information session to Arthur's service on rights to access finances. Staff in Arthur's service reported they found this very useful and informative.



8. Family Relationships and Safeguarding



Context

Mary is in her early thirties and has an intellectual disability. She lives with her family and attends a day service. Her family believes that Mary should continue to remain living with them, however, Mary has expressed a desire to live by herself. Mary had told her family that she wanted to move out but says they would not listen to her. Mary was unable to find accommodation herself as she did not have access to her finances as her family were restricting what she could spend her Disability Allowance on. Mary contacted NAS for help.



Actions by the Advocate

An Advocate met with Mary to discuss her desire to live by herself as the lack of independence was affecting her quality of life. Mary was very clear to the Advocate she wanted to live independently in the community with support and to have full control over her finances. Together Mary and her Advocate agreed on an advocacy plan to enable Mary to access to her own finances, as well as gain support to live independently. Mary was delighted as not only did she have clear goals but she felt as though somebody was finally listening to her.

The Advocate met with Mary's family to explain Independent Advocacy and that NAS was supporting Mary to have her voice heard to achieve her goals. The family refused to agree to Mary accessing her own finances and said that they knew what was best for Mary. Mary wanted to challenge this and take it a step further. She agreed to seek support from the HSE Safeguarding and Protection Team to address the rights restrictions she was experiencing.

While that process was ongoing, the Advocate contacted Mary's day service to make them aware of Mary's wishes. The service said they would work with Mary and the Advocate to seek independent living for her. Subsequently, Mary received extra assistance from a key worker who explored options around Mary's wish to move to a new home.



Outcome

After Mary and her Advocate attended several meetings at different potential independent living services, Mary was able to choose a home which she felt suited her needs best. NAS and the HSE Safeguarding and Protection Team worked with Mary to ensure she now has sole access to her finances and social welfare payment. Mary now lives independently, accesses her day service, and has her own money to spend on what she wants.



9. Future Planning, Will and Preference



Context

Charlie is in his sixties. He has a mild intellectual disability and attends a day service in his local community. Before the Covid-19 pandemic, he lived alone in a small property in a rural area that had been left to him by his parents. The pandemic made him feel very isolated and alone so he moved to a supported care full-time residential home. He loved living there and did not want to return home.

For several years, Charlie supplemented the cost of the residential home from his savings but eventually could no longer afford to pay the extra cost. The residential home was not included in the Fair Deal scheme. As the costs now exceeded Charlie's income, he was in danger of losing his place and becoming homeless. Charlie was also experiencing hardship due to the lack of income.

Charlie's day service was working with him on exploring options but had come under pressure from Charlie's family who did not want him to sell his home. Charlie stated he was being heavily influenced by his family not to sell the home but to leave it to his nephew in his will. Charlie's family were reluctant to support him financially or otherwise. The day service made a referral to NAS on Charlie's behalf.



Actions by the Advocate

The Advocate met with Charlie to explore his will and preference with regard to his home. Charlie was clear that he wanted to continue living where he was, but because he could no longer afford the fees, he was very stressed and anxious about his future.

During meetings with Charlie, the Advocate found that Charlie was also very attached to his home place and did not like the idea of letting go of it completely. Charlie was very close to his family and wanted their input and support for his decision-making. The Advocate supported Charlie, along with his social worker, to engage and meet with a solicitor to discuss legal options with regards to wills and property and discuss supported decision-making. The Advocate explored other options such as renting it out that would allow Charlie to maintain ownership of the property while benefitting financially from it.



Outcome

When all options were explored, they were presented to Charlie with the help of an easy-to-read document prepared by his Advocate and the day support service. Charlie opted to pledge the house to the Local Authority which gave him a monthly tax-free payment he could use while retaining ownership of his home. Charlie understood he could review this decision periodically.

Charlie's decision means he can pay the fees in his supported residential home and has surplus funds for his own requirements, while also maintaining his relationship with this family.



10. Rights and Communication: Assisted Decision-Making Arrangement



Context

Lucy is a young woman in her thirties who communicates differently. She was living overseas when she had an accident which resulted in an Acquired Brain Injury (ABI). Lucy ended up being placed close to family in a nursing home in Ireland. She was facing issues in progressing with a medical procedure which would significantly improve her quality of life. The hospital expressed concern over Lucy's ability to consent to the procedure due to a perceived communication barrier. An application for a Decision-Making Representative (DMR) was suggested by the hospital to Lucy's family. Lucy had been living in the nursing home for three years by this stage and her family had been tirelessly trying to progress this issue for her. Lucy was then supported by her family to send an enquiry to NAS.



Actions by the Advocate

An Advocate met with Lucy and the nursing home manager and observed that Lucy was very expressive but as her communication style was not being understood by others, she understandably became frustrated. Lucy had not received any communication support to engage with the hospital or staff in the nursing home. The Assisted Decision-Making Capacity Act (ADM) states a person has a right to communicate and be communicated with in their preferred method of communication when making decisions. The Advocate also learned, having engaged with Lucy and her family, other less restrictive options had not been explored in keeping with the guiding principles of the ADM, in advance of the suggestion for a DMR.

Lucy's family were very supportive and engaged with the hospital to explore the use of communication supports for Lucy during the consent process for the procedure. With Lucy's permission, the Advocate and a Speech and Language Therapist (SLT) worked with Lucy to understand her communication style. Consequently, a communication support was developed for Lucy which she could bring with her to the hospital to engage with the consultant to discuss consent.



Outcome

Lucy met with her consultant and overcame the communication barrier to discuss and agree consent to the medical procedure. In July 2025, Lucy had the procedure and made a good recovery. Her quality of life has significantly improved and Lucy reports she is very happy with this. Lucy continues to work with the SLT and her work with NAS supported the hospital to better understand the principles of the ADM (Capacity) Act and to ensure that communication barriers are not assumed to mean someone lacks capacity to consent.



11. Access to Justice and Finance Rights



Background:

Norah is a young adult who uses day service supports and lives independently in her own house with the support of a local charity. Norah has two bank accounts. One account where she is the sole signatory and a second, where others are joint signatories. Over a length of time there were withdrawals made from her second account, which Norah had no knowledge of. Several meetings were held with Norah, her support workers, service provider and the HSE Safeguarding and Protection team to resolve the matter. Norah was referred to NAS by her day service.



Actions by the Advocate

The Advocate met with Norah to explore her wishes and agree what she would like to see happen. The Advocate established Norah's will and preferences by direct communication over several in-person meetings. Norah and her Advocate agreed an advocacy plan based on direct instructions from Norah as to how she wanted the bank account situation to be resolved. The Advocate worked with the local HSE Safeguarding and Protection team to report the financial abuse. In parallel, Norah's support workers sought legal advice to understand the steps needed to be taken to protect Norah's financial interests. It was Norah's wish to report the matter to the Gardaí. The NAS Advocate ensured that Norah understood the process of making a statement on the matter and its implications for all those involved.

NAS supported Norah to prepare for reporting the matter to the Gardaí setting out her wishes on how she wanted her money secured. Norah's multidisciplinary team were also involved and Norah understood that her Advocate remained independent in the process. The Advocate ensured no decisions on the matter were made without Norah's knowledge and consent. At every meeting the NAS Advocate supported Norah to understand the safeguarding and legal processes, helping her prepare for next steps with An Garda Síochána.

NAS referenced the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) - Article 12 (Equal Recognition Before the Law) and Article 16 (Freedom from Exploitation, Violence, and Abuse). Article 16 requires the State to take all appropriate measures to prevent exploitation, violence, and abuse of persons with disabilities. NAS Advocacy efforts focused on empowering Norah to eliminate financial abuse and ensuring that Norah was protected from further withdrawals being made from her account.



Outcome:

As a result of NAS support to Norah, the financial abuse was reported to the Gardaí. By working closely with Norah and her multi-disciplinary team and through applying relevant UNCRPD articles, the Advocate ensured Norah's rights were protected, and the financial abuse ceased. Norah was very happy with the outcome and said she now feels more in control of her life.



12. Quality of Life



Context

Tanya is in her forties and was living in a service which was not meeting her needs. A third-party enquiry form was sent to NAS from a member of staff within the service. Tanya is autistic and communicates differently. Tanya's house within the service had staffing issues as highlighted in HIQA (Health Information and Quality Authority) inspections. Tanya had no consistent staff and no routine for activities was in place. Tanya was very unsettled and impacted by the lack of consistency, and this often presented as challenging behaviour.



Actions by the Advocate

The Advocate and Tanya identified advocacy issues focusing on improving Tanya's quality of life both within the home and outside of the home. The Advocate spent time with Tanya and got to understand her will and preference for the future. The Advocate met with the Tanya on several different occasions and spent time liaising with staff and family members to ensure an accurate picture of Tanya's situation was developed.

The Advocate explored possible transitions for Tanya to other homes or other service providers which would be more suited to her needs. The service had considered moving Tanya to a service far away from her hometown. Tanya's Advocate wrote to the Director of Services about plans for placements away from her community and highlighted Tanya's will and preference to remain close to her family. The Advocate referred to the services transition policy and highlighted bad practice in relation to moving Tanya without a proper plan. The service had also employed some restrictive practices. For example, access to a kitchen was restricted, which Tanya's Advocate raised with the service and sought to have removed. Tanya's Advocate consistently asked the service to outline their efforts to improve Tanya's life. After a period of planning, Tanya moved to a new service which was more suited to her needs.



Outcome

Tanya is now living in a new home supported by a service with consistent staffing and no restrictive practices. She has a full calendar of activities and enjoys regular trips away. Although she had issues sleeping in her previous service, Tanya now sleeps through the night and is happy. Tanya has her own living space which is decorated to her taste and has space to store her belongings. The house is new and clean and has ample outdoor space for Tanya to enjoy gardening. Her family thanked the Advocate for their support in ensuring Tanya's wishes and preferences were heard. With the help of her Advocate, the previous service's bad practice was highlighted and Tanya's quality of life improved. She is no longer living in a service which does not meet her needs in accordance with Article 19 of The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).



13. Complaints and Quality of Life



Context

Victoria is 41 years old; she has an intellectual disability and has been living in a nursing home for the past six years following an accident in her home. Victoria's family made the decision to move Victoria to the nursing home; it was not a decision made by Victoria. Victoria's nursing home made an enquiry to NAS as they believed the nursing home setting was completely inappropriate for Victoria.



Actions by the Advocate

An Advocate started working with Victoria, getting to know her and spent time observing Victoria in her environment, understanding her preferred communication and also gathering information to build a picture of Victoria's life and what was important to her. Victoria was very unhappy in the nursing home; she spent a lot of her time alone and often became very sad and angry. Victoria had not left the premises in over two years as the nursing home did not have the expertise or staff to support Victoria to spend time in her local community.

While researching Victoria's history, the Advocate found correspondence from a state agency committing to an outreach service for Victoria when she was initially moved to the nursing home. The Advocate wrote to the state agency outlining NAS's work with Victoria and how inappropriate the nursing home setting was for her. Despite extensive stakeholder engagement by NAS, the outreach service was not provided to Victoria and there was no action taken to provide Victoria with accommodation in a service that better met her needs.

The Advocate supported Victoria to submit a Your Service, Your Say complaint outlining her circumstances.

In response to the Your Service, Your Say complaint the state agency agreed that they would continue to actively work on finding an appropriate outreach service for Victoria. After many months with no update from the state agency, NAS supported Victoria to escalate the complaint to the Office of the Ombudsman.



Outcome

After NAS submitted the case to the Office of the Ombudsman, an outreach service was provided for Victoria, and she has been supported by specialist staff to enjoy activities outside of the nursing home. Victoria reconnected with friends that she had not met with in many years. The state agency has approved funding for a new residential service designed for Victoria and are currently recruiting staff for this service.

Victoria is much happier since she has commenced her outreach service and now smiles and engages more with others. Victoria looks forward to moving to her new service and the state agency is actively working with Victoria and her Advocate to establish her wishes for her new home and the type of service she wants. The state agency has accepted it is important that this piece of work includes Victoria entirely and have assigned a social worker to work with Victoria throughout her transition.



14. Access to Justice



Context

Jane is in her mid-forties and has functional neurological disorder (FND) that developed after an accident. In stressful situations, FND can cause Jane to be very unwell where she might have a blackout, panic attack or a seizure and might even become momentarily unable to walk or talk. Jane was going through two court cases and had requested reasonable accommodation during court proceedings but felt she had not really been listened to by her solicitors or the Court. Jane contacted NAS herself. She wanted an Advocate to accompany her to Court and if necessary, step in to request reasonable accommodations (extra time, short adjournments, rephrasing questions) from legal personnel.



Actions by Advocate

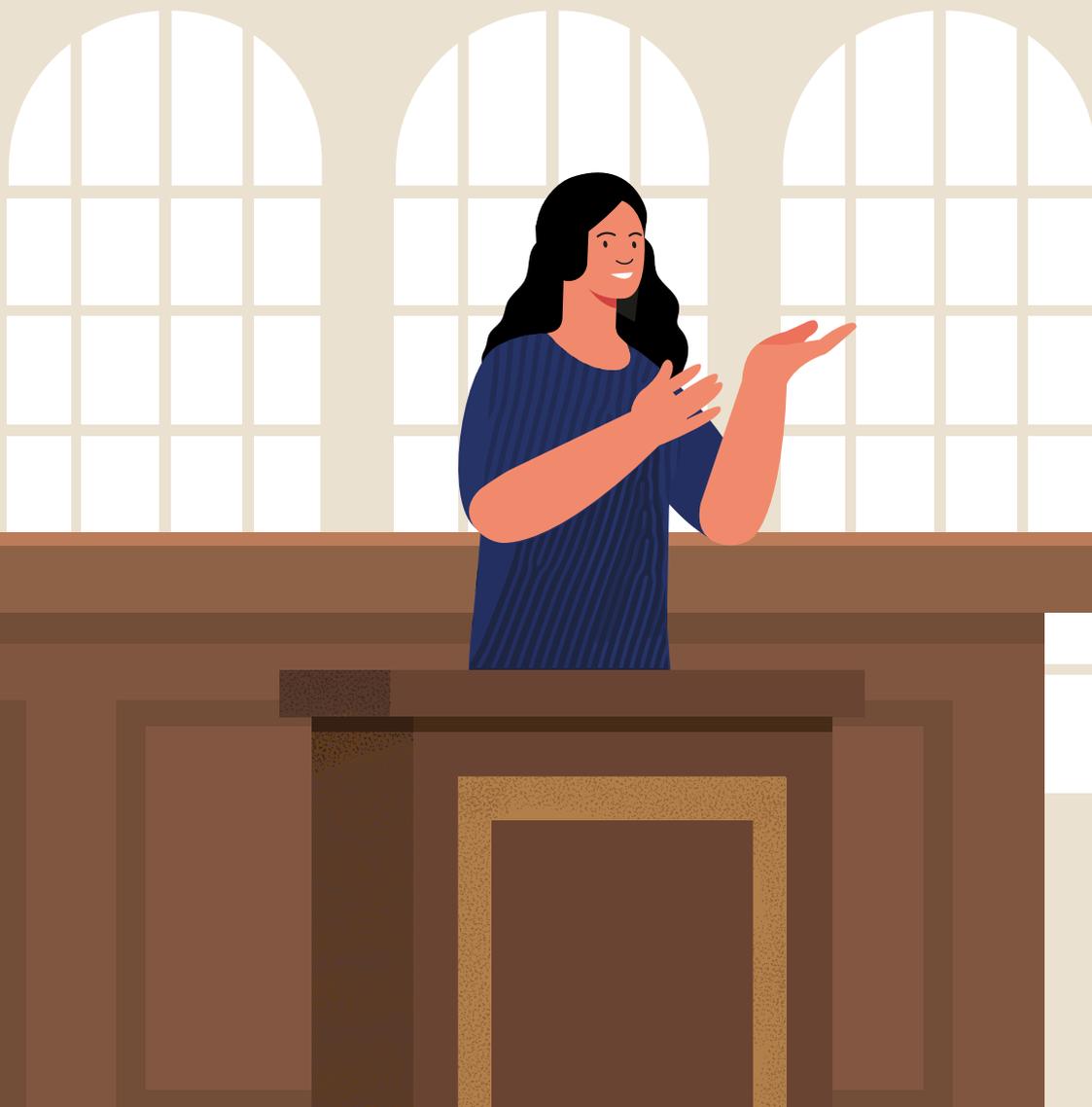
An Advocate met with Jane to discuss her advocacy needs and explained the advocacy process to her. Jane and her Advocate discussed how her FND condition might affect her during Court proceedings and in meetings with her legal teams. Jane agreed an Advocacy Plan with her Advocate setting out that she may need some support seeking and accessing reasonable accommodations during legal proceedings. The Advocate attended Court hearings with Jane to support her with managing the stress and challenges she experienced during attendances.

On one occasion while at Court, Jane was waiting for her case to be called and became very unwell. Jane had a seizure in the rear of the courtroom and was unable to move or talk for approximately 20 minutes. The Advocate informed Jane's Barrister that this seizure was happening so that her legal representatives were aware of her condition in the event that her case got called. Jane's barrister informed prosecuting Gardaí. Jane's court case was not called during the time of her seizure or for an hour afterwards. Jane recovered and later in the afternoon she was able to fully engage with the court proceedings.



Outcome

Jane was successfully supported by the Advocate to seek reasonable accommodation during court proceedings when she became unwell due to stress. The situation was handled calmly by the Court and other professionals as they now had a better understanding of Jane's condition. This meant that Jane's illness was not exacerbated while she was unwell. The reasonable accommodations provided to Jane allowed for a period of recovery on hearing dates which ensured Jane was in a position to fully engage with court proceedings at a later time.



15. Decision-Making



Context

Alex is in her mid-thirties and has a visual impairment and a physical disability impacting her mobility. Alex lived in her family home (now owned by her sibling) all her life and was left a right of residency in her parent's Will. Alex's relationship with her sibling deteriorated and they were no longer on speaking terms. Alex contacted NAS as she found family relationships difficult to navigate and this was impacting on her emotional wellbeing. She expressed a wish to move out of the family home to a level access building with an increased package of care. However, some family members wanted her to stay in her family home and look for additional supports to remain there.



Actions by the Advocate

NAS supported Alex to tell others where she would like to live and to understand her rights. The Advocate and Alex applied for legal aid and met her solicitor for advice on her rights. Alex and her Advocate engaged with the HSE Safeguarding and Protection team social worker in relation to issues that Alex was experiencing in her home. The Advocate supported Alex to explore her options – to stay in her family home or move to independent living. Alex did not want to leave her home townland; she wanted to remain living close to her family and within the radius of her day service and friends.

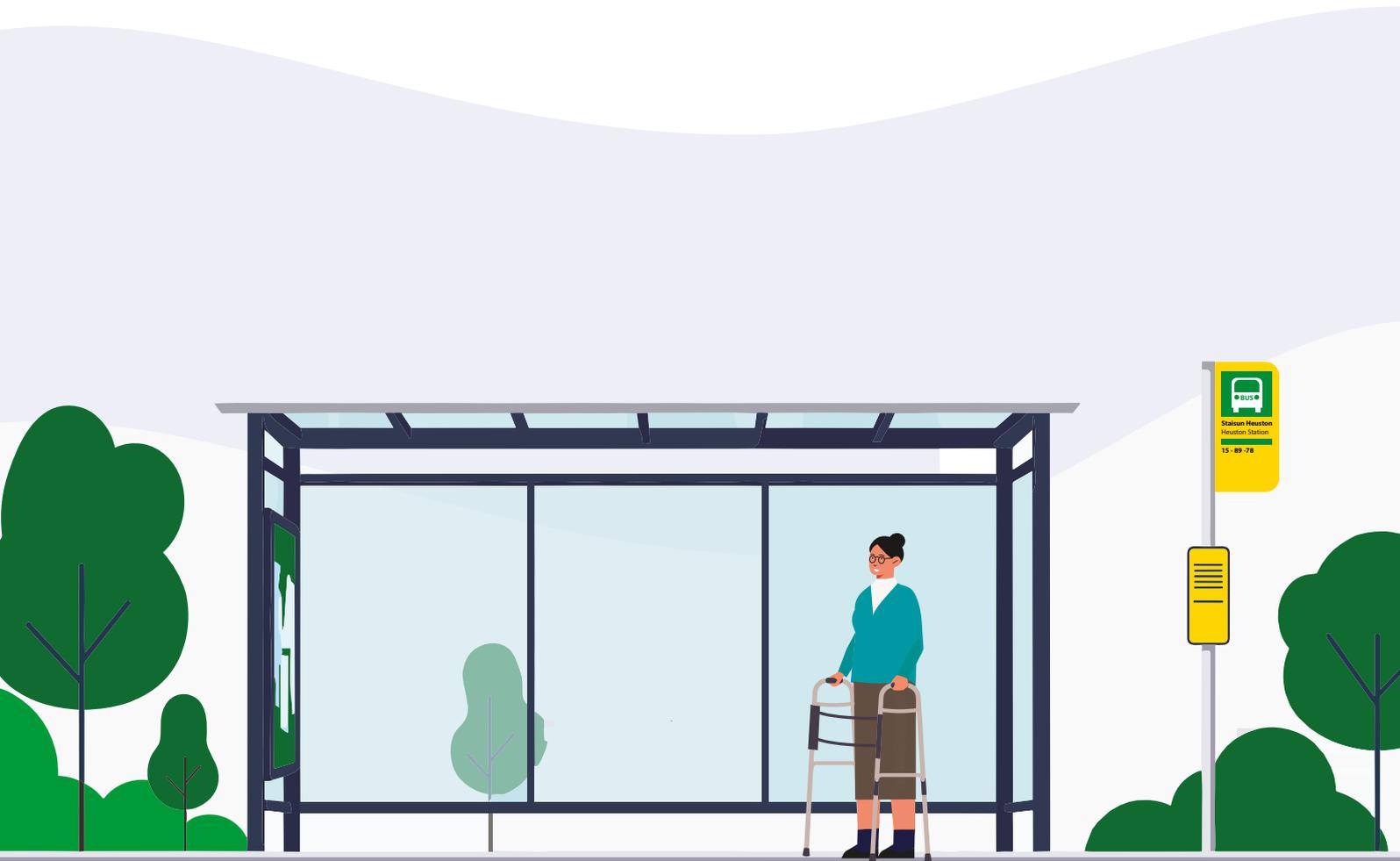
Alex and her Advocate visited a service providing support to live independently in the community and Alex decided to progress an application with this service. Unfortunately, Alex's health declined, and she then required a period of respite. Concerns for a return home after respite without a full package of care were raised by the people supporting her. Alex decided to remain in respite and wait for an offer of housing in the supported living service, in her area of choice.

During this time, Alex continued to experience influence from some family members to return home and to exercise her right of residency. The Advocate supported Alex to raise her concerns with the HSE Safeguarding and Protection team social worker and highlight the impact the undue influence was having on Alex's emotional wellbeing. After several months in a respite setting, Alex was offered housing in a semi-independent living service.



Outcome

Alex moved into her own home, supported by the staff in the service. She is happy and living in her desired community. Relationships with her family members have improved as they now respect her preferred living and care arrangements and could see the improvement in her quality of life as a result. Alex has become familiar with the local bus route and now accesses her day service independently. Alex told the Advocate she was really pleased with her new home and the support she has from the staff team there.





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An Roinn Sláinte
Department of Health

**National Advocacy Service (NAS) for People with Disabilities
& Patient Advocacy Service**

Level 3 Rear Unit
Marshalsea Court
Merchants Quay,
Dublin D08 N8VC

NAS National Line: 0818 07 3000
advocacy.ie
info@advocacy.ie

Patient Advocacy Service
National Line: 0818 29 3003
patientadvocacyservice.ie
info@patientadvocacyservice.ie