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Nothing about you / without you

Service Policies and Guidelines

March 2019

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Introduction

Many people face challenges to their independence due to physical or mental illness, intellectual, physical or sensory disability, lack of family and community supports or an inability to access public services that meet their needs. Some people communicate differently and with difficulty and some people slowly lose their ability to make and communicate decisions as a condition, such as dementia, develops over time. Some are abused and exploited because of their vulnerability. Others feel disregarded or let down by healthcare services while some are harmed through adverse events or medical negligence.

In circumstances where people may be vulnerable, or have to depend on others, there is a need to ensure that their rights, freedoms and dignity are promoted and protected. Through support and advocacy, the will and preference of a person can be heard and acted on; independently of family, service provider or systems interests.

Sage Advocacy is a support and advocacy service for vulnerable adults, older people and healthcare patients. These policies and guidelines cover key aspects of the service. Their development has been informed by a review of the literature, by the experience of our staff and volunteers to date and by the experience of other similar agencies nationally and internationally. The *Quality Standards for Support and Advocacy Work with Older People*, developed by Sage Advocacy and published in October 2015, is a foundation document of the service and these policies and guidelines reflect the principles set out in that document and the six quality standards themselves.

These policies and guidelines will be kept under continuous review by the Policy and Practice Committee of the Board of Sage Advocacy clg and will be further developed based on the growing experience of the service and on reflective learning.

The document contains four sections:

Section One:	Service Policies
Section Two:	Service Guidelines
Section Three:	Indicative Case Scenarios
Section Four:	Key Documents and Templates

A Glossary of Terms is included

Sage Advocacy Service Delivery

Sage Advocacy provides support and advocacy to vulnerable adults, older people and healthcare patients in all care settings and in the transition between them; family homes; respite facilities; nursing homes; acute hospitals; hostels; hospices. Services are delivered by Sage Representatives carrying out one or more of the following roles:

1) *Independent advocacy*
   Free from any conflict of interest, Sage Advocacy independent advocates act as a 'voice' for a person who may be vulnerable regarding a single issue or a range of related issues. By providing information to the person, ensuring that they understand the decisions they must make and helping them to express their will and preferences, the independent advocate works to keep the person at the centre of the decision-making process.

2) *Support*
   The role of a Sage Advocacy support person is to provide general support to clients to enable them to make their voice heard and to refer on to an advocate where necessary and to raise awareness about the legal and human rights of vulnerable adults and older persons.

3) *Patient advocacy*[1]
This involves a focus on patient needs, better information for patients, the addressing of grievances and the highlighting of related systemic health care issues. Individuals and/or their families who have had some type of bad experience with the healthcare system are supported to express their concerns, to tell their stories and, thereby, contribute to overall patient safety.

4) Specialist support
People with legal, financial, housing, clinical, mediation, policing and other areas of specialist expertise are available to provide support to Sage Advocacy staff and volunteers regarding complex issues.

5) *Systemic advocacy*
Sage Advocacy has as one of its strategic objectives to build an understanding and appreciation of the systemic inequalities and weaknesses that exist in Irish legislation, policies, and practices. To this end, it focuses on engagement with policy makers, public representatives, budget holders, decision-makers and the media regarding systemic issues of concern.

The service is delivered through trained paid staff and volunteers who are known as Sage Advocacy Representatives. All are supported by:

a) Education and training
b) Ongoing support and supervision
c) A system of case management
d) Quality monitoring, data collection and analysis
e) Clearly stated policies and guidelines

- Regional Coordinators and Patient Advocates are deployed, each with responsibility for defined areas, taking into account emergent structures for Acute Hospital Groups and Community Health Organisations.

- Each Sage Representative reports to a Regional Coordinator who is accountable to a Regional Manager. Patient Advocates report to a National Patient Services Coordinator.

- Sage Advocacy has in place policies and guidelines covering all areas of its work which are reviewed on an ongoing basis by the Policy and Practice Committee.

- **All Sage Representatives are expected to strictly adhere to and implement these policies and follow the related guidelines.**

A Human Rights Approach

The Sage Advocacy approach is based on respect for the human rights of all persons irrespective of difference or capacity and, accordingly, we are committed to supporting all vulnerable adults, older persons and healthcare patients in asserting their basic human rights as set out in UN and European Charters and Conventions[2] and in legislation, including, in particular,

[1] For a discussion on models of patient advocacy in other jurisdictions, see the Health Research Board Publication, https://health.gov.ie/wp-content/uploads/2016/12/Final-Version-Patient-Advocacy-Services.pdf

[2] UN Charter of Human Rights; UN Convention on the Rights of Persons with Disabilities; The European Convention for the Protection of Human Rights and Fundamental Freedoms; The European Court of Human Rights.

- Right to dignity and integrity of the person
- Right not to be subjected to inhuman or degrading treatment
- Right to associate freely with others
- Right to be part of a community
- Right to privacy and family life
- Right to freedom of religious beliefs, political opinions and other personal beliefs
- Right to autonomy and self-determination
- Right to be supported in making decisions (where necessary)
- Right to consent to and refuse medical treatment[3]

Promoting Choice and Self-empowerment

Sage Advocacy works to empower and safeguard vulnerable adults, older people and healthcare patients. Its modus operandi is to:

- Maximise participation by all clients
- Ensure that the will and preferences of people using services are heard and recorded
- Promote and support decisional autonomy
- Facilitate 'voice' at all junctures in the service delivery and support system
- Provide a 'watching brief' in relation to adults who may be vulnerable in different settings, particularly those who have reduced decision-making capacity
- Promote, facilitate and enhance supported decision-making by vulnerable adults who have reduced decision-making capacity
- Encourage and enable user participation in the development, implementation and review of the services they receive

[3] UN Declaration on Bioethics and Human Rights 2005

Quality Standards for Support and Advocacy Work

The Sage Advocacy approach at all times reflects the six quality standards outlined in the Quality Standards for Support and Advocacy Work with Older People which can be applied generally to support and advocacy work with all vulnerable adults and healthcare patients.

Standard 1: Respect
Reflecting the right of every person to be treated with dignity and respect, including an individual's right to privacy, confidentiality and self-determination.

Standard 2: Social Justice
Promoting equal treatment with other people in respect of access to basic goods, services and protections and a positive affirmation of social solidarity.

Standard 3: Competence and Compassion
Demonstrating high levels of skill, competency, compassion and consistency on the part of advocates.

Standard 4: Accessibility
Available in a manner that is convenient and easily accessible to people who require support.

Standard 5: Independence
Structurally, operationally and psychologically independent from health and social care service providers and representing only the will and preferences of people receiving support.

Standard 6: Accountability
Acting with integrity and responsibility and engaging with people who use the service and with other stakeholders in an honest and transparent manner.

Access the complete Quality Standards here

Section One: Service Policies

This Section contains Service Policies which are the higher level policies informing how Sage Advocacy carries out its work.

These policies aim to guide our work and how we approach and respond to clients and otherindividuals whom Sage Representatives encounter.

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Access and Eligibility Policy

The purpose of this policy is to guide Sage Representatives in dealing with and managing requests for support and advocacy. This is necessary in order to ensure that people in need of support and advocacy receive a service commensurate with their needs as far as resources permit at any given time. It is also necessary to ensure that there is no discrimination, direct or indirect, in the way the service is provided.

The policy applies to all decisions on whether or not support and advocacy is provided to an individual or group, bearing in mind the fact that demand is most likely to always exceed supply. It complements and expands on other Sage Advocacy policies:

Referrals Policy
Safeguarding Vulnerable Adults Policy

- No individual or group is directly or indirectly excluded from Sage Advocacy services – in order to ensure that this happens, we take appropriate measures to promote access for people who may be unable to access the service independently.

- Access to our service is governed by six core principles – respect, social justice, competence and compassion, accessibility, independence and accountability, which are enshrined in the Quality Standards for Support and Advocacy Work with Older People.

- We have a particular remit to ensure that we reach those who may be most in need of the service, e.g., people whose ability to advocate on their own behalf or whose opportunity to seek support independently is limited due to factors such as:

    - Weak natural support networks
    - Living in residential care facilities without any meaningful support outside of the residential setting
    - Having reduced capacity because of intellectual disability, dementia or other cognitive impairment

- We seek to achieve an appropriate balance in the deployment of our resources between services to people who are referred to us or self-refer and those who require support to have their rights safeguarded but who are not referred or who are unable to self-refer.

- As far as resources permit at any given time, we respond to referrals that come within our remit but do not take on referrals that are not within our remit and/or are more appropriately dealt with by other services;

- We work towards ensuring that all potential referring agencies have a clear understanding of what we provide and, therefore, do not seek to make inappropriate referrals to us;

- An individual's own assessment of their situation is given due cognisance when accepting a client who has self-referred;

- Assessment of eligibility for our service takes into account the following factors:

    - Whether or not a person is deemed to be at risk, e.g., abuse or breach of rights
    - The resources available in a particular geographical area
    - The nature of the support being sought
    - The referral options available if we cannot provide the service
    - Initiatives targeted at a particular group or catchment area at a specific point in time

- In deciding whether or not to take a referral, we will apply the following criteria individually and collectively:

    - Without support and advocacy, a person is unable to obtain (or has difficulty in obtaining) services and supports or negotiating the service pathways;
    - A person's basic human rights or legal rights are being infringed;
    - The person's quality of life is being impacted on negatively;
    - There is a risk of harm to the person's health, safety or wellbeing;
    - There is alleged or suspected abuse of any kind;
    - Whether or not benefits are likely to accrue from our intervention
    - Whether or not an individual is likely to be able to assert their will and preferences without independent support and advocacy;
    - The presence or otherwise of natural social support networks – relatives, friends, support groups;
    - The availability or not of other services/supports to the person (e.g., Social Worker support);
    - Whether or not there is evidence of due process having been observed in dealing with a particular issue and whether or not all potential avenues of redress have been already fully explored;
    - Any other matters deemed relevant to an individual or group;

- Where a decision is made, following consideration of the above criteria, not to provide a service to a person at a particular time, every effort is made to signpost and refer the person to another appropriate service;

  See Access and Eligibility Guidelines

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Referrals Policy

The purpose of the Referrals Policy is to identify the manner in which people can get access to our service, taking into account the fact that people may self-refer or be referred by another person and the need to ensure that those who require support and advocacy receive it in a timely and appropriate manner.

- A referral can be made by an individual on their own behalf (self-referral) or by an individual on another person's behalf (service provider staff, relatives, friends, other independent advocacy services, other professionals);

- Sage Representatives working in a particular service will be available to take referrals that arise from informal conversations with people, observation or conversations with service provider staff. In this instance, the Sage Representative must liaise with their Regional Coordinator before beginning work on a referral;

- We will ensure that there is fair and equal access for those who require support and advocacy;

- We aim to have a maximum waiting period of 3 weeks for our services;

- While acknowledging the importance of keeping the referrer informed, all communication will be subject to:

  (a) Protecting the client's confidentiality and respect his/her wishes and;

  (b) Ensuring that vulnerable adults, older people and healthcare patients are fully protected and safeguarded;

- Our approach to taking on cases includes a witness/observer and rights safeguarding role – in such instances the *Safeguarding Vulnerable Adults Policy* should be followed.

See Referrals Guidelines

Consent Policy

The purpose of the Consent Policy is to ensure that, as far as is practicable and possible, all those who use the service understand what is involved and give their consent **OR** where it can be clearly demonstrated that a person is unable to give consent, involvement by *Sage Advocacy* is, following strict appraisal, deemed to be necessary to safeguard that person's rights.

- As we work in accordance with the principles set out in the Assisted Decision Making (Capacity) Act 2015, we will regard every individual as having capacity until proven otherwise. Consent from an individual will always, therefore, be sought in the first instance;

- At all times, our involvement will be on the basis that such involvement is helpful to the client and that the client understands the nature and purpose of such involvement and gives his/her consent accordingly;

- Where a referral is made by a third party, we will seek the consent of the person being referred prior to taking on the case;

- We operate on the basis of getting written consent from clients where this is possible and practicable;

- Where, for whatever reasons, it is not possible to get written consent, other means of verifying consent through verbal communication or communication by signing or symbols will be sought;

- We will never assume that a person does not have the capacity to give or withhold consent – this is particularly relevant in instances where communication (verbal or otherwise) with a client is not possible, where the client is a Ward of Court or has a registered Enduring Power of Attorney (EPA) in place;

- We will at all times respect a refusal of consent once the communications criteria set out above have been observed;

- Where expressed consent is difficult to obtain, either initially or on an ongoing basis, we will make a balanced and measured judgement regarding our involvement, or continuing involvement, based on the Sage Representative's perception of need and the potential impact of the advocacy intervention;

- In cases where consent cannot be obtained, our involvement or continued involvement will proceed using a rights safeguarding/'non-instructed' support and advocacy approach in accordance with the criteria set out below.

Non-instructed (Rights Safeguarding) Support and Advocacy (see Glossary)

The possibility of non-instructed/rights safeguarding support and advocacy arises and may be appropriate where it has not proved possible for a Sage Representative to ascertain what a person's wishes are, or to obtain consent (or a refusal of consent), through communicating with them directly or otherwise in accordance with the principles for consent (or refusal of consent) as set out above; We apply the following criteria in establishing whether or not to intervene in a rights safeguarding (non-instructed) advocacy role:

- A person's basic human rights or legal rights are being infringed;
- The person's quality of life is being impacted on negatively;
- There is a risk of harm to the person's health, safety or wellbeing;
- There is alleged or suspected abuse of any kind;
- Whether or not benefits are likely to accrue from our intervention;

In all non-instructed advocacy cases, Sage Representatives will use an approach or combination of approaches considered appropriate from a rights safeguarding perspective and which are likely to be relevant in ascertaining a person's will and preference, including, for example,

- Person-centred/biographical – life story work
- Observation of daily living routines
- Watching brief in relation to the well-being of the person

The Sage Advocacy Case Management Group provides additional oversight in all non-instructed advocacy cases through case oversight and monitoring and signing off on the client's Non-Instructed Consent Form.

- The provisions of the Assisted Decision Making (Capacity) Act 2015; the Mental Health Act 2001 and safeguarding and deprivation of liberty legislation (once these have been enacted) will be followed.

Withdrawal of Consent

- A Sage Representative will respect the wishes of a client who indicates directly or indirectly at any time that s/he does not wish to continue to be involved with Sage Advocacy;

- It may be appropriate to offer a client in such a situation the option of being assisted by another Sage Representative, but Sage Representatives should never put pressure on a person to continue his/her involvement with Sage Advocacy;

- Where a third party (e.g., a service provider or relative) withdraws consent for Sage Advocacy involvement, Sage Advocacy will at all times seek direction from the client. Where getting such direction is not possible, Sage Advocacy will make a balanced judgement on the merits or otherwise of our ongoing involvement. Safeguarding concerns will be central in this regard.

  See Consent Guidelines

  Relevant Policies:
  Implementing Supported Decision-making
  Safeguarding Vulnerable Adults
  Assessment of Need and Risk Management
  Confidentiality
  Referrals

Policy on Implementing Supported Decision-making

The purpose of this policy is to ensure that Sage Advocacy adheres to and implements the provisions of the Assisted Decision-Making (Capacity) Act 2015 in respect of supported decision-making.

The Act requires that it must be presumed that everyone has capacity to make their own decision unless proven otherwise and that all practical efforts must be made to support a person to make his/her own decisions.

Supported decision making has applicability across a wide population including people with intellectual disability, people who experience mental health issues and people who experience cognitive impairment arising from ageing conditions such as dementia. A person's lack of decision-making capacity may be temporary, fluctuating or permanent and may relate to different areas of decision-making.

- Sage Advocacy acknowledges and commits to the core provisions of the Assisted Decision-Making (Capacity) Act 2015:
    - All adults, except in very limited circumstances, have some level of capacity to make their own decisions and, based on their individual circumstances, are entitled to varying levels of support to do so;
    - The level of support an individual requires will be based on their own particular circumstances and the nature of the decision to be made;
    - A person's capacity to make a specific decision should only be assessed when all efforts to support the person to make the decision have been tried but have not been successful;
    - There may be a point where, even with all supports available, a person may lack capacity to make the specific decision and, in such cases, an application to court may be necessary.
- Codes of Practice developed by the Decision Support Service in relation to the implementation of the Assisted Decision-Making Act will at all times be adhered to by Sage Representatives.
- In supporting people to make their own decisions, Sage Advocacy adheres to the provisions of international human rights standards and norms regarding deprivation of liberty, including the UN Convention on the Rights of Persons with Disabilities (2005) the UN

Convention against Torture (1984) and the European Convention on Human Rights (1953).

- We will work towards having the provisions of the following pieces of legislation implemented once these are enacted:
  - Disability (Miscellaneous Provisions) Bill 2016
  - Adult Safeguarding Bill 2017
  - Deprivation of Liberty Bill

- We will ensure that people who use our services have access to the appropriate level of support to enable them to make decisions, as follows:

Minimal support

(i) A person may require some assistance obtaining information. When provided with the information, they are then able to make the necessary decision;

(ii) A person may require support to communicate to a third party a decision they have made.

Low to medium support

(i) A person may require support to obtain information and have the information and different options explained to them in a way that is appropriate for them.

(ii) A person may also require clarification about the consequences of decisions they may make.

High support

(i) A person may require support to obtain information and have the information and different options explained to them in an appropriate way.

(ii) A person may also require help with clarifying the possible decisions they might make, communicating their decision, and following through to ensure their decision is given effect.

- Sage Advocacy supports people to make their own decisions as far as possible and, where an individual's capacity to make a decision is in question, we will provide all practicable support to empower people to make their own decisions and to facilitate their decision-making.

- Sage Advocacy personnel will be fully cognisant of the different types and levels of decision-making support[4] provided for under the 2015 Act and will seek to ensure that the most appropriate and least restrictive support intervention is applied, as follows:

[4] Should a Sage Advocacy Advocate become a decision-making supporter for a person, it is not appropriate for that Sage Advocacy person to also be in the role of their Independent Advocate due to a possible conflict of interest.

Assisted Decision-Making Agreement
A person can appoint a decision-making assistant to assist them in making one or more decisions. This can include, for example, obtaining information or personal records and ensuring that the relevant person's decisions are implemented. By definition, the person has capacity to enter into the agreement, even if requiring some support to make the particular decision.

Co-Decision Making Agreement
Where a person needs more support to make a decision than from a decision-making assistant, they can appoint a co-decision maker. The person involved must have capacity to decide to enter into a co-decision-making agreement. A co-decision maker is appointed in a written and witnessed agreement. The person and co-decision-maker make the decisions jointly covered in the agreement.

Decision Making Representative Order
The Act operates on the basis that for some people, there may be a point where, even with all supports available, a person may lack capacity to make certain decisions. If that case, an application to court may be necessary. The court may either make the decision itself or appoint a Decision-Making Representative to make certain decisions on behalf of the relevant person. The scope of a Decision-Making Representative's authority to make decisions depends on the conditions contained in the court order.

Advanced Healthcare Directive
The Act provides that a person with capacity may make an advance healthcare directive that will come into effect when they lack the capacity to make decisions for themselves. The purpose of the advance healthcare directive is to provide healthcare professionals with important information on a person's treatment choices and to enable a person to be treated according to his or her own will and preferences even when he or she no longer has the capacity to make decisions. A person may also appoint a Designated Healthcare Representative to take healthcare decisions on his or her behalf.

Enduring Powers of Attorney
Under existing legislation (Powers of Attorney Act 1996), a person can create an enduring power of attorney, appointing an attorney to make decisions on his or her behalf in relation to property and finance or personal welfare or a combination of both. The Act updates the 1996 legislation and allows someone to also appoint an attorney in relation to some health care matters.[5]

- We will seek at all times to provide independent advocacy and support to people to ensure that their voice is heard throughout the decision-making process; [6]

- Where people do not have the capacity to consent to advocacy services, we will follow best advocacy practice in acting as their voice and adhere to the spirit of the Act in ensuring that the rights of the person are fully respected (see Non-Instructed Advocacy).

[5] EPAs made under the 1996 Act already registered or being registered post the commencement of the 2015 Act will still have effect.
[6] While the Assisted Decision-Making (Capacity) Act 2015 does not define an 'Independent Advocate', a Code of Practice for Advocates is being drawn up by the Decision Support Service.

- We will ensure that all clients understand what their rights are under the 2015 Act, in particular their right to participate in decisions that affect them.

- We will at all times provide information to clients about the decision-support arrangements under the 2015 Act and discuss with them the implications of putting such an arrangement in place or the consequences of not doing so.

- In any engagement with clients in which capacity is an issue, we will at all times act in accordance with the nine Guiding Principles set out in Section 8 of the 2015 Act.

- Where a person's capacity is in question, there will be a presumption of capacity and a functional approach to capacity will be taken in accordance with the provisions of the Act.

- Where a person is deemed to have functional capacity to make a particular decision, Sage Advocacy will act in accordance with the nine Guiding principles of the Act.

- The will and preferences and beliefs and values of the person must be central to all decision making.

- We will at all times seek to ensure that there are no restrictions on the person's rights and freedom of action.

- Sage Advocacy strongly supports the provision in the 2015 Act for a person with capacity to make an Advance Healthcare Directive[7] and an Enduring Power of Attorney that will come into effect when they lack the capacity to make decisions for themselves.

- We will always seek to support a client to:

    1) Draw up an Enduring power of Attorney (EPA)
    2) Draw up an Advance Healthcare Directive
    3) Ensure that the provisions of an Advance Healthcare Directive are implemented in full

- We work towards developing high competencies among our advocates in the areas of implementing supported decision-making and understanding what the functional assessment of capacity entails and how it should be carried out.

- We work towards developing best practice in resources and approaches for use among our advocates in the areas of supported decision-making, capacity and the functional assessment of it.

[7] A person may also appoint a Designated Healthcare Representative to take healthcare decisions on his or her behalf.

- We actively collaborate with all agencies working towards the implementation of the ADM Act.

  See Implementing Supported Decision Making Guidelines

Relevant Policies:
Safeguarding Vulnerable Adults
Consent
Referrals
Confidentiality

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Client Confidentiality Policy

The purpose of this policy is to ensure that any information that Sage Advocacy collects about clients is used, managed and stored appropriately in keeping with people's right to privacy, in compliance with data protection legislation and in order to protect the right of people to have access to any information held about them by us.

- Any information recorded by Sage Advocacy about a client will be limited to that necessary in order to provide the support required by that person;

- All information that we receive from or about a client is confidential to us and will not be passed on to anyone (including relatives and service provider staff) without the client's consent. Any requests from third parties (e.g., relatives, service providers, health and social care professionals) for information held by Sage Advocacy about a client will be dealt with in accordance with this Client Confidentiality Policy, GDPR and Sage Advocacy data protection guidelines, housed within the Board & Staff Manual.

- Exceptions to this are:

    - If there is a legal obligation to divulge information
    - If we believe there is a risk of serious harm to the client or to someone else if the information is not passed on
    - A 'duty of care' or rights safeguarding role requires a sharing of information with others

- Where a person is deemed to lack capacity to make a specific decision about whether or not to disclose information, a decision is made on the basis of a duty of care or in order to safeguard an individual's rights;

- Sage Advocacy operates on the basis that An Garda Síochána must be informed if it is suspected that a concern or complaint of abuse may be criminal in nature;

- Sage Representatives will abide by the principles relating to the sharing of information that apply before and during intervention in respect of people with reduced capacity as set out in Section 8 of the Assisted Decision-making (Capacity) Act 2015, in particular 8(10):

  The intervener, in making an intervention in respect of a relevant person —

  (a) *Shall not attempt to obtain relevant information that is not reasonably required for making a relevant decision,*

(b) Shall not use relevant information for a purpose other than in relation to a relevant decision, and

(c) Shall take reasonable steps to ensure that relevant information— (i) is kept secure from unauthorised access, use or disclosure, and (ii) is safely disposed of when he or she believes it is no longer required.

See Client Confidentiality Guidelines

Case Management Policy

The purpose of this policy is to promote a consistent and structured approach to assessment, planning, implementation, monitoring and review of cases referred to Sage Advocacy and thereby to strengthen outcomes for users of our service.

- The Sage Advocacy Case Management system is informed at all times by the need to ensure that a clients' will and preferences are heard, understood and are the primary consideration in all actions and engagements by us;

- The provisions of the Assisted Decision Making (Capacity) Act 2015 in relation to supported decision-making informs how people with reduced capacity are to be involved in the management of their cases;

- We adopt the following as the core principles of Case Management:

    - Engagement and relationship building with individuals and groups
    - Ongoing information collection
    - Ongoing assessment of need for support and advocacy
    - Planning and prioritisation of needs
    - Drawing up and implementing a support and advocacy plan
    - Monitoring and review of the plan
    - Case closure and referral if appropriate
    - Strategically vetting cases for maximum systemic impact

- The Case Management process is interactive and continuous involving ongoing assessment, analysis, shared decision-making and record-keeping;

- Sage Advocacy has in place a Case Management Group[8] which:

    1) Monitors the overall approach to Case Management;

    2) Considers specific cases brought to its attention by the Service Manager;

    3) Pays particular attention to cases where the intervention is on the basis of a rights safeguarding approach (non-instructed advocacy) or regarding a legal matter in respect of people with intellectual disability, people with dementia or with other cognitive impairment;

[8] Members of this group currently are: Eileen O'Callaghan, Emer Meighan, Mary Condell, Mervyn Taylor, Patricia O'Dwyer, Roisin O'Leary, Lara Gallagher, Michelle Rooney and Renee Summers. Individual Sage Advocacy team members and/or Sage Representatives can be invited to join a relevant part of a meeting as required.

4) Monitors outcomes of our support and advocacy in relation to specific cases and generally;

5) Reviews Case Management, objectives, strategies and recording systems to ensure their continued appropriateness.

- The Service Manager and Case Management Group examine casework on an ongoing basis and bring practice issues to the Sage Advocacy Policy & Practice Committee (a sub-committee of the Sage Advocacy clg Board) for guidance;

- All cases with a legal component (e.g., court wardship) are referred for review and guidance by the Executive Director and Legal Advisor;

- As a general practice, all new cases are reviewed biweekly to establish their current status and ongoing requirements;

- Trends and emerging systemic themes impacting on clients and on Sage Representatives are reviewed quarterly;

- All cases of six months' duration are reviewed automatically by the Case Management Group;

- All cases involving support with money management are flagged to the Service Manager, who then reviews them at the next Case Management Group meeting.

See Case Management Guidelines

Safeguarding Vulnerable Adults Policy

The purpose of this policy is to ensure the safety and well-being of both Sage Advocacy clients and Sage Representatives and to ensure that vulnerable adults are protected both generally and throughout any engagement with us.

Sage Advocacy adheres to the HSE Safeguarding Vulnerable Persons[9] at Risk of Abuse Policy and Procedures (2014)[10] and seeks to minimise the negative impacts of risk, while respecting and upholding the human rights and inherent dignity of all people involved with the Sage Advocacy service. We acknowledge that at the time of writing, the HSE are in the final stages of revising its Adult Safeguarding Policy (2018) and accompanying practice handbook and we will adhere to any changes therein.

Sage Advocacy works towards achieving the correct balance between safeguarding and independence, thus empowering all vulnerable adults in our society.

We operate on the premise that no endeavour, activity, or interaction is entirely risk free. In some cases, living with risk can be outweighed by the benefit of having a quality of life that an individual values and freely chooses.

Designated Officer

In compliance with the Safeguarding Vulnerable Persons Policy, Sage Advocacy has appointed a Designated Officer[11] who is responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons;
- Ensuring the Sage Advocacy Executive Director is informed and collaboratively ensuring necessary actions are identified and implemented;
  .
- Ensuring reporting obligations are met.

The overall role of Advocacy in Safeguarding Vulnerable Adults

- The role of advocacy is clearly stated in the Safeguarding Vulnerable Persons Policy: '*Advocacy services may be preventative in that they can enable vulnerable persons to express themselves in potentially, or actually, abusive situations'* (p.16).

[9] A vulnerable person is defined in the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (2014, p.3)[1] as; 'an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation'.
[10] https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf
[11] Currently, Michelle Rooney

- The continuum of support and advocacy provided by Sage Advocacy aims to offer the above to any vulnerable person. In addition, we believe the will and preference of the vulnerable adult in question should be central to this investigation at all times where possible.

- Sage Advocacy adheres to the Safeguarding plan as outlined in the HSE Safeguarding Vulnerable Adults Policy (p.34)[12]

Scope of Sage Advocacy

- We are committed to safeguarding adults across all care settings and communities we engage with and in. In line with HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures (p.6)[13], these include the following:

    - All statutory and service providers (including for-profit organisations) with responsibility for the provision of health and social care services to vulnerable persons;

    - Across all service settings, including domestic, alternative family placements, public funded non-statutory residential care, respite services, day care and independent living (associated support services such as transport are also included);

    - All other relevant directly provided HSE services;

    - Situations where formal health or social care services are not in place but where concerns have been raised by, for example, neighbours, family members and members of the public in relation to the safeguarding of an individual and a health and/or social service response is required.

Human Rights Approach

- A human rights approach informs all of Sage Advocacy's policies and ensures that the rights of vulnerable adults and older persons are fully protected is at the forefront of our practice.

- We recognise that many of the people who require our services will be vulnerable because of physical, intellectual or cognitive disability; or because they are unable to take care of themselves; or to protect themselves against harm or exploitation.

- We believe that it is each person's right to live in a safe environment, free from abuse and that society should ensure that each individual is afforded appropriate and adequate protection (where necessary) in this regard.

- Sage Advocacy recruits, trains and supports suitable people to work with vulnerable adults, with particular reference to identifying signs of abuse and the procedures to adhere to when reporting alleged abuse.

- Sage Representatives are required to adhere to the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (2014), which will soon be replaced by the HSE Adult Safeguarding Policy (2018) and its forthcoming accompanying practice handbook.

[12] https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf
[13] *Ibid.*

Defining Abuse

Sage Advocacy's definition of abuse is in accordance with Safeguarding Vulnerable Persons Policy (2014) – '*any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms'* (p.10). [14]

- We acknowledge that adults who become vulnerable have the right:
  - To be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs;
  - To be given access to knowledge and information in a manner which they can understand in order to help them make informed choices;
  - To be provided with information on, and practical help in, keeping themselves safe and protecting themselves from abuse;
  - To live safely without fear of violence in any form;
  - To have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property through the law;
  - To be given guidance and assistance in seeking help as a consequence of abuse;
  - To be supported in making their own decisions about how they wish to proceed in the event of abuse;
  - To know that their wishes will be considered paramount unless it is considered necessary for their own safety or the safety of others to take an alternate course, or if required by law to do so;
  - To be supported in bringing a complaint;
  - To have alleged, suspected or confirmed cases of abuse investigated promptly and appropriately;
  - To receive support, education and counselling following abuse;
  - To seek redress through appropriate agencies.

Types of Abuse

- *Physical abuse* - includes hitting, slapping, pushing, kicking and misuse of medication, restraint or inappropriate sanctions.

[14] https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf

- *Sexual abuse* - includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.

- *Psychological abuse* - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

- *Financial or material abuse* - includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- *Discriminatory abuse* - includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

- *Neglect and acts of omission* - includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

- *Institutional abuse* - may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

Responding to Allegations of Abuse

In responding to allegations of abuse that are brought to our attention, Sage Representatives (including waged and unwaged), consultants and anyone acting in the name of Sage Advocacy will at all times follow:

- Existing guidelines within Sage Advocacy;
- HSE guidelines; and
- Guidelines within the institution where the allegation of abuse originated (nursing home, hospital, day service).

It is not Sage Advocacy's role to investigate abuse and we will refer all cases of alleged abuse of a vulnerable adult to the relevant HSE Safeguarding and Protection Team.

Any person providing information about alleged abuse will, as deemed appropriate, be informed that disclosures of information to appropriate others can occur if:

- A vulnerable person is the subject of abuse;
- The risk of further abuse exists;
- There is a risk of abuse to another vulnerable person(s);
- There is reason to believe that the alleged person causing concern is a risk to themselves
- A legal obligation to report exists.

All Sage Representatives operate on the basis that failure to record, disclose and share information about alleged abuse is a failure to discharge a duty of care and that it may be an offence under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012[15] to withhold information in such instances.

Responding to Allegations of Abuse within Sage Advocacy staff, Sage Representatives and Consultants

- If an allegation of abuse is made against a Sage Representative [including employees waged and unwaged, consultants and anyone acting in the name of Sage], we will follow guidelines and procedures as set out in the Safeguarding Vulnerable Adults Policy (2014).

- Sage Advocacy aims to comply with the timelines set out in the Safeguarding Vulnerable Persons Policy and notify the Safeguarding and Protection team of a concern, allegation or complaint within three working days.

- Sage Representatives are required to follow the guidelines and timelines set out in Stage 1 and 2 of the Guidelines Flowchart.

- We will consult with and refer to the relevant care setting where appropriate.

Disclosures of Historic Abuse

Sage Advocacy is committed to creating an empowering and responsive service in which vulnerable adults can disclose abuse and receive appropriate support, regardless of when it took place. We fully acknowledge that those who may have been abused in their childhood or earlier life may not disclose this abuse until many years later. In the case of an older person disclosing child abuse perpetrated historically, it is important that the initial response is characterised by compassion and sensitivity.

- All concerns or allegations of abuse will be assessed within Sage Advocacy, regardless of the source or date of the occurrence.

- The wishes and welfare of the person involved and the potential for ongoing risk will guide the intervention.

- Sage Advocacy's duty of care to report abuse or allegations of abuse will not be affected in any way by internal procedural differences regarding investigations between public and private care settings.

Consent

Sage Advocacy will at all times seek to get a client's consent to report an alleged abuse. This consent may have to be waivered in the following situations;

- Where there is suspicion of a criminal offence having been committed
- Where the client has been assessed as lacking decision-making capacity and the Sage intervention is on a non-instructed advocacy basis

[15] http://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/print.html

See Safeguarding Vulnerable Adults Guidelines

Relevant Policies:
Consent
Confidentiality

Conflict of Interest and Sage Advocacy Practice Policy[16]

This *Conflict of Interest and Sage Advocacy Practice Policy* aims to ensure that any actual or potential conflicts of interest are identified and managed so as to ensure that all Sage Advocacy clients are treated fairly and at the highest level of integrity and that their will and preferences and interests are protected at all times.

The Policy applies to all Sage Advocacy Representatives (whether paid staff or volunteers).

A conflict of interest is any situation in which a person's personal interests or loyalties could, or could be seen, to result in a person making a decision based on, or affected by, these influences. This personal interest may be direct or indirect, and can include the interests of a connected person (e.g., relative, close acquaintance, employer).

- It is the policy of Sage Advocacy clg that conflicts of interest are avoided and that any conflicts (where they do arise) do not interfere in any way with Sage Advocacy service delivery;
- Sage Advocacy Representatives (paid staff and voluntary) are expected to at all times act with personal and professional integrity and to maintain role boundaries;
- All Sage Representatives have a responsibility to act within the law and are required to comply with the *Sage Advocacy Service Policies and Guidelines*;
- Sage Advocacy Representatives can have no conflict of interest that might interfere or compete with their first duty, which is to clients;
- In working with clients, Sage Representatives are expected to set aside all personal interests whether these relate to themselves directly or indirectly or relate to another person;
- In keeping with best practice, Sage Advocacy will at all times be mindful of the need to identify and manage any conflicts of interest that could arise in in its casework with clients, including, in particular, the following situations:

    a) The Sage Representative or any person associated with him/her is likely to make a financial or any other gain, or avoid a financial loss, at the expense of the client;

    b) The Sage Representative or any person associated with him/her has an interest in the outcome of a service provided to the client which is distinct from the client's interest in that outcome;

[16] This Policy should be read in conjunction with the Conflict of Interest and Conflict of Loyalties Policy included in the Board and Staff Manual.

c) The Sage Representative or any person associated with him/her has a financial or other incentive to favour the interest of one client over another;

d) The Sage Representative is offered an inducement by the client or a third party in the form of monies, goods or services.

- Sage Advocacy requires all Sage Representatives to identify and report any potential conflict of interest that arises or which could arise in their dealings with clients or any relevant professionals;

- Sage Advocacy Representatives should never use their position to form relationships of and exploitative nature with clients or with any person associated with the client;

- For the avoidance of doubt, Sage Advocacy Representatives should never accept any gifts or favours from any parties involved;

- If there is any possibility of a conflict of interest, it should be disclosed by the Sage Representative to both the client and to Sage Advocacy Regional Coordinator;

- Where the actual or potential conflict of interest refers to a Regional Coordinator or other staff member, it should be disclosed to the Sage Advocacy Executive Director.

Compliance with Conflict of Interest and Sage Advocacy Practice Policy

1. All Sage Advocacy personnel are required to identify any actual or potential conflict of interest in relation to their work and to report this to the Regional Coordinator at regional level and to the Executive Director at central management level;

2. Regional Coordinators will regularly check adherence to this policy with their group of Sage Representatives and make it clear that they [Sage Advocacy Representatives] are responsible for informing their Regional Coordinator whether supporting or advocating for a particular client will present a conflict of interest, in which case, the Regional Coordinator will assign the client to a different Sage Representative;

3. Where it is found that a Sage Representative has not disclosed a conflict of interest in relation to a client, immediate action will be taken to protect the client and an internal investigation will be conducted by relevant Sage staff, the outcome of which may result in a dismissal of the Sage Representative;

4. Where any person suspects that someone has failed to disclose a conflict of interest, they should notify the Sage Executive Director who may bring the matter to the attention of the Board;

5. Where the Board of Sage Advocacy clg has reason to believe that a person subject to this policy has failed to comply with it, it will investigate the circumstances. If it is found that this person has failed to disclose a conflict of interest, the Board may take action against the person. This may include seeking the person's resignation from Sage or dismissal;

6. Sage Advocacy will, where necessary, obtain its own independent legal advice when making decisions relating to potential conflicts of interest.

Assessment of Need and Risk Management Policy

The purpose of this policy is to ensure that all users of Sage Advocacy services and all Sage Advocacy personnel are enabled and supported to identify the risks associated with a particular action or actions that may be required to meet clients' needs and to identify ways of eliminating or managing risk both generally and in specific circumstances.

Risk assessment and management in the context of a rights approach is a matter of considerable importance and applies to both users of Sage Advocacy services and to Sage Advocacy personnel. This policy sets out our approach to managing personal risk to either clients or Sage Advocacy personnel.

- Sage Advocacy operates on the basis of carrying out a risk assessment in respect of all engagements with clients in all situations;
- Matters relating to risk assessment management are included in the initial assessment of advocacy and support needs following a referral;
- Sage Representatives should ensure that they have access *to all appropriate information relating to a referral* prior to undertaking direct engagement with a client;
- The development of risk assessment frameworks is a core requirement for all Sage Advocacy engagement with people and is essential in the case of Sage Advocacy personnel working alone;
- Risk assessment should be more specific in particular instances/situations in relation to both users of our service and Sage Advocacy personnel:
    - Working alone in specific care settings
    - Working in people's own homes
    - Family conflict situations
- Risk assessment is particularly important in cases where it is unclear whether or not a person can give consent.

General principles relating to risk management

- Sage Advocacy fully endorses people's right to self-determination and related responsible risk- taking as referenced in both the UN Convention on the Rights of Persons with Disabilities and the Council of Europe Statement on the Rights of Older Persons:
    - Being able to make a personal decision to do something or think a certain way without external compulsion
    - Being able to live independently, in a self-determined and autonomous manner
    - Being able to make decisions about healthcare, finances, relationships and where and with whom to live
- Quality of life considerations are at the heart of risk assessment and management, in particular:
    - The opportunity to perform activities of daily living (ADL)
    - The opportunity to engage in meaningful use of time
    - Engaging in social interactions
    - Achieving a favourable balance between positive emotion and the absence of negative emotion
- General support and advocacy principles – user participation, respect, self- determination and autonomy – are core considerations in preventing and managing risk;
- Sage Representatives will always have unconditional positive regard for clients in all engagements regardless of how a person may present;
- Sage Advocacy operates on the basis that all people have legal capacity[17] irrespective of their decision-making capacity;
- We acknowledge that the dilemmas faced by practitioners and service managers in risk assessment, particularly for people with cognitive impairment and/or reduced decision-making capacity, are complex, and require careful management;[18]
- Sage Advocacy strongly supports the development of risk assessment frameworks that make explicit the perspectives of service providers, professionals, people with cognitive impairment and family carers;
- We operate on the basis that people need to be fully informed and supported to make decisions that help them feel in control and thereby increase their competence, confidence and safety;
- Supporting people as much or as little as they need is at the core of the Sage Advocacy support and advocacy engagement;

[17] Legal capacity refers to a legal status or standing -- is the ability to hold rights and duties (legal standing) and to exercise these rights and duties (legal agency) (see *Glossary).*

[18] http://www.research.ed.ac.uk/portal/files/14831629/Risk_Management_Dilemmas_in_Dementia_Care.pdf

- Sage Advocacy supports people in the making of Advance Healthcare Directives and Enduring Power of Attorney (EPA) in respect of their will and preferences concerning medical treatment and in the implementation of these directives and wishes should they currently experience reduced capacity;

- We proactively promote and support responsible risk-taking by people irrespective of their state of health or the speed at which they can absorb information or execute decisions;

- The provisions for supported decision-making in the Assisted Decision-Making (Capacity) Act 2015 are central to the Sage Advocacy approach to risk-taking;

Sage Advocacy Personnel

- All engagement with clients by Sage Advocacy personnel is based on the premise of supporting them to make autonomous and responsible choices based on an informed understanding of their situation and related risks;

- All Sage Advocacy personnel are required to adhere to the Sage Advocacy *Working Alone Policy* relating to risk assessment and management;

- All adverse incidents involving either Sage Advocacy personnel or Sage Advocacy clients are reported to the Executive Director;

- Sage Advocacy personnel have the right to refuse to enter/withdraw from any engagement with clients and from any premises at any stage should they be compromised in any manner –physically or psychologically

See Assessment of Need and Risk Management Guidelines

Relevant Policy:
Working Alone

Working Alone Policy

The purpose of this policy is to ensure the safety and well-being of both Sage Advocacy clients and Sage Representatives in the event that a Sage Representative is working alone.

The safety of any Sage Representative working alone in the office, conducting home visits, travelling by car or undertaking out-of-hours meetings on their own is of paramount importance;

- Sage Advocacy is committed to taking the necessary measures to ensure the safety, health and protection of all Sage Advocacy personnel and the carrying out of risk assessments accordingly;[19]
- We have a duty of care to all Sage Representatives (paid and volunteer) and are committed to maintain, as far as is reasonably practicable, a safe working environment for all people working on their own;
- The safety of any Sage Representative working alone in the office, conducting home visits, travelling by car or undertaking out-of-hours meetings on their own is of paramount importance;
- Training on matters of Health and Safety is provided to ensure the safety, health and welfare of all Sage Advocacy personnel;
- Sage Advocacy personnel are not expected to enter situations where they may face potentially serious or unacceptable risks;
- We operate on the basis that all Sage Representatives act appropriately and play their part in reducing potential risks by following the advice contained within this policy and the related *Assessment of Need and Risk Management Policy* and the relevant Sage Advocacy Service guidelines;
- All Sage Advocacy personnel are expected to take reasonable care to protect their safety, health and welfare and that of any other person with whom they come in contact;

[19] The General Safety and Health Provisions and the General Applications Regulations 2007, require employers to take the necessary measures to protect health and safety – see http://www.hsa.ie/eng/Legislation/Acts/Safety_Health_and_Welfare_at_Work/General_Application_Regulations_2007/General_Application_Regulations_2007_SI_2007_Unofficial_Copy.pdf

- All referrals to us requiring a home visit should be checked against the *Assessment of Needs and Risk Management Policy* and related guidelines;

- All referrals involving a Sage Representative visiting a person's private residence are processed through their Regional Coordinator;

- Sage Representatives are empowered to take charge of working alone situations and to engage in risk assessment and to seek support and direction in deciding whether or not it is safe to continue;

- Guidelines are in place for the reporting and investigation of any incident related to a Sage Representative working alone and the making of appropriate recommendations to prevent recurrence of such incidents.

  See Working Alone Guidelines

Relevant Policy:
Assessment of Need and Risk Management

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Complaints Policy

The purpose of this policy is to guide Sage Advocacy in dealing with and managing complaints by or on behalf of clients, by bona fide third parties or by Sage Advocacy personnel in order to ensure that complaints are dealt with fully, fairly and expeditiously and to make it as easy as possible for people who have a grievance to make a complaint.

General

- All complaints are treated confidentially – this means that Sage Advocacy will only involve people who are directly involved in the complaint;
- Any complaint relating directly or indirectly to abuse will be dealt with in accordance with our *Safeguarding Vulnerable Adults Policy*;
- All complaints relating to Sage Advocacy clients (whether directly from a client, on behalf of a client or by a bona fides third party) are investigated and responded to and documented accordingly;
- We will initially try to resolve complaints and grievances in an informal way and will only move onto a more formal approach if the complaint made cannot be resolved informally;
- Complaints by or on behalf of clients will in the first instance be dealt with by the Sage Advocacy Regional Coordinator informally and the person making the complaint will be given an opportunity to talk about the issue to see if it can be resolved;
- Where a complainant is not satisfied with the outcome of this stage s/he will be afforded an opportunity to engage in a more formal process which will involve the Regional Coordinator in:
    - Verifying all the details of the complaint
    - Carrying out an exhaustive formal investigation to ascertain all the facts of the complaint and proposing a resolution (this process will be completed within 28 days)
    - Referring the complaint to the Executive Director who may seek external guidance on the matter and/or an independent review of the complaint
- A complaint form can be downloaded from the *Sage Advocacy website* and can also be found in Section Four of this document.

Sage Advocacy clients

- Clients will be informed by the Sage Representative that they can complain if they feel that the service provided does not meet their expectations or if they are unhappy with any aspect of the service;

- Clients will be facilitated and supported by Sage Advocacy in making a complaint if they wish to do so;

- A client or somebody acting on their behalf may make a complaint through filling out a formal complaints form, available on our website;

- We will deal with a complaint made by someone else (e.g., family member) on behalf of a client provided that it is clear that the client has sought assistance from that person in making the complaint;

- We will deal with a complaint made by another person where there is clear evidence that the client does not him/herself have the capacity to make a complaint or to ask another person to assist.

Bona fides third parties

- Complaints about Sage Advocacy made by bona fide third parties (e.g., nominated representatives under the Assisted Decision-making (Capacity) Act 2015, relatives, social and health care providers) will be dealt with fully and appropriately taking into account client confidentiality and the need to respect fully the will and preferences of clients;

- Where a complaint is made by a bona fide third party in relation to a person who lacks capacity, Sage Advocacy will apply a rights safeguarding approach and follow the guidelines set out in our *Safeguarding Vulnerable Adults Policy*.

Sage Advocacy personnel

- The procedure set out in the Sage Advocacy Staff Manual will be followed in dealing with any complaints made by Sage Advocacy staff**;**

- The provisions contained in the Sage Representative Agreement and in the Sage Advocacy Policy on Volunteering (housed as an appendix to the Board & Staff Manual) will be followed in dealing with any complaints made by Sage Representatives;

- Any applicant for a Sage Representative role who feels that s/he has been treated unfairly or discriminated against has a right of complaint, which can be made in writing to the Sage Advocacy Executive Director;

Independent Complaints Review Panel

All Sage Representatives should be aware that there is an External (Independent) Complaints Review Panel in place to which complaints that cannot be resolved internally by Sage Advocacy can be referred. Further information on the Independent Complaints Review Panel can be found on the *Sage Advocacy website*.

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Systemic Advocacy Policy

The purpose of this policy is to implement Sage Advocacy's strategic objective of building an understanding and appreciation of the systemic inequalities and weaknesses that exist in Irish legislation, policies, and practices.

It focuses on engagement with policy makers, public representatives, budget holders, decision-makers and the media regarding systemic issues of concern.

- While Sage Advocacy operates on the basis of providing access to its services for all vulnerable adults, older people and healthcare patients, it believes that more can be achieved by prioritising referrals that have the potential for broader systemic impact.

- Systemic issues of particular concern to us are people's right to self-determination, protecting vulnerable adults from abuse and exploitation and the assertion of people's legal and human rights and the implementation of the Assisted Decision Making (Capacity) Act 2015.

- Sage Advocacy works to develop research and information capabilities to enable the service to record and analyse issues of concern and to engage on a regular basis with stakeholders and the media, including, in particular:

- The deployment of a highly skilled researcher with the ability to leverage research from contacts with professional groupings and academic institutions
- Developing measures of impact and outcome including inter-agency working outcomes.

- We will periodically organise invitation-only workshops based on Chatham House Rules on issues of concern to the service and of interest to stakeholders.

- High-profile events on selected thematic issues will be organised annually based on the activities and outcomes of the previous year's work to which stakeholders and the media will be invited.

- Sage Advocacy Regional Coordinators will identify and strategically address issues facing vulnerable adults in their catchment area where change in the existing service delivery structure or resource allocation is required.

- We will seek to engage service delivery organisations at senior management level to identify ways in which these systemic issues can be addressed in the short, medium and longer-term to the benefit of identified groups of vulnerable adults, older people and healthcare patients.

See Systemic Advocacy Guidelines

Section Two: Sage Advocacy Service Guidelines

The purpose of these guidelines is to assist Sage Representatives in carrying out their role and in implementing Sage Advocacy policies in order to protect the safety and well-being of clients, Sage Advocacy personnel and any other personnel involved.

1) Access to and Eligibility for Sage Advocacy Services
2) Referrals
3) Consent
4) Implementing Supported Decision-making
5) Client Confidentiality
6) Case Management
7) Safeguarding Vulnerable Adults
8) Assessment of Need and Risk Management
9) Working Alone
10) Systemic Advocacy
11) Contact with External Solicitors
12) Supporting Clients with Financial Transactions
13) Working in Different Settings

Access and Eligibility Guidelines

See Access and Eligibility Policy

Sage Representatives should at all times take into account the following points when deciding whether or not a person is eligible for referral to Sage Advocacy:

- Without support and advocacy, a person is unable to obtain (or has difficulty in obtaining) services and supports or negotiating the service pathways;
- A person's basic human rights or legal rights are being infringed;
- The person's quality of life is being impacted on negatively;
- There is a risk of harm to the person's health, safety or wellbeing;
- There is alleged or suspected abuse (physical, psychological, financial);
- Whether or not benefits are likely to accrue from the intervention of Sage Advocacy;
- Whether or not an individual is like to be able to assert their will and preferences without independent support and advocacy;
- The presence or otherwise of natural social support networks – relatives, friends, support groups;
- The availability or not of other services/supports to the person (e.g., social worker support);
- Whether or not there is evidence of due process having been observed in dealing with a particular issue and whether or not all potential avenues of redress have been already fully explored;
- Whether or not the case has policy implications which would inform Sage Advocacy systemic advocacy.

Sage Representatives should regularly review the merits or otherwise of ongoing Sage Advocacy involvement in a case and, where our involvement is no longer deemed appropriate, they should:

1) Work towards closing the case
2) Refer the person to a more appropriate service
3) Inform the client of the reasons for closing the case and why Sage Advocacy cannot be of further assistance

Referrals Guidelines

See Referrals Policy

- A *Referral Form* should be completed for all individual referrals to Sage Advocacy;
- All referrals will be responded to within 10 working days, either to arrange first contact for assessment or to inform the referrer and/or the client of a date for an initial response;
- Where a case cannot be dealt with immediately and has to be placed on a waiting list, the referrer and the individual referred will be informed of the likely time scale and of the basis on which priority is determined;
- A Referral Tracking System is in place;
- Issues for resolution identified at the outset will be documented at referral stage and further issues that emerge will be taken on board as they arise;
- The referrer, with the client's consent, will be informed about which issues are being worked on and the likely time frame;
- Should the person referred decline the service or if the referral is deemed to be inappropriate, the referrer will be informed;
- In the event that we cannot respond within 10 working days, the Regional Coordinator will review the link between waiting time and the priority requirement for the case;
- Where a waiting list builds up locally, the Regional Coordinator will review the situation and explore ways of dealing with the matter;
- Referrals will be assigned to whichever Sage Advocacy support activity (or combination of activities) is deemed appropriate for the individual referred – advocacy; support (in specific instances or ongoing) and patient advocacy;
- The supports required by people referred to Sage Advocacy at any given time will be met as far as is reasonable and practicable within available resources;
- All referrals are made through the Sage Advocacy Office or through the Regional Coordinator, using the *Sage Advocacy Referral Form;*
- All requests for service and relevant information relating to the referral will be logged on the Sage Advocacy database and updated as new information is gathered;
- The person initially taking the referral and the assigned Regional Coordinator should obtain as much information as possible prior to assigning the case to a Sage Representative;

- In cases of evidence of alleged or suspected abuse, neglect or misappropriation, the Sage Representative will, in according with our *Safeguarding Vulnerable Adults Policy*, always inform the Regional Coordinator who will inform the Sage Advocacy Designated Officer and the relevant HSE Safeguarding and Protection Team;

- Referrers should be asked to identify any potential risks for either the person being referred or the Sage Representative – any such potential risks are recorded on the Referral Form;

Consent Guidelines

See *Consent Policy*

- Where Sage Representatives are engaging with people on the basis of a rights safeguarding/non-instructed advocacy basis, they should adhere strictly to the principles and approach outlined in the Sage Advocacy *Consent Policy,* in particular the Section referring to *Non-instructed (Rights Safeguarding) Support and Advocacy;*

- Where a person's will and preferences cannot be ascertained conclusively through direct communication with the person, the Sage Representative and his/her Regional Coordinator should devise a plan to form as complete and rounded a picture as is possible of the individual based on his/her personal history, personality and previously expressed views;

- In doing the above, the Sage Representative should consult as many relevant people as possible who know the person -- carers, family members, friends, GP or other health professionals;

- Where a person has appointed an attorney under an Enduring Power of Attorney which has been registered or a patient-designated healthcare representative under an Advance Healthcare Directive[20] (when legal provision for the latter comes into effect), the Sage Representative should ascertain the authority of such attorney/healthcare representative to consent on behalf of the person;

- Where a person has expressed clear wishes and preferences in the past in circumstances which are relevant to the current situation, these should be given due consideration by the Sage Representative in determining the person's current will and preferences;

- The Sage Representative should make a written record of the "evidence" supporting any interpretation of a person's wishes, will and preferences which should be stored securely in accordance with GDPR and Sage Advocacy data protection guidelines, housed within the Board & Staff Manual;

- An *Authority to Act* form is required by Sage Representatives when making written representations on behalf of a person or when contacting statutory agencies, financial institutions and medical professionals;

- Verbal consent for the Sage Representative to act is appropriate in the following circumstances:

    - When liaising with a third party in the presence of the person giving the consent
    - When the person is available to give verbal consent over the phone
    - When the person's verbal consent can be verified

[20] Treatment decisions outlined in an Advance Healthcare Directive are intended to apply at a time in the future when the individual lacks capacity and would not be in a position to engage in contemporaneous discussions with the attending healthcare professionals regarding his/her available treatment options.

easily, for example, when representing an issue to a staff member of a Nursing Home

- Instances when actions are taken on the basis of verbal consent should be recorded and stored on the Sage Advocacy database with date and time (see GDPR, Sage Advocacy data protection guidelines, housed within the Board & Staff Manual and the *Consent Policy*).

The Sage Representative will in the first instance where possible and practicable seek to have a client sign a Consent Form authorising Sage Advocacy to represent him/her (see Authority to Act form). For further guidance on proceeding on the basis of Verbal Consent see below.

Non-instructed Advocacy Consent Guidelines

When taking on a new case for a client who is unable to give consent to Sage Advocacy involvement, an added layer of oversight is provided in order to ensure that Sage Advocacy has been robust in determining whether or not we can add benefit to a case involving a client without decision-making capacity.

- The Sage Representative sends a notification to the Service Manager through the Sage database and uploads a non-instructed advocacy consent form they, the Sage Representative, has signed, signalling that they have taken on a new non-instructed advocacy case – this is then reviewed at the next Case Management Group meeting, signed off and then re-uploaded to the Database.

- It is expected that when these cases come to the Case Management Group, the Sage Representative has gathered sufficient information about the client's decision-making capacity to determine that their intervention will be non-instructed and that there is good reason for Sage Advocacy to become involved.

Implementing Supported Decision-making Guidelines

See Policy on Implementing Supported Decision-making

- The Sage Representative should at all times adhere to the provisions of:

  Consent Policy
  Safeguarding Vulnerable Adults Policy and
  Client Confidentiality Policy;

- In cases where a rights safeguarding/non-instructed advocacy approach is being adopted, the guidelines for such engagement set out in the *Sage Advocacy Consent Policy* document should be followed;

- People should always be presumed to have capacity unless there is clear evidence to the contrary;

- Sage Representatives should always apply the principle of assisted or supported decision-making in accordance with the provisions of the *Assisted Decision-Making (Capacity) Act 2015;*

- Sage Representatives should be aware of the different types of supported decision-making provided for in the Act (as outlined in the *Supported Decision Making Policy*) and ensure that each client is provided with support at the appropriate level and in accordance with their decision-making capacity;

- Sage Representatives should always seek to maximise the capacity of each individual and in a manner that engages the person separately and specifically with each issue being dealt with;

- Where there is any indication that a person may have reduced decision-making capacity, the Sage Representatives should check whether there is in place an Enduring Power of Attorney (EPA) or Advanced Healthcare Directive (AHD) in respect of the person involved and that the attorney/healthcare representative has the authority to act in relation to the particular matter;

- Where either an EPA or an AHD, is in place or where such is in place but the Attorney/Healthcare Representative does not have the authority for the matter in question, the Sage Representative should instigate a process (in consultation with their Regional Coordinator) to involve those representatives in any decisions being made with or on behalf of the client;

- Where neither an EPA or AHD is in place, the Sage Representative should consult with other relevant people to see if the client had at any stage given anyindication as to who s/he would wish to be consulted in the event of incapacity;

- Where the Sage Representative is unable to ascertain clearly through direct communication with a client what his/her precise wishes are, the Representative should attempt to form as complete and rounded a picture as is possible ofthe client's likely wishes and preferences based on consultation with others, the client's personal history and personality;

- When working on the basis of a rights safeguarding/non-instructed advocacy approach, Sage Representatives should as far as practicable work in pairs.

Supported decision making ALERT system

Below is the ALERT system to be used when assisting someone to make decisions. It is further broken down in Sage Advocacy's '*New Times*' newspaper.

A = ASK
The person *(wanting you to make a decision)* should ask you what is your understanding of what you have to decide

L = LISTEN
The person *(wanting you to make a decision)* should listen carefully to what you say and to your needs and wishes

E = EXPLAIN
The person *(wanting you to make a decision)* should explain everything to you, including all the choices you have, in a way that you can understand OR call in someone else to help such as a family member or an advocate

R = REALITY
The person *(wanting you to make a decision)* should go through all of the possible choices and what they would mean for you in the future

T = TELL ME
The person should ask you to tell them your decision and why that particular choice is important to you.

Client Confidentiality Guidelines

See Client Confidentiality Policy

Record Keeping

- All Sage Representatives should at all times follow GDPR and Sage Advocacy data protection guidelines, housed within the Board & Staff Manual;

- The Sage Representative should inform each referrer and client that relevant information about the issue/s being addressed will be recorded and stored in accordance with GDPR and Sage Advocacy data protection guidelines and *Client Confidentiality Policy*;

- Where possible, a client's consent to this should be recorded by the Sage Representative;

- Sage Representatives should ensure that the names of clients are available only to those directly involved in dealing with and progressing the issue -- the Sage Representative involved, the relevant Regional Coordinator and the Sage Advocacy Case Management Group (the latter where this is required for the monitoring of a case);

- Individual client case management records should include the following information:

  - The initial referral and date
  - The initial interview and decision to proceed
  - Authority to Act Form received and attached to file
  - The core elements of the support and advocacy intervention
  - The outcomes expected
  - Actions taken
  - Contacts between the Sage Representative and the client
  - Log of relevant observations and comments
  - Relevant contacts with other persons, e.g., nursing home staff, relatives, other professionals
  - The actual outcome of the advocacy intervention
  - Outcome of external referrals by Sage Advocacy (where this is known)
  - Closure of Sage Advocacy involvement

- Each issue which requires any kind of action by *Sage Advocacy* with external parties (service providers, professionals, relatives) should be recorded;

- Relevant information should be recorded for:
  - The client
  - The facility (e.g. Nursing Home)
  - The *Sage Representative* involved
  - Actions taken by Sage Advocacy

- Clients' gender, date of birth and general health status (where these are known) and the presence of any systemic issue should be recorded for statistical purposes;

- All information recorded in relation to a client and the issue/s being dealt with should be inputted on the Sage Advocacy Database within 7 working days and any written case notes should then be securely destroyed (e.g., by shredding);

Notes and Record Taking

- Note-taking in order to accurately capture the facts about an issue is an essential aspect of the Sage Advocacy approach and should be included as an integral aspect of the role of the Sage Representative;

- Note-taking by Sage Representatives should be carried out in accordance with GDPR and Sage Advocacy data protection guidelines, housed within the Board & Staff Manual;

- The reason for taking notes should always be explained to the client and his/her agreement sought – where such agreement is not forthcoming, notes should not be taken;

- Any notes taken should be short, factual and to the point and capable of being shown to the client and any other relevant third party if necessary and so agreed by the client; therefore you can approach recording notes by considering the questions:

    - 'Are you happy for the person to read what you have written?'
    - 'Would you be happy to read this if written about yourself?'
    - 'Are the notes useful to another Sage Representative taking up the case/referral?'

- Notes should be easily legible and comprehensible;

- Notes should be completed immediately after a meeting with a client to ensure accuracy of information;

- Notes taken by Sage Representatives should always be accessible to the relevant Regional Coordinator;

- Any notes taken should be used to complete documentation and reports in order to ensure that matters that have arisen are dealt with fully and appropriately;

- Such reports should be submitted to the relevant Regional Coordinator for review with a view to identifying how issues raised might be resolved;

- Any notes taken by Sage Representatives and related reports should be incorporated as soon as practicable into files stored on the Sage Advocacy Database;

- Following this, the written notes should be destroyed in a secure manner (e.g., by shredding);

Sage Representatives should record data and notes in a manner that is accessible to the person to whom the data and notes relate to and to other parties who have permission to access the person's records.

Style of Records

When recording notes about a person[21] or a case it is important to:

- Use language that is neutral and non-judgemental;
- Record the facts and avoid making assumptions about the person or the case;
- Record all relevant information;
- Indicate when a statement is your own observation, and indicate if making an observation based on body language, for example 'the person seemed to be upset' or 'I observed that….';
- Indicate when you are recording the person's own words, for example usequotation marks or write 'the person stated that….'/'the person said that…';
- Record what you have observed, if it is necessary to record a third party's observation/statement indicate who made the observation and how they relate to the case;
- Check back over what you have written to ensure it is clear, refers to previous records if necessary and can be understood by a person not familiar with the person/case.

Information to a third party or other organisation

You [Sage Representative] may be required to make a referral to another organisation, or to provide information to a third party on behalf of a person you are working with. The information should be:

- Identifiable by date of referral/letter
- Provided to the appropriate person only
- Relevant
- Accurate
- Reliable
- Clear
- Concise
- Written in appropriate language
- Properly presented in a letter style or in a formal email
- Recorded on the Sage Advocacy Database with a copy of the letter/email
- Identifiable as coming from Sage Advocacy/Sage Representative and contain contact details

All paper based notes should be securely destroyed immediately, e.g., by shredding once they have been entered on the Sage Advocacy Database.

[21] The 'person' here refers to all people who engage with the Sage Advocacy service which results in a record being made, this can include clients, family members of clients, professionals, people who engage with the service to access information, relevant contacts, and general public. The source of data and information that Sage Advocacy records can come from face-to-face interactions, phone calls, text messages, emails, letters and referrals

Case Management Guidelines

See Case Management Policy

- While some issues may be dealt with during one meeting with a client, other issues may require further meetings, information gathering from the client, staff, other professionals involved with the client, relatives and relevant others;

- Where resolving an issue is ongoing, a Support and Advocacy Plan should be drawn up which identifies and documents realistic and achievable goals and objectives, with clearly identified responsibilities and timeframes – Sage Representatives should liaise with their Regional Coordinator in this regard;

- The Support and Advocacy Plan drawn up by the Sage Representativein consultation with his/her Regional Coordinator should include:

    - The issue/s involved
    - The type of support and advocacy required
    - The likely stages in the process;

- The plan should record how the issue is to be addressed and how the client wishes to be involved in the process;

- The plan should detail the client's desired outcome, the identity of any people (inside or outside the service) that need to be contacted and the proposed timeframe;

- The Sage Representative should keep the person fully informed of progress and development on all aspects of the case;

- In drawing up the Support and Advocacy Plan, active listening techniques should be used by Sage Representatives to ensure that each person's views, opinions, will and preference are heard;

- Unrealistic promises should not be made to people by Sage Representatives and/or unrealistic expectations created;

- The Sage Representative should establish whether or not the person wants to be named or to be anonymous in order to resolve the issue -- the outcome of this conversation should be recorded;

- In cases where, in order to obtain a meaningful outcome for the person, s/he has to be identified, the reason for so doing should be explained clearly to the individual involved;

- Where a Sage Representative is engaging with a person on the basis of a rights safeguarding/non-instructed advocacy approach, this should be recorded in the plan;

- Sage Representatives should review on an ongoing basis each Case Management Plan with their Regional Coordinator – the outcomes of any such reviews should be communicated to the client in a timely manner;

- Where a need arises to draw in additional expertise or advice to resolve an issue, this should be discussed with the person involved and a plan put in place in consultation with the Regional Coordinator and the Sage Advocacy Service Manager;

- Sage Representatives should liaise through their Regional Coordinator, with the Sage Advocacy Service Manager and the Case Management Group in order to ensure that all cases are dealt with ethically and in an efficient and timely manner;

- A case should be closed when all of the issues have been resolved or where no further progress can be made on the issues raised;

- The decision to close a case should be taken in consultation with the Regional Coordinator and with the agreement of the person involved;

- Where there are outstanding issues that have only been partially resolved and where Sage Advocacy has potentially more to offer, this should be noted and the case should remain open;

- The outcomes of the support and advocacy intervention by Sage Advocacy should be noted;

- The total estimated time involved in a case should be recorded (includingmeetings, conversations, letter-writing, phone calls);

- Essential and relevant details relating to meetings, letters/emails, face-to-face and telephone conversations should be included in the Record;

- The date the case was closed should be recorded.

Safeguarding Vulnerable Adults Guidelines

See Safeguarding Vulnerable Adults Policy

- Sage Representatives should be fully aware that Sage Advocacy does not have any role in directly investigating alleged or suspected abuse;

- In any instances where abuse is either alleged or suspected, Sage Representatives should adhere to the Sage Advocacy *Safeguarding Vulnerable Adults Policy*; We acknowledge that at the time of writing, the HSE are in the final stages of revising its Adult Safeguarding Policy (2018) and accompanying practice handbook and we will adhere to any changes therein;

- If an allegation of abuse (historical or otherwise) is disclosed, the Sage Representative should always consult with their Regional Coordinator and in turn the Sage Advocacy Designated Officer;

- Where a client or someone on his/her behalf discloses an allegation of abuse to a Sage Representative, this should be reported immediately to the Regional Coordinator;

- The Sage Representative receiving an allegation should ascertain if possible if the person against whom the allegation has been made is still alive and whether s/he has access to children;

- The person making the allegation should be informed that our policies and procedures require the Sage Representative receiving the allegation to report to the Sage Advocacy Designated Officer, who may consult with the HSE Children and Family Services (TUSLA) to consider any existing risk to children;

- Any abuse reported to a Sage Representative must be treated as alleged until it is proven by a formal investigation – this is necessary to protect the rights of all those involved;

- The Sage Representative, in consultation with his/her Regional Coordinator, the Sage Advocacy Designated Officer, and the person making the allegation should deal with the matter fully and comprehensively, including:

    - Referring the allegation to the HSE Safeguarding and Protection Team where deemed necessary
    - Reporting the allegation to an Garda Síochána if it is alleged or suspected that a criminal offence has been committed[22]

- Where a Sage Representative feels that matters being discussed with a client indicate an abusive situation, s/he should enable the client to talk about it freely whilst recognising the complex and potentially conflicting emotions often involved;

- The following points should be observed by Sage Representatives when dealing with alleged or suspected abuse:

[22] It may be an offence under The Criminal Law (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 not to disclose some information relating to abuse.

- Is the person making the allegation aware of the serious implication of what s/he is alleging?

- People who are being abused may not always identify themselves as having been abused – Sage Representatives should look out for any symptoms of abuse;

- Supporting the person to address the abuse identified should be at the core of the Sage Representative's response to any alleged or suspected abuse;

- The Sage Representative has a duty of care to clients and all actions required to respond to alleged or suspected abuse should be taken;

- The Sage Representative should be clear about what the person making the abuse allegations is asking Sage Advocacy to do:

    - Does s/he want support and advocacy in approaching the appropriate people to address the situation?
    - Does s/he want Sage Advocacy to support a third party, for example, a relative or other service user in addressing the issue?

- Where an allegation of abuse is made anonymously to a Sage Representative, the referrer should be advised to contact the HSE Safeguarding and Protection Team and request anonymity;

- Where abuse by an individual staff member in a care setting is observed by or reported to the Sage Representative**,** this must be reported to the Regional Coordinator and Sage Advocacy Designated Officer and to the Person in Charge of the care setting before the Sage Representatives leaves the premises;

- Where there is an allegation of abuse by other service users (e.g., other nursing home residents), the person making the allegations should be supported to raise the issue with the person in charge or the Sage Representative can do so on their behalf, if the person so wishes and agrees. The allegation must be reported to the Regional Coordinator and the Sage Advocacy Designated Officer;

- Where there is an allegation of abuse against a Sage Representative, this should be reported to the Regional Coordinator and the Sage Advocacy Designated Officer, and our *Safeguarding Vulnerable Adults Policy* should be followed.

Reporting Alleged Abuse

Reporting of alleged abuse follows a line management structure from Sage Representative, to local Regional Coordinator, and in consultation with the Sage Advocacy Designated Officer for Abuse (and colleagues within Sage Advocacy Case Management Group where appropriate) and the Sage Advocacy Executive Director, a referral to the HSE Safeguarding Vulnerable Persons Team in that area.

If a Sage Representative discloses an allegation, it is the duty of the Regional Coordinator to make them aware that Sage Advocacy policy requires that Sage Representatives cooperate in complying with the reporting structure above. This may mean that what the Sage Representative has stated

may have to be put in writing. The Regional Coordinator has a duty to record the details of what has been reported.

If at any stage a Sage Representative is concerned about potential abuse or a specific issue they should contact their Regional Coordinator immediately.

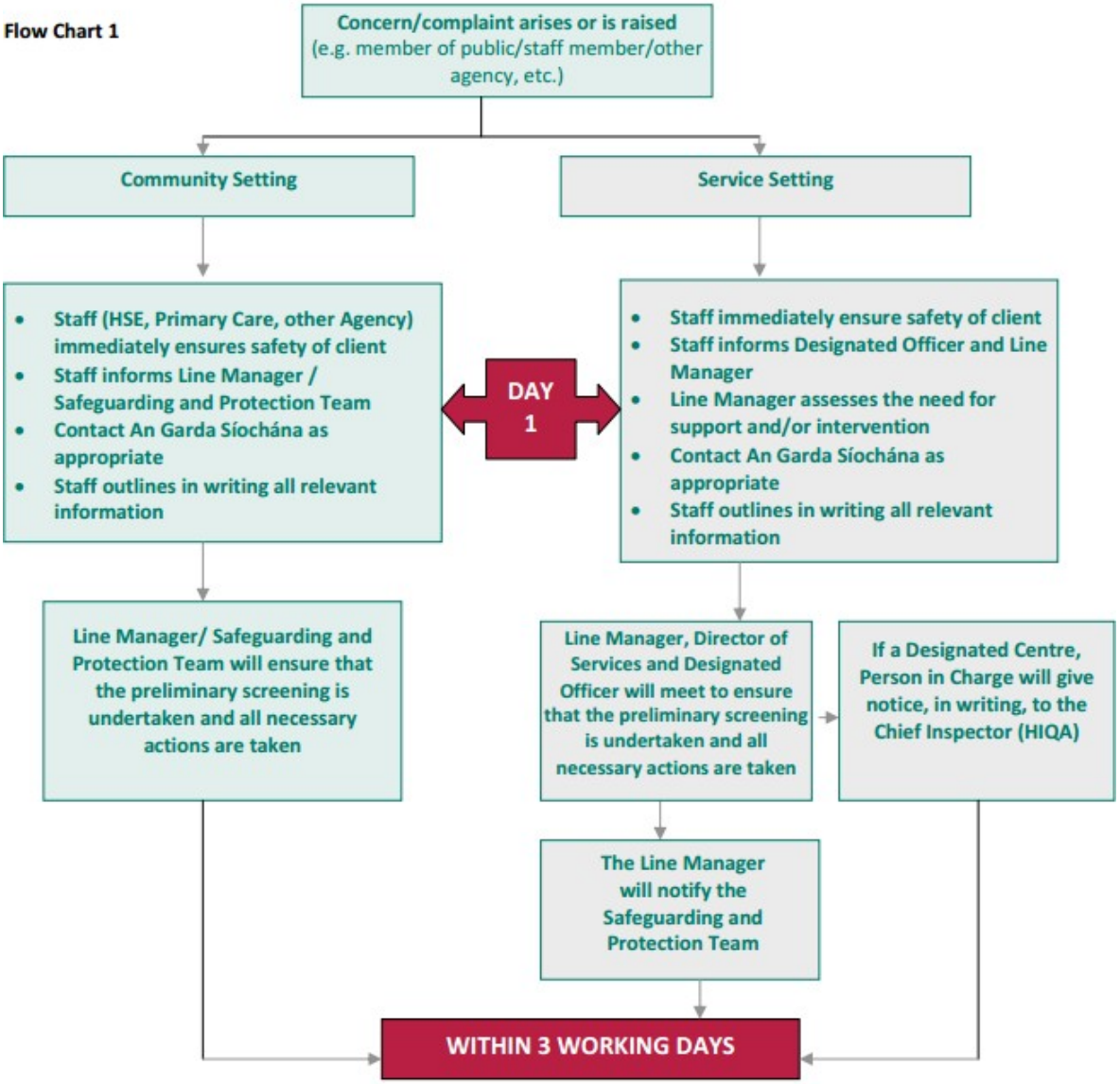
Where immediate harm or serious risk is evident, the safety of the person is paramount and should be ensured by reporting accordingly (to the service/care setting manager).

FLOWCHART

10.0 Stage 1: Responding to Concerns or Allegations of Abuse.

Stage 1- Concern Arises.

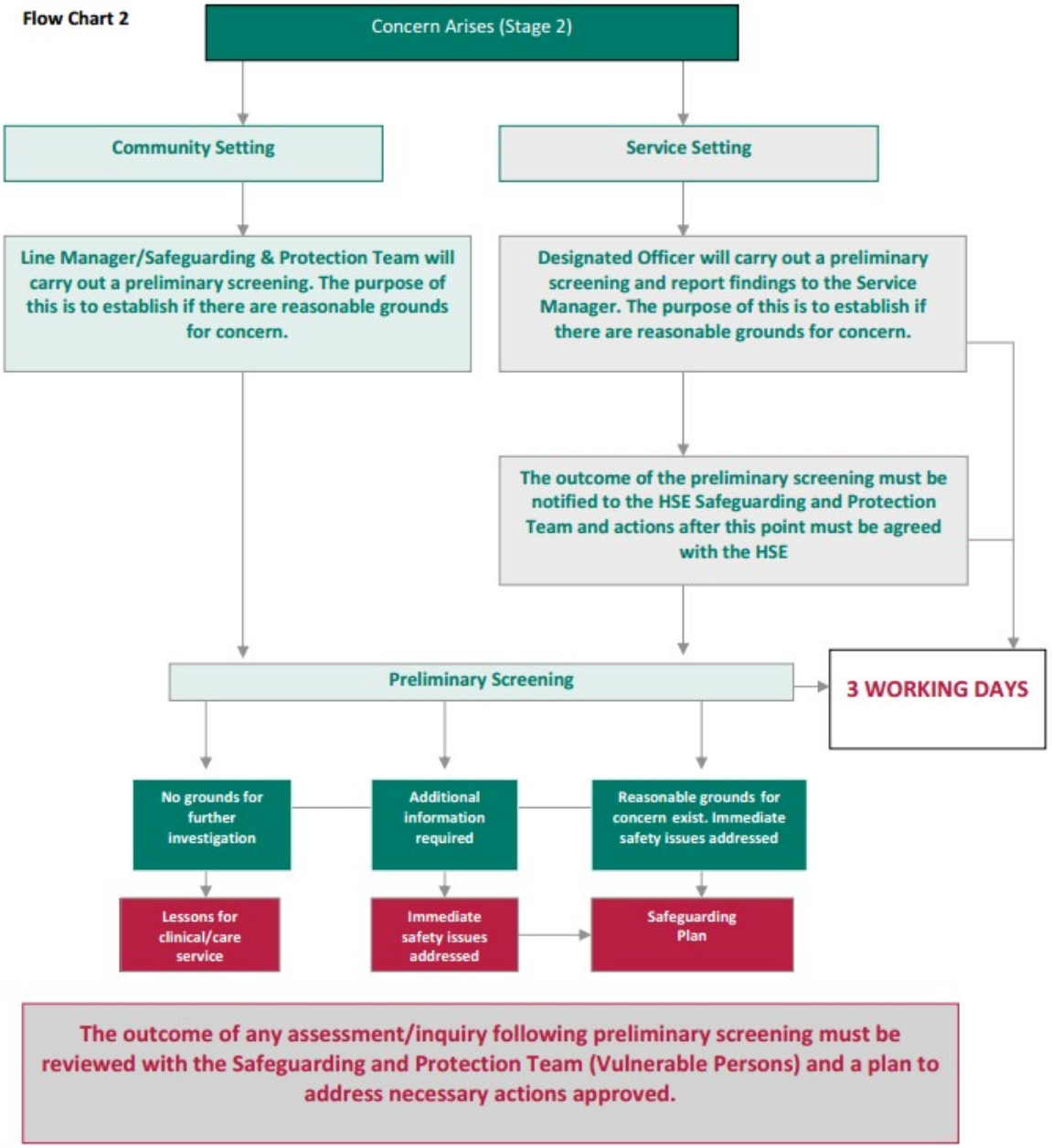
Flow Chart 1



Proceed to Stage 2 - Preliminary Screening - Section 11.0

Note: At any point in the process, it may be appropriate to consult with the HSE Safeguarding and Protection Team (Vulnerable Persons) or An Garda Síochána. In such instances, a written note must be kept of any such consultation.

Flow Chart 2



Assessment of Need and Risk Management Guidelines

See Assessment of Need and Risk Management Policy

- Sage Advocacy Regional Coordinators are required to ensure that a Risk Assessment is carried out in respect of all situations where Sage Representatives work alone (see Working Alone Risk Assessment Template*)* and to put in place a Risk Management Plan accordingly;

- Sage Representatives are required to follow the guidance on working alone contained in the *Working Alone Policy* and in the related guidelines relating to Working Alone and Home Visits.

Working Alone Guidelines

- Regional Coordinators should keep themselves informed as to when and where Sage Representatives who report to them are working alone and have contact telephone numbers available;

- In any instance where a Regional Coordinator (or Sage Representative colleague) becomes concerned for the safety of a Sage Representative working alone the following line of escalation should be followed:

    - Sage Advocacy Executive Director
    - An Garda Síochána

Home Visits by Sage Representatives

- Sage Representatives visiting people in their own homes should adhere strictly to the *Working Alone Policy* and the *Needs Assessment and Risk Management Policy;*

- The Sage Representative should always inform the Regional Coordinator of a plan to visit a person's home and the date/time/location of the visit;

- Sage Representatives should anticipate and manage potential risk relating to home visits by:

    - Obtaining as much background information as possible on clients before visiting them at home

    - Identifying any areas where there is any likelihood of a danger to the safety, health or welfare at work of the Sage Representative or that of any other person

    - Reporting any concerns, no matter how small, to their Regional Coordinator

- In consultation with the Regional Coordinator/Sage Advocacy colleague, Sage Representatives should complete an initial assessment, prioritise any concerns arising before a home visit takes place and make a plan to address any potential hazards and risks;

- The Sage Representative should consult with his/her Regional Coordinator or Sage Advocacy colleague prior to arranging a home visit;

- The Sage Representative should consult with their Regional Coordinator or Sage Advocacy colleague if they are unsure of details relating to the referral;

- The Sage Representative should be accompanied by their Regional Coordinator or another Sage Advocacy colleague on the initial visit to the client;

- If at any stage during a home visit, the Sage Representative encounters aggression or violence they should reassess the situation and terminate the visit -- the Sage Representative should report this incident to their Regional Coordinator and update the Sage Advocacy Database record;

- Any potential risk to the Sage Representative or to the client arising from a home visit should be discussed and planned for with the Regional Coordinator;

- Consideration should always be given to the need, desirability and option for two Sage Representatives to visit jointly or for a Sage Representative to accompany another professional (e.g., a member of the Primary Care Team) on a visit;

- Consideration should be given to telephone contact between the Sage Representative and Regional Coordinator during and immediately following a visit to a person/s home;

- Since home visits involve entering a person's private residence, the Sage Representative should at all times observe the following guidelines:

    - Knocking on the door
    - Waiting to be invited to enter
    - Explaining clearly the nature and purpose of the visit

- The outcome of the home visit should be clearly outlined at the end of the visit and any follow-up being undertaken explained;

- Where further home visits are anticipated, this should be indicated to the individual/family involved and, where possible, a date for a subsequent visit provided.

Considerations for initial risk assessment by Sage Representatives

Since it is not possible to identify all the hazards relating to working alone in every situation, especially where the workplace or area is outside of Sage Advocacy's control, this needs to be done in each specific instance before and during the engagement. The following are questions that should be addressed by Sage Representatives:

- Did the request come from a known source or representative of a known source?
- Have you been made aware of any issues surrounding the client?
- Do you have access to all relevant information relating to the referral and the client?
- Is the client known to the Sage Advocacy service?
- Have you spoken with colleagues who have prior contact with the client?
- Are you happy to attend on your own?
- Do you have contact details for Regional Coordinator/Sage Advocacy colleague/Sage Advocacy office?
- Have you given your Regional Coordinator/Sage Advocacy colleague all information relating to the visit?
- Does your Regional Coordinator/Sage Advocacy colleague know what time to expect a check-in call?
- Do you have a charged mobile phone with you?
- Have you checked the route to the location of the visit?
- Do you have access to public transport to complete the visit?
- Do you have sufficient fuel in your car to complete the visit?
- Are you happy to take on the referral and complete the visit?

Considerations for onsite risk assessment by Sage Representatives

- Have you been able to park in a well-lit area?
- Are you wearing any clothing that can be easily grabbed, for example, a tie or scarf?
- Are the premises well-lit?
- Are you still happy to be on your own?
- Is the client or other person at the premises likely to become agitated, angry or violent?
- Are there persons on the premises who appear to be under the influence of alcohol or drugs?
- How easy would it be for you to leave if you wanted to?
- Are there any dangerous animals loose on the premises?
- Have you assessed any potential risks and hazards at the premises?
- Have you checked the public transport access and route for your return journey?
- Are you happy to proceed with the visit?

A Sage Advocacy colleague can be an appointed 'buddy' or another member of the group of Sage Representatives in the area whom the Sage Representative selects as their Sage Advocacy colleague for this purpose.

- In addition to the main contact details for the Sage Representative which are stored on the Sage Advocacy Database, the following information should be provided to the Regional Coordinator/Sage Representative colleague:

  - Name, address and contact number for Sage Representative's emergency contact
  - Name, address and contact number of client if not already on the Sage Advocacy Database
  - Expected date and time of visit
  - Expected end time of visit
  - Itinerary of visits if visiting more than one client
  - Name, address and telephone number of each client
  - Expected time of visit or call-in
  - Car registration make and model if used in the course of the visit

- Sage Representatives should inform their Regional Coordinator/Sage Advocacy colleague by email or phone within an agreed period of time when they have completed the visit;

- If the Sage Representative fails to contact their Regional Coordinator/Sage Advocacy colleague at the end of the visit, the Regional Coordinator/Sage Advocacy colleague should contact the Sage Representative to establish if the visit has been completed.

Identifying Potential Risks/Hazards

- Prior to working alone, any potential risks relating to the following should be identified and a plan to implement risk control measures should be developed:

  - Physical hazards
  - Chemical hazards
  - Biological hazards
  - Psychosocial hazards
  - Risk of physical/sexual assault
  - Risk of verbal abuse/threatening behaviour
  - Risk of theft/criminal damage
  - Risk of road traffic accidents/breakdowns/punctures
  - Risk of slips/trips/falls
  - Risk presented by client's mobility

- More specific risk assessments should be carried out for the following non- exhaustive list of factors:

  - Environment
  - Geographical areas
  - Times, i.e., day or night

The *Risk Assessment Template* should be used in all instances where a potential risk has been identified.

Systemic Advocacy Guidelines

See Systemic Advocacy Policy

Sage Representatives should be aware that Sage Advocacy has taken a strategic decision to move from previously taking on 'any and all' cases referred to considering how we can make the most impact for greater numbers of vulnerable adults experiencing the same systemic issue.

This requires the Regional Coordinator to be able to identify and strategically address issues facing vulnerable adults in their area, acknowledging that we can make more of an impact by addressing how the existing supports available to this population could be better utilised as distinct from providing a response to one individual.

This includes areas where we may need to advocate for a change in the existing structure, advocating for new resources to be allocated or for existing resources to be allocated differently, e.g., in community-based support structures rather than in residential care facilities.

Systemically responding to individual cases may require us to address issues at an organisational level – for example:

- Meeting with HSE Heads of Social Care for the CHO rather than the individual Health and Social Care Professionals working on the individual case (e.g. PHNs, social workers, etc.)

- After resolving a case for a nursing home resident experiencing an issue that many other residents are facing, meeting with the Director of Nursing and relevant nursing home staff to resolve the issue, focusing on how the staff themselves can implement the resolution for existing and future residents – rather than only resolving the individual nursing home resident's issue.

It should be noted that this way of working may not be relevant for every case and the Regional Coordinator may need to take on individual cases as 'test cases' first in order to either get a foot in the door and/or to get a better understanding of what works or what can work for the specific issue or geographical area.

Contact with External Solicitors: Guidelines

Purpose:
This purpose of this protocol is to:

- Facilitate Sage Advocacy in its oversight role in relation to Sage Advocacy clients who seek the assistance of Sage Advocacy in making contact with an external solicitor.
- Set out the procedures to be followed by Sage Advocacy Representatives when liaising with external solicitors on behalf of a Sage Advocacy client.
- Confirm that Sage Advocacy or any of Sage Advocacy Representatives do not give legal advice or provide legal representation to a Sage Advocacy client or to any third party on behalf of a Sage Advocacy client.

Definitions:
In the context of this Protocol the following terms have the following meanings:

An ***Advocate*** means a person who is a Sage Advocacy Representative working within the terms of Sage Advocacy Policies and Procedures

The **Legal *Adviser*** means a solicitor holding a current Practising Certificate working in-house for Sage Advocacy and whose function it is to advise and assist members of Sage Advocacy and Advocates with regard to legal issues and information that arise from time to time.

Solicitor means a solicitor holding a current Practicing Certificate who is external to Sage Advocacy

Request to make contact with solicitor: [23]

1. When a Sage Advocacy client asks an Advocate to contact a particular solicitor on their behalf the Advocate should ascertain from the client whether the solicitor is known to them e.g. a solicitor who has acted for them before.

2. If the client says that the solicitor has never acted for them before, then the Advocate should take steps to explore further with the client whether he/she is making a voluntary choice regarding the choice of solicitor or whether the client is, or appears to be, influenced by a third party to instruct that particular solicitor.

3. If the Advocate then discovers that the solicitor also acts for a relative of the client or other interested third party, for example a neighbour, the Advocate should alert the client to the potential conflict of interest, undue influence and coercion and provide information to the client as how to manage a conflict of interest or undue influence, including appointing a solicitor who does not act for a family member or other interested third party. The existence of a potential conflict of interest, undue influence or coercion of a client should be brought to the attention of the Legal Adviser, to include the information given to the client. [24]

[23] This can be for a variety of matters, such as to request an appointment with that solicitor, to obtain information needed to complete a Fair Deal Application, to obtain legal advice, to give instructions in relation to a particular matter or to ask for an update in relation to a particular matter for which the client has already engaged the solicitor.

[24] A conflict of interest is a situation that has the potential to undermine the impartiality of a person because of an actual or possible clash between the person's self-interest and that of the other person.

4. The Advocate who is requested by a client to contact the client's solicitor on their behalf should first notify the Legal Adviser by phone or email giving details of the request by the client that contact be made with his/her solicitor. In the event that a client requests an Advocate be present with them to make immediate contact with their solicitor by telephone, the Legal Adviser should be informed as soon as possible thereafter. On occasion, depending on the subject matter, it might be agreed between the Advocate and the Legal Adviser that it would be best for the Legal Adviser to initiate the contact rather than the Advocate. If the matter is extremely urgent and the Legal Adviser is not available then the Advocate should contact the Executive Director of Sage Advocacy.

5. An Advocate should be careful not to influence a client in any manner in the selection of a solicitor.

6. Having followed the above procedure –

    i. It is preferable that the Advocate makes contact with the solicitor by letter or email if possible, using the template attached. A copy of the signed Sage Advocacy client's 'Authority to Act' Form should be included with this communication. A copy of the letter and any reply received should be put on Salesforce and copied to the Legal Adviser.

    ii. If initial contact is made by telephone, the Advocate should record the conversation on Salesforce, copy it to the Legal Adviser, and send a confirmatory email to the solicitor on anything agreed over the phone.

7. If the client's request is that their solicitor either come to see them in their home/care setting, or that an appointment is made for the client to see their solicitor in that solicitor's office, there is no need for an Advocate to accompany the client to that appointment.

8. In the event that an Advocate is asked to accompany the client to see their solicitor the Advocate should make it clear to the client that they have a right to see their solicitor on their own and that their solicitor may insist on this. If the client persists in their request the Advocate should then discuss and confirm with the client that he/she should clarify to their solicitor that it is at the client's request that the Advocate is present. If there is a specific reason given by the client as to why they wish the Advocate to be present during the meeting with their solicitor the Advocate should make a note of the reason. It may simply be the case that the client is nervous seeing the solicitor on their own and that once they are settled with the solicitor there may no longer be a need for the Advocate to be present.

9. If the client's solicitor is coming to see the client in a care setting, for example a nursing home or hospital, the Advocate should be aware that the Director of Nursing or another senior nurse of the care setting may follow a procedure for the solicitor's visit which differs from that set out above by Sage Advocacy for Advocates. For example, if the

resident has a diagnosis of dementia or is particularly vulnerable to being influenced, they may have rules that require that the client's solicitor should first obtain a doctor's certificate confirming that the client has sufficient capacity to instruct their solicitor, or that the solicitor should see their client in the company of a staff member or the Advocate. If this occurs it should be made clear by the Advocate to the Director of Nursing and the client's own solicitor that this is not Sage Advocacy policy. The Advocate should confirm that Sage Advocacy policy is to be led at all times by what the client wishes, with due respect also for what the client's solicitor requires in terms of time alone with their client. The Advocate should also make the Director of Nursing aware that the internal procedure being followed may be infringing the client's right to see their solicitor alone if that is the client's wish.

10. In the event that the client's solicitor requests that the Advocate be in attendance at an appointment the Advocate should only do so if the client is in agreement.

11. An Advocate should never be a witness to the signature of a Sage Advocacy client on any legal document. If this is requested by a client's solicitor then the specific permission of the Legal Adviser shall be sought. An Advocate should never sign any document on behalf of a Sage Advocacy client.

12. Where a Sage Advocacy client, who does not have a solicitor, requests assistance in identifying a solicitor, Sage Advocacy will facilitate such a client by providing a list of solicitors in the geographic area or relevant to the issue involved. Some of those included on the list may be known to Sage Advocacy as having skills and expertise relevant to working with vulnerable adults, older people and healthcare patients. Sage Advocacy cannot accept responsibility for the service that may subsequently be provided by any solicitors on the list and any such list must carry a disclaimer to this effect.

13. An Advocate should be aware that everyone has a right to see a solicitor no matter what their state of health. In the event that an Advocate has reason to believe that a client in an acute hospital or other healthcare setting is particularly vulnerable and that there may be safeguarding issues, the Advocate should first reference Sage Advocacy's Safeguarding Vulnerable Adult and Consent Policies. The advocate should then communicate their concern to the client's clinical team. In addition, when the Advocate contacts the solicitor to request a visit to the client, the Advocate should inform the solicitor of their concern and let them know that the clinical team has also been informed of that concern.

14. A Sage Advocacy Advocate should never take instructions from a third party to arrange an appointment with a solicitor.

sage advocacy

Supporting Clients with Financial Transactions: Guidelines

The following document is to be completed when supporting Sage Advocacy clients with financial transactions* involving cash or cheque and only after the Sage Representative has determined that all other possible alternatives have been exhausted (client unable to perform transaction him/herself and no family, trusted friend or neighbour, or professional is available) *and* has sought guidance from their Regional Coordinator beforehand.

In order to protect Sage Advocacy and the client, copies of receipts of financial transactions should be kept by both the client (the original) and the Sage Representative (photo of receipt on phone). The Sage Representative must email the photo of the receipt as an attachment to their Regional Coordinator using their Sage Advocacy email address. The photo is attached to the client's record on Salesforce and then deleted from the phone.

Name of client: _____
Name of Sage Representative: _____
Name of Regional Coordinator: _____
Manner of financial support (please tick):

Withdrawing/Lodging money in bank		ATM use		Pension or Social Welfare payment collection	
Purchasing goods		Purchasing services			
Other (Please describe):					

Date and Time of transaction: _____

Brief description of transaction and reason for Sage Advocacy involvement:

Signed and Agreed:

Client: _____ Date: _____
Sage Advocacy Rep: _____ Date: _____
Witness (if possible): _____ Date: _____

FOR SAGE ADVOCACY OFFICE USE ONLY:

Date Received by Service Manager:	
Date Reviewed by Case Management Group:	

*Does not need to be filled out if there is no physical handling of money – for example, setting up direct debits, standing orders, assisting in setting up PPPA for client, etc.

Working in Different Settings: Guidelines

Working in Acute, Step-down and Residential Care Settings

- The role of Sage Representatives working in acute, step-down and residential care settings is to as far as possible effect change for individuals and groups of people – primarily through liaison, communication and systematic dialogue with staff, relatives and other professionals with or on behalf of clients.
- A key element of the Sage Advocacy approach is empowering clients to help themselves – thus the first step required of the Sage Representative in a care setting is to ensure that an individual has in fact decided that s/he wishes us to be involved.
- Sage Representatives work in collaboration with care setting staff while maintaining their independent support and advocacy role.
- The support and advocacy needs of each individual referred should be assessed by the Sage Representative both at the outset and on an ongoing basis.
- The Sage Representative, in consultation with the Regional Coordinator, should determine the most appropriate Sage Advocacy activity intervention/s for each individual.
- Sage Representatives working in care settings should have developed good listening skills in order to be able to hear clearly and precisely what is being said by an individual or by a group of individuals.
- Questions to clients should be asked in an open-ended (as distinct from 'leading') manner in order to avoid bias.
- Effective engagement with clients requires the provision by Sage Representatives of opportunities for individuals to express their concerns and to identify key facts around those concerns.
- Sage Representatives should always make it clear to staff and to relatives/friends that Sage Advocacy operates in an independent role and that preserving the client's confidentiality is paramount.
- Where a client has indicated that s/he does not wish the care setting to be made aware that a Sage Representative is coming to see him/her, the Sage Representative should discuss the matter with his/her Regional Coordinator with a view to identifying an appropriate and pragmatic way of dealing with the situation.
- Where the intervention on behalf of a client is on the basis of a rights safeguarding/non-instructed advocacy approach, Sage Representatives at all times adhere to the Sage Advocacy *Consent Policy,* the Sage Advocacy *Safeguarding Vulnerable Adults Policy* and the Sage Advocacy *Client Confidentiality Policy*.

Visiting and meeting clients in acute, step-down and residential care settings

- Guidelines for visiting, contacting and meeting clients in these settings should be agreed between the Sage Advocacy local Regional Coordinator and staff involved.
- Generally, Sage Representatives should visit acute and residential care settings between 10 a.m. and 8 p.m. unless there are specific circumstances identified by staff or by a client's

needs that warrant visiting outside of those hours. These visits should also be flexible to suit different clients' needs and routines.

- If a Sage Representative is asked to document details of their visit to a client by care setting staff, it is standard practice not to record these details in the client's care setting chart. There are occasions, however, where this may be of benefit to the client and when this occurs, the Sage Representative should ask for the client's consent.
- Sage Representatives should adhere to the health and safety practices and regulations of the setting.
- Preserving a client's confidentiality is paramount and all efforts should be made to maintain client confidentiality in the acute and residential care setting.
- If a client in one of these settings has requested to see a Sage Representative, the Sage Representative or Regional Coordinator should establish ahead of the initial visit if the person is in agreement or not with the care setting staff being aware that a Sage Representative is coming to see them. If unable to establish this, the Sage Representative should enter and sign in as required by putting their name only. If further information is requested by the care setting the Sage Representative should state their role and that the Sage Advocacy service is confidential.
- Care setting staff should generally be aware of when a Sage Representative is present on the premises, unless to do so would compromise a client's confidentiality.
- Where a Sage Representative is unable to attend an appointment and/or attend on a particular day where this is the norm, clients involved and relevant care setting staff should be informed in a timely manner.
- Where possible and appropriate, Sage Representatives should be introduced to clients by a person already known to them (staff member, relative, friend, an existing Sage Representative).

Observation of Guidelines and Practice in Nursing Homes/Care Facilities and Hospitals

- In addition to talking to and consulting with clients, Sage Representatives have a role in generally observing the guidelines and practice in care settings as these impact on vulnerable adults, older people and healthcare patients.
- Sage Representatives' observation role covers quality of life domains, people's well- being, the way staff interact with clients and the extent to which each individual's will and preferences are at the centre of the decision-making process as it affects him/her.
- Sage Representatives in carrying out this observation role do not have to make judgements or assumptions but merely to report on the facts as observed and, in doing so, draw attention to matters that may need to be addressed.
- Observations should be objective and factual about what is perceived and should not be overly interpreted.
- Sage Representatives should adopt an open mind at the outset and avoid preconceptions and biases based on previous experience or research findings.
- For observation to be focused and effective, Sage Representatives should be fully familiar with applicable standards, rules and regulations and the components of best practice.
- Sage Representatives' own individual views on what is appropriate should be fully informed and, as far as possible, based on fact rather than opinion.

- Sage Representatives should report any relevant issues that require attention by the case setting to their Regional Coordinator who should bring these to the attention of the Sage Advocacy Regional Operations Manager.

Support and Advocacy Work in People's Homes/Primary Care Centres

- Where a referral to Sage Advocacy is deemed appropriate by a Regional Coordinator to require a home visit or a visit to a primary care centre, the following guidelines should be observed by Sage Representatives,
- Sage Representatives should always work in close collaboration with primary care personnel while maintaining their independent support and advocacy role.
- Visits by Sage Representatives to a person's home or to a primary care centre should normally be by pre-arranged appointment.
- Visits to a person's home by Sage Representatives should **always** be at the invitation of the individual involved.
- The nature and purpose of the visit should be clearly explained by the Sage Representative at the beginning of the visit.
- Visits to a primary care centre by Sage Representatives should always be at the invitation of a member of the Primary Care Team.
- The nature and purpose of any contact by a Sage Representative with a client in a primary care centre should be clearly explained to the client by the Sage Representative at the outset.
- The guidelines outlined above for Sage Representatives introducing themselves to people (*Support and Advocacy Work in Acute, Step-down and Residential Care Settings*) should be applied when meeting people in their own homes or in primary care centres for the first time.
- Where appropriate and feasible, the Sage Representative should be introduced to the client initially by a member of the Primary Care Team who is already known to the client.
- Any notes taken by Sage Representatives during home visits or visits to primary care centres and related reports should be incorporated as soon as practicable into files stored on the Sage Advocacy Confidential Electronic *Data Recording System.*
- Sage Representatives should be mindful that a visit to a client's home may carry with it some element of risk, especially when working alone. The Sage Representative visiting a client at home must be familiar with Sage Advocacy's Working Alone and Risk Assessment policies and plan these visits accordingly with their Regional Coordinator.

Section Three: Indicative Case Scenarios

These four *Case Scenarios*, which are fictional cases based on common issues a Sage Representative encounters, illustrate how the Sage Advocacy Service Policies and Guidelines might apply in different contexts. They provide an overview of the practical applications of the policies and guidelines in respect of four core aspects of advocacy case management and processing:

1) Consent and Capacity/ Non-instructed Advocacy
2) Confidentiality
3) Safeguarding
4) Supported decision-making

Case Scenario One
Consent and Capacity, Non-instructed Advocacy

Margaret is an 86-year old woman living alone at home. Sage Advocacy received a referral from her public health nurse (PHN) who advised she has concerns about Margaret's safety at home as she has a diagnosis of dementia and no family support.

The PHN did not indicate on the referral if Margaret had given her consent or indeed, what Margaret's wishes were. The Sage Representative (SR) phoned the PHN to get more information, namely what discussion the PHN had had with Margaret about referring her to Sage Advocacy and what Margaret's wishes are regarding where she lives.

The PHN stated that she had not asked for Margaret's consent for the referral, but that she thought Margaret would not mind. She further stated that Margaret had expressed a wish to stay in her own home, but that Margaret does not have insight into her care needs. She advised that Margaret was receiving one hour of Home Help a week and that she had refused an increase in these hours. The SR asked if Margaret had access to a Primary Care Social Worker, as they would be the most relevant professional to talk to Margaret about this issue. The PHN stated there was no social worker attached to Margaret's catchment area.

The SR, noting that this was the first referral made by this PHN, advised that Sage Advocacy must have the client's consent before opening a case and that she [the PHN] would need to obtain Margaret's consent before we receive any more information about her.

The SR added that Sage Advocacy is directed by the client and that even if someone has been diagnosed with dementia, they may still have capacity to make decisions for themselves, even if such decisions are considered unwise by the people around them.

Sage Advocacy can act on a **non-instructed** basis where a client has been assessed as not having **functional capacity** relating to a specific decision or where capacity is in doubt and has not been assessed. This means the Sage Representative endeavours to identify and to be led by the client's wishes as far as practicable.

The PHN stated that Margaret's capacity had not been formally assessed but stated that Margaret has a 'terrible short-term memory' and, for example, had not remembered a visit that she had made to her last week. The SR again encouraged the PHN to seek Margaret's consent for the referral and advised that we could then further discuss Margaret's situation and what next steps would be for the case.

A week later, the PHN phoned the SR to say that Margaret was happy to be referred to Sage Advocacy even though she did not understand why she needed an advocate. The SR obtained some more information from the PHN before meeting with Margaret, including the extent of her care needs and how these were or were not being met by the circles of support around her.

The PHN advised that, while Margaret was physically very independent, she required supervision as she was a 'falls risk' and often needs prompting to make sure she was eating more than once a day. The PHN also advised that Margaret had no living family and kept to herself.

When the SR met with Margaret, she presented as a friendly woman who appeared slightly unkempt but happy in her environment. The SR explained to Margaret what Sage Advocacy was, what an

advocate does and told her that a referral had been made by her PHN because she had concerns about Margaret's safety and well-being.

Margaret strongly objected to this, expressing some anger toward the PHN's description of her and advised that she would rather die than live in a nursing home. She stated forcefully that, if the SR came to talk to her about going to a nursing home, she wanted her to leave immediately.

The SR explained that while the visit was prompted by the PHN referral, Sage Advocacy's main objective was to understand what her wishes and preferences were and how we could support her to achieve these. By this stage, Margaret had become overcome with anger and asked the SR to leave, stating that she didn't need help and did not want to talk about nursing homes.

The SR wanted to clarify further the purpose of her visit, but recognised that Margaret was too upset to continue and apologised for any distress she may have caused. Before leaving, the SR told Margaret that she was welcome to phone Sage Advocacy at any point in the future, should she so wish and left some Sage Advocacy leaflets which, she suggested, Margaret might like to have a look at.

The SR wrote a letter to Margaret after the meeting, explaining again what Sage Advocacy was and what we do and included contact details, encouraging her to phone the again.

The SR made the PHN aware of what transpired, namely, that Margaret had clearly expressed a wish to remain at home. The SR asked the PHN if she could try to explain to Margaret how Sage Advocacy might support her in this.

The PHN emphasised again her opinion that Margaret was unsafe at home and would benefit from long-term care in a nursing home. The SR advised that any intervention by Sage Advocacy with or on behalf of Margaret would be on the basis of Margaret's wish to remain at home, but that we would support as safe a home environment as possible for her. The SR then asked the PHN if Margaret had been linked into any other supports like day care, Meals on Wheels or increased Home Help hours. The PHN stated that Margaret had refused any additional supports. The SR asked the PHN if she would consider providing Margaret with a *Think Ahead* form and further asked that she remind Margaret of Sage Advocacy's availability to her, noting her difficulty with short-term memory.

The SR phoned Margaret on a couple of occasions after the visit with no reply answer or returned call.

Months went by with no word from Margaret, until the SR received a call from a Discharge Coordinator (DC) in an acute hospital asking if the SR knew Margaret. The SR advised that Sage Advocacy cannot divulge information about any client without their explicit consent and asked if Margaret had agreed to this phone call. The Discharge Coordinator advised that Margaret had in fact produced the letter that Sage Advocacy had written from her handbag and asked her to make this call on her behalf and explained that Margaret had been admitted to hospital because of a fall and was currently a 'delayed discharge' as she was no longer receiving active medical treatment.

The Discharge Coordinator advised that Margaret had expressed a wish to return home, however, her multidisciplinary team (MDT) had recommended long- term residential care as they felt a discharge home would be unsafe.

The SR asked why Margaret had not discharged herself from the hospital and the Discharge Coordinator stated that Margaret would not know how to get home on her own and was probably also under the impression that she was not ready to be discharged.

The SR phoned Margaret in the hospital to ask if she would be agreeable to a visit and Margaret agreed, saying that she would be delighted if it meant she could go home.

The SR met with Margaret, discussed with her what had transpired since their previous meeting and asked what Margaret's understanding was of what was needed in order for her to return home safely. Margaret stated she knew she was at risk of falling at home, but that she had a pendant alarm, which was what she used to get help after her most recent fall. She asked the SR why she was not being helped to go home by the doctors in the hospital. The SR suggested this should be clarified and Margaret agreed to a meeting with the MDT and her PHN to discuss her discharge plan from hospital.

Margaret gave her consent by signing Sage Advocacy's Authority to Act form, which gave Sage Advocacy the authority to act on her behalf in supporting her to go home and to share information with others as necessary. Before the MDT meeting, the SR asked for a recent assessment of Margaret's care needs and for Margaret to be invited to attend the MDT meeting.

Upon arriving for the MDT meeting, the SR had to make sure Margaret attended the meeting as it was clear that she had not been informed about it. At the meeting, the geriatrician advised that he had assessed her as not having capacity, specifically on the decision to go home. Because of this, the MDT had a responsibility to ensure that decisions were made in her best interest rather than in accordance with her will and preference.

The SR advised that, while capacity plays an important role, Margaret's expressed wish to go home needs to be considered in a meaningful manner before ruling it out. It was also important to acknowledge Margaret's use of the pendant alarm and how she had instructed the Discharge Coordinator to phone Sage Advocacy on her behalf to help her go home.
The geriatrician questioned how Sage Advocacy was able to represent Margaret if she had been formally assessed as not having capacity and whether the consent form she had signed for Sage Advocacy was valid. The SR explained to the MDT that at this point in time, based on the SR's informal assessment, there was not sufficient information or evidence to conclude that Margaret did not have capacity. The SR further advised that, in accordance with the Assisted Decision Making (Capacity) Act 2015, capacity is presumed for any person, but that over time, a Sage Representative may discover that a client indeed lacks capacity on a particular decision and that at that point we revoke the original consent form and fill out a non-instructed consent form, with oversight from Sage Advocacy's Case Management Group and work from a non-instructed basis from that point forward, allowing for the fact that a client's capacity on a decision may change over time. The MDT had not heard of the term 'non-instructed advocacy' previously and the SR provided some further explanation on this.

The SR referenced Margaret's recent care needs assessment which advised that 24-hour supervision was needed. The SR asked what supports, short of 24 hour supervision, would be available in the community to help Margaret return home. The MDT advised that at least fourteen hours a week in homecare support was necessary, to include a healthcare assistant present in the morning and evening to help Margaret start and end her day. The PHN stated that an increase in Margaret's hours had been offered before but hat this offer had been refused. At this point, Margaret stated that, while she did not like the thought of more strangers in her home, she would consider it if it meant she could continue living at home. The PHN advised that Home Care Packages were difficult to get at the moment and that Margaret might need to wait for this to be put in place. The SR asked Margaret if she would be able to afford to pay privately for these hours until the Home Care Package was available to her and Margaret agreed that she could do this.

A transfer home was organised quickly and hospital staff assisted Margaret in calling a taxi to return home. The PHN assisted in applying for the HSE Home Care Package and Sage Advocacy coordinated the private HCP to commence immediately.

After returning home, the SR visited Margaret over a series of visits to see how she was adjusting to being home with increased homecare hours and to discuss planning for the future, which included going over the *Think Ahead* form, engaging with a solicitor to set up an Enduring Power of Attorney specifically regarding her finances and linking in with day centre services (with the support of the PHN), Alzheimer's Society Ireland and other relevant supports which might potentially be of benefit to Margaret. Though Margaret was largely uninterested in these supports, over time and with support from the SR, she was able to link how accepting supports in the community would help her achieve her wish of staying at home for as long as possible.

When it was clear to the SR that we had supported Margaret as far as possible, the case was closed.

Systemic Response:

Sage Advocacy asked the PHN if she and the wider team of professionals at the HSE Health Centre would consider meeting with Sage Advocacy to enable Sage Advocacy to formally introduce the service, to answer questions about how we might be able to support vulnerable adults in their area and to discuss the Assisted Decision Making (Capacity) Act 2015 and its implications for the work of healthcare professionals.
There was an initial reluctance to engage with Sage Advocacy after this case. This took some time to arrange as the PHN did not fully accept that there was a need for Sage Advocacy. Subsequently, Sage Advocacy obtained buy-in from the Community Health Organisation's (CHO) Manager and Manager of Older Person's Services for the area and a presentation of Sage Advocacy and the Assisted Decision Making (Capacity) Act was convened shortly thereafter with relevant HSE staff in attendance. This was presented by the SR and Sage Advocacy's Legal Advisor.

Case Scenario Two
Confidentiality

Sage Advocacy received a referral from the Director of Nursing of a nursing home, on behalf of a resident, Joan Fitzgerald. Joan had happily been resident there for several years and had planned to remain there. In the previous few weeks, however, a relative whom the nursing home had never heard of before, had been visiting her to say that she would be moving her to a nursing home closer to where she lived. This niece had no legal authority over her aunt as Joan had never set up an Enduring Power of Attorney. Joan had dementia, however, she was still able to articulate what her wishes were regarding remaining in the nursing home and this had been her consistent wish since her admission.

The nursing home staff had tried to advocate for Joan to remain there but advised that the relative would not listen to them, arguing that that they [the nursing home] were only concerned about continuing to be paid by Joan. They also advised that Joan was not willing to consent to a referral to the HSE Safeguarding and Protection team as she did not want her information shared with the HSE. Joan also did not want to prevent her niece from visiting as she was the only living relative she had left. Joan had readily agreed to a referral to Sage Advocacy and an advocate was arranged to meet with her shortly thereafter.

Before meeting Joan, the Sage Representative (SR) received a call from Joan's niece who wanted to know why Sage Advocacy was interfering. The SR advised that she could not share this information as she did not have Joan's authority to and directed her to speak with Joan herself. The SR phoned the nursing home to ask they make Joan aware of this phone call.

Upon meeting Joan, the SR was able to get instruction from Joan that she indeed did not want to move to a different nursing home and wanted Sage Advocacy's support in this. However, it was clear that Joan was intimidated by her niece and as a result had not been able to state her will and preference to remain in the current nursing home.

The SR advised Joan that her niece had no legal right to take her out of the nursing home, a fact which neither Joan or the nursing home was aware of. The Director of Nursing advised that they thought that, because this niece had legal rights in respect of Joan because of being 'next of kin' as Joan's only living relative. (Please see 'Systemic Response' to this case below).

The SR phoned the niece, with Joan's permission, to convene a meeting in the nursing home between herself, Joan, the Director of Nursing and the SR, to which the niece agreed. However, she stated that she was unhappy about not having been asked to be more involved up to this point and asked that Sage Advocacy share the contents of conversations we had with Joan with her.

The SR advised that Sage Advocacy could not provide this as the request would need to come from Joan herself. At this point, the Director of Nursing advised the SR that Joan was due to get a sizeable inheritance from her recently deceased sister's estate and wondered if this was connected to the niece wanting her to live closer, in the hope that maybe Joan would look favourably on her when writing her will. On foot of this, the SR asked Joan to reconsider her position on a referral to the HSE Safeguarding and Protection Team, however, she was still not inclined to share her information with the HSE, which, after following Sage Advocacy's Safeguarding Vulnerable Adults Policy and discussing the issue our Designated Officer, the SR accepted and respected. The SR made sure to clearly document all of these conversations in her case notes on Sage Advocacy's database.

The SR found out from the Director of Nursing that the day before the meeting was held, the niece had visited Joan and asked her to sign a document, which gave her permission to ask for any records

the nursing home or Sage Advocacy held about Joan. The Director of Nursing advised that it was an 'off- day' for Joan and that she may have been coerced into signing it. The niece had emailed a copy of this to the Director of Nursing and to Sage Advocacy, asking for all records kept about Joan to be sent to her. The SR forwarded this request to Sage Advocacy's Data Protection Officer, who responded to Joan's relative informing her that we could not accept the request because of the context in which she signed the form and that the SR would be following up with Joan on this in person in order to get instructions from her.

Just before the meeting, the SR met with Joan to clarify the data request. Joan was adamant that she did not realise what she was signing and under no circumstances would she agree to her information being shared with her relative.

At the meeting, the niece presented as volatile and aggressive, stating that she knew what was best for Joan and that the nursing home she had 'booked' for Joan was much nicer than the one she was in. The SR explained clearly that the niece had no legal right to take Joan out of the nursing home against her will, that this would be considered kidnapping and that the nursing home and Joan had the right to phone the Gardai. After the meeting, Joan expressed that she did not want her niece visiting her anymore and asked for the nursing home's assistance in barring her should she present in the future.

Both Sage Advocacy and the nursing home subsequently wrote a letter, with Joan's permission, to Joan's niece outlining Joan's wishes regarding staying in the nursing home and clearly stating what the consequences would be if the niece attempted to remove her. The niece subsequently did not attempt to visit Joan. However, the niece advised that she would be contacting her solicitor on this issue. The SR stated that was her right, however, it would not have any impact on Joan's right to have her wishes respected regarding remaining in the nursing home and her right to confidentiality.

Systemic Response:

After the case had closed, Sage Advocacy held a review meeting with the Director of Nursing and other relevant staff to discuss the often misunderstood status of the term 'next of kin' – that it has no legal authority or decision-making powers attached to it and provided Sage Advocacy materials on the subject, to be circulated to all staff in the nursing home and any other professionals who they think would find it useful. We also discussed how the nursing home could protect future residents in a similar situation, advising that it would be prudent to inform interfering family at an earlier stage that they have no right to take their relative out of the nursing home against their will. This, done in conjunction with a referral to the HSE Safeguarding and Protection Team (as they had sought previously), would be the best course of action.

Case Scenario Three
Safeguarding

Sage Advocacy had closed a case with nursing home resident, John Clarke, regarding managing his finances as he no longer had the capacity to manage them himself, which was ultimately resolved by appointing a relative as agent of his pension. Since closing the case, Sage Advocacy was made aware that John had become verbally aggressive to nursing home staff and some residents in recent weeks, which was causing great distress to all involved. This was unusual behaviour for John, who was normally very friendly and easy-going. John's Sage Representative met with him following a phone call from the nursing home's Director of Nursing, who advised that she noticed a pattern in this behaviour forming after visits from John's nephew, adding that John had recently started to accrue arrears to the nursing home as the direct debit setup for his nursing home payment had started bouncing back. The Director of Nursing further added that they may have to resort to issuing a notice to quit should these issues not be resolved and soon. *(See Systemic Response to this individual case below.)*

The Sage Representative (SR) established John's consent to meet with her and arranged to see him. The SR noticed a distinct shift in his appearance and overall attitude since she had seen him last, some months previously. John, who at first didn't recognise the SR, relaxed after realising who she was, recounting their past involvement. He was at first, open to discussing the issue with his direct debit, stating that he could not understand why it was bouncing back as he hadn't been spending his money any differently in the last while. When the SR asked about his relative and the status of his agency for John's pension, John immediately shut down and responded only with one word answers. The SR then noticed some bruising on John's arm, which John put down to his being 'clumsy' and falling out of bed. It was only when the SR advised that she wanted to make sure he wasn't at risk of losing his placement in the nursing home, did he disclose that there may be something going on with his relative. He disclosed that the relative had recently been down on his luck and had been visiting him to ask for money to help him get out of a financial hole. John had told him that while he wanted to help, all he had was his pension, the bulk of which paid for his nursing home fees. He disclosed that the relative had a very bad temper and would not accept this answer and would grab him very roughly, sometimes twisting his arm, which is what had caused the bruising on his arm. The SR was sensitive and compassionate in her response, while communicating to John that she would need to inform the Director of Nursing of this as there was a chance that he and other residents could be at risk of harm from this person [John's relative] who regularly visited the home. She also discussed how a referral to the HSE Safeguarding and Protection Team in his area should be made and the possibility of contacting the Gardai. John stated that he did not want to get his relative 'in trouble' and felt a duty to take care of this relative after his [relative's] father had passed away at a young age. The SR sympathised with John on this, but made it clear that this relative's behaviour was not only abusive to him and a crime, but also may be directly threatening John's ability to remain in the nursing home. John considered this and expressed he understood why Sage Advocacy would need to follow this up, but asked for some time to think about whether or not he would consent to a referral being made to the HSE Safeguarding and Protection Team. He advised he did not want to go to the Gardai. In the meantime, as per Sage Advocacy policy, the SR immediately informed the Director of Nursing as well as Sage Advocacy's Designated Officer (DO) for Safeguarding. John contacted the SR later that day to advise that he had thought about it and agreed that he would like a referral to the HSE Safeguarding and Protection Team to be made. The SR informed Sage Advocacy's DO of this and the Director of Nursing (the nursing home's Designated Officer) sent the referral and accompanying preliminary assessment to the HSE Safeguarding and Protection Team and as per HSE policy, notified HIQA as well. In the end, the HSE Safeguarding and Protection Team worked with John, the nursing home and Sage Advocacy to agree a 'safety plan' which included restricting the relative from visiting the nursing home and the nursing home agreeing to take over as agent of his pension to facilitate managing his finances without having to rely on his relative.

Systemic Response:

The nursing home agreeing to become agent of John's pension was achieved through Sage Advocacy meeting with the Director of Nursing to outline how the nursing home was best placed to support John in the absence of family that could assist, without having to resort to something like a wardship application, which would have been wholly inappropriate and unnecessarily restrictive. During these meetings, Sage Advocacy also addressed how the nursing home's response to John's challenging behaviour and accrual of arrears could have been handled better by meaningfully investigating the source of these issues before threatening something like a notice to quit. She asked that for any future resident facing these same issues, that the nursing home attempt to engage with the resident and family themselves (and referring to Safeguarding as appropriate) before things escalate and that Sage Advocacy could be a support to the resident and the nursing home when needed.

Case Scenario Four
Supported decision-making

David is a 55 year old man who was admitted to hospital following a severe brain injury brought on by excessive alcohol use.

The referral to Sage Advocacy was made by his psychologist, Jane, who advised that David had made a remarkable recovery and the Hospital were keen to plan for discharge. He had no home to return to, however, as he was staying with various friends prior to admission and despite several attempts to support David in his decision-making regarding this, no decision could be reached. At this point, the Hospital were considering making him a Ward of Court in order for the Court to be the decision-maker. Jane explained that despite David's recovery and generally high level of independence, the Hospital felt that David did not fully understand the information relevant to the decision, nor could he use or weigh that information as part of the decision-making process. They encouraged him to consider transferring to a nursing home on a temporary basis, to facilitate him making progress on certain activities of daily living and after a period of time, could then revisit the option of returning to the community. David was firm in his wish to return to the community, however, and had completely rejected every alternative the Hospital offered, expressing that he would rather die than live in another residential facility. This, coupled with their assessment that he did not have functional capacity on this decision, led them to make a referral to Sage Advocacy and give further consideration to making him a Ward of Court.

After establishing his consent to the referral, a Sage Representative (SR) was appointed and subsequently met with David and his Hospital team. During these meetings, David plainly and passionately articulated his wishes while the Hospital reasserted their findings regarding his capacity to make this decision. The SR asked David why he had not left the Hospital of his own will and he stated that firstly, he was told by Hospital staff that should he leave the Hospital, they would phone the Gardai to collect him and bring him back and secondly, he did not have access to his finances as his family had frozen his accounts. Along with this, it became clear that while the Hospital believed they had made genuine efforts to include David in the decision-making process regarding where he was to live, these efforts were limited as they had never stated specifically which elements of the decision they felt he was not understanding or using to inform his decision. When asked, the Hospital advised that specifically, they were not confident he could manage shopping or laundry on his own and that he had been assessed by their Occupational Therapist, who had simulated these tasks within the hospital and found David unable to perform these tasks on his own. They also stated they felt it was likely he would return to drinking.

The SR questioned the Hospital threatening Gardai involvement should he attempt to leave and advised this was putting David in 'de facto detention', asking them to clarify this and to make David aware he was not being legally detained there. The SR also advised that David could be supported in tasks like shopping and laundry with a Home Care Package and asked if this had been considered. On the first point, the Hospital stated that threatening Gardai involvement was the only way they felt they could protect David before obtaining legal authority to keep him in the Hospital (through wardship) and agreed to end this threat and to clarify with David what his legal rights were. They advised that they had considered applying for a Home Care Package, but as he had no home address to assign the package to, they could not apply for one. The SR asked David if he would be open to a Home Care Package supporting him with activities of daily living such as shopping and meal preparation and he agreed, stating that while he wouldn't prefer this, he would accept this if it meant he could live independently in the community. The SR asked David about his financial situation and he advised that did not know how to go about unfreezing his bank account and had never been 'good with money' and so had not attempted to resolve this. When the SR advised that access to his finances

would need to be resolved in order to explore living in the community, he asked the SR to help him sort it out. After a series of phone calls made by David with support from the SR, letters from the hospital verifying his temporary address and an in-person visit to the bank, his account was unfrozen.

When meeting with the Hospital again, the SR referenced the Guiding Principles in the Assisted Decision Making (Capacity) Act 2015, pointing to the principle that any intervention in respect of the 'relevant person' (David) must "be made in a manner that minimises the restriction of the relevant person's rights and the restriction of the relevant person's freedom of action" and further, that "the relevant person shall not be considered as unable to make a decision in respect of the matter concerned unless all practicable steps have been taken, without success ,to help him or her to do so." Upon David's instruction, the SR asked the Hospital if they could assist David in fully exploring what his options in the community might be and what would be required to achieve and maintain living in the community. The Hospital advised that despite progress made with his finances and David being open to a Home Care Package, they still questioned his capacity to make the decision to return to the community because of how clearly unsafe it would be for him, again referencing their concern that he would return to excessive drinking. The SR advised that the likelihood or unlikelihood of David's drinking should not form the basis of the Hospital's reluctance to support his right to autonomy. Furthermore, the SR pointed out that any decision made to leave a hospital setting would carry with it some level of risk, but that if an individual understands and accepts this risk, it is their right to make this decision – a decision that may be considered 'unwise' to healthcare professionals.

After it was made clear by David that he understood and accepted the risk attached to living in the community, the Hospital, SR and David worked together to support David's transition to the community as safe a transition as possible. David was shortly thereafter discharged to the community with a small Home Care Package and linked into relevant community organisations that will help him stay living at home for as long as possible.

Systemic Response:

After the case had closed, the Sage Representative approached the Hospital with a proposal to hold a workshop on the Assisted Decision Making (Capacity) Act and its use in everyday practice, with the goal of having various disciplines (not only medical) attend and contribute their ideas and questions. This would also help Sage Advocacy understand the nuances of everyday decision-making as it relates to an acute medical setting and how best to advocate for individuals in this context. The Hospital had seen the benefit of advocacy in David's case and agreed to participate in the workshop.

Section Four: Key Documents and Templates

Referral Form

Referral Source: Self ☐ Other ☐

Is the client consenting to this referral being made?	**Yes □**	**No □**
Is the client happy to be contacted?	**Yes □**	**No □**
I consent to Sage collecting, using and storing my personal information to provide me with the service I have requested [25]		
Yes □	**No □**	**Non-instructed advocacy □**

Client information:

Name:	
Current Address:	**Previous Address (If different):**
D.O.B:	**Phone:**
Email:	

Significant Others (Family Members/Friends/Professionals):

Name:	
Address:	**Relationship with client:**
	Phone:
	Email:

[25]Personal data will be processed by Sage if it is carried out with the person's explicit consent, or it is necessary to protect the vital interests of the person where the person is unable to give consent. Sage are in compliance with the General Data Protection Regulation and ensure that information gathered is used fairly and for the purpose intended. Any information gathered is kept safely, securely and privately. The information gathered will never be passed on to anyone else without the explicit permission of the service user. The only exception is if we are required to do so by law or to protect the service user or someone else from serious harm. The service user can request to see their information at any time, or request to withdraw their information.
GDPR available online at http://ec.europa.eu/justice/data-protection/reform/files/regulation_oj_en.pdf

Reason for referral – Presenting Issue(s)

(Please tick where applicable)

Social / Emotional Support		Capacity / Cognition issues		Transition / discharge issues	
Allegations of abuse		Legal		Financial	
Family		Access to services		Other	
Other (Please describe)					

Details of presenting issue(s):

What action (if any) has been taken in relation to the presenting issues?

Details of person making referral (if different from above):

Name:	
Care Organisation:	**Current Address:**
Relationship with Client:	**Phone:**
	Email:
Signed:	**Date:**

Please complete this form and return it to your local Regional Coordinator (if known) or email Sage National Office at info@sageadvocacy.ie or post to Sage Support & Advocacy Service, 24 – 26 Ormond Quay Upper, Dublin D07DAV9

FOR SAGE OFFICE USE ONLY:

Date/Time Received:	
Date/Time Referred to RC:	

Consent Form

Support and Advocacy

I consent and give authority to Sage Advocacy to act on my behalf and to assist me on matters relating to:

☐ Finances ☐ Social / Personal ☐ Healthcare / Patient Advocacy

Specifically, the following issue(s):

_____

_____

_____

Person(s) / Organisation(s) with whom Sage Advocacy has authority to act:

_____

_____

Signed: _____ Witness: _____

Print name: _____ Print name: _____

Date: _____ Date: _____

Sage Representative providing support and advocacy:

Name: _____*

*Where the named individual is no longer in the role of a Sage Representative, Sage Advocacy is considered to have authority to act and will appoint a representative of the organisation to act on behalf of the named person.

Information and Data Protection

To enable us to work with you and on your behalf, we need to get information from you and from others, specifically those whom you have named above. The information you provide will assist us in dealing with any issues you raise

Personal data will only be processed by Sage Advocacy with your explicit consent.

Sage Advocacy are in compliance with the General Data Protection Regulation and ensure that information gathered is used fairly and for the purpose intended. Sage Advocacy will retain information relating to you on an Electronic Case Management System. This system enables us to keep track of our work and the actions taken to support you. Sound recordings of any meeting whether involving third parties or otherwise, without permission of all participants will be regarded as a data breach. Your consent can be withdrawn at any time.

Please note that in the event that any of the services provided by Sage Advocacy cease as a result of loss of funding or tendered contract, we will ensure that your personal data is securely transferred to the new service provider in a timely and compliant manner, and that you suffer no loss or discontinuity of service. In such circumstances, you will be informed prior to any transfer of your data to another organisation.

☐ I consent to Sage Advocacy collecting, using and storing my personal information to provide me with the service I have requested.

Signed: _____ Witness: _____

Print name: _____ Print name: _____

Date: _____ Date: _____

Non-Instructed Advocacy Form

I _____, a Sage Representative*, consider that _____ is unable to give instructed consent for Sage Advocacy to act on his/her behalf at this time, however, I believe that support and advocacy is necessary for him/her.

I have gathered as much relevant information as possible in regards to the above named person, including his/her past or present wishes, to inform what steps I can take in supporting and advocating for him/her. I will at all times act in good faith and for the benefit of the above named person.

Sage Advocacy will provide support and advocacy on matters relating to:

☐ Finances ☐ Social / Personal ☐ Healthcare / Patient Advocacy

Specifically, the following issue(s):

_____

_____

_____

Person(s) / Organisation(s) with whom Sage Advocacy has authority to act:

_____

_____

Signed: _____ Witness: _____

Print name: _____ Print name: _____

Date: _____ Date: _____

*Where the named individual is no longer in the role of a Sage Representative, Sage Advocacy is considered to have authority to act and will appoint a representative of the organisation to act on behalf of the nam person.

Information and Data Protection

Sage Advocacy will process data on behalf of a person to protect their vital interests where he/she is incapable of giving consent. We will also process data of a person who lacks capacity when it is necessary for reasons of substantial public interest, to ensure their rights and freedoms are upheld and will provide for suitable and specific measures to safeguard the person's fundamental rights and interests.

Sage Advocacy is in compliance with the General Data Protection Regulation (GDPR) and ensures that information gathered is used fairly and for the purpose intended. We will also process data for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

Sage Advocacy will retain information pertaining to all individuals availing of its services on an Electronic Case Management System. This system enables us to keep track of our work and the actions taken to support them. Sound recordings of any meeting whether involving third parties or otherwise, without permission of all participants will be regarded as a data breach.

Please note that in the event that any of the services provided by Sage Advocacy cease as a result of loss of funding or tendered contract, we will ensure that personal data is securely transferred to the new service provider in a timely and compliant manner, and that clients suffer no loss or discontinuity of service.

For Sage use only
Date received by Case Manager: _____
Date approved by Case Management Group: _____

Working Alone Risk Assessment Template

Hazards	Is the hazard present?	What is the risk?	Risk rating: High (H), Medium (M), Low (L)	Risk controls	Is the control in place?	Action: outstanding controls to put in place	Person responsible	Completed: Person and date

Sage Representative Agreement

Mission of Sage Advocacy
"To promote and protect the rights, freedom and dignity of vulnerable adults and older people through the development of support and advocacy services to address individual and systemic issues"

The mission of Sage Advocacy, and its role in ensuring that the voice of vulnerable adults and older people is heard, is best expressed in the motto *'Nothing about you / without you'*.

Sage Advocacy was formally established on June 24th 2014 following the signing of a Memorandum of Agreement in which the HSE and The Atlantic Philanthropies agreed to fund "the development and provision of an independent and impartial support and advocacy service for older people in all care settings: home; nursing home; hospital; hostel; hospice and in the process of transition between them" under the governance of Third Age. The work of Sage Advocacy is overseen by a National Advisory Committee.

Our Responsibilities

Sage Advocacy acknowledges that your time and commitment can make a difference to the lives of vulnerable adults and older people. Sage Advocacy is responsible for ensuring that its representatives deliver safe and quality support and advocacy services, with and for vulnerable adults and older people**.** In this regard Sage Advocacy must be satisfied that only those who are capable of undertaking their responsibilities as Sage Representatives are authorised to do so. Our responsibilities to you are:

- To ensure that your contribution in the service of vulnerable adults and older people is valued and that your role as a Sage Representative is respected
- To provide you with the means to record your activities on behalf of Sage Advocacy clients which will enable you to see the impact of your work
- To ensure that you have the necessary education, training, support and supervision to enable you to undertake your agreed role with Sage Advocacy
- To set quality standards for the provision of support and advocacy services
- To ensure that you will not be unduly out of pocket arising from any agreed travel

Your Responsibilities

- To undertake your role in accordance with Sage Advocacy's mission and to act in an independent and impartial way in the service of vulnerable adults and older people in the care facilities or situations to which you are assigned
- To treat all people using the service, their families and all other service providers with courtesy and respect
- To work as a Sage Representative in the service in the role(s) of: Advocate/Specialist/Support Person/Other and only to describe yourself as such during the period of this agreement
- To commit to no less than two hours per week for a period of 12 months from the date of this agreement
- To participate in all education, training, support and supervision relevant to your role(s) which includes:
    - Initial training for your respective role as Advocate, Specialist or Support Person
    - Attendance at four Sage Representative Local Group meetings in a 12 month period
    - Adhere to Sage Advocacy Support and Supervision Policy and participate in at least one Support and Supervision session with the Sage Advocacy Regional Coordinator in a 12 month period
    - Participation in Sage Advocacy Continuous Professional/Personal Development system
- To maintain confidentiality in strict accordance with Sage Advocacy policies, procedures and guidelines.
- To constantly strive to meet quality standards for the provision of support and advocacy services for vulnerable adults and older people and to adhere to the policies, procedures and guidelines of Sage Advocacy and remain up to date with all notified changes.
- To record your activities using the Sage Advocacy online recording and reporting system in accordance with Sage Advocacy policies on confidentiality, data protection, support and supervision and to provide reports to whoever Sage Advocacy considers appropriate in specific circumstances
- To take necessary precautions, in the course of your work, to ensure both your own well-being and that of vulnerable adults and older people, to prevent exposure to and transmission of infection: You must avoid contact with vulnerable adults and older people if you are ill or are recovering from a recent infection. e.g., a cold, chest infection, Gastroenteritis. Sage Advocacy recommends that you avail of the flu vaccination annually.
- To consent to Sage Advocacy using your image(s) for a Sage Advocacy ID card and Sage Advocacy poster; and the optional use in Sage Advocacy promotional material ☐ (tick to consent for use in promotional material)

This agreement may be terminated by Sage Advocacy:

- At any time during the initial 6 month probationary period.
- Immediately if you pose a threat to the health or wellbeing of a vulnerable adult or an older person, or if you have seriously breached Sage Advocacy's policies and procedures.
- If you fail to undertake your responsibilities for more than one month without prior arrangement with Sage Advocacy.
- If it is determined, following a process of review and supervision, that you are not suitable to the role of Sage Representative.

I have read and understand the policies, procedures and operational guidelines of Sage Advocacy and am in agreement with them.

	Sage Representative	***Regional Coordinator***
Signature		
Date		
Sage Advocacy ID number		
Review Date		

Complaint Form

Complaint Form

Date: _____

Please tick only one box below

1. Are you a client of Sage Advocacy? ☐

2. Are you acting on behalf of a client of Sage Advocacy who has asked for your assistance in making a complaint? ☐

3. Are you acting on behalf of a client who does not have the capacity to make a complaint themselves? ☐

4. Are you a *bona fide* third party, e.g. relative, social and health care provider or nominated representative under the Assisted Decision-Making (Capacity) Act 2015? ☐

Your Name: Phone: Email:	Address:
(If making complaint on behalf of a client) Client's Name: Phone: Email:	Address:
Relationship to client, please explain:	
Details of the complaint (use separate sheet if necessary):	
How would you like the complaint to be resolved?	

Please return this form by email to complaints@sageadvocacy.ie or post to Complaints, Sage Advocacy, 24-26 Ormond Quay Upper, Dublin, D7 DAV9

Template letter when contacting external solicitors

AN Other
Solicitor
Number / Street
Town
County
Eircode Date

Re: Our Mutual Client (Insert Name)

Dear Mr/Ms (if name known) or Sir / Madam (if name not known)

By way of introduction I work with Sage Advocacy a support and advocacy service for vulnerable adults, older people and healthcare patients. The Board of Sage Advocacy is chaired by solicitor and former Law Reform Commissioner, Patricia Rickard-Clarke, and our Policy & Practice Committee is chaired by The Hon Mary Laffoy. Further information is available at www.sageadvocacy.ie

I am writing to you as independent advocate for (client name) who now lives at (insert address). I understand from (client name) that you are his/her solicitor.

Our client has sought assistance in connection with (insert issue) and has consented to me making contact with you. I attach a copy of that consent.

(Insert details of issue)

I look forward to hearing from you at your earliest convenience.

Yours sincerely,

(Insert signature)

(Insert name)
Regional Coordinator / Sage Representative

cc Mary Condell. Legal Adviser. Sage Advocacy

Glossary

This Glossary provides a brief description of the meaning of some of the key terms used in the context of this document.

Abuse
The physical, psychological, emotional, financial or sexual maltreatment, or neglect of a vulnerable adult by another person. The abuse may be a single act or repeated over a period of time. It may take one form or multiple forms, including inappropriate restraint or use of medication. Abuse can occur both in a relationship where there is an expectation of trust and outside such a relationship.

Acute Hospital
This refers to regular hospitals which provide active short-term treatment and care for an acute illness, injury or medical condition.

Advance Care Planning
Advance Care Planning refers to a process which enables people to have their preferences for their care documented in the event of them losing the ability to express their own wishes in the future. Advanced care planning usually takes place in the context of an anticipated deterioration in the individual's condition in the future, with attendant loss of capacity to make decisions and/or ability to communicate wishes to others. Such planning can be facilitated by use of the *Think Ahead* Framework Document.

Advance Healthcare Directive
An Advance Healthcare Directive means an advance written expression of will and preferences made by a person with capacity concerning treatment decisions that may arise in the event that the person subsequently loses capacity.

Adverse Incident
This is an event or circumstance which could have resulted, or did result, in unnecessary harm to an individual.

Advocacy
A process of empowerment of individuals or groups which includes taking action to help people say what they want, secure their rights, represent their interests or obtain the services they need. Advocacy can be undertaken by individuals themselves, by their friends and relations, by peers and those who have had similar experiences, and/or by trained volunteers and professionals. Advocacy is taking action to help people say what they want and helping them to secure their rights (see also *Empowerment; Non-instructed Advocacy).*

Advocate
A person, preferably nominated by the person using a service, who is independent of any aspect of the service and of any of the statutory agencies involved in purchasing or providing the service, and who acts on behalf of, and in the interests of the person/s using the service. The advocate facilitates a person or group to express their wishes and preferences and to state their views on matters affecting their lives and well-being. In some instances, an Advocate may also speak and negotiate on behalf of a person who may feel unable to do so or who may have reduced capacity.

Assessment of Need

This is a process by which a person's support and health and social care needs are identified so that they can be addressed through appropriate services and interventions. Engaging the individual in identifying his/her needs and in determining appropriate responses is an important feature of needs assessment.

Assisted Decision-Making (Capacity) Act 2015

The Assisted Decision-making (Capacity) Act 2015 aims to provide a modern statutory framework that assists and supports decision-making by adults and enables them to retain the greatest amount of autonomy possible in situations where they lack or may shortly lack capacity. The Act provides a statutory framework enabling formal agreements to be made by persons who consider that their capacity is in question, or may shortly be in question, to appoint a trusted person to act as their decision-making assistant to assist them in making decisions or as a co-decision-maker who will make decisions jointly with them. The Act provides for the updating of the legal framework for Enduring Powers of Attorney and Advance Healthcare Directives (see also *Supported Decision-making).*

Authority to Act

A written agreement between an individual or his/her representative and *Sage Advocacy* that sets out the terms and conditions of the support and advocacy to be provided, and the rights and responsibilities of both parties.

Autonomy

The perceived ability to control, cope with and make personal decisions about how one lives on a day-to-day basis, according to one's own preferences. Some people making autonomous decisions may need support in executing these decisions.

Befriending

Befriending is a voluntary, mutually beneficial and purposeful relationship in which an individual gives time to support another. It tends to be an informal, supportive relationship, often over a longer period of time, aiming to increase the opportunities for a vulnerable person to remain or become more connected to their local community. The main difference between befriending and advocacy is that advocacy focuses on having the wishes and needs of the person heard and empowering them to exercise as much control as possible in decisions about their life.

Capacity

A person's ability to understand the nature and consequences of a decision in the context of available choices at the time the decision has been made. Each individual should be presumed to have to have capacity to give or withhold consent unless the contrary is established. A person lacks the capacity to make a decision if s/he is unable to understand the information relevant to the decision, unable to retain that information, unable to use or weigh that information as part of the process of making the decision or is unable to communicate the decision by any means even with the assistance of a third party (see also *Legal Capacity)*. The presumption of capacity should not be assumed so as to avoid the need to give support to a vulnerable person who has need of such support.

Care Plan

A care plan is a formally agreed statement which is based on information gathered with and from a vulnerable person and those responsible for his/her care. It identifies a person's individual care and support needs and states how these needs will be met. It must be reviewed on a regular basis and, where appropriate, modified or changed in accordance with the needs of the individual. An individual care plan should cover all aspects of health and personal care, and show how these will be met in terms of daily living and longer term outcomes. The format of the plan may be guided by specific policies and procedures, guidelines and practice guidelines in specific services.

Circle of Support

The concept *Circle of Support* broadly refers to a group of people who work together on a regular basis to help a person accomplish his/her personal goals in life. The Circle acts as a community around an individual (the 'focus person') who, for one reason or another, is unable to achieve what s/he wants in life on his/her own. One model of the *Circle of Support* developed in the UK[41] and targeted at older persons expands the definition of 'resources' to combine public, private and voluntary resources and, secondly, focuses on all the different aspects of quality of life and well-being that are important to older people, including, in particular, social connections and relationships.

Client

The term refers to any person who uses the Sage Advocacy support and advocacy service. (Some advocacy organisations use the term 'service user 'or 'advocacy partner').

Community Care

Personal and social care services delivered in the community. Community care services include home helps, home care packages, respite care, day care and supports for independent living (see also *Primary Care)*.

Confidentiality

Confidentiality refers to protection of the right to privacy and the right of individuals to keep personal information from being disclosed to others. The right to privacy is not absolute and is balanced against other factors such as the need to protect people from harm. Data Protection legislation supplements the right to confidentiality by protecting personal information and providing safeguards against disclosure (see also *Data Protection Policy).*

Conflict of Interest

A conflict of interest is anything that could get in the way of a person being completely loyal to the organization or to clients and at all times giving absolute priority to the will and preferences of clients over and above other matters. Factors that could give rise to a conflict of interest include personal relationships/friendships and financial interests.

Consent

Consent is agreement by a person who has capacity, voluntarily given, without any element of duress and based on the person having the requisite information, in a form and language that s/he understands (see also *Non-instructed Advocacy; Informed Consent)*. Consent would also include directions given in an Enduring Power of Attorney or an Advance Healthcare Directive that has come into effect, ie was made by a person when they had capacity setting out their will and preference on matters in advance.

Data Protection

Data Protection legislation requires that any information recorded and held about clients (with their consent) must be kept secure and available only to those who have a right to access such information, for example, those with a duty of care to an individual or those who have a safeguarding role in relation to alleged abuse or, the Gardaí, where criminality is alleged or suspected (see also *Confidentiality).*

Decision-making support arrangement

The Assisted Decision-Making (Capacity) Act 2015 provides for a number of different decision support arrangements to support the relevant person to make their own decisions. There are 5 arrangements provided for in the Act:

- Decision-making assistance agreement
- Co-decision-making agreement
- Enduring power of attorney
- Advance healthcare directive agreement
- Decision-making representative order

Dementia

Dementia describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning. Dementia is the loss (usually gradual) of mental abilities such as thinking, remembering, and reasoning. It is not a disease, but a group of symptoms that may accompany some diseases or conditions affecting the brain. The fact that a person has been diagnosed with dementia does not mean that that person lacks decision-making capacity.

Designated Link Person

The Designated Link Person is the member of the staff in a nursing home or hospital who has been assigned particular responsibility for liaising with Sage Advocacy and through whom formal communication between Sage Advocacy and the nursing home/hospital is normally channelled.

Disability

Disability, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment (Disability Act 2005).

Empowerment

Empowerment is the process, based on a trusting relationship, of providing information and support to enable people to assert their rights, make choices and decisions and contribute to wider policy making in the areas that affect their lives. Provision of basic information on an individual's rights and entitlements can in itself be hugely empowering. The aim of advocacy should be to assist people to be as autonomous as possible, even if this is initially more time-consuming than direct representation.

End-of-Life Care

This refers to the care that a person with a terminal illness gets at the final stage of life. Quality Standards for End-of-Life Care in Hospitals can be accessed at www.hospicefoundation.ie

Enduring Power of Attorney (EPA)
An Enduring Power of Attorney is a legal device that enables a person to choose a person (called an "attorney") to manage his/her property and affairs in the event of him/her lacking capacity to do so. The *Assisted Decision-Making (Capacity) Bill* will extend the authority of an EPA to include healthcare decisions. A person may choose one attorney or more than one.[42] An Enduring Power only comes into effect when the person lacks decision - making capacity and the EPA is registered in the High Court.

Equality
Equality is the prevention, elimination or regulation of discrimination between people on the grounds of, for example, gender, marital status, race, disability, age, sexual orientation, language, social origin or other personal attributes, including, but not limited to, religious beliefs or political opinions.

Ethos and Modus Operandi
This refers to the underlying thinking behind and values in an organisation and how these are reflected in policies and practice.

Garda Vetting
This is the process by which the Garda Central Vetting Unit (GCVU) discloses details regarding all prosecutions and/or convictions in respect of an individual. The GCVU is the unit within the Garda Síochána responsible for conducting Garda Vetting.

Governance
Governance refers to the function of determining an organisation's direction, setting objectives and developing policy to guide the organisation in achieving its objectives and stated purpose. Effective governance integrates different aspects of an organisation to deliver safe and effective services.

Guidelines
A written set of instructions that describe the actions that should be taken (in this case by Sage Representatives) to implement the policies outlined.

Harmful Incident
An event or circumstance which could have resulted, or did result, in unnecessary harm to an individual.

Health Information and Quality Authority (HIQA)
An independent Authority established in May 2007 to drive continuous improvement in Ireland's health and social care services. HIQA is the regulatory, standard-setting and inspection body for residential care settings.

Independent Advocacy
Advocacy provided by an organisation that is structurally, financially and psychologically separate from service providers and other services.

Informed Consent
Voluntary authorisation by a person who has full comprehension of the risks and benefits involved in the application of any medical treatment or intervention, the provision of personal care and supports, participation in research projects or provision of the person's personalised information to a third party. Informed consent is required for the making of an Enduring Power of Attorney and an Advance Healthcare Directive.

Legal Capacity
Legal Capacity means the capacity to have rights and the power to exercise those rights. Article 12 of the UN Convention on the Rights of Persons with Disabilities guarantees that persons with disabilities have a right to legal capacity, which means that the law should recognise their capacity to be the bearers of rights, and their capacity to act. (In other words, persons who have a disability have the same legal rights as persons who have no disability). (See also *Capacity; Supported Decision-making)*.

Long-stay residential care
Public, private and voluntary services providing care to people usually on a permanent basis outside of their own home in an institutional setting. Long-stay residential care in Ireland tends to be synonymous with nursing home care.

Memorandum of Understanding (MoU)
An agreement between Sage Advocacy and service providers (nursing homes/ hospitals) which outlines the role of Sage Advocacy and what is expected from both Sage Advocacy and the nursing home/hospital in respect of the support and advocacy service being provided.

Non-instructed Advocacy
This refers to a situation where a person is not in a position to instruct an advocate or to give consent. An advocate can legitimately take the role of exploring with those responsible for the care of the individual how their human rights are being protected – a safeguard role. When making the decision to act for a person who is not capable of giving instructions or consent to representation, a record should be kept of the efforts made to communicate with the person, the risks to the person if they do not have an advocate; and the likely benefits to the person of having an advocate.

Observation
This refers to the process of Sage Advocacy gathering information in a nursing home, in the community or in a hospital and tracking patterns and changes over time. It has a twofold purpose – it can contribute both to individual care plans and to the systematic collation of data in order to improve the quality and safety of health and social care. Records of observations should be factual and evidence-based.

Older Persons
The term 'older persons', as used by *Sage Advocacy,* refers generally to people in their later years. While it is evident that the ageing process is a biological reality which has its own dynamic, it is also subject to social construction and age is sometimes defined by the social roles a person occupies, .by a person's level of physical or cognitive ability as well as by chronological years (see also *Vulnerable Adult)*.

Patient-Designated Healthcare Representative
A person nominated in an Advance Healthcare Directive by the maker of the Advance Healthcare Directive to ensure that the terms of his/her Advance Healthcare Directive are carried out or to consent to or refuse treatment up to and including life-sustaining treatment.

Policy
This is the written operational statement of intended outcomes to guide staff actions on particular aspects of the service and in particular circumstances.

Person Centred
Person-centred is an approach to the provision of care and support based on individual right to self-determination, mutual respect and understanding. When services and supports are person-centred, the service provider ensures that the person is involved, participates and is truly listened to. The choices that the individual makes are respected and services and supports are tailored around those choices. A person-centred approach also involves helping the individual to manage challenges and risk (see also C*are Plans)*.

Presumption of capacity
A presumption of capacity means that it shall be presumed that a person has capacity in respect of a specific matter unless the contrary is shown. The onus of proving that a person lacks the capacity to make a decision is on the person who is alleging that the person lacks the capacity to make that decision.

Primary Care
This refers to the first point of contact that people have with health and personal social services. In Ireland, this contact is usually with GPs. The services and resources available within the primary care setting have the potential to prevent the development of conditions which might later require hospitalisation or the need for long-term residential care (see also *Community Care)*.

Protected Disclosure
A protected disclosure provides legal safeguards for people who want to report serious concerns they have about standards of safety or quality in Irish health and social care services. If a reported concern qualifies as a protected disclosure, the person making the protected disclosure is afforded certain legal protections under the Health Act 2007 and in the case of an employee may come within the provisions of the Protected Disclosure Act 2014.

Protection
Process of protecting individuals identified as either suffering, or likely to suffer, significant harm as a result of abuse or neglect (see also *Significant Harm*).

Record
A record includes any form in which data are held or stored - manually, mechanically or electronically and anything that is a part or a copy, in any form, of any of the foregoing or is a combination of two or more of the foregoing.

Resident
A resident refers to a person living in a facility and being provided with services by residential care staff.

Restraint[26]
Restraint can be broadly defined as the intentional restriction of a person's movement or behaviour. *Physical restraint* is any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot easily remove that restricts freedom of movement or normal access to one's body. *Chemical restraint* is the intentional use of medication to control or modify a person's behaviour or to ensure a patient is compliant or not capable of resistance, when no medically identified condition is being treated; where the

[26] http://www.hiqa.ie/system/files/Towards-restraint-free-environment-nursing-homes.pdf

treatment is not necessary for the condition; or the intended effect of the drug is to sedate the person for convenience or for disciplinary purposes.

Risk Assessment

Risk assessment refers to the process of identifying the chance of something happening or not happening that may have an impact on an individual or group and to identifying ways of eliminating or managing such risks. Risk assessment may be specific to a particular instance/situation, for example, the impact of going into residential care, family conflict, the potential impact of not providing support and advocacy where it is unclear whether or not a person can give consent. Advocacy principles – user participation, respect, self- determination, encouraging independence – can all contribute to preventing and managing risk.

Safeguarding

This is ensuring that people's rights are protected in all cases but especially in cases where a person because of reduced capacity is unable to assert his/her rights and/or to give informed consent (see also *Non-instructed Advocacy)*.

Sage Representative

A Sage Representative is a person engaged on a voluntary basis by Sage Advocacy to carry out one or more of three roles – Advocate; Facilitator; Support Person.

Advocate

Free from any conflict of interest an independent advocate acts as the voice for a person who may be vulnerable regarding a single issue or a range of related issues. By providing information to the person, ensuring that they understand the decisions they must make and helping them to express their will and preferences, the independent advocate works to keep the person at the centre of the decision-making process.

Support Person

Promote awareness of Sage Advocacy and its services at local level, provide general support to Sage Advocacy clients to enable them make their voice heard and refer on to an advocate where necessary.

Specialist

People with legal, financial, housing, mediation and other areas of specialist expertise who provide support to staff and volunteers regarding complex issues.

Service Provider

Person(s) or organisations that provide services -- this includes staff and management that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service.

Significant Harm

Significant harm refers to ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), but also the impairment of physical, intellectual, emotional, social or behavioural development. Significant harm can result from abuse (see *Abuse).*

Supported Decision-making

Supported decision-making is a process in which adults who need assistance with decision- making, e.g., people with intellectual disabilities or cognitive impairment, receive the help they need and want to understand the situations and choices they face, so they can make decisions for themselves. The Assisted Decision making (Capacity) Act 2015 makes provision for supported decision-making based on Article 12 of the UN Convention on the Rights of Persons with Disabilities;

> Everyone has the right to make their own decisions – known as autonomous decision-making; and
>
> Everyone has the right to receive adequate support to do so – known as supported decision-making (see also *Decision-making Capacity, Legal Capacity).*

Third Party

A person or organisation not *directly* connected with the matter in hand.

Vulnerable Adult

A person who is or may be a resident in a continuing care facility or who requires community care and support services because of physical or mental disability and who is unable to take care of him/herself without assistance or unable to protect him/herself against abuse or exploitation. This includes adults with physical, sensory and mental impairments which have been there since birth or which have arisen during the course of the life-cycle.