National Advocacy Service
For people with disabilities

National Advocacy Service
Annual Report 2025



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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. Foreword by Chairperson



Welcome to the 2025 Annual Report for The National Advocacy Service for People with Disabilities (NAS). This past year, in line with our new Strategic Plan 2025-2027, we have continued to tackle the increasing demand for advocacy services, from supporting people to assert their decision-making rights under new disability legislation to assisting people through decongregation and challenging barriers to financial autonomy.

This year's report provides an in-depth overview of the work NAS Advocates undertook in 2025 and captures the complexity and urgency of the issues faced by those we support. The number of people seeking advocacy services grew by 10% in 2025 compared to last year, which showcases the vital role independent advocacy plays in empowering people with disabilities to express their will and preference. Crucially, it demonstrates that individuals and their supporters have become more informed and empowered to seek support in navigating complex systems. This increased awareness across policy, service provision and wider society has led to a growing demand for advocacy services and highlights the pressing need for sustained investment in independent advocacy.

NAS Advocates worked on a wide range of issues during 2025, including access to 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). 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 and their continued commitment to upholding the rights and dignity of people with disabilities across Ireland. Since the implementation of the ADM in April 2023, assisted decision-making matters have made up a significant part of NAS casework and by the end of 2025, NAS Advocates had supported 49 people who were Wards of Court to navigate the discharge process under the ADM.

The 2025 Annual Report highlights key data around the number of enquiries received by our service, the number of cases worked on by our Advocates and the complexity of the cases we worked on. The report provides information on our stakeholder engagement and our efforts to inform real systemic change. In particular, it highlights how NAS Advocates support individuals, with several case examples demonstrating the impact of independent advocacy and illustrates the wide range of people that we work with and the types of issues they face.

In 2025, NAS continued to operate under overstretched resources, and as the data shows, demand has continued to grow across the country for our service. Many of the barriers faced by people supported by NAS can severely impact their ability to live a meaningful life within their chosen communities. Unfortunately, our waiting list has remained persistently high, with 235 people waiting on advocacy services at the end of 2025. Additional resources will be essential to ensure our continued capacity to meet the growing demand for independent advocacy.

I would like to express the Board's sincere gratitude to all the staff of NAS for their dedication and commitment to providing professional advocacy services throughout 2025. 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, Chairperson of NAS Board.

1.1 Easy-to-Read Summary of Annual Report

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 2025

NAS Advocates worked on 1,933 advocacy cases in 2025. The NAS waiting list ended in 2025 at 235. This is down from 266 in 2024.



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



NAS also closed 973 advocacy cases in 2025.

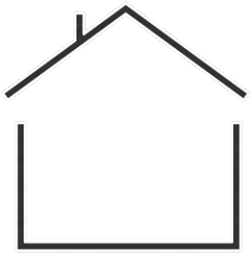


NAS has a telephone number people can call for help with their issue on 0818 07 3000. 2,602 people called this number in 2025. This was up from 2,419 in 2024.

Key Issues for NAS in 2025



NAS dealt with a lot of important issues for people with disabilities in 2025.



The biggest issues were around decision-making, housing and living arrangements, residential and healthcare settings, capacity building and communication, social and community life and financial issues.



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

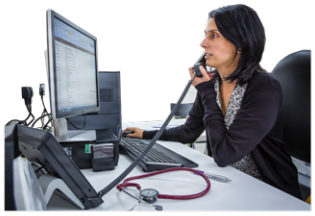
The Patient Advocacy Service

Patient Advocacy Service	NAS also provides another important service called the Patient Advocacy Service.
	The Patient Advocacy Service gives information and supports to people who want to make a complaint about something that happened to them in hospital or a nursing home. They also help people after a patient safety incident.

Who Supports the Patient Advocacy Service?

An Roinn Sláinte Department of Health	The Patient Advocacy Service is paid for by the Department of Health.
	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.

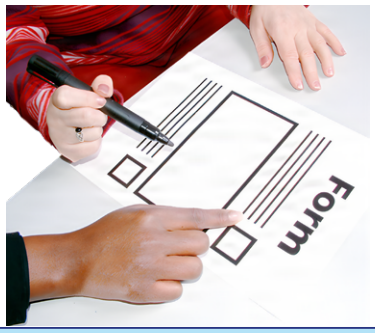
How Patient Advocacy Service Advocates Work



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. This is called empowerment advocacy.



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

Patient Advocacy Service work in 2025

Patient Advocacy Service

The Patient Advocacy Service provided support to 3,031 people in 2025.



Advocates worked on 7,969 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 into 2025.



The Patient Advocacy Service has a website and it was visited by over 11,895 new users in 2025.



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

Key Issues for The Patient Advocacy Service in 2025



The Patient Advocacy Service worked on important issues for people in 2025.



The top complaints were people feeling their anxieties were not listened to, not being able to visit hospitals, questions not answered, hospital staff not communicating care plans to the patient and staff being rude.

Who Contacted Us?



NAS was contacted by people with many different types of disabilities. Some people had 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 2025



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 about the Assisted Decision Making (Capacity) Act and the Decision Support Service.



NAS and the Patient Advocacy Service explained why issues like mental health services and home standards for home support services are important for the people they support.



NAS managers spoke at important meetings about disability issues.

Telling People About Us



NAS and the Patient Advocacy Service took part 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 Linkedin to tell people about work both services do.



The Patient Advocacy Service had four national advertising campaigns in 2025.

This meant going on the radio and putting advertisements in towns and villages to tell people about how they could support them.

1.2 NAS Highlights 2025

Key Statistics 2025

2025 marked an exceptionally busy year, not only in terms of an increase in enquiries but also an overall increase in the total volume of active advocacy cases, new advocacy cases and the total volume of completed (closed) advocacy cases. There was also an increase in the total number of calls to our national phone line in 2025. **NAS received a total of 2602 calls and other enquiries were made in addition to this via the NAS Website, enquiry forms, NAS email address and via calls direct to Advocates.** The service demonstrated maximisation of use of resources to reach the greatest volume of people needing our service.



NAS Highlights 2025

NAS received **3,481 new initial enquiries to the service in 2025**, an increase of 10% from 2024 (3,166).

NAS opened **982 new cases in 2025**, an increase of 11% from 2024, of which 413 progressed to representative type cases, an increase of 10% from 2024 (375).

The **total number of active initial enquiries in 2025 was 3893** (2024 was 3482), an increase of 12% from previous year.

The total number of Active Cases in 2025, including cases carried over from the previous year (951) was 1933, an increase of 9% on 2024 (1,779).

The NAS Waiting List at the start of the year was 266, this reduced to 235 by the end of the year, a reduction of 12% since 2024.

NAS closed a total of 973 cases (of which 551 were empowerment cases and 422 representative advocacy cases) an increase of 17% on 2024 (829).

The average duration of an empowerment case in 2025 was 7 months and 1 day (2024 was 5 months and 15 days) and representative cases for 2025 was 21 months and 12 days from start to finish (2024 was 18 months, from start to finish). This is an increase from the previous year by almost two months for both empowerment and representative casework.

Advocates logged 32,723 individual actions on cases, on a par with 2024 (32,965) and 12,310 actions on Initial Enquiries, which is an increase of 5% on 2024.

Advocates spent on average 59 minutes on an Initial Enquiry, 3 hours 38 minutes on an empowerment case and nearly 31 hours 57 minutes per representative case.

The **NAS national phone line received 2,602 calls in 2025 - this is up from 2024 (2419 calls)** marking a 6% increase in calls to our phone line.

NAS staff engaged in 117 promotional events and presentations in disability services and other services throughout Ireland. Due to waiting list numbers, promotional activities in busier areas have been curtailed in an effort to manage waiting lists.

The **NAS website had 9,876 active users in 2025, 18,000 individual site visits and 42,130 website views in 2025.**

Some of the biggest issues for people with disabilities which were worked on by NAS Advocates in 2025 related to **housing and living arrangements, decision-making, residential and healthcare settings, capacity building and communication; social and community life and financial issues.**

2. Vision, Mission and Values

Vision statement



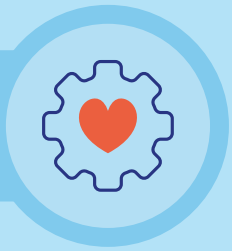
Our vision for society is one where people with disabilities can exercise their rights – with dignity, autonomy, equality, and independence at the core. We recognise the capacity of people with disabilities to make their own decisions equally with others, in accordance with the United Nations Convention 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, 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 2025-2027 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 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 perspective. 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 a nursing home

Context

Patricia is 45 and lives with Multiple Sclerosis (MS). She uses a wheelchair and following a hospital admission, she was inappropriately placed in a nursing home. Patricia had been living at home up until that point with a care package. She requires 24/7 support, which had been facilitated at home with specialised equipment provided by the HSE in collaboration with family support. However, upon admission to the nursing home all of her access to the supports and necessary equipment ceased. An enquiry was sent to NAS by the nursing home on Patricia's behalf. Patricia was adamant that moving to the nursing home would not be 'for life' and she wanted to go back to her own home and live as independently as possible within her community.

Action

An Advocate met with Patricia to ascertain her accommodation preferences. The Advocate spent time getting to know Patricia and to understand more about Patricia's life prior to moving to a nursing home and together they agreed an Advocacy Plan.

Nursing home staff informed Patricia's Advocate that she had no medical need to live in a nursing home long term and was medically fit for discharge as long as relevant supports were put in place. The Advocate supported Patricia in meetings and discussions with the relevant stakeholders to ensure her voice and wishes were heard. Patricia's Advocate also highlighted Patricia's rights according to Article 19 in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and referred to the Wasted Lives Document published by the Ombudsman's Office. The Advocate also underlined Patricia's right to live independently through these multi-disciplinary team meetings. Patricia required a comprehensive package as family were unable to commit to providing consistent care. After months of negotiation and planning, The HSE Disability Services approved a robust care package which enabled Patricia to move home.

Outcome

With the support of an Advocate, Patricia's voice was heard and acknowledged by the relevant services and her rights were upheld throughout the advocacy process. Patricia is delighted to be back home in her own community where she is a valued member. She sees her family and friends more regularly and has a renewed sense of autonomy and dignity. Patricia is linked in with primary care and other necessary community services. This example is a testament to what is possible when systems adapt to support individual rights and community inclusion.

"With the support of an Advocate, Patricia's voice was heard and acknowledged by the relevant services and her rights were upheld throughout the advocacy process. "



4. Our Service

4.1 National Advocacy Service Work in 2025

NAS provides independent, confidential, and free professional representative advocacy to adults with disabilities throughout Ireland. Key Statistics for NAS Activity in 2025 showed increases across all data sets, pointing to rising demands for advocacy but also maximum efficiency in use of its resources. This is due to the increasing complexity of our casework, multiple changes in the external environment such as safeguarding, increased awareness of advocacy, commencement of the ADM, ongoing de-congregation of institutions, an enhanced focus on human rights in line with the UNCRPD, and improved regulation of services, among other factors.

"Your involvement was fantastic; you kept her rights to the fore. The information about her right to make mistakes was a huge learning for us and changed everything."

- Feedback from a key worker

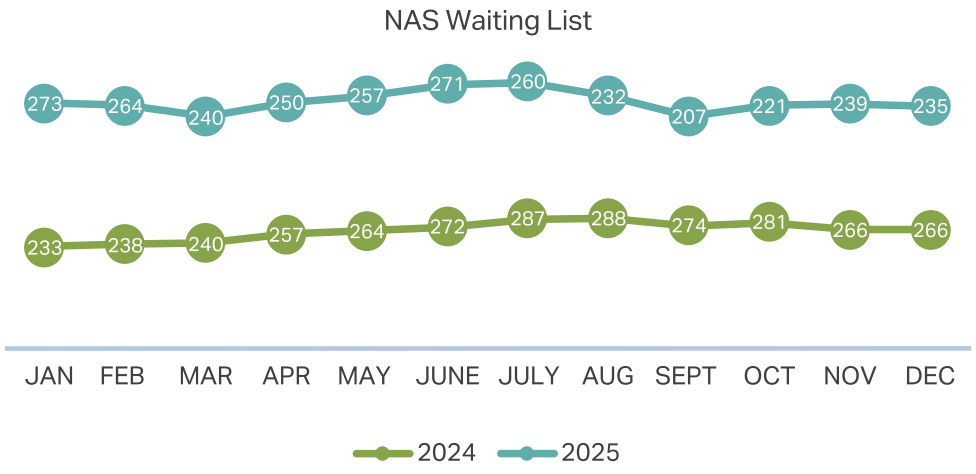
The range of issues Advocates support people to navigate continues to grow, both in numbers and complexity; **62% of all NAS cases in 2025 had between 2 and 7 issues.** This was an increase of 3% (625) in 2024 up to 1181 at the end of 2025.

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.

Ireland's social care and decision-making landscape is increasingly complex and NAS acts as critical enabler for people with disabilities to navigate such changes, yet NAS has witnessed growing demand and resource strain now for several years. As our work has become increasingly complex, we have provided advocacy to more people every year, despite the ongoing dearth in resources. This is most acute in locations where there are waiting lists for access to our service, but it is also needed right across the country to ensure that as many people as possible with a disability who meet our criteria have swift access to advocacy.

The criteria for accessing NAS services are outlined in our access and eligibility criteria policy, which is 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 266 in January 2025 down to 235 at the end of December 2025, a reduction of 12%. These waiting lists are not distributed evenly across the country. Some counties have no waiting list whilst counties like Cork and Kildare may have a waiting list of up to 12 months or more, amounting to a postcode lottery. The high volume of enquiries to some counties are difficult to service with staffing levels. This lack of sufficient resources available to NAS to deliver its services makes waiting list management both more difficult and more time-consuming, which is a further draw on advocacy resources.



There is a very clear trend of an increase in the overall number of advocacy cases each year – rising from 1363 in 2019 to 1779 in 2024 and 1933 in 2025.

People who are already isolated and in difficult situations can be left waiting a long time for access to advocacy. At the end of 2025 in the Southern Region, there were 32 cases on the waiting list who had been waiting for independent advocacy for longer than two years. This translates into increased complexities as by the time an Advocate commences work with the person, the issue may have further escalated.

The importance of representative advocacy is underlined in the Joint Oireachtas Committee on Disability Matters pre-budget submission 2023[1], and in a 2024 report 'Planning for Inclusive Communities for persons with disabilities'[2] – calling for the adequate resourcing of NAS. Its Recommendation 5 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."

It is also in the UNCRPD Budget 2023 Pre-Budget Submission[3], and the importance of access to advocacy noted in the Ombudsman's Wasted Lives report[4]. The importance of access to independent advocacy is also highlighted by the existence of a standalone Code of Practice for Independent Advocates by the Decision Support Service. Additionally, The National Policy Framework for Adult Safeguarding in the Health and Social Care Sector 2025 now requires services to provide access to independent advocacy.

Since the commencement of the ADM Act on 26th April 2023, NAS decision-making cases have grown exponentially, with a total of 492 cases (25% of all advocacy casework) relating to decision-making in 2025 (compared to 435 in 2024 and 326 in 2023). NAS supports a broad range of decision-making-related advocacy work under the ADM. This includes support across all aspects of the Act, such as assisted decision-making agreements, co-decision-making agreements, capacity assessments, advance healthcare directives, enduring powers of attorney, and applications relating to ward of court discharge, as well as Decision-Making Representation Orders. The court has placed much importance on the role of independent advocacy since commencement of the Act with a focus on ensuring the voice of the person is independently represented to inform the court's decision-making. **NAS Advocates support people in two ways: 1) full representative advocacy, and 2) empowerment or short-term advocacy and information support.**

Overall, **NAS received 3481 new enquiries in 2025.** This figure has grown by 10% since 2024, when there were 3,166 new enquiries. **NAS opened 982 new advocacy cases in 2025** of which 413 progressed to representative type advocacy cases. This work involved extended engagement with individuals, ensuring that their will and preferences were heard, understood, and considered. It also involved writing correspondence, attending meetings with

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 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

2 'Planning for Inclusive Communities for persons with disabilities'

3 data.oireachtas.ie

4 https://ombudsman.ie/en/publication/ec00e-wasted-lives/

the person in a variety of settings and supporting the person to ensure their voice was kept at the centre where decisions were being made about their lives.

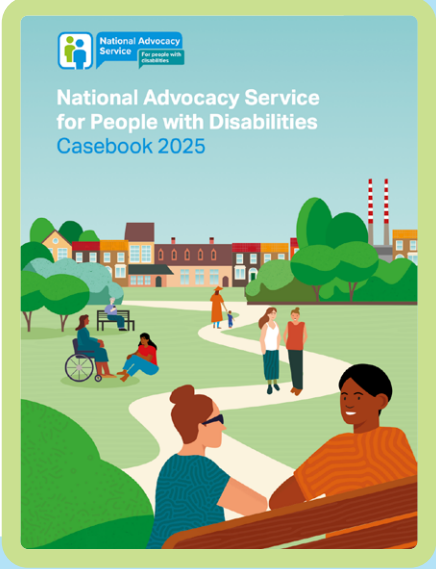
Throughout 2025, NAS Advocates reported systemic policy issues in the area of housing, assisted decision-making and residential and healthcare settings. Ongoing admissions to nursing homes for those under 65 are consistently reported upon and compatibility issues across residential settings arise frequently.

A significant ongoing issue across our casework is people NAS supports continuing to live in congregated settings despite commitments to the contrary. Ongoing concerns exist regarding quality-of-life issues for those living in congregated settings. NAS is to release a social policy paper on decongregation in 2026 with key recommendations on this critical issue.

4.2 Annual Casebook – 4th Edition

NAS and the Patient Advocacy Service were delighted to publish the 4th Edition of the Annual Casebook. The Casebook has grown and developed over the last four years, giving voice to the lived experiences of those supported by NAS and the Patient Advocacy Service. This year's Casebook included 15 case examples from NAS and 11 from the Patient Advocacy Service. The publication details the complex case work carried out by Advocates in both services, highlighting the vital role independent, professional advocacy can play in supporting people to have their human rights protected and promoted.

The Casebook offers a unique glimpse into the diverse range of issues that both NAS and The Patient Advocacy Service supported people with in 2025. 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 both for individuals and in communities across Ireland. The Casebook covers topics such as access to justice, capacity building, parenting with a disability, housing, and healthcare and nursing home complaints.



4.3 Strategic Plan 2025-2027

The NAS and Patient Advocacy Strategic Plan for 2025 – 2027 was launched in August 2025. This is the first time for both Services to produce a joint Strategic Plan since NAS produced its previous Strategic Plan in 2018. This new Strategic Plan was developed following a consultation process in 2024 with disabled people, NAS Funder CIB and Board, staff and key stakeholders and is implemented through annual workplans. The vision, mission and strategic plan set out what the service wishes to achieve and brings together the organisation's leadership role and experience in providing professional, independent, empowerment and representative advocacy services. It highlights our role as a collaborative champion in developing and driving standards of practice in advocacy. We also identify key enablers to allow for improvements in priority areas of services, standards and policy: Awareness, Capacity Building and Enhancing Effectiveness of the organisation.

The Strategic Plan sets out five objectives for both services:

1

Strategic Objective One - Services

Further human rights through the provision of high-quality advocacy services, extending our reach to all who need it through adequate resourcing. Extend our independent advocacy reach by securing the necessary increase in resources/contract renewal to enable NAS and the Patient Advocacy Service to deliver services to the optimum number of people who require Independent Advocacy support across Ireland.

2

Strategic Objective Two - Standards

Be advocacy leaders and influencers. Measure our impact to work towards achieving the highest National Standards in relation to the provision of Independent Advocacy in Ireland. Improve our ability to evidence our impact and outcomes.

3

Strategic Objective Three - Policy

Increase our authority to influence policy and systemic change. Work to have the highest quality and most progressive national policies for the provision of Independent Advocacy and continue to ensure that people's voices are heard, and their rights are respected in policy decisions and that we influence systemic change where it is needed.

4

Strategic Objective Four - Awareness

Raise awareness and promote a better understanding nationally of Independent Advocacy and our work. Create more public and organisational awareness and understanding about the role and importance of Independent Advocacy and about the services provided by NAS and the Patient Advocacy Service.

5

Strategic Objective Five – Building Capacity and Enhancing Effectiveness

Value our people and excel in governance. Establish the best conditions for our people to excel in their work and for the organisation to excel in performance and compliance.

The Strategic Plan is essential to ensuring that NAS continues to play a vital and effective role within an ever-changing social care and decision-making sphere and assuring the rights and wishes of the disabled person are always prioritised.



4.4 The Assisted Decision Making (Capacity) Act 2015

The Assisted Decision-Making (Capacity) Act (ADM) came into effect on 26 April 2023. From the commencement of the Act to the end of December 2025, NAS Advocates provided advocacy support related to the area of Decision-Making to a high volume of people:

- 2023 (from 26 April): 326 cases (21% of total advocacy cases)
- 2024: 435 cases (25% of total advocacy cases)
- 2025: 492 cases (25% of total advocacy cases)

The Act places a duty on all those engaging with a person, including people with disabilities, to presume that the individual has the capacity to make their own decisions. It requires that appropriate supports are provided to assist decision-making, recognises a person's right to make decisions that others may consider unwise, and ensures that intervention occurs only when necessary and in a manner that respects the person's rights, will and preferences.

The ADM is fundamental to safeguarding an individual's right to make decisions regarding their personal welfare, property, and affairs in line with their own wishes and preferences. The UNCRPD affirms the right of all people to exercise choice and control over their lives, and the ADM provides an important mechanism for embedding these rights in both legislation and everyday practice. Significantly, it promotes empowerment, enabling people to live with dignity and respect while strengthening their autonomy and self-determination. Equally important is ensuring that Independent Advocacy remains person-centred and is not diminished within court processes.

The commencement of the Act marked the beginning of the three-year transition period within which people who are wards of court would be discharged from Wardship, either with or without decision-making supports in place. Wardship removes a person's legal authority to make decisions on their own behalf; however, the ADM will deliver lasting positive change for people with disabilities by enhancing their independence and self-determination. Under the ADM, all adult wards of court must be discharged and transition from Wardship to tailored decision-support arrangements. To address existing case backlogs, the High Court can now grant extensions on a case-by-case basis, allowing for extensions of up to 18 months where necessary. In most adult wardship cases, these extensions cannot extend beyond 25 October 2027.

In the last quarter of 2025, assisted decision-making matters made up a significant part of NAS casework. Since the Act came into effect, issues affecting people NAS supports varied from peoples' family members having full control and autonomy over the person with disabilities' finances to medical staff ignoring a patient's right to refuse treatment.

Crucially, NAS Advocates supported 49 people who were Wards of Court cases during this period as they navigated the discharge process under the ADM Act.

Case Study:

Decision-Making and Acquired Brain Injury

Context:

Amy is in her forties, and an enquiry was made to NAS on her behalf after an assault left her with an Acquired Brain Injury. The Advocate initially met Amy in Hospital where she had undergone several surgeries and a period of acute care. She was in the process of preparing to be transferred to another centre for ongoing rehabilitation.

Amy was born outside of Ireland, and as a result, she had few natural supports around her. English was also not her native language although she was happy for general conversations to happen through English.

Actions by Advocate:

The Advocate spent time with Amy when she was undergoing rehabilitation and supported her to ask several questions in relation to her care and the future placement options which were being explored. The Advocate also supported Amy to access information on criminal proceedings against the person who was alleged to have assaulted her and subsequent personal injuries actions which may be initiated on her behalf.

During this time, an application was made by the HSE for formal decision support arrangements for Amy in relation to her future care needs and placement, and to support her with financial decisions. The Advocate ensured that translation services were available to Amy, particularly when the functional capacity assessment was being completed. This was to ensure that language was not a barrier to Amy's full understanding or to determining her capacity to make decisions.

The Advocate supported Amy's voice to be heard as part of the process and met with her on several occasions to ensure she understood what was involved. The Advocate assisted Amy to meet with her Solicitor, and to have her will and preference considered during the process and they also supported Amy to challenge several aspects of the functional capacity

assessment that had been completed.

The Advocate assisted Amy to write a letter detailing her wishes to the Court ahead of the Decision-Making Representation Order (DMRO) hearing and supported her to attend an initial in-person hearing and subsequent hearings remotely, in line with her wishes.

Upon the appointment of a Decision-Making Representative (DMR) the Advocate attended a meeting with Amy and the DMR to give information of actions completed to date in her case. This included, updates in relation to the criminal proceedings, communication and cultural considerations that were needed and an overview of Amy's will and preference, and how the DMR could best support and communicate with Amy in the future.

Outcome:

Amy's will and preference was considered as part of the assisted decision-making process. Amy acknowledged that she would need some support with decisions in the future and that she was unable to identify anyone in Ireland that would be able to support her as a Co-Decision Supporter. The Court appointed a panel DMR to her but ordered that the DMR would support her to make decisions rather than make decisions on her behalf.

The Advocate supported Amy to inform the DMR of her wishes regarding decisions around her future care needs, finances and pursuing a personal injuries case for a financial settlement on her behalf.



Case study:

Assisted Decision-Making and Finances

Context:

Dylan is in his twenties and has an intellectual disability. He contacted NAS seeking support around decision-making matters as he felt uncertain about decisions being made around his finances and wanted independent support to better understand his rights and options.

During initial advocacy meetings, Dylan explained that he was experiencing difficulties understanding decisions connected to his finances. Through exploration of the issues, it emerged that a Co-Decision-Making Agreement was already in place. However, Dylan stated that he had limited knowledge and understanding of the agreement and felt he had not received sufficient independent or accessible legal information during the process.

As advocacy support progressed, Dylan expressed increasing concern regarding the role of the Co-Decision-Maker. He described feeling pressured around financial purchases that he believed would benefit the Co-Decision-Maker, rather than reflecting his own wishes. Dylan stated that these decisions did not represent his will and preferences and he wanted support to communicate this.

Actions by Advocate:

The Advocate met with Dylan over several sessions to ensure sufficient time was provided for him to explain his experiences and identify his wishes and preferences. The advocacy process and the Advocate's independent role were explained, ensuring Dylan remained central to all decisions and actions.

Dylan was supported by his Advocate to access information and gain clarification regarding the Co-Decision-Making Agreement and ensured information was presented in a way that was understandable and accessible to him.

The Advocate assisted Dylan to raise concerns regarding the agreement and supported him to communicate with professionals involved, including

his solicitor and support professionals. Dylan was also supported to clearly express that certain financial decisions and purchases did not reflect his wishes or preferences.

As further concerns emerged, the Advocate raised questions regarding the role and actions of the Co-Decision-Maker and whether these actions aligned with the principles and safeguards contained within the Assisted Decision-Making legislation.

Dylan was supported to engage with his social worker and seek assistance to submit a concern to the Decision Support Service regarding the arrangement and his experiences.

Outcome:

The Decision Support Service reviewed the concerns raised and met with Dylan to hear his views directly. Dylan's wishes and preferences remained central throughout the review process.

Following consideration of the concerns, recommendations were made to replace the Co-Decision-Maker in line with Dylan's expressed will and preferences.

Dylan reported feeling listened to, respected and empowered through the process. He stated that having independent advocacy support helped him understand his rights, communicate concerns, and achieve an outcome that reflected his own decisions and preferences.



4.5 Complexity of NAS Work

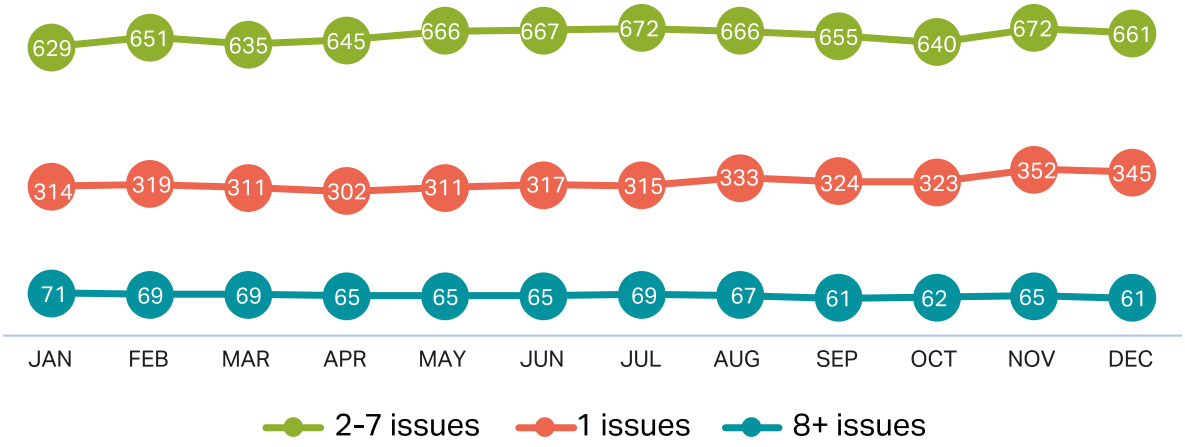
In 2025, as with previous years, the number of issues per representative advocacy case has risen. This increase not only highlights the growing complexity and multifaceted nature of advocacy casework but also places additional demands on staff capacity to provide effective support in key areas. **The majority of NAS cases now have between 2 and 7 issues. A further 120 (6%) had 8 issues or more. In 2025, 32% of all advocacy cases had 1 advocacy issue. The complexity of cases continues to remain high for the total number of cases with both 2 to 7 issues and 8+ issues.** The increase in the number of issues per full, representative advocacy case is due to several factors, including increased awareness of future obligations on service providers because of new disability legislation and the ADM Act. The European Accessibility Act came into force in June 2025, which will further embed disability rights across the country.

Examining the number of issues per case gives a good indication of case complexity as **cases with more than one issue can be particularly complicated and require more advocacy time and input. Health, disability, social care, and housing services often operate in silos with systems tending to be designed for a single, primary condition.** This means those with multiple or complex needs have fragmented or poor service provision and support. There is no one service that can adequately respond to the breadth of a disabled person's multiple needs. **Within one case, an Advocate can be supporting multifaceted issues, which are often interconnected.** NAS Advocates may have to coordinate communication with a wide range of stakeholders and agencies in a person's life, all the while ensuring that each issue is worked through at a pace that reflects the individual's needs, wishes, and circumstances.

Case reviews by Managers and Senior Advocates also produce qualitative data to highlight case complexity. They have reported significant changes in recent years, particularly in communication support needs, which has increased the complexity of NAS casework. **Many people NAS supports require various forms of communication from assistive technology, sign language interpretation, picture aids to literacy support and translation, amongst others.** A changing Irish landscape means disabled people are overrepresented in homelessness, often they have an Acquired Brain Injury or Intellectual Disability, or one or more issues and have fallen through the cracks in the system. Additionally, geopolitical issues have meant that NAS works with many people who have experienced trauma from war and need translators. All of this is undertaken in an overstretched system where

appropriate supports are becoming harder to obtain. This is placing huge pressure on existing resources leading to growing waiting lists and waiting times. To sustain quality advocacy support and meet growing demand, NAS recognises the urgent need to strengthen and expand its capacity.

Table showing number of advocacy issues per case in 2025:



NAS uses a Complex Case Review Forum to review and support 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 and provides possible options and pathways to progress cases.

"I want to inform you of the calibre and professionalism of an Advocate that I worked with. The Advocate was my point of contact when I became involved in a case that they had managed very effectively. I was appointed as a Decision-Making Representative in a very complex case, and the NAS Advocate was instrumental in the smooth handover. I was extremely impressed, not to mention grateful, and everyone involved has benefitted. It is enriching to understand that there is a great Independent Advocacy service available and that NAS, as a provider, really cares and makes such a difference."

Message from an Independent Panel Decision-Making Representative

4.6 Key Issues for NAS in 2025

- NAS Advocates supported many people with **inconsistent personal assistance provision** and/or **inappropriate care and support packages** nationally.
- NAS continued to support a high volume of people **under 65 living in Nursing Homes.**
- Silos across services meant many **individuals were placed in temporary accommodation** because they fell through the remit of Mental Health and Disability Services.
- A **continued lack of suitable housing and a critical shortage of wraparound supports for people with disabilities**, such as Mental Health Services and Addiction Services has meant many disabled people find themselves at risk of homelessness.
- Issues arose with the lack of transparency around **nursing home charges.**
- **Inconsistent future planning arrangements** because of ageing carers is an ongoing issue across the country resulting in disabled people being placed in inappropriate accommodation on a crisis basis.
- Ongoing issues for people **accessing and managing 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 from the person.
- **Out-of-county placements** for individuals far from their families, friends and familiar communities.

NAS continues to carve its niche as an independent advocacy service as we capture our ongoing learning in emerging priority areas, such as discharge from wardship and decongregation. Despite no additional advocacy resources, NAS did extensive work to maximise its efficiency across key focus areas and huge efforts were made to reduce waiting lists and signpost people wherever possible to the right agencies.

Access to Independent Advocacy has become essential towards supporting the guiding principles of the ADM and supporting the will and preference and voice of **the person for whom decision-making arrangements are being considered. In 2025, NAS continued to support people to exit ward of court arrangements, support people with DMRs across all regions, and attend court with people, amongst other supports.** There has been a steady year-on-year increase in demand for NAS Advocates in ADM casework, further amplified by the extension grant from the original April 2026 statutory deadline to October 25, 2027. With no increased resourcing to meet this demand, it is having a direct impact on people with disabilities and on NAS waiting lists.

NAS Advocates regularly bear witness to the profound impact of institutional living and congregated settings on those we support and meet with people across the country who are living in inappropriate accommodation. In light of this issue, NAS was allocated a grant by the Irish Human Rights and Equality Commission (IHREC) to undertake the development of a comprehensive social policy report on decongregation in Ireland, a core objective of which is to ensure that national and international policy analysis is meaningfully underpinned by the lived experience of rights holders.

NAS continues to support young people under 65 placed inappropriately in nursing homes despite government commitments to alleviate overall numbers of people in this situation. Many of them are twenty years younger than some of the other residents, which inevitably can cause compatibility issues. Activities in nursing homes are geared towards older people resulting in a lack of age-appropriate social connection for younger residents who tell Advocates they have no stimulation, feel isolated, and stripped of independence. Additionally, nursing homes are often located in rural, isolated locations, many with no option to venture outside, avail of local services or engage in local activities. People are often moved far away from their families and communities, and they have virtually no control over their own finances. A particular concern for NAS is the "transition" of people with disabilities who have lived long term in disability residential settings into nursing homes; effectively moving people from one silo to another. Young people with Acquired Brain Injuries are still ending up in nursing homes due to a lack of alternative supports in the community and NAS Advocates across the country have reported discrepancies in Acquired Brain Injury support service provision. **In 2025, there were still approximately 1200 people under 65 living in nursing homes.**

People with disabilities face significant, persistent challenges in accessing suitable housing in Ireland. **Advocates frequently cite shortages, inadequate supports, and issues with the assessment system, as well as an inadequate supply of fully accessible and affordable housing.** While the National Housing Strategy for Disabled People 2022-2027 aims for independent living, Advocates report long wait times for social housing, sometimes exceeding 10 years.

In 2025, 27% of all cases were related to housing and accommodation-related issues, while 22% of all cases were related to residential and healthcare settings, this is a jump from 17% in 2024 indicating the increasing scarcity of adequate supports across the country. These are significant figures and represent a large portion of the work of NAS Advocates and the needs of people who access our services.

Following on from NAS's social policy report on the issue of financial autonomy for people with disabilities in 2024, **NAS continued to see issues relating to finances regularly arising as advocacy issues in their work.** Some issues persist in relation to opening Bank Accounts and enquiries continue from services regarding blocks being placed by banks allowing people to access their bank account with supports. NAS also saw issues regarding access to supports for Ukrainian people admitted to nursing homes due to complex medical needs. They can receive €38 per week, but no access to Disability Allowance due to their residency status.

Compliment:

"Thank you so much for all your help to date. It's brilliant to know that this service exists."

- from a solicitor in the ADM process

National Advocacy Service Issue Categories in 2025 Area Requiring Support

Category	% of Active cases
Housing & Living Arrangements	27%
Decision-Making	25%
Capacity Building & Communication	20%
Residential and Healthcare settings	22%
Social & Community Life	15%
Financial issues/matters	13%
Access to Justice	12%
Health	11%
Family and Relationships	10%
Safeguarding	7%
Parenting with a Disability	6%
Complaints	5%
Access to Public Services & Discrimination	2%

4.7 Who Engaged with the National Advocacy Service?

NAS has a particular remit to work with people with disabilities who are in particularly vulnerable situations. This includes people with disabilities who live in residential services, who attend day services, who live in inappropriate accommodation, who have communications differences, who are isolated from their communities or who have limited natural supports. The service worked with a diverse range of people in 2025 who have many different types of disabilities.

The table below outlines the percentage of people with whom NAS worked in 2025 who experienced each type of disability.

Category	% of those NAS supported
Intellectual	42%
Physical	25%
Mental health	21%
Acquired Brain Injury	15%
Autism Spectrum	15%

Case Study:

Independent Living and Decision-Making

Context:

Claire is 45 years old and has a visual impairment, as well as a physical disability that impacts her mobility. Claire lived in her family home all her life and was left a right of residency in her parent's will. Her sibling owned the home, however Claire's relationship with her sibling had declined in recent years and they were no longer on speaking terms. Claire was supported to contact NAS as the situation in the home had become difficult for Claire, both as a result of her changing care needs and the complex family dynamic. Claire found these relationships difficult to navigate and this was impacting on her emotional wellbeing.

Claire was struggling to use the stairs safely to access her bedroom which was on the second floor of the house and had expressed a wish to move out of the family home to a level access building with an increased package of care. However, she was experiencing a lot of influence from her family members to look for additional supports to remain living in her home instead.

Actions:

Claire was supported by the Advocate to engage with a social worker from the HSE Safeguarding and Protection team in relation to concerns for the potential abuse that Claire was experiencing in the home on a day-to-day basis, as well as the restrictions imposed on her in her own home. The Advocate also had concerns for the emotional impact on Claire as a result of the hostile environment.

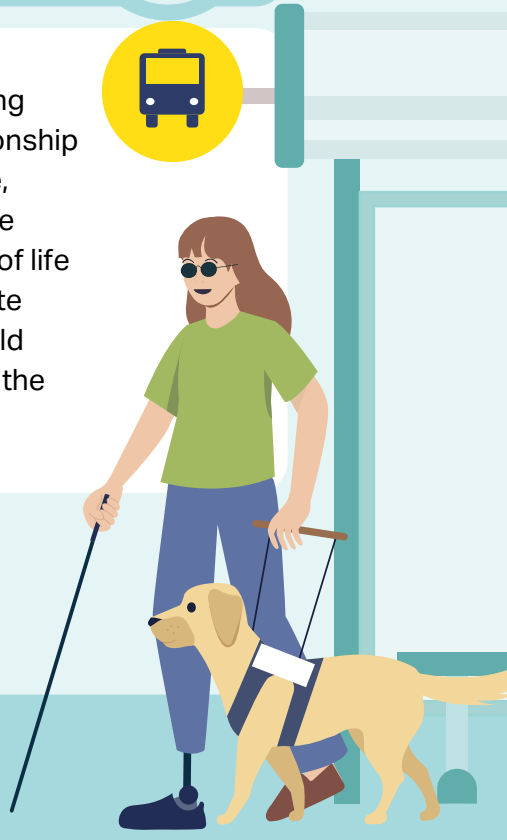
The Advocate supported Claire in her own decision-making about where she would like to live and to understand her rights. The Advocate also supported Claire to make an application for legal aid and subsequently, supported Claire to meet with a solicitor to get some advice on her rights. Claire was also supported to understand her rights.

The Advocate supported Claire to weigh up the pros and cons of remaining living in her family home as opposed to moving to her own accommodation. Claire's Advocate spent time understanding what was important to her and ascertained that Claire did not want to leave the area she was from. She wanted to remain living close to her family and within the radius of her day service, so that she could continue to avail of transport to the day service.

The Advocate supported Claire to learn about a supported living service in her area of choice. Claire was also provided with details of the rent and bills and the service that this provider could offer her. Claire was accompanied by her Advocate on visits to various community-based living options to support her in her own decision-making. During this time, Claire's health declined and she required a period of respite. Concerns for a return home to a house with stairs and a house where Claire could not avail of a full package of care were raised by the team supporting her. Claire was provided with the option to remain in respite and await a suitable discharge option to a level access property. Claire decided to wait in respite for an offer of housing in the supported living service, in her area of choice. During this time, Claire continued to experience a lot of influence from her family members to return home. The Advocate supported Claire to raise concerns with the social worker from the HSE Safeguarding and Protection team on numerous occasions and supported Claire at meetings where the Advocate highlighted the impact that this undue influence was having on Claire's emotional wellbeing. After several months in a respite setting, Claire was offered housing in a semi-independent living service.

Outcome:

Claire moved into her own home in the community and is living within a safe environment which meets her needs. Her relationship with her family members has improved because of this move, as they grew to respect her decision about her living and care arrangements and could see the improvement in her quality of life as a result. Claire has since become familiar with the bus route and can now access her day service independently. Claire told the Advocate she was really pleased with her new home and the support she has from the staff team there.



Claire moved into her own home in the community and is living within a safe environment which meets her needs.

Case Study

Intellectual disability and mental health

Context:

Lily is in her late twenties and is autistic. She lives at home with her family and was being supported by a disability service when she experienced an emergency mental health admission. During this time, she felt her autism, intellectual disability and support needs were being misunderstood or ignored. When she returned home, Lily's keyworker in her disability service supported her to contact NAS as she was having difficulties accessing mental health services in her area.

At their first meeting, Lily explained to the Advocate that she had since been referred by her GP to her local community mental health team (CMHT) for support. Following an initial meeting they wanted to discharge her back to her disability service without seeing her again. They did not provide an explanation to either Lily or her GP as to why she was being discharged, only that the CMHT felt her needs would be met by her disability service. However, as her disability service is a social care service, they provide Lily with outreach and community engagement support but do not have a multi-disciplinary team in place to specifically support her mental health needs.

Actions by Advocate:

Lily agreed an advocacy plan with her Advocate to help her to access appropriate supports. The Advocate assisted Lily to make a complaint to the HSE about the manner in which she was discharged from the service and the failure to provide supports. The Advocate attended a meeting between the Clinical Director of the CMHT with Lily, her sibling and keyworker.

The Advocate supported Lily to explain to the Clinical Director of the CMHT that she did not have access to psychological support, social work or clinical oversight of medication at consultant level and that this was not available in disability services or primary care services.

The Clinical Director apologised for the lack of information provided to Lily to explain why she was discharged from the service. A referral was made with Lily's agreement to a Mental Health Intellectual Disability (MHID) Consultant. After the referral was accepted, an assessment was made for Lily to receive supports from the MHID multi-disciplinary team.

Outcome:

Going forward, the MHID multi-disciplinary team agreed to share information with Lily's disability service and GP as needed and a communication plan containing her support wishes was prepared should she ever be admitted to hospital. The Advocate supported Lily at a further meeting between the multi-disciplinary team, her disability service and her GP to receive input from Lily into how she would be supported in future.

In closing the case, Lily feels she now has access to supports and input into information shared amongst the services. She felt heard and listened to and had information explained to her in a way that she could understand about her health. Lily also told her Advocate that she was happy to have a communication plan for any future hospital admissions, as well as additional support from her family, disability service and GP to help her if needed.



5. Our Policy Work

5.1 Stakeholder engagement

NAS's advocacy experience and expertise mean that the service has contributed to a wide range of statutory bodies, public debates and discussion, key stakeholder meetings, and organisational working groups and forums across 2025. 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. There has been ongoing development of advocacy practice in assisted decision-making, particularly as we have seen the courts are becoming increasingly familiar with the role of advocacy in its processes around the ADM. NAS held an in-house webinar for its staff on the ongoing implementation of the ADM for continued professional development in this regard. NAS also hosted an internal webinar for advocacy staff on the topic of criminal law casework, which focused on supporting people with disabilities who come into contact with the criminal justice system.



NAS has continued to build strong working relationships with our funding organisation CIB, the HSE National Human Rights and Equality Policy Office and National Quality Improvement Division, HIQA, the Court Service of Ireland, the HSE Open Disclosure Office, the Joint Oireachtas Committee on Disability Matters, the Department of Health, the Department of Justice, the Department of Social Protection, the Department of Children, Equality, Disability, Integration & Youth, IHREC and the Decision Support Service. In 2025, NAS also met with a number of public party advisors and ministers in 2025 to promote the important role of NAS and Independent Advocacy.

Some examples of our engagement with external bodies include:

- The NAS Management team met with IHREC Senior Legal Team re Access to Justice issues.
- The NAS Management team met with the Registrar for Ward of Court office – Alice White.

- NAS engaged with the Family Advocacy Service along with multiple other advocacy stakeholders to discuss the development of a practice framework for advocacy in Child Care proceedings.
- NAS continued to develop relationships with advocacy organisations in the UK, Wales, Ireland and Northern Ireland.

Engagement with various Government Departments, including the Department of Social Protection, Department of Justice, Department of Children, Disability and Equality and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media.

Engagement with a wide range of key stakeholders, including meetings with: The Decision Support Service, The National Safeguarding Office, The Mental Health Commission, the Department of Disability, Children, and Equality, Office of the Ombudsman, The Banking and Payments Federation of Ireland, Inclusion Ireland, The Central Bank, Tusla, IHREC, HIQA, Dept. of Health - Protection of Liberty Safeguards Expert Advisory Group, HIQA Disability Team, ADM Transitional Oversight meeting, Legal Aid Board, Immigrant Council of Ireland, National Care Experience Programme Steering Committee, HSE ADM Oversight implementation group, The HSE Human Rights and Equality office, National consultative Disability Committee, The Health Information and Quality Authority (HIQA) Older Persons team, the Court Service, and the National Care Experience Programme. NAS also met with the Judicial Council to discuss NAS training of judges and with Principal Social Worker Donal Hurley of The National Safeguarding office to discuss NAS input to Safeguarding team in-person learning event.

Joint Oireachtas on Disability Matters Presentation

NAS National Manager Joanne Condon and Greater Dublin Region Manager Suzy Byrne were invited to present at a meeting of the Joint Oireachtas on Disability Matters on 15th October, 2025 to discuss autonomy and integrity for persons with disabilities. The topics included progress on abolishing wardship, transition arrangements and oversight and monitoring. The implementation of the ADM in relation to Wardship was also discussed.



Presentations to a wide range of external stakeholders including:

Courts Service Civil Reform team.

UCC final year Masters students.

Decision Support Service webinar on ADM Act/Banking.

Safeguarding Ireland Committee.

National Disability Authority.

HSE Ward of Court discharges and ADM webinar.

NAS presented to Social Care Students in SETU Carlow.

NAS presented to school leavers on HSE-funded Dday opportunities in Bray.

West Waterford Mental Health Team.

Greater Dublin Regional Manager Suzy Byrne chaired a panel at The National Disability Authority Conference on Relationships and Sexuality.

NAS National Manager Joanne Condon and Greater Dublin Regional Manager Suzy Byrne presented to Ward of Court Case officers re NAS independent advocacy and decision-making arrangements.

Greater Dublin Regional Manager Suzy Byrne presented to The HSE CHO Dublin North City and County Safeguarding Committee and to HSE CHO East ADM implementation committee.

NAS strengthened its relationship with the Mental Health Commission.

Strengthening of relationship between NAS Senior Management and IHREC Senior Management teams.

Membership of the following groups:

National Care Experience Programme Steering Group

Department of Health Protection of Liberty Safeguarding Expert Advisory Group

HSE ADM Transitional Oversight Group

HSE ADM Implementation Steering Group

HSE Under 65 Stakeholder Reference Group and Steering group

Ward of Court Research Advisory Group.

Women's Aid advisory group on Intimate Partner Violence and Disabled Women Research Project.

HSE National Disability Consultative Forum

NWIHP Clinical Advisory Group and Clinical Guidelines Group

Safeguarding Ireland Advisory Committee

Department of Justice Family Advisory Group

National Disability Consultative Committee

International Advocacy Network

Court Service Civil Society Forum: Modernisation Programme Advisory Group

Our Rights and Medication Advocacy Group

Public Consultations and Submissions

NAS inputted to the following public consultations and submissions in 2025:

Submission by IHREC to the Committee on the Rights of Persons with Disabilities for the List of Issues Prior to Reporting to provide information to the UN Committee on the Rights of Persons with Disabilities.

NAS inputted to CIB's mental health bill submission.

NAS participated in research conducted by Deloitte on behalf of the Department of Public Expenditure.

Input to National Development Plan Delivery and Reform focusing on disabled people's experience of applying for social housing.

Submission to the Mental Health Intellectual Disability (MHID) Public Consultation.

Submission to the National Disability Authority's draft Guidance on Access to Justice for Legal Professionals communicating with Autistic People.

Contributed to the Mental Health Commission Survey - A Review of the Effectiveness of the Decision Support Service.

Court Service Civil Law Team consultation on information pertaining to Civil Restraining Orders.

CIB digital strategy survey.

Submission to the Roadmap for Social Inclusion 2026–2030.

Submission to the Department of Health on the New Suicide Reduction Policy.

Submission to Safeguarding Ireland review of their National Advisory Committee.

Participated in a research focus group on human rights in nursing homes by Nursing Homes Ireland.

Inputted to the development of the National HSE Guiding Principles for Communication in the event of a Residential Closure.

Submission on HIQA Draft National Standards for Home Support Services.

6. Raising Awareness of Our Service



Promotional presentations to a broad range of services including:
NUA services, Bons Secours hospital group, Praxis care, social care students in DKIT, NLN Learners Sligo, HSE School Leavers Roscommon School Leaver Fair, Roscommon Partnership - Brain Health Dementia Event Brother of Charity services, DAV day service, Stoneybatter, Barnardos Family Advocacy service, Sallynoggin College of Further Education, Presentation to CHO 6 Adult Safeguarding Day Event, St Michael's House, WALK in Walkinstown, St Josephs Intellectual Disability Service, St John of God Services, Open Training College, Muiriosa services, Prosper, Enable Ireland, Ability West, Sunbeam House Self-Advocacy group, Cheshire, HSE Disability services, St. Hildas Day service, Athlone, among many others.

Launch of Strategic Plan 2025-2027

The NAS/PAS Strategic Plan 2025-2027 was launched on August 11th, 2025. The launch included a press release, a weeklong social media campaign and the report was distributed to over 700 contacts, including stakeholders and politicians. The Strategic Plan received positive feedback from several politicians and was shared amongst networks such as Age Friendly Ireland, was featured in the Irish Medical Times and NAS National Manager Joanne Condon was interviewed on CRKC Radio.

NAS attended a wide variety of national events, some of which included:

The National Disability Consultative Forum, European Autism Congress at the RDS, launch by the Data Protection Commissioner of the Adult Safeguarding Toolkit in Dublin IHREC Human Rights Conference at Croke Park, attended British Embassy, Dublin event to mark Autism accreditation of the Embassy (the first embassy in the world to do so), The Mental Health Commission focus group on Mental Health Intellectual Disability services, the HSE National Patient and Service User Forum, Ceile Care Nursing Home conference, launch of National Financial Literacy Strategy by Department of Finance, Ward of Court Roadshow event, IHREC inaugural conference for Human Rights leaders, HIQA learning event for Disability Service Providers, Navigating our partnership Journey Together HSE PPP conference, National Human Rights Strategy for Disabled People 2025-2030 strategy launch event, HIQA Disability Inspections Learning Event, Ward of Courts event for Committees in Tullamore, The North Connacht and Ulster Citizens Information Service 50th event attended by Supreme Court Judges Ms. Justice Iseult O'Malley, Mr. Justice Séamus Woulfe, and Mr. Justice Maurice Collins, to name a few.



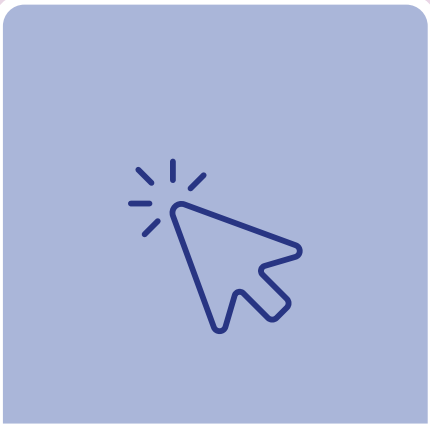
Compliment:

"We are so glad that you came to the meeting today and for helping us through it. You asked questions that we never would have thought of. We would not have been able to do it without you as we would not have known what to ask. Thanks for all your help."

- Message from a sibling of a person supported by NAS

Communicating our Message

"Your involvement is really good for the person and helpful for all of us in the Service as you shine a light on things we may not have thought of."
- Message from a member of Multidisciplinary Team to a NAS Advocate



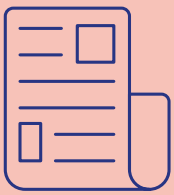
The NAS website received **42,130 individual visits by 9,876 users in 2025, including 18,000 individual site visits.**

NAS increased its use of social media in 2025:

The organisations Facebook page had **117,087 views in 2025** and our page grew from **2700 followers at the end of 2024 to 3,104**, an increase of 8 %.

The Service's X Page grew from **2,284 at the end of 2024 to 2,309 by the end of 2025**.

The Service's LinkedIn grew from **6,285 followers at the start of January 2025 to 8,438 at the end of the year.**



NAS participated in several radio interviews throughout 2025. Our Casebook also featured and was mentioned in newspaper articles, and bulletins/ newsletters.

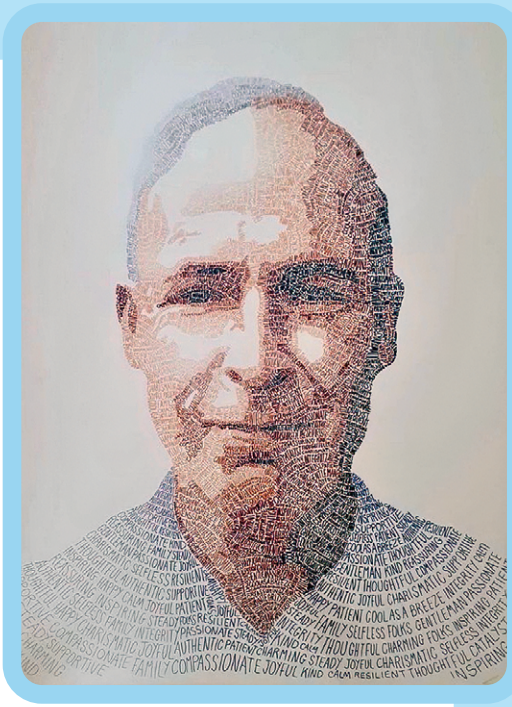


NAS National Manager Joanne Condon penned an article in the Irish Examiner in the wake of the Farrelly Commission about the importance of independent advocacy.



NAS collaborated with the HSE Human rights and Equality Office on two posters presented at The National Patient and Public Partnership Conference highlighting our joint commitment to promoting human rights-based approaches and ensuring that people's voices are heard, respected, and acted upon.

A Lasting Legacy: Mark O'Connor



We continue to remember and honour our colleague Mark O'Connor, his wife Louise and their son Evan who passed away in 2025. Mark joined NAS in 2021 and was Regional Manager in the Midlands Northeast Region. Mark was more than a manager, he was a trusted leader, a generous mentor with deep insights, and a source of steady encouragement for so many people, bringing warmth and humanity to every interaction leaving a lasting impact on all of those he supported.

Mark's kindness, integrity and dedication will continue to shape the Advocacy work we undertake. We remain deeply grateful for Mark's contribution to our organisation and to all who had the privilege of working alongside him. We will always remember Mark with respect, affection, a smile and most of all enduring admiration and we will carry forward the values he embodied so well. Mark will remain part of our organisation in this way for many years to come.

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 supported by the Department ol Health

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

An Roinn Sláinte
Department of Health

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