

**sage**  
advocacy

# Annual Report 2018 & Financial Statements

**Nothing about you/  
without you**

[SageAdvocacy.ie](http://SageAdvocacy.ie)

## Her life fitted into a suitcase



In September 2018 Sage Advocacy launched the first in a series of Stories on a Postcard to highlight the issue of deprivation of liberty in congregated care settings such as nursing homes. Our picture shows Frances Mezzetti highlighting the issue and the story on the card.

“She was 85 and had been in a nursing home for nine months to recover from an illness. Now fit and ready to return home to her friends and her cat, her red suitcase had been packed for six weeks - She missed her home and the life she had before going into the nursing home. Some staff thought she needed her family’s permission to leave. They threatened to call the Gardaí. She went to her room, ate humble pie and cried herself to sleep. She contacted Sage and is now back in her own home and content”.

**Sage Representatives deal with issues like this every day.**

## Our Mission

*“To promote, protect and defend the rights and dignity of vulnerable adults, older people and healthcare patients”*

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# About sage advocacy

# Main Object

The main object for which the company is established is to promote, protect and defend the rights and dignity of vulnerable adults, older people and healthcare patients, the prevention of cruel, inhuman and degrading treatment and deprivation of liberty and the enhancement of personal autonomy and decision making in all care settings and in the transition between them in the Republic of Ireland. This will be achieved by: paid staff and trained volunteers engaging directly with clients and groups to provide support and advocacy on issues of an individual and / or systemic nature; promoting self-advocacy by individual clients and advocacy champions within service providing organisations; providing a telephone based information and support / rapid response service; undertaking research; promoting measures to enable people to live, and to die, in the place of their choice and to avoid unnecessary hospitalisation or care in congregated settings; promoting public awareness and professional education regarding issues that are relevant to the rights, dignity and safeguarding of adults who may be vulnerable and healthcare patients.

## **Registered Office**

Sage Advocacy  
24-26 Ormond Quay Upper,  
Dublin D07 DAV9

## **Auditors:**

Mazars  
[www.mazars.ie](http://www.mazars.ie)

## **Bankers:**

AIB Capel Street Dublin  
[aib.ie/branches/centraldublin/capel-street](http://aib.ie/branches/centraldublin/capel-street)

## **Solicitors:**

O'Connell Brennan  
[www.oconnellbrennan.ie](http://www.oconnellbrennan.ie)

CRO# 610824  
CRA# 20162221  
CHY# 22308

A word cloud featuring various terms in different colors and orientations. The most prominent word is 'Independent' in a large, bold, brown font. Other significant words include 'Advocacy' (vertical, blue), 'Patient' (brown), 'Commitment' (blue), 'Principled' (blue), 'Confidential' (green), 'Free' (green), 'Information' (green), 'Extra Mile' (green), 'Inquest' (blue), 'Capacity' (green), 'Support' (dark red), 'Enquiry' (vertical, green), 'Collaborate' (vertical, green), 'Practical' (green), 'Challenge' (orange), and 'Complex' (green).

Advocacy

Patient

Continuum

Commitment

Principled

Confidential

Pragmatic

Free

Independent

Information

Extra Mile

Inquest

Capacity

Support

Enquiry

Collaborate

Practical

Challenge

Complex

# Our Approach

The right to have your voice heard and to participate in making decisions which affect you is a fundamental principle in a democratic society. It is a principle simply stated as:

## Nothing about you/ without you

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 when 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.

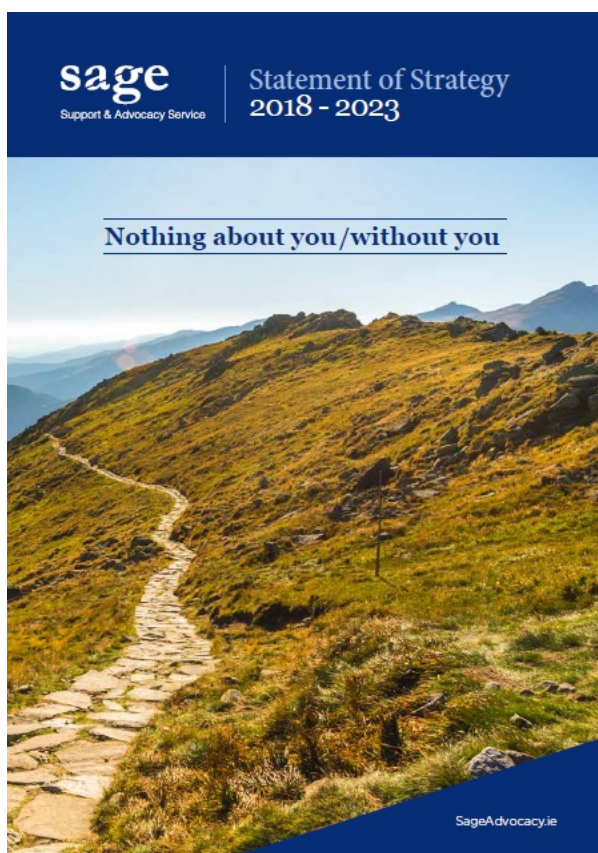
Our approach is simple:

**Collaborate**  
where possible

**Challenge**  
where necessary



# Statement of Strategy 2018 - 2023



During the period 2018 - 2023 we will:

- Build a team capable of tackling the most complex and challenging issues raised by our clients
  - Develop our skills so that we can work with all groups of vulnerable adults and older people
  - Focus on systemic as well as individual issues
  - Develop our legal, research and information capacity
  - Recruit, orient and train 'only the best'
  - Promote public and professional awareness
  - Develop our fund-sourcing and organisational effectiveness
  - Prepare the service for commissioning
- Some 30 actions under 10 headings are set out in our Statement of Strategy.
  - "Sage will not count success as an ever increasing number of clients. It sees success in the learning it takes and the connections it makes between the work with one individual and the issues facing other individuals with similar challenges. Prevention is therefore as valid a part of the work of Sage as protection."

The full Statement of Strategy is available at [www.sageadvocacy.ie](http://www.sageadvocacy.ie)

# Six Quality Standards guide the work of Sage Advocacy

1.

## Respect

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

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.

3.

## Competence and Compassion

Demonstrating high levels of skill, competency, compassion and consistency on the part of advocates.

4.

## Accessibility

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

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.

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.

# Governance & Organisation

# Chairperson's Report



A handwritten signature in black ink that reads "Patricia Rickard-Clarke".

**Patricia Rickard-Clarke**  
Chairperson

2018 was a significant year in the ongoing development of Sage Advocacy. On March 1st Sage Advocacy clg assumed full responsibility for the future governance and management of the support and advocacy services previously provided by Sage as a programme of Third Age. On July 1st the patient advocacy services previously provided by Patient Focus transferred to Sage Advocacy. In August Sage Advocacy's role in supporting a client who had challenged a decision by the HSE to take him into wardship received considerable coverage in the national media. In December the broadened role of Sage Advocacy was formally confirmed at an Extraordinary General Meeting which amended the main object of the company to ensure that Sage Advocacy is now a support and advocacy service for vulnerable adults, older people and healthcare patients.

Data on the activities of Sage Advocacy staff and volunteers during 2018 is worth considering.

- Over 1,000 referrals for advocacy and two thirds of advocacy cases rated either Amber or Red.

- Over 7,000 telephone calls which includes a 43% increase in calls to the 1850 Information & Support / Rapid Response Service.
- Travel distances are now equal to 5 times around the world. Sage Representatives certainly go 'the extra mile' for clients.

The importance of Sage Advocacy's work in relation to legislative change was evident in May when almost 250 people attended a public meeting chaired by The Hon. Mr. Justice John Mac Menamin of the Supreme Court. A former justice of the Supreme Court and Chair of the Citizens Assembly Mary Laffoy, who has honoured us by becoming Deputy Chairperson of the Board of Sage Advocacy, spoke at length at this event as did the Director of the emergent Decision Support Service, Áine Flynn. Equally large crowds turned up at a 'Grand Rounds' event on assisted decision making in Cork University Hospital in December which was addressed by our Legal Adviser, Mary Condell. It is clear from the level of interest at these and many other events either organised

by Sage, or to which we have contributed, that there is a very real need for the Decision Support Service to begin its programme of public and professional awareness and education with regard to the ADMCA and to support others, such as Sage Advocacy, who have been performing this work since 2014.

Delays in the implementation of the Assisted Decision Making (Capacity) Act 2015 are a source of increasing frustration. In December the Board of Sage Advocacy wrote to the Minister for Health noting that it was now 3 years since the Act was passed and expressing their considerable concern at the lack of progress in commencing the Act. While the Decision Support Service began work towards implementation in early 2018 the Board noted that mid 2020 is now being spoken of as the likely timeframe for the commencement of the Act. The Board believes that in the context of ratification of the UN Convention on the Rights of People with Disabilities these delays are unacceptable and are concerned that there is a growing feeling among some health, social care and legal professionals that the Act may never be fully implemented. The Board has urged the Minister to reassure the many supporters of this important and very necessary legislative reform by immediately commencing sections 3 and 8 (Part 2), relating to functional assessment of capacity and the guiding principles

respectively, which are, in effect, already national policy. They also consider that Part 8, relating to Advance Healthcare Directives which are currently limited to treatment decisions, be amended to enable a person to include a 'place of care decision' in an Advance Healthcare Directive.

One of the challenges facing Sage Advocacy is that its work is client led, is highly confidential and is often extremely sensitive. For this reason we have been very careful to date in how we have engaged with the media. There is, however, a growing awareness that we cannot address many of the systemic issues facing Sage's clients, and preventing them from recurring, if we do not engage more widely in building public awareness and informing policy and decision makers of the issues that need to be addressed arising from the challenging and sometimes harrowing experiences of our clients. In May, Valerie Cox, a journalist with personal experience of the impact of ageism in employment and in the health services, joined us in a part-time role as Public Awareness and Media Coordinator.

In September we launched our 'Stories on a Postcard' project to explain in short and simple format what we do and we look forward to further developments in this area.

2018 was also a significant year because it saw the first ever 'Roundtable on Advocacy' bring together stakeholder organisations to try and build a framework for the future development of advocacy. Organised through Safeguarding Ireland with the active participation of Sage Advocacy it was clear from the discussions that in the context of likely legislative recognition of independent advocacy there is a need to address issues such as coordination, funding, standards and training across what might loosely be called 'the advocacy sector'. The need for a framework for the development of advocacy was further highlighted in November when the Department of Health awarded a tender for the development of a Patient Safety Advocacy Service to the Citizens Information Board funded National Advocacy Service for People with Disabilities. Sage Advocacy has offered to collaborate with the new service; particularly with regard to healthcare patients whose issues lie outside the remit of the more narrowly focused new service.

Given that 2018 was the first year in which Sage Advocacy clg became operational it is important to highlight the considerable work undertaken by the new Board of Trustees in developing the governance of the organisation. By December 2018 the following committees were operational: Finance; Policy and Practice;

Risk and Audit; Recruitment and Training; Public Awareness and Media; Nominations. A key task for 2019 is to ensure that Sage Advocacy maintains its capacity for independent thinking and action through the development of replacement funding arising from the closure of The Atlantic Philanthropies.

In 2014 the HSE committed to meeting the shortfall that would arise when the Atlantic Philanthropies ceased funding in November 2017. I want to acknowledge the ongoing support of our partners in the HSE, and in particular that of Greg Price of the Quality Improvement Directorate, who with like-minded colleagues have continued to promote the cause of independent advocacy within the health and social care sector. I also want to most sincerely thank those anonymous donors who assisted our work during the year; they know who they are and we want them to know how much we value their support.

Finally, I want to thank all of our Sage Representatives, our 21 staff and the 162 volunteers who worked at various stages with us during the year for all their hard work and for their dedication. Without them we would not be able to fulfil our mission to promote, protect and defend the rights and dignity of vulnerable adults, older people and healthcare patients.

# Executive Director's Report



**Mervyn Taylor**  
Executive Director

Reviewing the timeline of developments for 2018 it is clear that Sage Advocacy is an increasingly busy organisation. Having undertaken a considerable amount of public and professional awareness and education to support the culture change from 'best interests' to 'will and preference' Sage realised that at the root of many of the problems facing vulnerable adults, older people and healthcare patients lay a fundamental misunderstanding about the rights of family members to make decisions on others behalf. The Red C poll on public understanding of the term Next of Kin showed that 32% of the Irish public believed it is 'someone who can access my bank accounts and assets if I'm unable to'. Most worryingly, 57% believed that Next of Kin is 'Someone who can make healthcare decisions or consent to medical treatment if I'm unable to'. The fact that legal, health and social care professionals continue to use this term which really only refers to who you would like contacted in an emergency shows how much work is still required to promote the message of 'Nothing about you / without you'.

The emergence of Sage Advocacy from being a programme of Third Age to becoming an independent organisation in its own right is an important step in the development of the independent advocacy sector. There is now a growing awareness that independent advocacy is a practice and a service in its own right and, as such, it will have to work towards a common reference point of Quality Standards, minimum datasets, basic performance frameworks and core competencies supported by specialist skills.

Sage Advocacy, the National Advocacy Service for People with Disabilities, The Irish Advocacy Network for people with mental health challenges and the emergent Patient Safety Advocacy Service sponsored by the Department of Health, while currently funded to differing levels by a range of sources all are in need of a common platform to work towards. The development of a National Council for Advocacy to address the key challenges facing independent advocacy is an important next step.

As an organisation providing a service to the public it is necessary for Sage Advocacy to show that it is making good use of the public funding that is provided to us; inadequate though that may be to meet the increasing pressures on our services. It is heartening to see that Sage is now capable of handling the most complex challenges faced by vulnerable adults, older people and healthcare patients. That it can do this on less than half the funding of similar organisations is testimony to the spirit and dedication of our staff and volunteers.

In May 2018 Sage Advocacy was invited to speak at a workshop during the Biennial Conference of the German association of older people organisations - BAGSO. It is clear that there is the basis for future collaboration and an opportunity to work together with similar organisations across the European Union to progress common aspects of our agendas.

In July the patient advocacy services of Patient Focus were transferred to Sage Advocacy. While Sage has already been active in acute hospitals it is clear that many of the issues addressed by our new colleagues are profoundly challenging and will not be easily addressed by a narrow procedural approach focused on patient safety. Sage Advocacy has much to offer in the area of patient advocacy and has offered its support to the emergent

Patient Safety Advocacy Service because we know from experience that there are many complex issues which will fall outside the scope of the new service and where we will need to collaborate to provide a continuum of advocacy services.

I would like to thank the Chair and the Board members and the members of the Committed for all their efforts to ensure that the governance of Sage Advocacy is as good as it possibly can be. It is clear that organisations such as Sage should be accountable and that they should comply with all useful regulatory systems as determined by law. It is also clear that compliance comes at a cost; to the state as well as NGOs. A thoroughgoing review of the effectiveness of regulation in respect of human services in Ireland by an independent body such as the National Economic and Social Council now needs to be considered.

The work of Sage Representatives (paid and volunteer) cannot be measured purely in terms of numbers of calls for information and support or referrals for advocacy. Sage has in one particular situation decided to stop counting a large number of cases in a congregated care setting and, instead, count just a small number of systemic issues. Getting the right balance between working on behalf of individuals with issues and addressing the underlying systemic

issues will continue to be a challenge for Sage but it is important that strong mechanisms be developed to enable feedback from the work of Sage to be effectively addressed by health and social care and other service providers.

I have been honoured to have had the opportunity to play a role in the development of Sage Advocacy since November 2013 and to see it emerge as an organisation that fearlessly acts with and on behalf of some of the most vulnerable people in this country. It has also been a privilege to have worked alongside some of the finest servants of the public of their generation. The challenge for the next 5 years is to build on all that has been achieved so far and to develop Sage Advocacy further in the context of a more integrated approach to the provision and funding of advocacy services.



# Board of Trustees\*

Name	Board Role	Background
<b>Patricia Rickard-Clarke</b>	Chair	Solicitor. Former Law Reform Commissioner.
<b>Hon. Mary Laffoy</b>	Deputy-Chair	President of Law Reform Commission. Former Justice of Supreme Court
<b>Eoin Kennelly</b>	Company Secretary & Trustee / Director	Director. KTA Tax Advisers.
<b>Denis Cremins</b>	Trustee / Director	Barrister. Cooke Commission. Former Partner PWC
<b>Claire Kelly</b>	Trustee / Director	Head of HR Service Centre, Irish Life Group. Fellow of Institute of Chartered Accountants, Ireland
<b>Catherine Dunleavy</b>	Trustee / Director	Director of Nursing. Tara Winthrop Clinic.
<b>Angie Mezzetti</b>	Trustee / Director	Former RTE News Journalist. Lecturer & consultant with DFEi & IMI
<b>Cillian Twomey</b>	Trustee / Director	Professor of Medicine UCC. Geriatrician Retd. Former President of IMO & former Board member of HIQA
<b>Jim Milton</b>	Trustee / Director	Founder Murray Consultants. Specialist in crisis management and corporate relations.
<b>Brian Ward</b>	Trustee / Director	Senior HR Consultant and executive coach. Formerly MERC Partners.

\* Currently there is some divergence between company law and charity law and terms such as Director and Memorandum and Articles of Association are used by the Companies Registration Office while the terms Trustee and Constitution are used by the Charities Regulatory Authority. In this Annual Report the term Trustee is used.



Patricia Rickard-Clarke (*Chair*)



Mary Laffoy Deputy Chairperson



Angela Mezzetti



Catherine Dunleavy



Claire Kelly



Eoin Kennelly  
*Company Secretary*



Jim Milton



Denis Cremins



Cillian Twomey



Brian Ward

# Committees

## Finance Committee

Claire Kelly (*Chair*)  
Denis Cremins  
Eoin Kennelly

## Policy & Practice Committee

Mary Laffoy (*Chair*)  
Patricia Rickard-Clarke  
Cillian Twomey  
Sabina Brennan  
Michael Browne  
Amanda Phelan

## Risk & Audit Committee

Eoin Kennelly (*Chair*)  
Patricia Rickard-Clarke  
Mary Laffoy  
Claire Kelly  
Denis Cremins  
Eoin Kennelly  
Catherine Dunleavy

## Nominations Committee

Patricia Rickard-Clarke  
Mary Laffoy  
Mervyn Taylor

## Recruitment & Training Committee\*

Brian Ward (*Chair*)  
David Clarke  
Tom Clarke  
Helen Cosgrove  
Hilary Maher

## Public Awareness & Media Committee\*

Angie Mezzetti (*Chair*)  
Jim Milton  
Cathal MacCoille  
Tony Murray  
Valerie Cox

## Independent Complaints Review Panel

Pat Whelan (*Chair*)  
Caroline Lynch  
Kieran Coughlan

\* Denotes Time Limited Committee

		Board Meeting	Policy & Practice Committee	Risk and Audit Sub Committee	Recruitment & Training Committee	Public Awareness & Media Committee	Finance Committee	Nominations Committee
<b>Patricia Ricard-Clarke</b>	<i>Chair</i>	11 of 11	6 of 7	3 of 3	---	---	---	2 of 2
<b>The Hon. Mary Laffoy</b>	<i>Deputy Chair</i>	10 of 11	7 of 7	3 of 3	---	---	---	2 of 2
<b>Eoin Kennelly</b>	<i>Company Secretary</i>	10 of 11	---	2 of 3	---	---	7 of 8	---
<b>Denis Cremins</b>		10 of 11	---	1 of 3	---	---	8 of 8	---
<b>Catherine Dunleavy</b>		11 of 11	---	3 of 3	---	---	---	---
<b>Claire Kelly</b>		9 of 11	---	3 of 3	---	---	8 of 8	---
<b>Angie Mezetti</b>		8 of 11	---	---	---	3 of 3	---	---
<b>Jim Milton</b>		10 of 11	---	---	---	3 of 3	---	---
<b>Prof. Cillian Twomey</b>		11 of 11	3 of 7	---	---	---	---	---
<b>Brian Ward</b>		9 of 11	---	---	3 of 3	---	---	---

# Our Staff



Mervyn Taylor  
*Executive Director*



Michelle Rooney  
*Service Manager/Asst-  
Executive Director*



Mary Warren  
*Operations/  
Governance/  
Administration*



Mary Condell  
*Legal Adviser*



Lara Gallagher  
*Information & Support  
Coordinator*



Eileen O'Callaghan  
*Regional Manager  
(South)*



Renee Summers  
*Regional Manager  
(North)*



Patricia O'Dwyer  
*Patient Advocacy  
Manager*



Roisin O'Leary  
*Senior Patient  
Advocate*



Martina Durkan  
*Patient Advocate*

## Regional Coordinators



Helen Fitzgerald  
*Dublin South-East & Wicklow*



Bibiana Savin  
*Dublin South-West & Kildare*



Caroline Hanley  
*South -East*



Emer Meighan  
*South-East/  
Special Projects*



Michael Cahillane  
*South West*



Lorraine Dolan  
*Mid-West*



Trish Martyn  
*West*



Ann Griffin  
*North -West*



Maureen Finlay  
*Meath & Louth*



Ana Reynolds  
*Dublin North*



Anne O'Shea-Clarke  
*Midlands Cavan & Monaghan*

## Specialist Support



Valerie Cox  
*Public Awareness  
& Media*



Dr Micheal  
Brown  
*Research*



Hilary Maher  
*Support &  
Mentoring*



Paula Bruen  
*Financial Controller*

Staff	
Start of 2018	18
Finished	4
Started	6
Patient Focus	3
End of 2018	21.6 (FT)

### We said farewell to and we record our appreciation of the work of:

Fiona Whyte,  
Padraig Ruane,  
Danielle Monahan,  
Aedamar Torpey

### We welcomed:

Lorraine Dolan,  
Lara Gallagher,  
Mary Warren,  
Patricia O'Dwyer,  
Orlaith Ferguson,  
Martina Durkan,  
Roisin O'Leary,  
Ana Reynolds,  
Anne O'Shea-Clarke

## Volunteers

During 2018 the work of Sage Advocacy was supported by up to **162** Sage Representatives (Volunteers) acting in support and advocacy roles and by **20** Volunteers at Board and Committee level. At the end of 2018 there were **104** Sage Representatives active. Our Volunteers travelled **17,917** kms, sent **6,457** emails and led on **46** advocacy cases, some of them extremely complex, as well as co-working many more with Regional Coordinators.

**To each and every one of them we say - thank you.**

### Cavan & Monaghan

Marie	Carberry
Marie	Connellan
Patrick	McCabe
Rita	McDonnell

### Cork & South West

Mary	Casey
Kay	Costello
Ann	Desmond
Vivien	Dooge
Aileen	Heaphy
Marguerite	Hurton
Helen	Mackessy
Kara	Madden
Margaret	Moriarty
Brigid	O'Brien

Sile	O'Connor
Catherine	O'Shea
Nathalie	Salgado
Kathryn	Sheehan
Ann	Sheehan
Dan	Tomas
Kathy	Watts
Ealish	Whillock
Margaret	Williams

### Dublin North

Liam	Campbell
Boun	Chun
Cristina	Corbalan
Mary	Davoren
Bernie	Dowling
Vendi	Fardova

Christine	Farrell
Conor	Gallagher
Philip	Gargan
Patrick	Hogan
Liam	Hughes
Brenda	King
Livia	Lavin
Brid	Leahy/Ni Laochdha
Anna	Lloyd
Rosie	Lucero
Patricia	Madden
Ann	Marron
Claire	McCabe
Eilish	McDonnell
Kathleen	Murray
Eileen	O'Donovan
Anne	O'Loughlin



Evelyne	Phelan
Denise	Roche
Brendan	Rowley
Mary	Russell
Irina	Spangenberg
Sabrina	Sullivan
Mary	Thuillier
Margaret	Traynor
Kemi	Tunmbi
Suzanne	Van Rooyen
Rachel	Vermillion

### **Dublin SE & Wicklow**

Lillian	Buchanan
John	Casey
David	Clarke
Tom	Clarke
Susan	Comerford
Helen	Cosgrave
Deirdre	Doherty
Pat	Fullam
James	Galvin
Helen	Gorman
Deirdre	Grant

Marianne	Hennessy
Jennifer	Kidd-Keating
Bill	Lloyd
Jim	Milton
Mary	Muddiman
Vidah	Ngalinda
Barry	O'Brien
Bernadette	O'Regan
Jacinta	O'Sullivan
Freda	Smith
Maura	Thornhill
Richard	Veale
Andrew	Whelan

### **Dublin SW & Kildare**

Eileen	Beechinor
Esther	Cosgrove
Mary	Daly
Katherine	Dargan
Denis	Dennehy
Martina	Dennison
Brigid	Doherty
Marion	Dunne
Carmel	Gartland

Mary	Hall
Marian	Hanrahan
David	Hilliard
Mary	Hilliard
Eileen	Maher
Martina	Mooney
Brendan	Moran
John	Morris
John	Murray
Bridget	Noone
Martina	O'Callaghan
Tom	O'Connor
Carmel	O'Connor
Donal	O'Kelly
Ann	O'Riordan
Ruchi	Palan
Catherine	Plunkett
Beatrix	Sheehan
Brian	Sheridan
Lindiwe	Sindane
Michelle	Spellissy

**Galway & West**

Carmel	Brady
Teresa	Connolly
Mairead	Conroy
Mary	Finan
Geraldine	Kubernat
Linda	Murphy
Deirdre	Murphy
Triona	NicGiolla Choille
Gearóid	Ó Riain
Kate	O'Brien
Catherine	O'Brien
Patricia	Riordan
Karen	Skillington
Helena	Slattery
Claire	Stewart
Martin	Sweeney
Patricia	Tully
Tom	Walsh

**Louth & Meath**

Patricia	Byrne
Gerry	Campbell
Lily	Douglas
Bridget	Ennis
Emer	Gillen
Gabrielle	Kelly
Darina	Merlehan
Johnboy	Molloy
Breda	Murphy
Brenda	Nugent
Willie	Rattigan

**Mid West**

Melody	Buckley
Maude	Hogan
Rebecca	Kelly
Neil	Kelly
Anna	Kelly
Carmel	Kelly
Mary	Kennedy
Catherine	Murphy
Seamus	Reidy
Leo	Van Dam

**North West**

Kevin	Connaughton
Eamon	Hughes
Gabrielle	McGarrigle
Dympna	McNulty
Kevin	Montgomery
Pauline	Morrisroe
Nini	Murray
Phyl	O'Connor

**SE & S Midlands**

Dolores	Blowick
Antoinette	Carberry
Margaret	Carlin
Tina	Corcoran
Georgina	Peters



Anne Harris

## **Anne Harris**

Anne Harris, regarded as the ‘mother’ of advocacy for older people in Ireland, retired from the HSE in March 2018.

Anne’s involvement started with the investigations into Leas Cross Nursing Home in 2005 and she then supported the development of a volunteer based NAPA (National Advocacy Programme for Ageing) which later became TANAP (Third Age National Advocacy Programme).

In June 2014 the service was re-founded with co-funding from the HSE and The Atlantic Philanthropies.

Anne, with the support of the Deputy Director of the Quality Improvement Division of the HSE, Greg Price, worked closely with Sage as it developed into a fully fledged support and advocacy service with core paid staff supported by trained volunteers.

Anne’s contribution to the development of Sage is immense. She insisted on hearing the voice of vulnerable service users; particularly those who were being disregarded by ‘the system’. Everyone in Sage Advocacy wishes her well in her ‘retirement’ and looks forward to her return to work with us as a volunteer.

# Walk to Freedom

Supporters from the Ormond Square area in Dublin city centre led by Frances Mezzetti helped launch the first of our 'Stories on a Postcard' in September 2018. The story concerns a woman who packed all her belongings in a red suitcase and despite warnings that the Gardaí would be called she left the nursing home she was living in and now lives at home with HSE support.



# Activities & Outcomes

# 2018

## The year that was in it

Next of Kin Survey

sage advocacy

### January

Red C Survey on Next of Kin. More than half believe (wrongly) that Next of Kin is associated with making healthcare or personal decisions on their behalf.

### March

1st March Sage Advocacy clg takes full responsibility for the governance and management of Sage Support & Advocacy Service.

### May

“Nothing about you without you” hosts legal event with support from the Institute of Banking. Sage Executive Director speaks at the BAGSO conference in Dusseldorf.

### July

1st July Patient Focus staff move to Sage Advocacy. Sage Summer School prepares staff for engaging with the media.



### September

Launch of Stories on a Postcard project highlights systemic issues including protection of liberty.

### November

Sage responds to the request for tender for a Patient Safety Advocacy Service.

### February

Sage Advocacy becomes a registered charity RCN#20162221, signs Service Level Agreement with HSE. Sage hosts Judge Denzil Lush, former Senior Judge of the Court of Protection for seminar on Conflicts of Interest & EPA.

### April

Sage hosts workshop on Long-Term Care & Payment Models, undertakes to complete scoping document on Financing Long-Term Care.

### June

Launch of new website [SageAdvocacy.ie](http://SageAdvocacy.ie)



### August

Sage supports a man who unfortunately is unsuccessful in opposing a ward of court application. A statement from Sage highlights lack of modest homecare results in people being moved into congregated settings.

**Man in his 60s loses court bid to be allowed out of nursing home**

Irish Times 7th August 2018, online edition

### October

Sage backs call for National Council for Advocacy at Roundtable on Advocacy organised by Safeguarding Ireland.



### December

Hundreds attend in person & more watch online as Mary Condell gives talk at 'Grand Rounds in CUH'. Sage hosts workshop on Financing Long-Term Care in Ireland. Third letter sent to Manager of a Dublin Hospital asking for a Sage client's information - 16 months since first requested.



# 2018 in Data

## Clients and Cases

**1,251**   
Referrals for Advocacy

**902**   
New Advocacy Cases

**336**   
Patient Advocacy Cases

**109**   
Cases involving Safeguarding

## Staff & Volunteer Data

Kilometres travelled



Staff travel 178,414

Volunteer travel 17,917

Total: **196,331**

Equivalent to almost **5 times** around the world!

**21** Staff **104** Active Volunteers 

## Emails Sent



Staff 44,537

Volunteers 6,457

Total: **50,994**

## Staff Data - Phone Calls, Texts and Time

**12,669**   
Texts Sent

**36,403**  
Mobile Calls Made



**50,994** Landline Calls Made

Time Spent **112d:14h:51m**

**160** Workshops 

**2,330** participants 

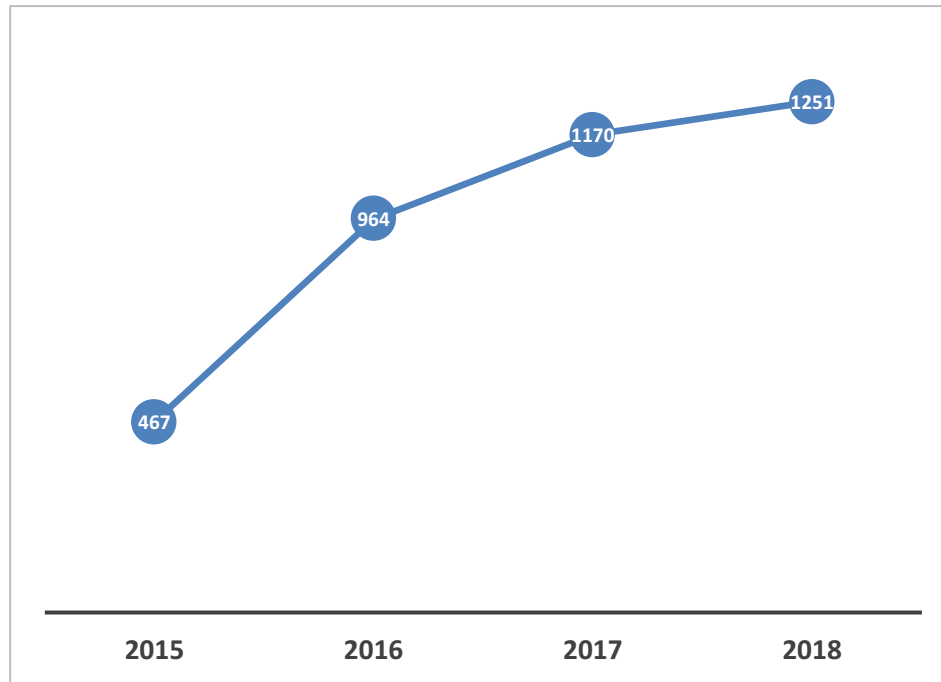
**7,400** Calls received 

**3,331** related to Information & Support 

**4,000** related to Casework, Stakeholders, Volunteer Support, Admin and other

# Referrals for Advocacy 2015 -2018

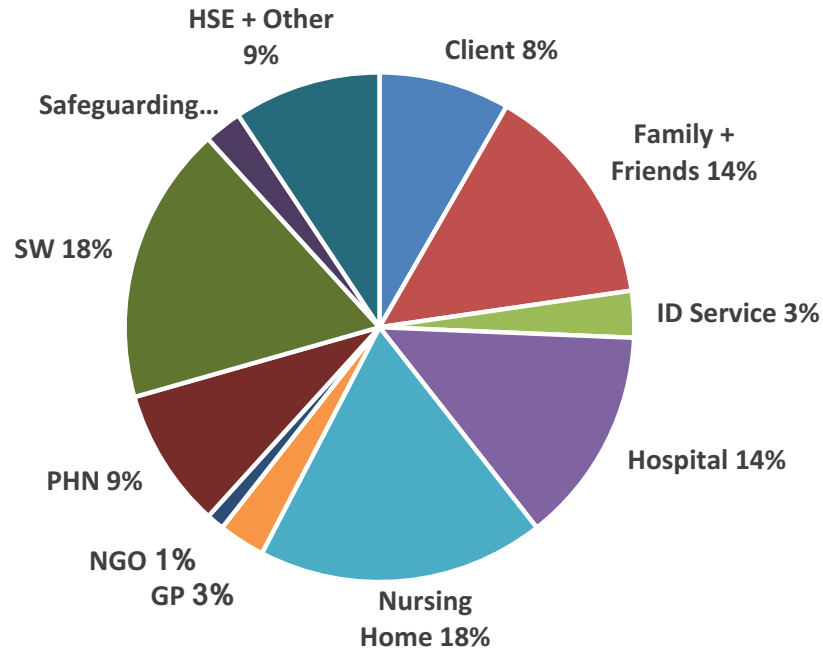
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1,251 Referrals (902 Cases)  
336 Patient Advocacy Cases  
1,587

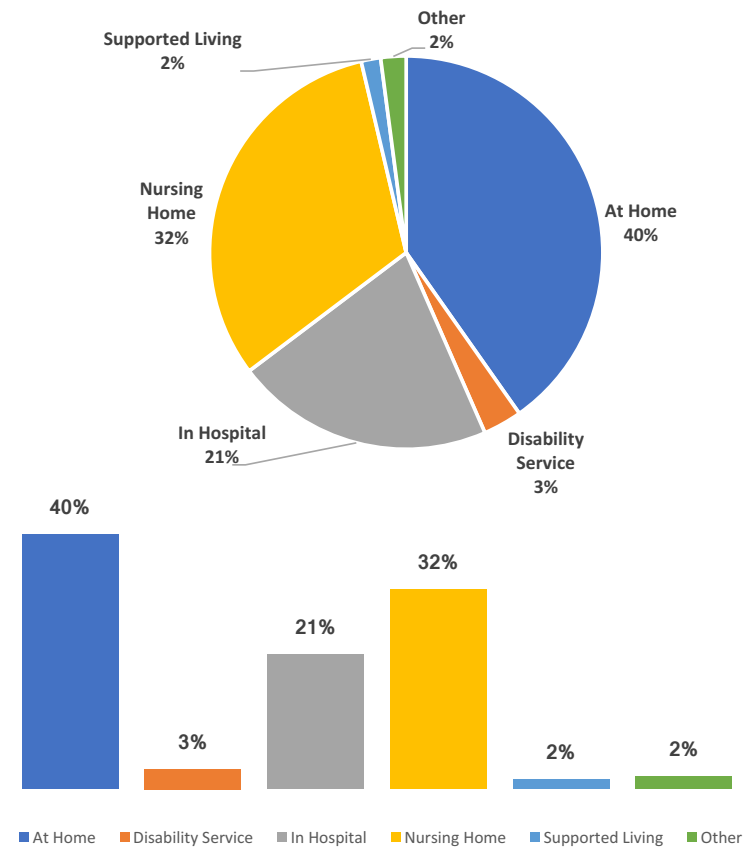


# Who are our Referrers?



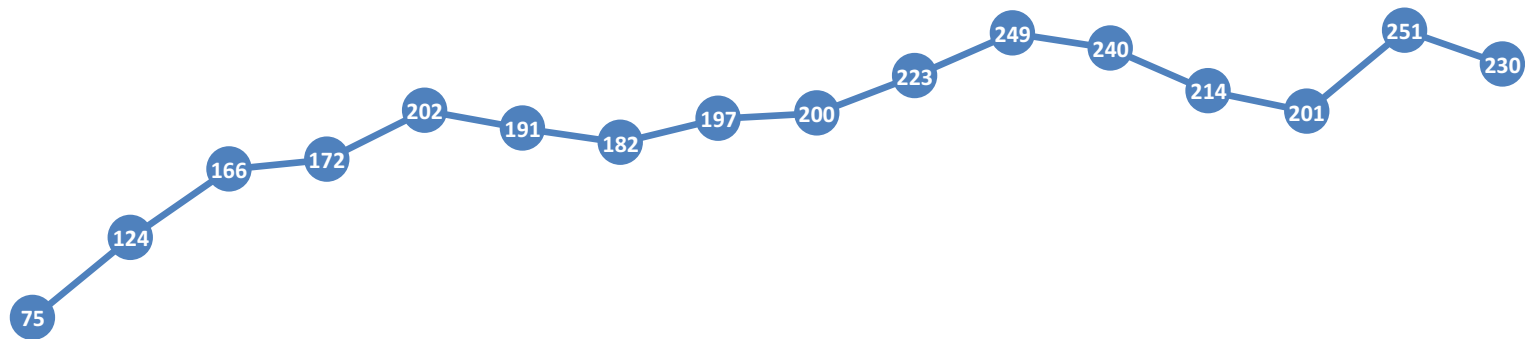
'HSE and Other' includes Psychiatrists, Mental Health Services, Day Care Centres, Supported Living Units, Gardai, Solicitors, HIQA

# Where are our clients?



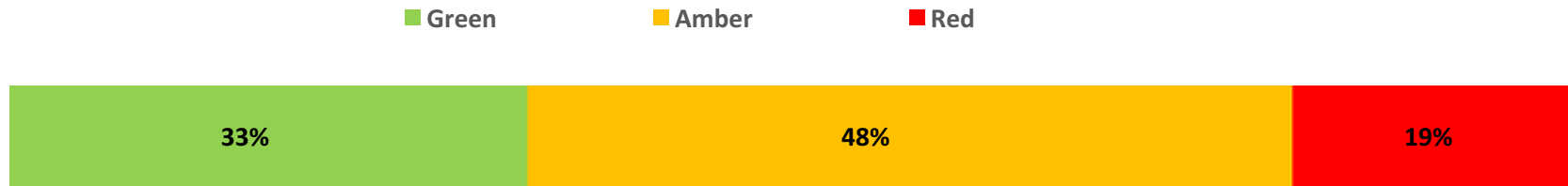
# New Cases Opened 2015 – 2018

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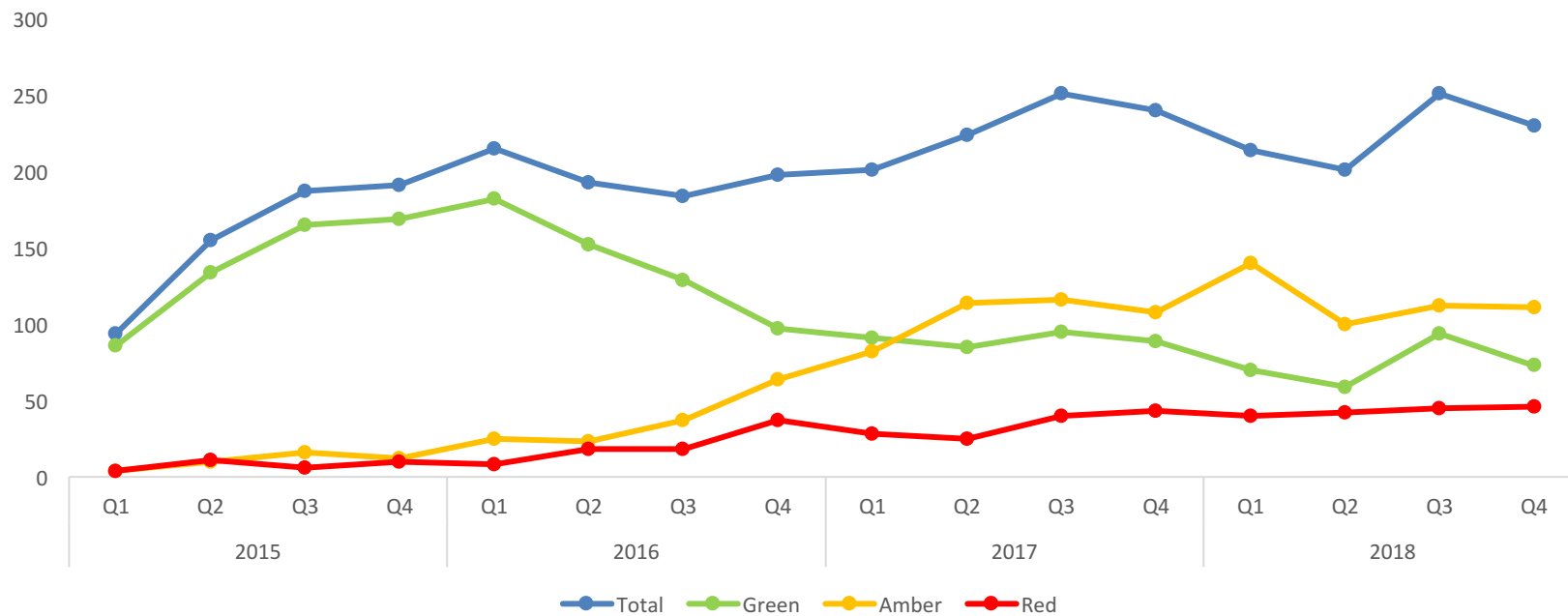


Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2015				2016				2017				2018			

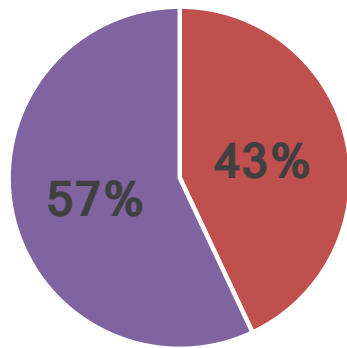
# Case Complexity (RAG) 2018



# Case Complexity (RAG) over time

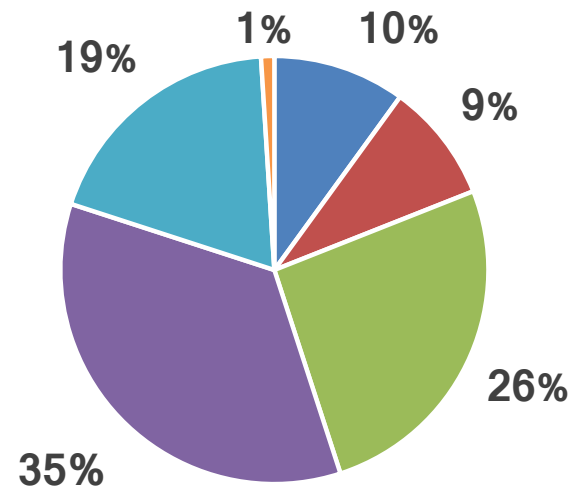


# Age Range & Gender of clients



■ Male ■ Female

Male	43%
Female	57%



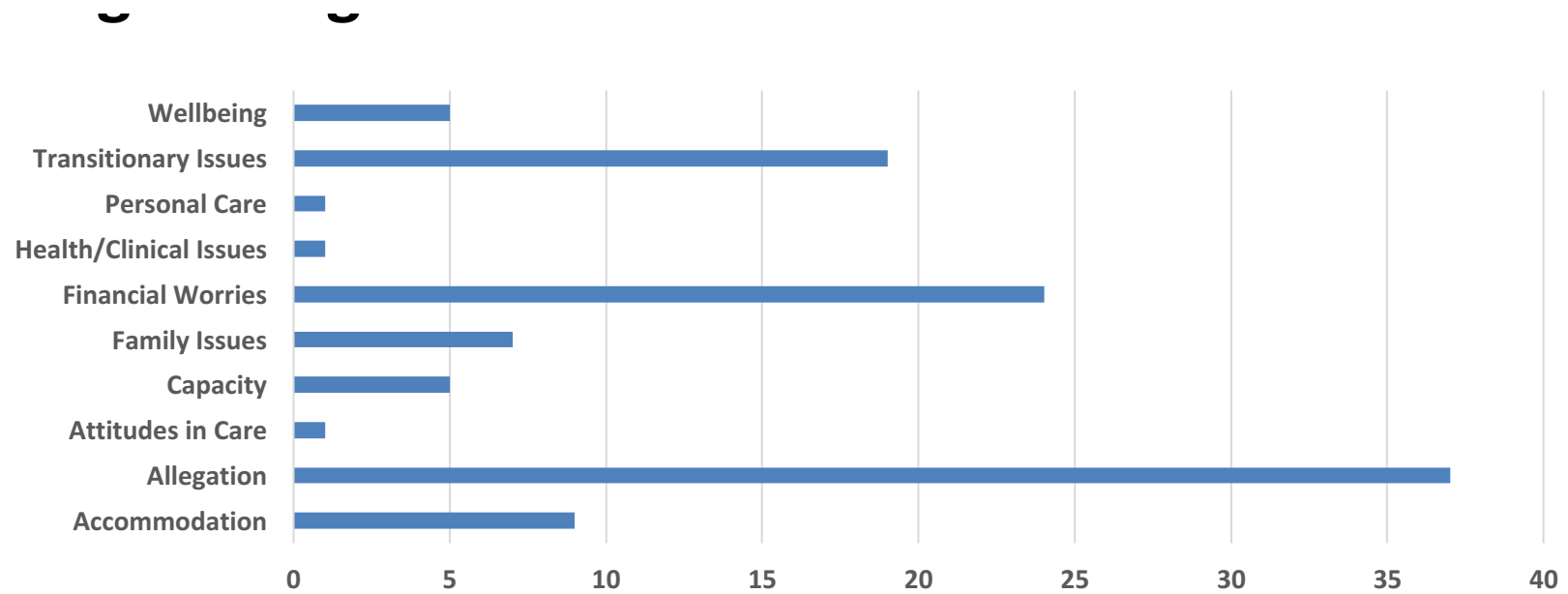
■ < 55 ■ 56 - 65 ■ 66 - 75 ■ 76 - 85 ■ 86 - 95 ■ > 95

-55	10%
56-65	9%
66-75	26%
76-85	35%
86-95	19%
95+	1%

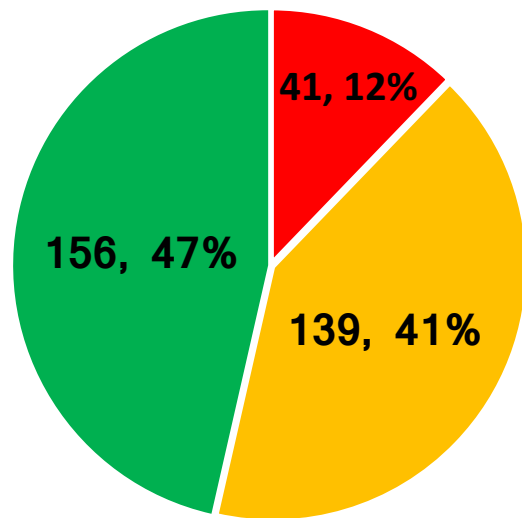
**81% of clients > 66yrs**  
**55% of clients > 76yrs**

# Safeguarding Team Involvement 2018 (109 cases)

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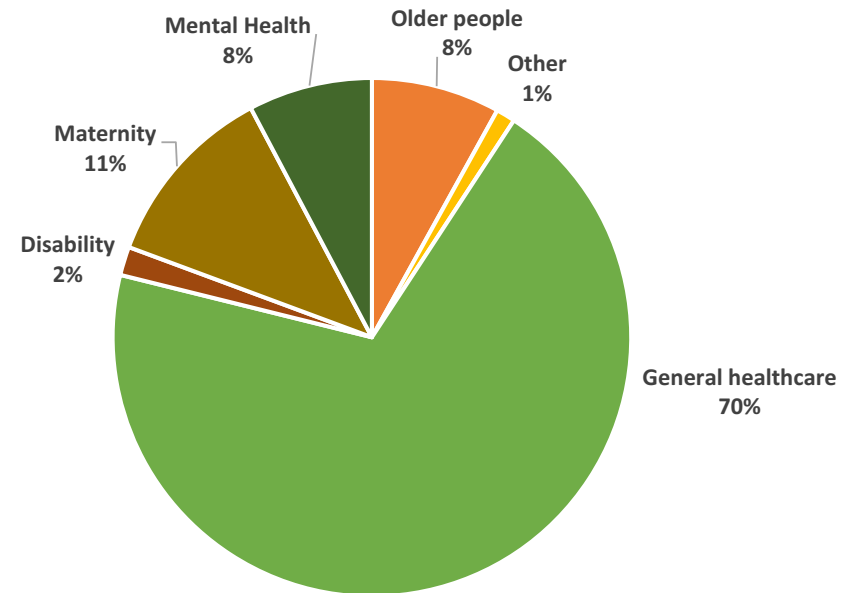


## Patient Advocacy Clients 2018



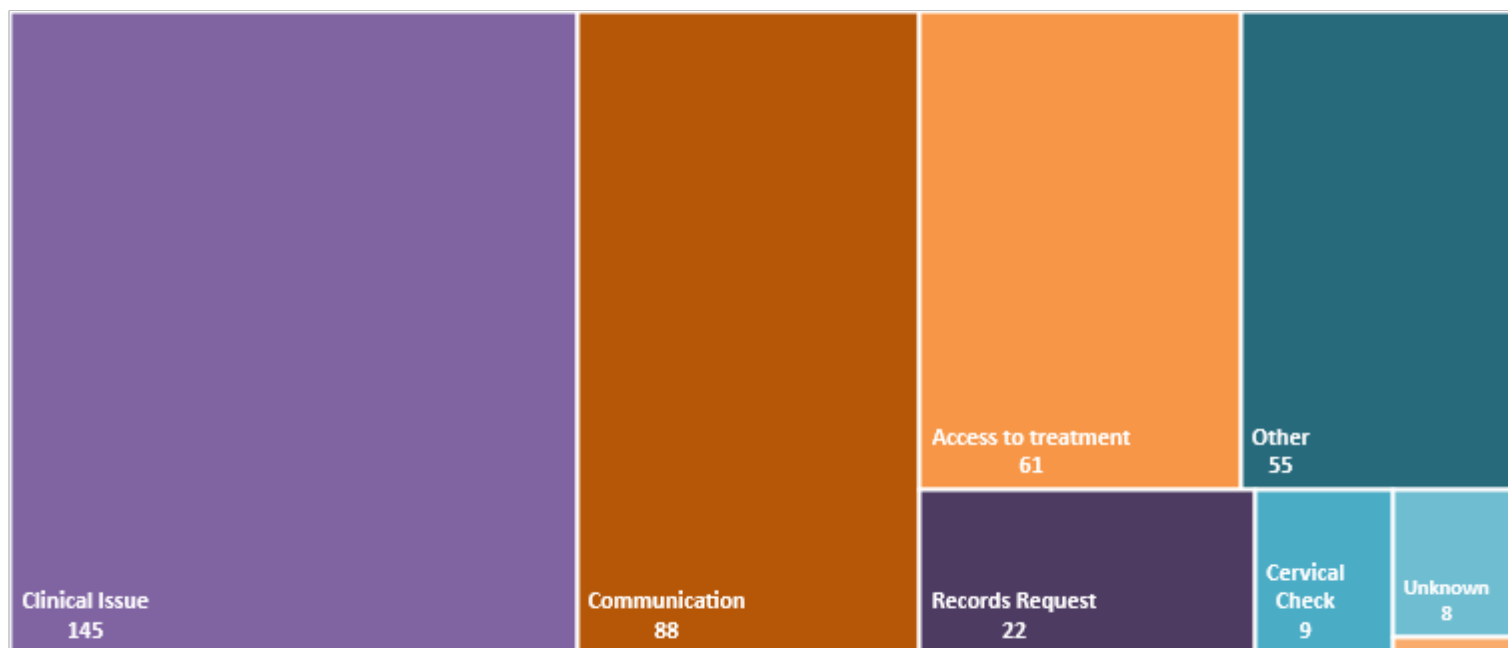
■ Red ■ Amber ■ Green

## Patient Advocacy Clients by Category 2018

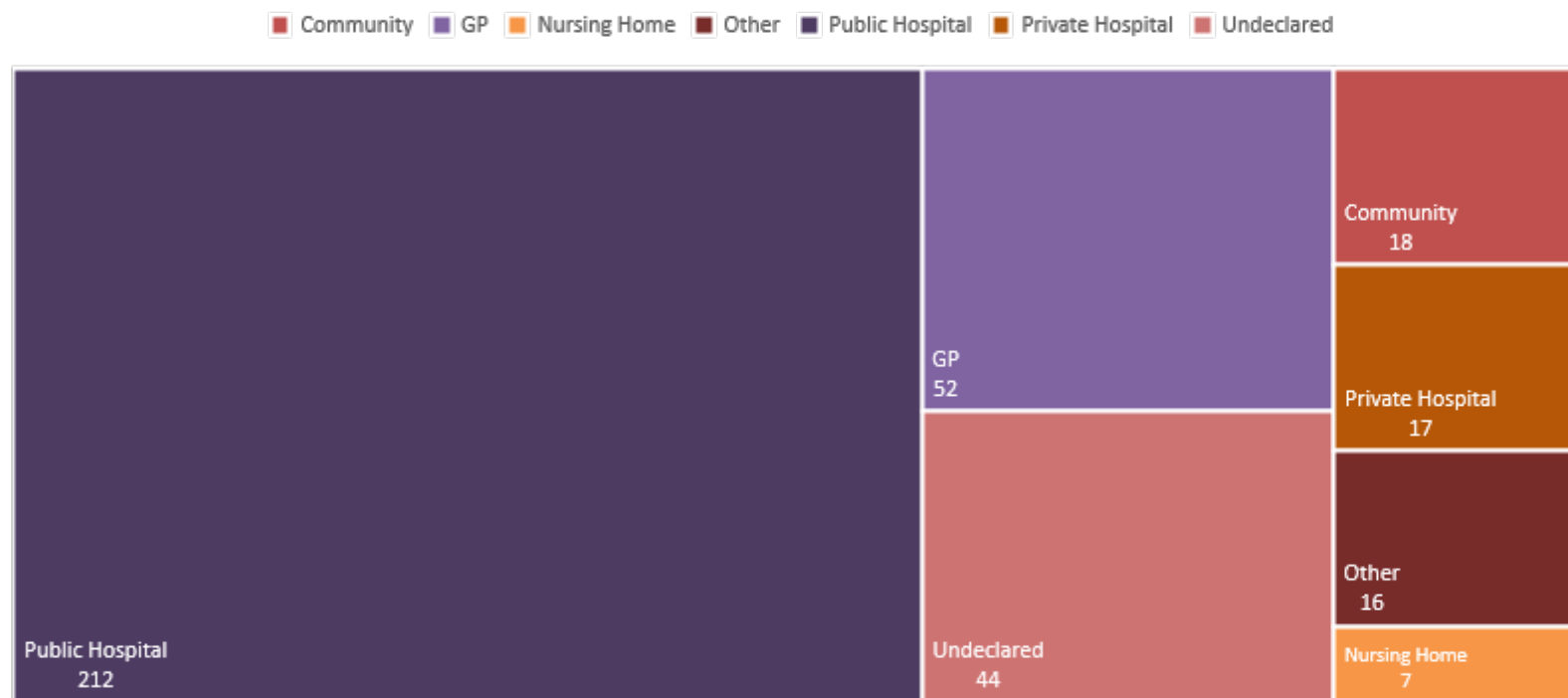


# Patient Advocacy Clients by Complaint Type 2018

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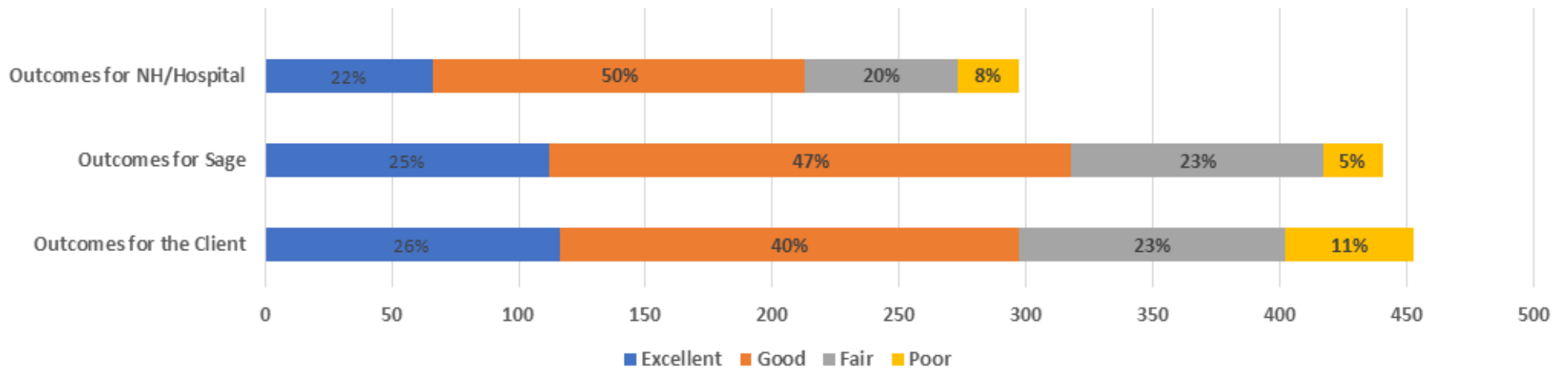
# Patient Advocacy Clients by Service Type 2018





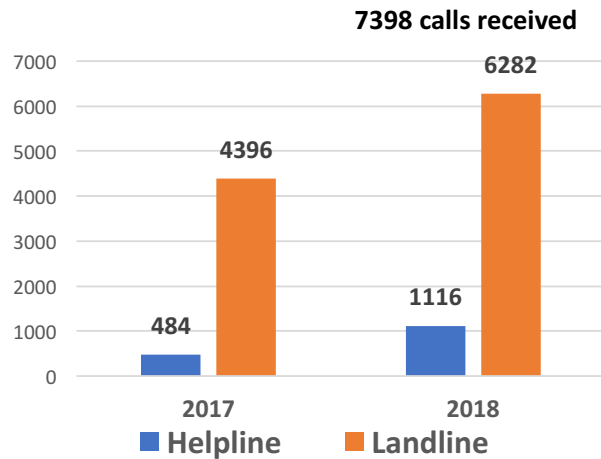
# Outcomes

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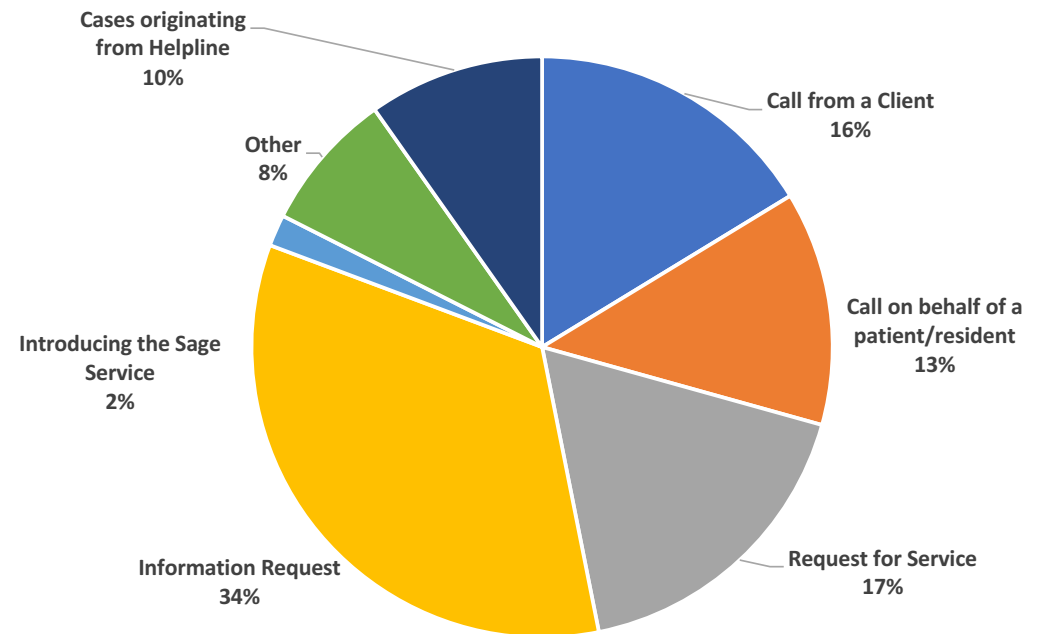


# Information and Support Service

# Helpline Calls 2018

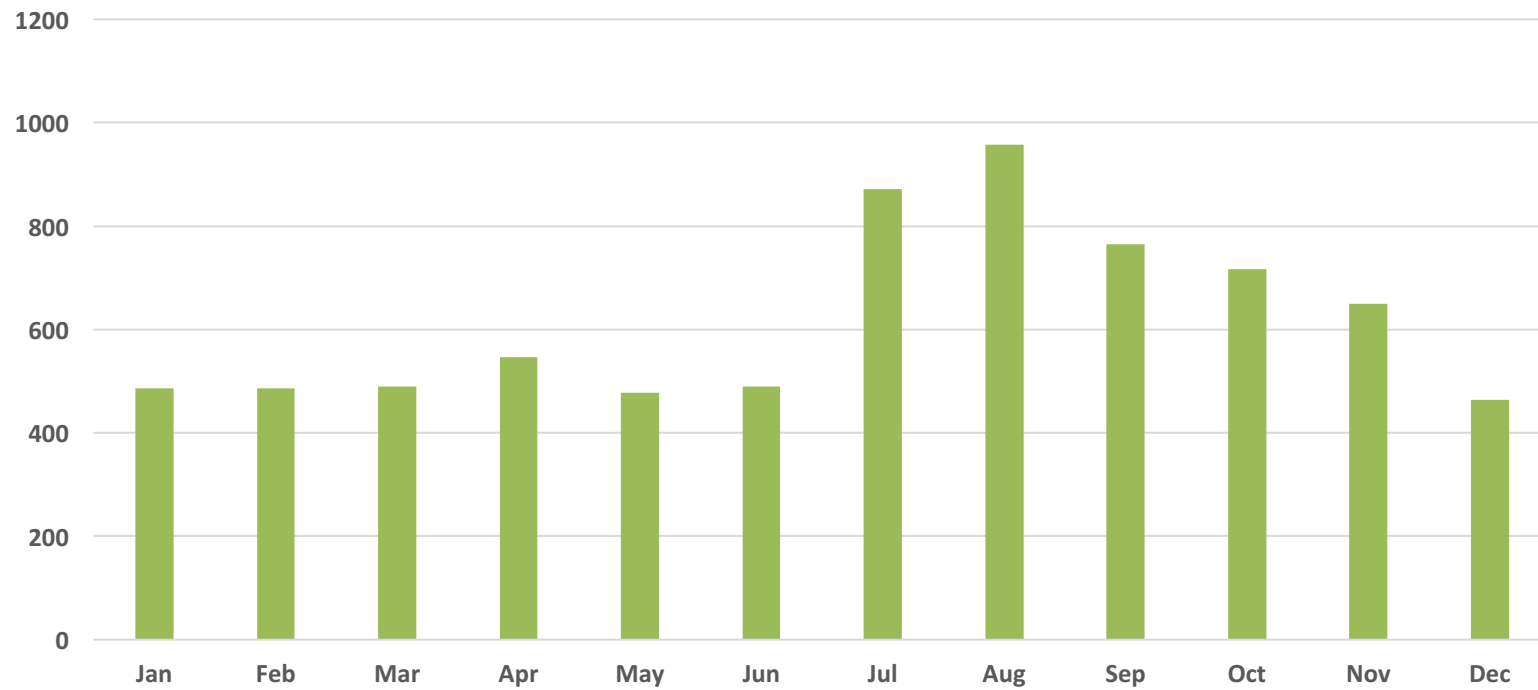


7400 calls received (3331 related to Information & Support, 4000 related to Casework, Volunteer Support, Stakeholders and Admin)



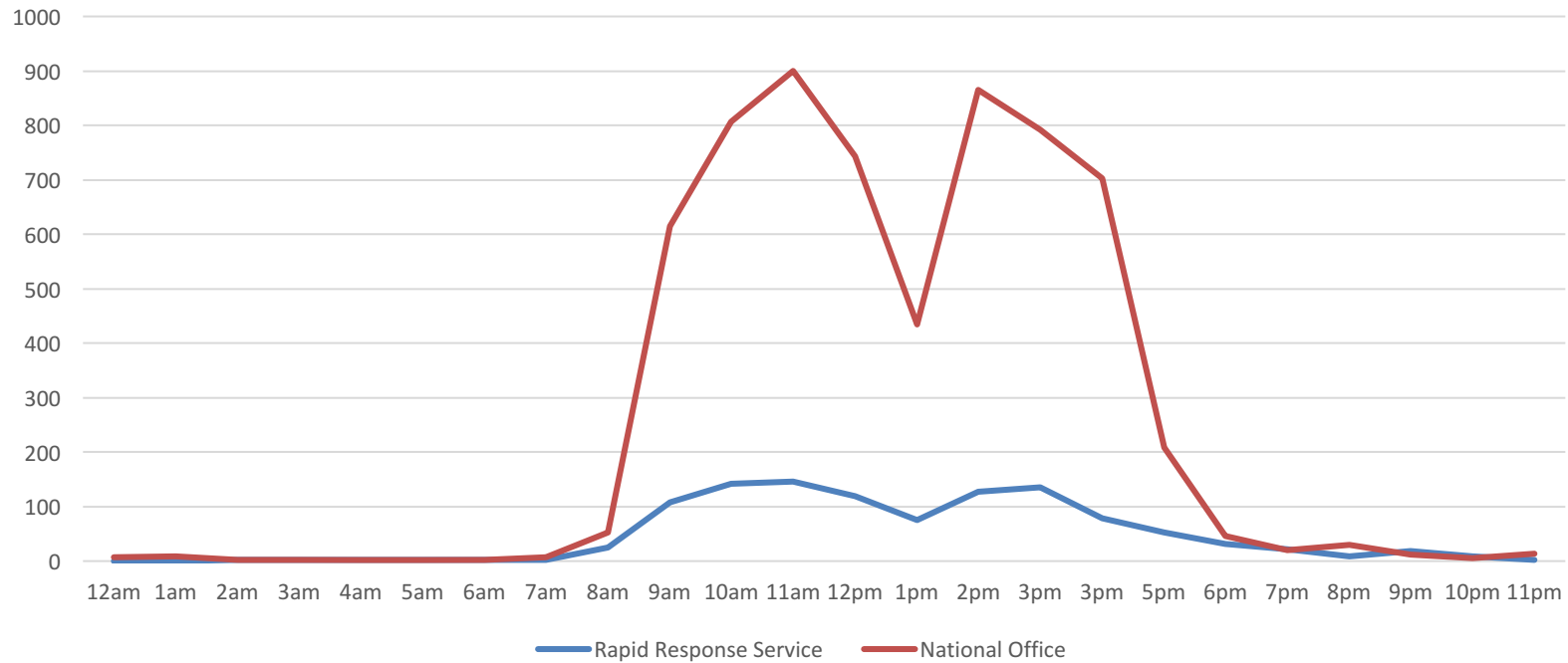
# All Calls received (7400)

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# Phone Calls Received – Hourly Analysis

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# Systemic Issues

# Systemic Advocacy:

## Linking Personal Difficulties with Changes to Public Policy

Sage Advocacy's strategy is built around two pillars: (a) the direct delivery of support and independent advocacy to individuals and groups; and (b) identifying and reporting on systemic inequalities and weaknesses in legislation, policies, and practices.

### **Systemic issues can arise for a number of reasons:**

- 1) Inadequate enforcement of legal and human rights mechanisms or the absence of adequate rights supports, e.g., supported decision-making structures
- 2) Gaps in health, welfare, social care and housing provision
- 3) Inadequate or inappropriate engagement with people by professionals or officials
- 4) Lack of co-ordination between services at either national or local level

People are frequently referred to Sage because of system failures e.g., delays in application processes for essential services, like a Home Care Package or House Adaptation Grant or difficulty in exercising their will and preference. While some issues can be resolved for individuals through the intervention of Sage Advocacy, there are other more deep-rooted issues relating to choice and equality of treatment, place of residence and asserting a person's will and preferences which can only be addressed at the systemic level.

The daily encounters with clients by Sage Advocacy provide a valuable insight into where policies and practices are failing and where reform is most urgently required. The value of the Sage Advocacy systemic advocacy role lies in its independence of ties to service providing agencies and in having a range of knowledge across several sectoral or functional areas. By careful documentation and analysis of cases, Sage Advocacy can contribute, cumulatively, to a knowledge base covering gaps and anomalies in entitlements or delivery. This role thus becomes an important and, indeed, a critical

one and may complement other research and can enhance the wider context of negotiation for systemic change.

Basic inequalities in access to services and appropriate supports in a timely manner continue to be identified. The issues refer in the main to individuals living in usually complex sets of circumstance. Many of these individuals are on the margins of society and face particularly difficult challenges arising from, for example, declining health, reduced decision-making capacity and a need for long-term care. The overall picture that emerges from Sage Advocacy work is a growing mismatch between a struggling health care system and a wide and disparate range of individuals trying to cope with sometimes difficult and uncertain life situations.

## Systemic issues encountered by Sage Advocacy

These can be categorised under four main categories;

- 1) Funding/resources
- 2) Deficits in long-term care supports
- 3) Inadequate provision for and understanding of supported decision-making
- 4) Difficulties in the way people's personal finances are managed and controlled

The lack of adequate HSE funding to support people's wishes/needs is endemic. This is evidenced in the lack of suitable accommodation options, step down and rehabilitation facilities. People are regularly 'forced' into nursing homes because of this. This can be regarded as a basic deprivation of liberty. It also frequently results in delayed hospital discharges and unnecessary acute hospital care costs. The dearth of long-term care supports results in unnecessary hospital admissions, added stress on family carers (resulting in burn-out) and younger people with disabilities being placed in nursing homes, which is clearly totally inappropriate.

Enabling people with reduced decision-making capacity to exercise their will and preferences by enabling supported decision-making remains largely aspirational despite the growing emphasis on a rights-based approach. The Sage Advocacy experience is that many health and social care staff are not sufficiently attuned to this new approach. There are issues with enabling people to engage in positive risk-taking and an absence of structures to ensure that the individual's voice is heard when care decisions are being made.

The management and control of people's personal finances is a recurring theme in Sage Advocacy engagement with clients. This arises because the person may not fully understand their financial situation and are not helped to do so or because a person's money is controlled and managed by someone else, e.g. a relative. The latter is sometimes indicative of financial abuse. For example, access to financial statements for the purpose of applying for the Nursing Home Support Scheme (NHSS) may sometimes be purposefully blocked by a family member.

There is also clear evidence of lack of clarity in the way charges for services are levied and in the manner in which contracts of care are drawn up – this issue has been highlighted by Sage in a Discussion Paper.

## Indicative Case Example 1: Supported decision making

The absence of mechanisms for supported decision-making continues to create serious difficulties for people as the following Case Example illustrates:

The client was an 80- year old woman currently in an acute hospital. She had a mild cognitive impairment and had been living at home with her husband prior to admission to hospital. The hospital Medical Social Worker referred the woman to Sage Advocacy on the basis that the client's views and wishes did not appear to be heard or respected by the Multi-disciplinary Team in the hospital. The woman was very clear in her wish to return home but her children were against this and had expressed their strong view that the woman should move to long-term residential care.

This is a typical case of where a person has a clear view on what they want but are not supported in implementing their wishes by the health and social care system or by relatives. Where there is an element of risk involved in, for example, a person wanting to return to live at home, the response is frequently one where rather than support risk-taking by building in the required level of support, the option is ruled out as unworkable and unsafe. This

leaves people in such a situation effectively denied their will and preferences. The option of returning home on a trial basis was supported by Sage Advocacy in this case. However, the level of in-home support required to achieve this even on a trial basis was not forthcoming.

The Guiding Principles in the Assisted Decision Making (Capacity) Act 2015, state that any intervention in respect of the 'relevant person' 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." Failure to respect this principle remains a major concern in relation to the way the system treats people.

### **Indicative Case Example 2: Non-availability of a Medical Social Worker in acute hospital**

A man had been medically fit for discharge for some time. He did not want to return home and was seeking to move to long term residential care. However, he needed support in accessing finances for a NHSS application but there was no medical social worker in the hospital.

The matter was resolved by a referral to Sage Advocacy who supported him to get financial information, bank statements etc. and to process the NHSS application. He is now in a nursing home of his choice but after a significant delayed discharge which could have been avoided with a medical social worker on staff. This man knew what he wanted but was unable to execute his wishes without help which was not available.

### **Indicative Case Example 3: Lack of Home Care Packages over 14 hours a week resulting in delayed discharge and transfer of care**

While the option of a person being discharged with a Home Care Package is frequently mooted, it is often the case that the protocol for accessing such a package is not put in place and the NHSS option is the only one pursued.

This man had his hospital discharge delayed for a number of months awaiting an increase in his HCP hours. He wanted to return home but in order to do so would need more support. Sage Advocacy contacted the general manager in the relevant HSE social care office on the man's behalf who stated in an email that 14 hrs was the maximum in the CHO area since March 2016 and that home support continued to be a discretionary service. It was pointed out in

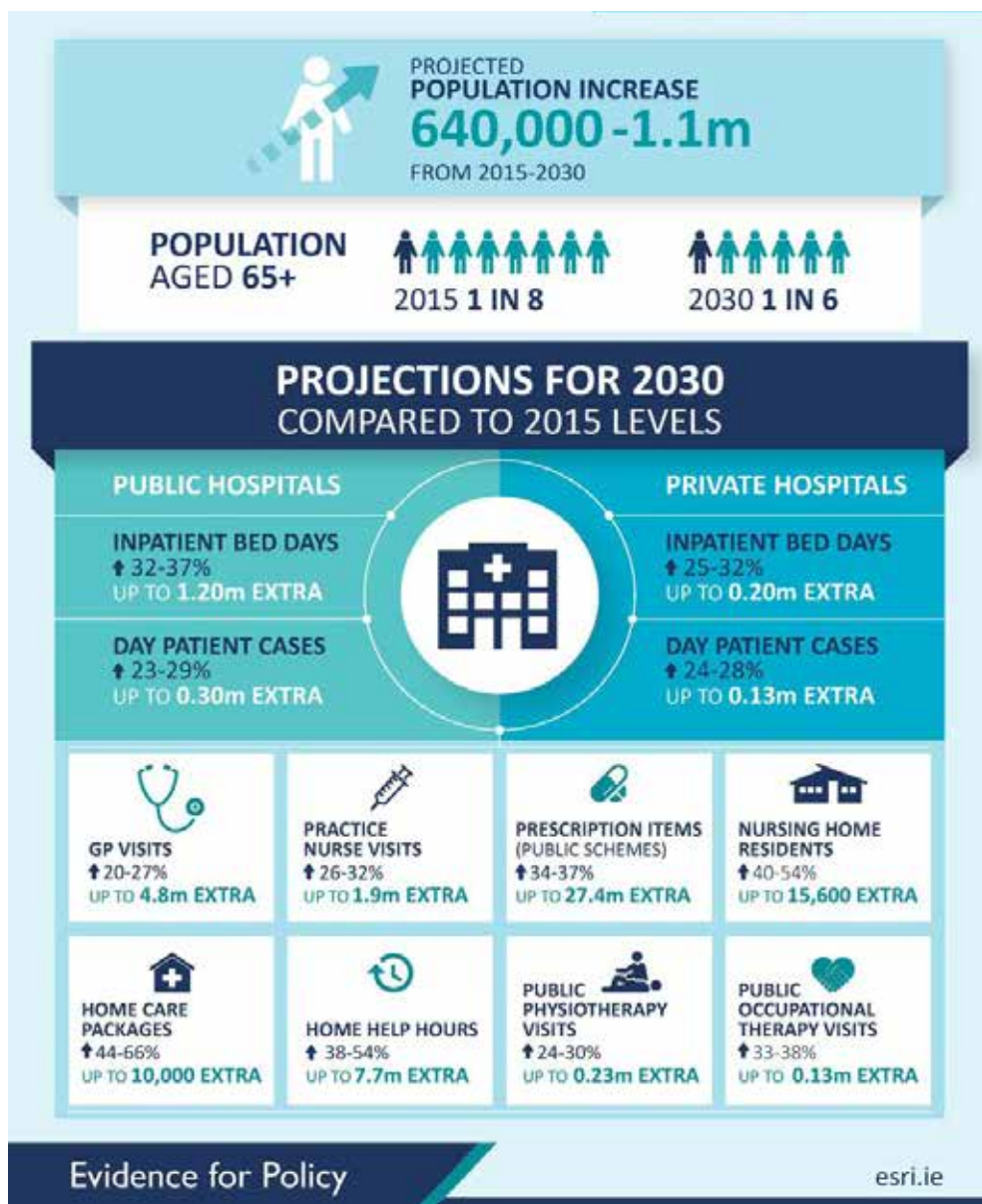
the response to the Sage Advocacy email that despite the 14-hour cap and a tightening of eligibility, there were almost 1,000 people in the CHO area who had been approved for home care but remained on a waiting list.

This man indicated clearly that his wish was to go back to his own home and try and live as independently as he could but fully understood that this could only be done if he got the appropriate package of care which was not forthcoming.

This case highlights the need to make comparisons between the cost of keeping someone in an acute hospital bed for long periods following discharge as against providing a package of care to allow them to return home. This indicates clearly to a major under-funding of this vital service. It also indicates the ongoing basic inequality in the care system in that nursing home care funding gets priority irrespective of the person's wishes - this should not happen.



# Projects & Events



## Long-Term Care

With rising numbers of people on waiting lists for home supports the HSE aimed to provide home supports to 50,735 older people and 7,447 people with a disability living in the community in 2018. In April Sage Advocacy held its first workshop on the topic of Long-Term Care and Payment Models attended by key stakeholders. As part of the Government's commitment to introduce a statutory scheme for home care the findings of the Department of Health's public consultation on the topic was published in June. The SláinteCare Implementation Strategy was launched in August which included an action to introduce a statutory homecare scheme by 2021. October brought the publication of Care Alliance Ireland's report which found that accessing home support is more difficult in 2018 than in 2008, with inconsistencies in the assessment for and provision of home support around the country. The budget in October disappointingly failed

to address the need for greater investment in home care, Sage Advocacy as part the NGO Home Care Coalition called for additional funding for home care for the winter period to care for people in their own homes and avoid an increase in demand at A&E over winter. 550 additional home care packages and €10 million additional funding to reduce overcrowding in hospitals was announced by Government in November. The same month Sage Advocacy circulated its first draft of a Discussion Document on Financing Long-Term Care in Ireland which was the basis of our second workshop in December 2018. The Discussion Document puts forward a social insurance scheme as a mechanism to fund long-term care and options for how a fair scheme could operate, and when finalised will be launched in 2019. In December representatives of the NGO Home Care Coalition presented to the Oireachtas Committee on Health on the topic of home support services.

While Sage Advocacy appreciates engagement with the Department of Health through the NGO Home Care Coalition it is disappointing that by end of 2018 there is no clear framework for a statutory scheme for home care. While 52,851 older people received home supports in 2018, over 6,000 people were on a waiting list.

## **Ceisteanna móra nach féidir a chur ar an méar fhada Comhthuiscint Nua De Dhíth**

Tá muintir na hÉireann ag dul in aois. Sa ghnáthshlí ar ndóigh, agus toisc go bhfuil an céatadán aosta den daonra ag dul i líonmhaire gach bliain.

Tá duine as gach ochtar sa stát os cionn 65 bliain d'aois faoi láthair, dar le saineolaithe an ESRI, a deir go mbeidh duine as gach seisear san aois-ghrúpa sin i 2030.

Tá cursíos maith sa tuairisc a scríobh siad ar dhul in aois an phobail agus ar na h-athraithe atá ag teannadh leis an tír dá bharr.

Méadú 20 faoin gcéad ar a laghad ar choinní dochtúra, mar shampla. Méadú 38-54 faoin gcéad ar an méid oibre a bheidh ar chúntóirí baile a dhéanamh. Chomh maith le méadú dá réir ar sheirbhísí eile. Níl duine stuama sa tír a shéanfadh go gcaithfear aghaidh a thabhairt ar an dúshlán seo. Chuir an Tionól Saoránach tuairisc air faoi bhráid an Oireachtais i 2017. Mar sin féin, níl polasaí cuimsitheach rialtais chun déileáil leis leagtha amach fós.

Tá réiteach ag teastáil go géar ar cheisteanna mar seo:

- Cé a chuirfidh cúram ar fáil don líon méadaithe seandaoine feasta?
- Conas a roinnfear freagracht idir teaghlaigh, an stát agus an earnáil phríobháideach?
- Conas a íocfar as? Trén gcóras cánach, nó le scéim árachais, nó le maoinú ar nós 'Fair Deal'?
- An gcuirfear seirbhísí tacaíochta ar fáil ar bhonn cothrom agus rialaithe?

Níl sa liosta seo ach samplaí de na ceisteanna nach féidir a chur ar an méar fhads go brách.

Ní gan stró a réiteofar iad, ach tá rud amháin soiléir: is i dtreise a rachaidh an riachtanas réitigh.

Tá comhthuiscint pholaitiúil, eacnamaíochta agus shóisialta riachtanach ionas go mbeidh an tír ullamh chun aghaidh a thabhairt ar an dúshlán atá romhainn.

Ní shroichfear comhthuiscint dá leithéid gan í a phlé dáiríre, agus go luath.



Cathal Mac Coille is a member of the Public Awareness & Media Committee

## Lunacy Act 1871/ Wards of Court 2018

The mission of Sage Advocacy is “to promote, protect and defend the rights and dignity of vulnerable adults, older people and healthcare patients”. In line with this mission Sage Advocacy has on a number of occasions supported clients who sought to resist efforts by health care professionals to minimize their capacity for decision making and to have them made wards of court.

While Ireland ratified the UN Convention on the Rights of Persons with Disabilities in March 2018 and the full commencement of the Assisted Decision-Making (Capacity) Act 2015 is awaited, there is a growing tension between healthcare professionals who believe in the old paternalistic ‘best interests’ approach to people with challenges to their decision making capacity and those who believe in fully respecting the ‘will and preference’ of their clients and their right to make decisions which, to some, might be seen as ‘unwise’. A number of the cases also raised serious questions about the level of awareness of the HSE’s consent policy among healthcare professionals and the ways in which legal representatives of the HSE are instructed with regard to wardship in the absence of any systematic internal review system within the health services which might identify a lack of respect for human rights standards to be applied in relation to such applications.



The Hon Mary Laffoy, former Justice of the Supreme Court and Deputy Chair of Sage Advocacy emphasises a point at the public meeting ‘Nothing About you/Without you’ in May 2018.

However, it is clear that little progress can be made until the Assisted Decision Making (Capacity) Act 2015 is fully commenced, the 1871 Lunacy Act and the system of wards of court repealed, the Decision Support Service is fully operational and current legislative gap, to protect the rights and liberties of people who are forced to live in congregated care settings against their wishes, is filled. In the meantime Sage Advocacy intends to continue to work for culture change in the health and social care services and to ‘call out’ the actions of those with a cavalier attitude to human rights.

## Conflicts of Interest and Enduring Powers of Attorney

A highlight for Sage Advocacy was hosting Judge Denzil Lush, former Senior Judge of Court of Protection England & Wales in February 2018 where he spoke to a full house on Conflicts of Interest and Enduring Powers of Attorney. Amongst our events was Protecting and Enhancing the Rights of Vulnerable Adults and Older People chaired by Mr. Justice John MacMenamin of the Supreme Court, with contributions from Ms Justice Mary Laffoy former Supreme Court Judge and Chair of the Citizens’ Assembly, Patricia Rickard Clarke Chair of Safeguarding Ireland and Áine Flynn Director of the Decision Support Service. Approximately 2,300 people attended our events in 2018. Sage would like to thank the following organisations for their collaboration in hosting events: The Institute of Banking, School of Law University College Cork, HSE and HSE Quality Improvement Division, Brothers of Charity Limerick, RehabCare Kilkenny and Monaghan Primary Care Network.



Charles Dickens 1812 – 1870. His novel *Bleak House* led to reforms of the then system of Wards of Chancery. The system of Wards of Court in Ireland will change in 2020 – almost 150 years after the introduction of the *Lunacy Regulation (Ireland) Act, 1871* and the death of Dickens.

## Red C Poll – widespread misunderstanding about ‘Next of Kin’

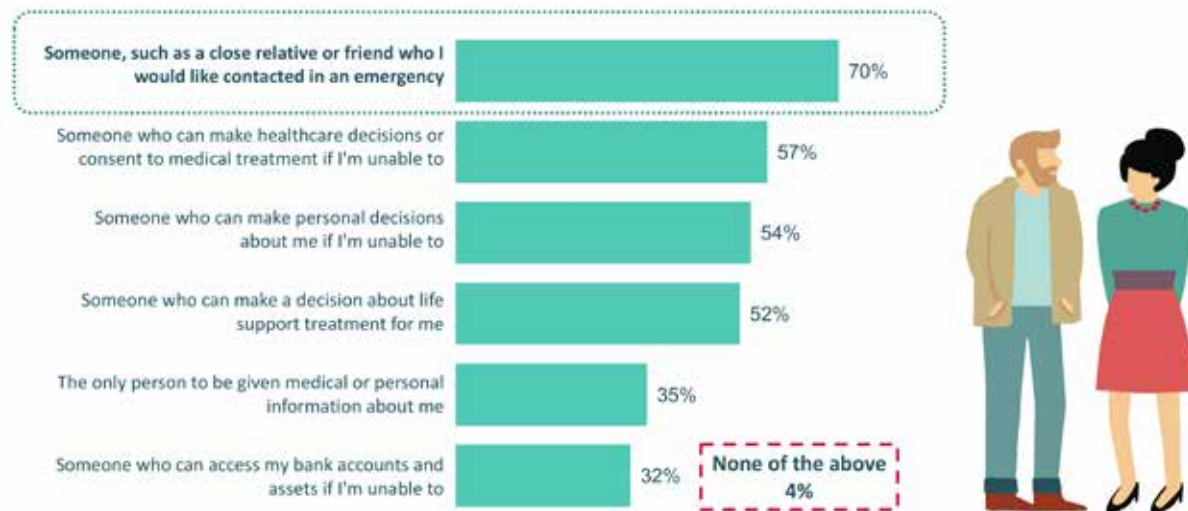
It’s time to stop using the term ‘Next-of-Kin’ was the message to emerge from the first ever public opinion survey on the issue. The nationwide survey commissioned by Sage Advocacy revealed that while 7 in 10 people believe that ‘Next of Kin’ is somebody to be contacted in an emergency more than half believe ‘Next of Kin’ is associated with making healthcare or personal decisions on their behalf, if they are unable to do so themselves. It was particularly worrying that 52% believed that ‘Next of Kin’ was ‘someone who can make a decision about life support treatment for me’ and that 35% believed ‘Next of Kin’ was ‘The only person to be given medical or personal information about me’. Commenting on the survey Patricia Rickard-Clarke, Independent Chair of Safeguarding Ireland said that “the results of this survey indicate the extent to which people think they can make decisions on behalf of others and it highlights the need for safeguarding legislation to deal with situations where adults who may be vulnerable effectively have their lives, their assets and their decision-making capacity taken from them by avaricious relatives” Responding to the findings Prof Shaun O’Keeffe, a Consultant Geriatrician in University Hospital Galway, and

the HSE’s lead for the acute hospital sector on the implementation group for the Assisted Decision-Making Capacity Act (2015) stated that “the term ‘Next of Kin’ is widely used by healthcare staff and by relatives, often with the implication that someone designated as the ‘Next of Kin’ of a person has some decision-making authority if the person lacks capacity to make a decision themselves.

This is not and never has been the case. Sage commissioned the survey arising from their work on nursing home contracts in 2017 which identified problems with residents’ contracts being signed inappropriately by ‘Next-of-Kin’; sometimes when the person about to enter a nursing home had the capacity to decide for themselves.

### Which of the following do you feel is the role of your ‘Next of Kin’?

(Base: All Adults; n=1,020)



7 in 10 believe that ‘Next of Kin’ is somebody to be contacted in an emergency. More than half believe ‘Next of Kin’ is associated with making healthcare or personal decisions on their behalf, if they are unable to do so themselves. Only 4% do not associate the role of ‘Next of Kin’ with any of the statements.

REDC

(0.2)

## Policies & Guidelines

Sage Advocacy's Policies & Guidelines document were revised in 2018 to reflect changes made to our governance, strategy and the expansion of our remit to include all 'vulnerable adults' and healthcare patients. The length of the document was reduced from 181 pages to 107 pages.

The document is divided into four sections which cover service policies, their accompanying guidelines, case scenarios that illustrate how a Sage Representative is guided by these policies and guidelines and the final section covers documents and templates used in our work.

The first two sections cover the following policies and guidelines:

- Access and Eligibility
- Referrals
- Consent
- Non-instructed Advocacy
- Supported Decision-Making
- Client Confidentiality
- Case Management
- Safeguarding Vulnerable Adults
- Conflict of Interest
- Assessment of Need and Risk Management
- Working Alone
- Complaints
- Systemic Advocacy
- Contact with External Solicitors
- Working in Different Settings
- Supporting Clients with Financial Transactions

The revised document also includes new policies reviewed and edited by our Policy & Practice Committee (a sub-Committee of Sage's Board), which includes Contact with External Solicitors, Supported Decision-Making, Systemic Advocacy, Conflict of Interest and Supporting Clients with Financial Transactions policies. Our Supported Decision-Making policy ensures our adherence to and implementation of the Assisted Decision-Making (Capacity) Act 2015 and this policy formed the basis of a national team workshop on Supported Decision-Making in October 2018. Our Safeguarding Vulnerable Adults Policy makes note of the forthcoming HSE Adult Safeguarding Policy and accompanying practice handbook, which will inform edits to our current policy when these are published.

The revised document was made live on the Sage website in September 2018 and circulated to all staff and volunteers. Patient Advocacy policies and guidelines will be developed in 2019 and added to the general document.

## Advocacy Champions

The principles and process of advocacy do not just belong to dedicated advocacy services. In practice, as many service providers are willing to advocate for vulnerable people as are the number of those likely to be challenged by and block access to independent advocacy. A layered advocacy response is required in which the advocacy roles of professionals are recognized as a resource but its limitations are also recognized and addressed through judicious use of independent advocacy, i.e., advocacy which is independent of family, service provider or systems interests. The development of a systems culture in which the differing advocacy roles of professionals, family members and independent advocates can operate is of crucial importance.

While many advocacy providers regard self-advocacy as the 'gold standard' of advocacy, without any sense of irony, it is the experience of Sage Advocacy that representative advocacy is frequently required by vulnerable adults, older people and healthcare patients. There is, however, an approach which seeks to develop the role of 'advocacy champion' within care providing organisations; a role which acknowledges that service providers can act within agreed parameters within an organisation or service while relying on the support and, where necessary,

the intervention of an independent advocate. Such a role emphasizes the need for the advocate to collaborate, where possible, as well as to challenge, where necessary. Creating an awareness of an advocacy spectrum of self-advocacy, advocacy champion and independent advocacy has the potential to give practical expression to the concept of person-centredness.

HIQA's National Standards for Residential Care Settings for Older People in Ireland have as a feature of Standard 1.1 that "Each resident is facilitated in accessing advocacy services, and receives information about their rights"(1.1.5). While 32% of all Sage Advocacy clients in 2018 lived in nursing homes, and 18% of all referrals for advocacy came from nursing homes, it is clear that even if the almost 600 nursing homes sought



Sage Summer School: Valerie Cox, Public Awareness & Media Adviser leads a workshop at the Sage Summer School to help prepare staff for dealing with challenging issues in the media.

an independent advocate for their residents the desired position of HIQA could not be easily reached; particularly as the level of funding for Sage Advocacy is still below what is required. In this context it is encouraging that there is a slowly increasing number of requests from nursing home providers seeking support from Sage Advocacy to train some of their staff in the skills necessary to support individual residents and residents groups.

In Dublin South East an Advocacy Champions initiative has developed between Sage Advocacy and Orwell Healthcare.

The Advocacy Champions are staff within a nursing home who are identified as suitable and willing to provide support to residents with various issues that may be outside of their normal day to day role. As part of this project, three staff members have been identified within Orwell Healthcare. They have received training on advocacy and supporting people to plan ahead. They have been given protected time within their own roles so that residents can come to them with any issues that they may need support with. Orwell Healthcare has actively promoted the role within the nursing home through leaflets, posters and newsletters. The Advocacy Champions contact Sage Advocacy whenever support or independent advocacy is needed and they are invited to Continuous Professional

Development (CPD) events organised by Sage Advocacy. There are also bi-monthly meetings to support Advocacy Champions in their roles. Templates have been developed to guide Advocacy Champions through the process of advocacy and, if the issue becomes overly complex or independent advocacy is clearly needed Sage Advocacy is then contacted.

## Website Development

Our new website [www.SageAdvocacy.ie](http://www.SageAdvocacy.ie) was launched in 2018 providing information on our approach to advocacy and support, and how to access the service through the Rapid Response service, our online referral form and the downloadable version. The user friendly format gives easy access to the governance, standards, policies and procedures which Sage Advocacy operates by while making people aware of the people working with the organisation.

Sage has produced research and policy submissions on issues that impact older people, vulnerable adults and healthcare patients, and has taken a lead role in advocating for the development of a continuum of support and care to enable a person to have options to be cared for in a place of their choosing. Our work in these areas can be accessed in the Resources and Long-Term Care & Support Sections.

The Legal & Rights section provides information and resources on the topics of Planning Ahead, Next of Kin and Decision-Making & Capacity. The commencement of the Assisted Decision-Making (Capacity) Act 2015 impacts everyone, Sage has developed easily accessible content and resources to explain the Guiding Principles of the legislation, Supported Decision-Making, Functional Approach to Capacity and the mechanisms to support a person whose capacity is in question. One of Sage's objectives is to raise awareness of ways to plan ahead to ensure a person's wishes are known and respected if a situation arises when the person is unable to make decisions for themselves. Planning ahead ensures a person's assets are safeguarded and used for their benefit. Our section on Planning Ahead provides downloadable FAQs on Enduring Power of Attorney and Making a Will, and directs to resources on the Think Ahead form and Advance Healthcare Directives.

In 2019 the [SageAdvocacy.ie](http://www.SageAdvocacy.ie) website will be further developed as a key resource of information and support for the public.



## Developing EU links

Sage Advocacy was invited by BAGSO (German Association of Seniors Organisations) to speak at their biennial conference which was held in Dortmund from 28th - 30th May. Mervyn Taylor, Executive Director of Sage, spoke at a workshop 'Promoting Self-Determination via Legislation - A perspective from Ireland'. Through BAGSO, the results of the workshop were presented to the Open Ended Working Group on Ageing (OEWG-A) of the United Nations in July 2018.

In May 2017 Sage hosted a delegation from BAGSO and future collaboration is planned through participation in EU programmes. The May 2018 conference was attended by tens of thousands of people from all over Germany and by delegations from Austria, the Netherlands and Belgium.



# Stories on a Postcard

# Affairs can be confusing



sage advocacy

Dealing with your bills and personal affairs can be confusing at the best of times. Sometimes a relative, neighbour or someone in authority thinks it is in your best interest to start managing your affairs without consulting you. With a little bit of planning ahead you can avoid this.

**Sage Representatives deal with issues like this every day.**

# Imagine not being yourself



sage advocacy

Imagine yourself as a young girl putting on makeup. You always had your favourite lipstick and perfume. Now that you can't put them on for yourself nobody sees that is important to you. You no longer feel like the person you used to be. With a little support we can all feel like the best versions of ourselves.

**Sage Representatives deal with issues like this every day.**

# We all used to be so close



sage advocacy

Family conflict can be extremely difficult. When you are vulnerable, your voice can get lost or ignored and you can become isolated and lose the confidence to speak up for yourself. Sometimes you need support so that your voice can again be heard by family members. Sometimes you need someone to advocate for you if you feel you are being bullied and abused.

**Sage Representatives deal with issues like this every day.**



**“Losing your marbles” is one thing...  
...having them stolen is another.**

**sage**  
advocacy

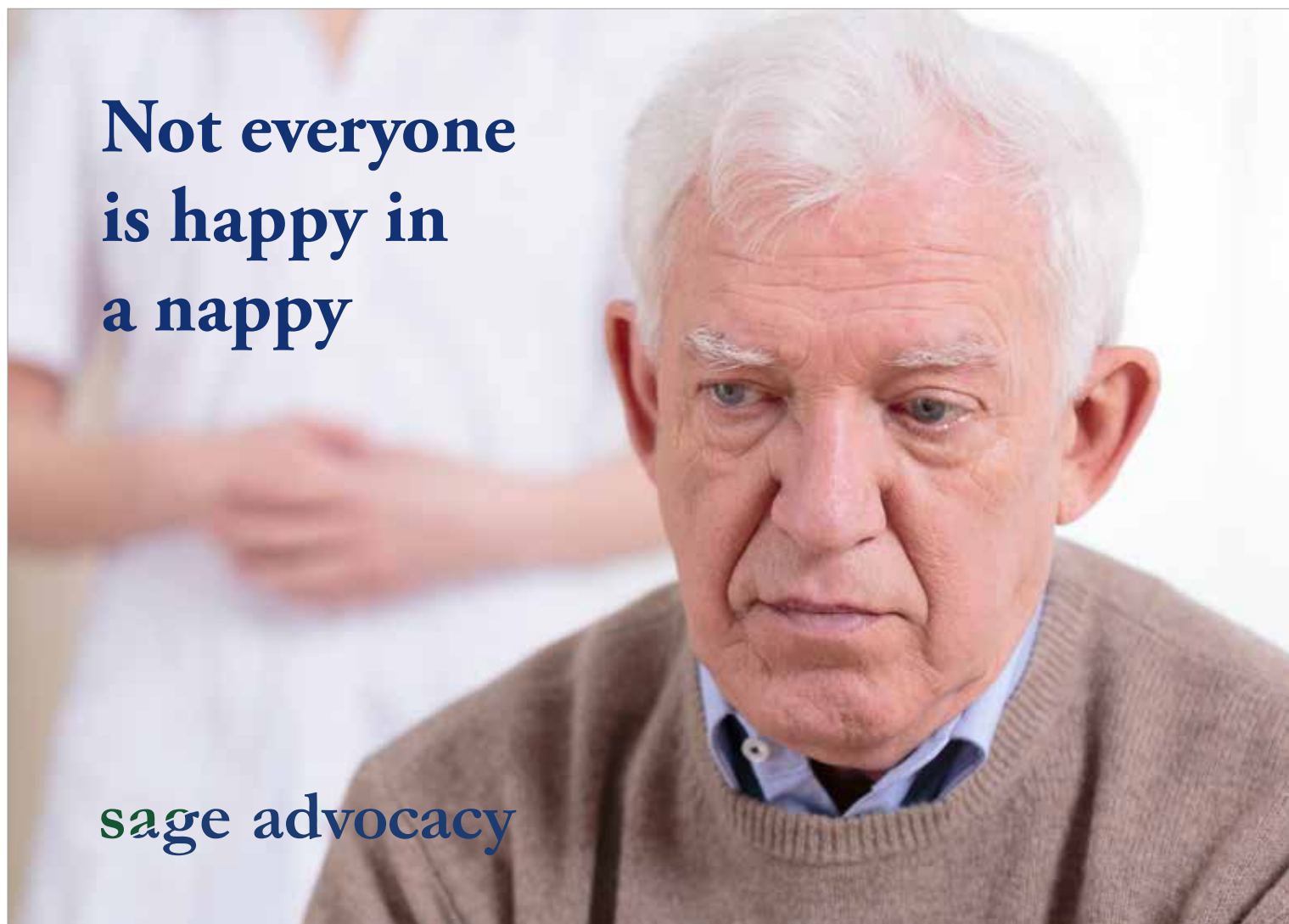
Protecting your right to make your own decisions, with support if necessary, is vitally important for your future wellbeing. Whether it is your personal finances or the place where you live or are cared for – some people think they can take control of your life and your affairs and make decisions for you in your ‘best interests’. Too often it is in their own ‘best interests’.

**Sage Representatives deal with issues like this every day.**



“If it would be a deprivation of my liberty to be obliged to live in a particular place, subject to constant monitoring and control, only allowed out with close supervision, and unable to move away without permission even if such an opportunity became available, then it must also be a deprivation of the liberty of a disabled person. The fact that my living arrangements are comfortable, and indeed make my life as enjoyable as it could possibly be, should make no difference. A gilded cage is still a cage”. Baroness Hale. President of the Supreme Court. UK. March 19, 2015.

**Sage Representatives deal with issues like this every day.**



Some older people and people with disabilities are, on occasion, encouraged to use incontinence wear; even though they are continent. Sometime 'convenience medication' is used in the process of encouragement. Inappropriate use of incontinence wear for the convenience of staff, even if they are short-staffed on night duty is a gross violation of a person's human rights. It constitutes inhuman and degrading treatment.

**Sage Representatives deal with issues like this every day.**





Even the strongest and healthiest people can feel vulnerable if they have to spend some time in an acute hospital. People who are already vulnerable can become even more vulnerable and they can feel powerless in a strange environment, where they are lying horizontal under bright lights hearing unfamiliar sounds. Such experiences can be extremely disorientating. In such circumstances healthcare patients may be afraid to speak up or they may simply be unable. Patient advocacy can help people find their way and feel less powerless.

**Sage Representatives deal with issues like this every day.**



**Do healthcare  
Professionals  
always know best?**

**sage advocacy**

Some of the finest doctors and nurses in the world work in the Irish health service. They are highly respectful of the will and preference of their patients and act as advocates for them within the limits of their role. Some, however have more authoritarian values and their paternalism/maternalism shows in the way that they seek to make decisions in their patient's 'best interests'. Sometimes, inappropriately, they take the side of family members who confuse their own interests with their relative's 'best interests'.

**Sage Representatives deal with issues like this every day.**

# Financial Statements

for the 16 month financial period  
ended 31 December 2018

## Directors' Responsibilities Statement

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

Irish company law requires the directors to prepare financial statements for each financial year. Under the law, the directors have elected to prepare the financial statements in accordance with the Companies Act 2014, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland.

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

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

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

The directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets,

liabilities, financial position and profit or loss of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

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Patricia Rickard-Clarke  
*Director*

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Claire Kelly  
*Director*

Date: 15 April 2019

# Report on the audit of the financial statements

## Opinion

We have audited the financial statements of Sage Advocacy CLG Company Limited by Guarantee for the period ended 31 December 2018, which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including the summary of significant accounting policies set out in note 2. The financial reporting framework that has been applied in their preparation is Irish Law and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2018 and of its result for the period then ended;
- have been properly prepared in accordance with FRS 102, The Financial Reporting Standard applicable in the UK and Republic of Ireland; and

- have been properly prepared in accordance with the requirements of the Companies Act 2014.

## Basis for opinion

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

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

## Conclusions relating to going concern

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

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

# Report on the audit of the financial statements

## Other information

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

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

We have nothing to report in this regard.

## Opinions on other matters prescribed by the Companies Act 2014

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

- in our opinion, the information given in the directors' report is consistent with the financial statements; and
- in our opinion, the directors' report has been prepared in accordance with the Companies Act 2014

We have obtained all the information and explanations which we consider necessary for the purposes of our audit. In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited and the financial statements are in agreement with the accounting records.

## Matters on which we are required to report by exception

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified any material misstatements in the directors' report. The Companies Act 2014 requires us to report to you if, in our opinion, the disclosures of directors' remuneration and transactions required by Sections 305 to 312 of the Act are not made.

We have nothing to report in this regard.

## Responsibilities

### Responsibilities of directors for the financial statements

As explained more fully in the Directors' Responsibilities Statement set out on page 68, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

### Auditor's responsibilities for the audit of the financial statements

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

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: [http://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description\\_of\\_auditors\\_responsibilities\\_for\\_audit.pdf](http://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf). This description forms part of our auditor's report.

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

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

**Aedín Morkan**  
**For and on behalf of**  
**Mazars**  
**Chartered Accountants**  
**And Statutory Audit Firm**  
**Harcourt Centre**  
**Block 3**  
**Harcourt Road**  
**Dublin 2**

**Date:**

## Statement of Financial Activities including Income and Expenditure Account As at 31 December 2018

	Note	Total 2018 €
Donations	4	25,800
Other Income	17	109,153
<b>Charitable Activities</b>	<b>5</b>	<b>1,368,000</b>
Total income and endowments	<b>5</b>	<b>1,502,953</b>
Expenditure on:		
Charitable activities		1,103,045
<b>Total expenditure</b>	<b>6</b>	<b>1,103,045</b>
<b>Net income</b>		<b>399,908</b>
<b>Funds at 1 September 2017</b>		<b>-</b>
<b>Total funds carried forward at 31 December</b>		<b>399,908</b>

The notes on pages 75-87 form part of these financial statements.

These financial statements were approved by the board of directors on 15 April 2019 and signed on behalf of the board by:

\_\_\_\_\_  
Patricia Rickard-Clarke  
Director

\_\_\_\_\_  
Claire Kelly  
Director



## Balance Sheet

### As at 31 December 2018

	Note	2018 €	2018 €
<b>Fixed assets</b>			
Tangible assets	8	14,305	
			14,305
<b>Current Assets</b>			
Debtors	9	16,643	
Cash at bank and in hand	10	449,238	
		465,881	
<b>Creditors:</b>			
<b>Amounts falling due within one year</b>			
	11	(80,278)	
<b>Net current assets</b>			385,603
<b>Net Total Assets</b>			399,908
<b>Funds</b>			
Unrestricted Funds	13, 14		399,908
<b>Total Funds</b>			399,908

The notes on pages 75-87 form part of these financial statements.

These financial statements were approved by the board of directors on 15 April 2019 and signed on behalf of the board by:

\_\_\_\_\_  
Patricia Rickard-Clarke  
Director

\_\_\_\_\_  
Claire Kelly  
Director

## Statement of Cash Flows

### As at 31 December 2018

	Note	2018 €
<b>Cash flows from operating activities</b>		
Net movement in funds for the financial period		399,908
Adjustments for:		
<b>Depreciation of tangible assets</b>		10,091
Changes in:		
Increase in debtors		(16,643)
Increase in creditors		80,278
Net cash from operating activities		473,634
<b>Cash flows from investing activities</b>		
Fixed Asset Purchase		(6,144)
Transfer in of Fixed Assets		(18,252)
Net cash from operating activities		(24,396)
Net increase in cash and cash equivalents		449,238
<b>Cash and cash equivalents at beginning of financial period</b>	<b>10</b>	-
<b>Cash and cash equivalents at end of financial period</b>	<b>10</b>	449,238

# Notes to the Financial Statements

## Financial period ended 31 December 2018

### 1. General information

These financial statements comprising the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes 1 to 20 constitute the individual financial statements of Sage Advocacy CLG for the financial period ended 31 December 2018.

Sage Advocacy CLG is a private company limited by guarantee, incorporated in the Republic of Ireland and is a registered charity. The company is a public benefit entity. The registered office and principal place of business is 24-26 Ormond Quay Upper, Dublin 7. The nature of the company's operations and its principal activities are set out in the Directors' Report on pages 15-16.

#### Statement of compliance

The financial statements have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (FRS 102). The financial statements have also been prepared in accordance with Statement of Recommended Practice (SORP) (FRS 102) "Accounting and Reporting by Charities".

### Currency

The financial statements have been presented in Euro (€) which is also the functional currency of the company.

### 2. Accounting policies

#### Basis of preparation

The financial statements have been prepared on the going concern basis and in accordance with the historical cost convention modified to include certain items at fair value. The financial reporting framework that has been applied in their preparation is the Companies Act 2014, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland and the Statement of Recommended Practice (Charities SORP (FRS102)) as published by the Charity Commission for England and Wales and the Office of the Scottish Regulator which is recognised by the UK Accounting Standards Board (ASB) as the appropriate body to issue SORPs for the charity sector in the UK. Financial reporting in line with SORP is considered best practice for charities in Ireland.

### Income

Income is measured at the fair value of the consideration received or receivable for services rendered, net of discounts and Value Added Tax.

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received, and the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received, and the amount can be measured reliably.

### Expenditure

Expenditure is recognised on an accrual basis as a liability is incurred. Expenditure includes any Value Added Tax which cannot be fully recovered and is reported as part of the expenditure to which it relates.

# Notes to the Financial Statements

## Financial period ended 31 December 2018

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include the audit fees and costs linked to the strategic management of the charity.

All costs are allocated between the expenditure categories of the SOFA on a basis designed to reflect the use of resources. Costs relating to particular activity are allocated directly, others are apportioned on an appropriate basis e.g. floor areas, per capita or estimated usage.

### **Tangible assets**

Tangible assets are initially recorded at cost and are subsequently stated at cost less any accumulated depreciation and impairment losses.

### **Depreciation**

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Computer Equipment – 25%

Fixtures and Fittings – 20%

If there is an indication that there has been a significant change in depreciation rate, useful life or residual value of tangible assets, the depreciation is revised prospectively to reflect the new estimates.

### **Financial instruments**

A financial asset or a financial liability is recognised only when the company becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the transaction price, unless the arrangement constitutes a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Debt instruments are subsequently measured at amortised cost.

### **Cash and cash equivalents**

Cash consists of cash on hand and cash held on behalf of clients. Cash held on behalf of clients is to provide a temporary banking facility to clients who meet specific eligibility criteria and are unable to open and/or manage a bank account themselves during a finite period of time.

### **Unrestricted funds**

Unrestricted funds represent amounts which are expendable at the discretion of the directors in the furtherance of the overall objectives of the charity and which have not been designated for other purposes. Such funds may be held in order to finance working capital or capital expenditure.

### **Operating leases**

Lease payments are recognised as an expense over the lease term on a straight-line basis. The aggregate benefit of lease incentives is recognised as a reduction to expense over the lease term, on a straight-line basis.

# Notes to the Financial Statements

## Financial period ended 31 December 2018

### Taxation

The company's operations are not for profit and accordingly the company avails of the charities exemption from corporation tax.

### Judgements and key sources of estimation uncertainty.

### Going concern

The company is in surplus in the amount of €399,908. The directors will continue to monitor costs and the directors are confident that the company will be able to continue in operation for the foreseeable future.

Based on committed grant income over the next 12 months and cash at bank, the directors are satisfied that Sage Advocacy has adequate resources to continue for at least 12 months from the date of approval of these financial statements and it is appropriate to adopt the going concern basis in the preparation of the financial statements.

### 3. Limited by guarantee

The company is limited by guarantee and not having a share capital. Every member of the company undertakes to contribute to the assets of the company in the event of the same being wound up while she/he is a member, or within one year after she/he ceased to be a member, and the costs, charges and expenses of winding up, and for the adjustment of the rights of contributors themselves, such as may be required.

### 4. Donations and legacies

	<b>2018</b>
	<b>€</b>
Donations	25,800
	25,800

All donations and legacies are considered unrestricted income unless there are specific performance related conditions attached. In the absence of such performance related conditions, it can be assumed the donation is to be used for the general objectives of the charity.

All donations and legacies received in the current period were unrestricted.

All income is derived in Ireland.

# Notes to the Financial Statements

## Financial period ended 31 December 2018

### 5. Income from charitable activities

	Note	Unrestricted 2018 €	Restricted 2018 €	Total 2018 €
<b>Income From:</b>				
Health Service Executive (including Patient Focus)		1,368,000	-	1,368,000
Transfer from Third Age Foundation CLG	<b>16</b>	109,153	-	109,153
<b>Total Income from Charitable Activities</b>	<b>16</b>	1,477,153	-	1,477,153

All grants received in the current period were unrestricted.

# Notes to the Financial Statements

## Financial period ended 31 December 2018

### 6. Analysis of charitable expenditure

Other Operating Charges	Direct Costs	Support Costs	Staff Expenses	Volunteer Expenses	Total
	€	€	€	€	€
Information & Support	187,597	21,727	8,395	2,784	220,505
Advocacy	550,312	71,390	71,360	2,278	695,340
Legal	40,488	5,173	-	-	45,661
Research	35,651	1,035	-	-	36,685
Public Awareness	51,723	1,035	4,198	-	56,955
Operations / Governance / Administration	44,795	3,104	-	-	47,899
<b>Total</b>	<b>910,565</b>	<b>103,464</b>	<b>83,953</b>	<b>5,062</b>	<b>1,103,045</b>

Staff expenses mainly include travel costs. Regional coordinators and Advocacy staff work across 10 regions in the country.

Support costs include VAT exclusive amounts paid to the statutory auditor as follows:

	2018
	€
Statutory audit	6,150
Other assurance services	3,075
	9,225

## Notes to the Financial Statements

### Financial period ended 31 December 2018

#### 7. Staff costs

The average number of persons employed by the company during the 16 month financial period was as detailed below. Due to the part time nature of some roles, the numbers have been rounded to the nearest whole number.

	<b>2018</b>
	<b>Number</b>
Administrative	1
Information and Support	3
Advocacy Service	9
<b>Total Average</b>	<b>13</b>

As the company only had employees for 10 months of the 16 month period, the average number of employees, on a WTE basis, for the 10 months of operation has been listed below:

	<b>2018</b>
	<b>Number</b>
Administrative	1
Information and Support	3
Advocacy Service	15
<b>Total Average</b>	<b>19</b>



## Notes to the Financial Statements

### Financial period ended 31 December 2018

#### 7. Staff costs (continued)

The number of employees in employment at the end of the year is as follows:

	<b>2018</b>
	<b>Number</b>
Administrative	1
Information and Support	2
Advocacy Service	19
<b>Total Average</b>	<b>22</b>

The aggregate payroll costs incurred during the 16 month financial period were:

	<b>2018</b>
	<b>€</b>
Wages and salaries	719,528
Social insurance costs	78,026
	<b>797,554</b>

No directors received any remuneration during the period.

The key management personnel of the charity comprises the Executive Director, who earns an annual salary of €65,000. As Sage was only operational for 10 months of the 16 month period to which these financial statements relates, no employee earned in excess of €60,000.

The pay of key management personnel is set by approval of the Board.

No directors or any other persons related to the charity had any personal interest in any contracts or transactions entered into by the charity during the financial period.

All of the amounts stated above were recognised as an expense of the company in the 16 month financial period. No amount was capitalised into assets.

# Notes to the Financial Statements

## Financial period ended 31 December 2018

### 8. Tangible assets

	Fixtures and Fittings €	Computer Equipment €	Total €
<b>Transfer of Assets into Company</b>			
At 1 September 2017	-	-	-
Cost transferred in	15,327	30,032	45,359
Accumulated Depreciation transferred in	(10,721)	(16,386)	(27,107)
NBV transferred in at 1 March 2018	4,606	13,646	18,252
<b>Cost</b>			
At 1 March 2018	15,327	30,032	45,359
Additions	-	6,144	6,144
Disposals	-	-	-
At 31 December 2018	15,327	36,176	51,503
<b>Depreciation</b>			
At 1 March 2018	10,721	16,386	27,107
Charge for year	2,554	7,537	10,091
On disposals	-	-	-
At 31 December 2018	13,275	23,923	37,198
<b>Net Book Value</b>			
At 1 March 2018	4,606	13,646	18,252
At 31 December 2018	2,052	12,253	14,305

## Notes to the Financial Statements

### Financial period ended 31 December 2018

#### 9. Debtors

	2018
	€
Trade debtors	524
Prepayments and accrued income	16,119
	<u>16,643</u>

Other than as indicated all debtors are due within one year. Trade debtors are shown net of impairment in respect of doubtful debts.

#### 10. Cash and cash equivalents

	2018
	€
Cash at bank and in hand	420,081
Cash held on behalf of clients (Note 12)	29,157
	<u>449,238</u>

#### 11. Creditors: amounts falling due within one year

	2018
	€
Trade and other creditors	15,002
Accruals	6,622
PAYE and Social Welfare	29,497
Cash held on behalf of clients (Note 12)	29,157
	<u>80,278</u>

Trade, other creditors and accruals are payable at various dates in the next three months in accordance with the suppliers' usual terms and conditions.

Tax and social insurance are repayable at various dates over the coming months in accordance with the applicable statutory provisions.

## Notes to the Financial Statements

### Financial period ended 31 December 2018

#### 12. Cash held on behalf of clients

The Sage Client (Agency) Account, formerly Third Age (Sage) Client Agency Account, was opened on 22 August 2016 as a Corporate Current Account with Ulster Bank. On 19 July 2018, the account was transferred from Third Age Foundation Ltd to Sage Advocacy CLG. The purpose of this account is to provide a temporary banking facility for Sage Advocacy clients who meet specific eligibility criteria and are unable to open and/or manage a bank account themselves during a finite period of time.

The Case Management Group reviews and discusses the account's activity regularly and minutes any activity and its current balance when it meets every fortnight.

#### 13. Movement in funds

	Balance at 1 Sep 2017	Income	Expenditure	Balance at 31 Dec 2018
	€	€	€	€
<b>Unrestricted funds</b>				
General funds				
Other general funds	-	1,502,953	(1,103,045)	399,908
<b>Total unrestricted funds</b>	-	1,502,953	(1,103,045)	399,908
<b>Total funds</b>	-	1,502,953	(1,103,045)	399,908

# Notes to the Financial Statements

## Financial period ended 31 December 2018

### 14. The Funds of the Charity comprise the following:

	Unrestricted	Restricted	Total
	€	€	2018
	€	€	€
Tangible fixed assets	14,305	-	14,305
Debtors	16,643	-	16,643
Cash at bank and in hand	449,238	-	449,238
Liabilities	(80,278)	-	(80,278)
<b>Total net assets</b>	<b>399,908</b>	<b>-</b>	<b>399,908</b>

### 15. Financial instruments

The carrying amount for each category of financial instruments is as follows:

	2018
	€
<b>Financial assets that are debt instruments measured at amortised cost</b>	
Trade debtors	524
Cash at bank and in hand	420,081
Cash held on behalf of clients	29,157
	<b>449,762</b>
<b>Financial liabilities measured at amortised cost</b>	
Cash held on behalf of clients	29,157
Trade and Other Creditors	14,142
Accruals	6,622
	<b>49,921</b>

Financial assets measured at amortised costs comprise trade debtors and cash at bank.

Financial liabilities measured at amortised cost comprise credit card, amount received on accounts, accrued income, tax creditors and accruals due within one year or more than one year.

# Notes to the Financial Statements

## Financial period ended 31 December 2018

### 16. Related parties

The related parties of the company are considered to be the directors, their close family members and entities which they control or in which they have a significant interest as well as members of the company.

Third Age Foundation CLG and National Safeguarding Company Limited are third parties by virtue of common directors.

A transfer was made from Third Age Foundation CLG to Sage Advocacy CLG, effective 1 March 2018, of €90,901. The amount owing at the period end is €nil.

Sage Advocacy CLG made a donation of €1,000 to The National Safeguarding Committee during the period. The amount owing at the period end is €nil.

Donations were received during the year valued at €25,000 from directors of Sage Advocacy CLG.

#### *Transactions with Key Management Personnel*

Other than as set out at note 7 there were no transactions with key management personnel during the current financial period.

### 17. Transfer of funds

#### **Funds transferred from Patient Focus**

On 31 July 2018, at the request of the HSE, Sage Advocacy CLG took the responsibility for services previously provided by Patient Focus CLG.

From this date the HSE funding due to Patient Focus was given to Sage Advocacy CLG and amounted to €108,000 during this period.

#### **Transferred from Third Age Foundation**

Sage Support and Advocacy Service was established as a support and advocacy service for older people and as a programme/division within Third Age Foundation CLG by Memorandum of Agreement signed on 24 June 2014 in which the Health Service Executive ("HSE") and The Atlantic Philanthropies agreed to jointly fund the development of the service until the end of 2017 as part of Third Age Foundation CLG and within the Third Age Foundation CLG legal structure but on an autonomous basis. The HSE agreed to take over responsibility for the full funding of the service from 2017.

On 1 March 2018 Third Age Foundation CLG agreed to transfer all the assets and the liabilities associated with the activity of Sage support and advocacy service for nil consideration.

## Notes to the Financial Statements

### Financial period ended 31 December 2018

The following table summarises the value of the assets and liabilities arising on the transfer at 1 March 2018.

	€
<b>Net assets arising on the transfer at 1 March 2018:</b>	
Tangible fixed assets	18,252
Bank account	90,901
Net assets transferred	109,153
<b>Analysed in Statement of Financial Activities:</b>	
Unrestricted Funds	109,153

### 18. Operating leases

Operating leases charged in arriving at the net income attributable to the company amounted to €22,500.

Obligations payable at 31 December 2018 on operating lease agreements in place at 31 December 2018, amounted to €84,375 analysed as follows:

	2018 €
<b>Net assets arising on the transfer at 1 March 2018:</b>	
Leases expiring less than one year	22,500
Leases expiring two to five years	61,875
Leases expiring after five years	-
	84,375

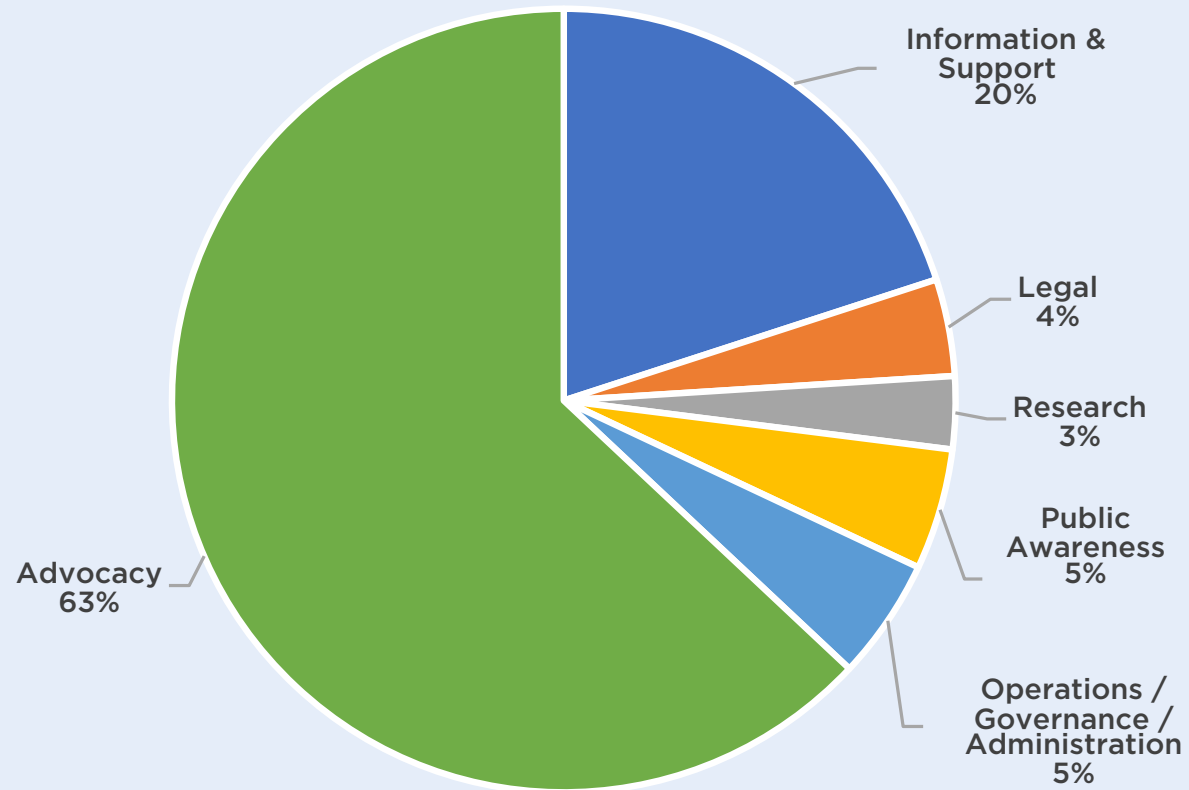
### 19. Retirement benefit commitments

There is no retirement benefit scheme in place giving rise to a benefit commitment in the future.

### 20. Approval of financial statements

The board of directors approved these financial statements for issue on 15 April 2019.

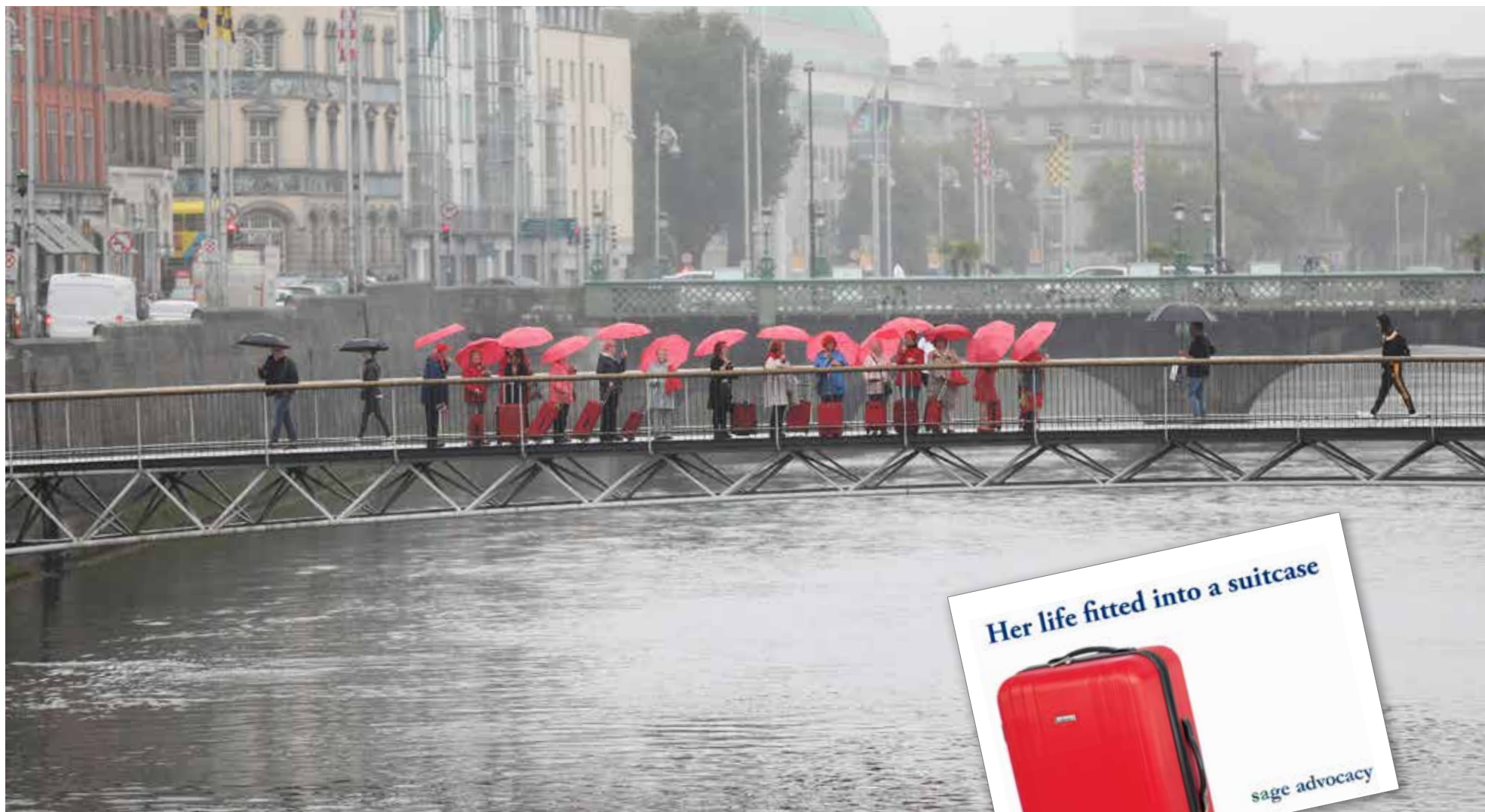
# How we spend our money





## Red is the colour...

Supporters of Sage Advocacy highlight deprivation of liberty in congregated care settings on the Millenium Bridge in Dublin in September 2018.



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