

Annual Report 2017

SageAdvocacy.ie



Ничего о вас/без вас

Faic fút féin/gan tú féin

لا شيء عنك/بدونك

Nichts über dich/ohne dich

Hakuna kuhusu wewe/bila wewe

没有关于你/没有你

Rien à propos de toi/sans toi

Nimic despre tine/fără tine

Nothing about you/without you

Our Mission

“To promote and protect the rights, freedom and dignity of vulnerable adults and older people.”

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Our Approach

*To collaborate where possible –
to challenge where necessary*

About Sage

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 about independence and interdependence. 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. Some people may lose their ability to make and communicate decisions as a condition, such as dementia, develops over time. Some are abused and exploited because of their vulnerability. 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.

Influenced by the scandals of Leas Cross and Áras Attracta, Sage was established in September 2014 with funding from the HSE and The Atlantic Philanthropies and with the support and governance of Third Age. Sage Advocacy clg assumed responsibility for the governance and future development of the service on 1st March 2018

National
Safeguarding
Committee



Sage is a member of the National Safeguarding Committee a multi-agency and inter-sectoral body established to promote the rights of adults who may be vulnerable. www.safeguardingcommittee.ie

Introduction



A handwritten signature in black ink, appearing to read 'Patricia Rickard-Clarke', written in a cursive style.

Patricia Rickard-Clarke
Chair: National Advisory Committee

The close of 2017 brought to an end the first phase in the development of Sage. By November the system of co-funding of the service between the HSE and The Atlantic Philanthropies had ended and the first steps towards developing a new governance structure and sustainable funding model had begun.

In June 2014 Third Age, by agreement with the HSE and The Atlantic Philanthropies accepted responsibility for the development

and governance of Sage – Support & Advocacy Service during its establishment phase. It will continue to work closely with Sage Advocacy clg on the challenges posed by ageing consistent with Third Age’s strategy of serving as a platform for the development of initiatives, projects and programmes. On behalf of the staff, volunteers and members of the National Advisory Council of Sage I wish to record my sincere thanks to Third Age and especially to the CEO, Áine Brady, their Chair, Tom Dowling, and their Finance & Operations Manager, Alison Branigan, for the support and commitment they have provided during the period 2014 – 2017.

One of the most significant public events of 2017 was the submission by Sage to the UN Convention Against Torture and other Cruel, Inhuman and Degrading Treatment which met in Geneva on 27th and 28th July to consider the extent of progress being made by the Irish Government. The submission focused on issues that many in the health and social care services might discuss privately but few are willing to discuss publicly; issues such as the outdated system of wardship and inappropriate use of it, encouraged

incontinence, convenience medication / chemical restraint, and deprivation of liberty in care centres whereby people who do not want to live in congregated settings such as nursing homes are effectively detained there because they are not free to leave and lack the ability to organise resources and services so that they can live in the place of their choice. The considerable coverage of Sage’s submission in the Irish Times and subsequent discussion shows the importance of promoting public awareness and media engagement with these challenging issues.

In December 2016 Sage published a discussion document on nursing home charges and throughout 2017 there was sustained media coverage of the issue. In October the Ombudsman launched a further discussion document on nursing home contracts which received further publicity. The report was submitted to the Competition and Consumer Protection Authority and the Minister for Older People Jim Daly T.D. A key issue, highlighted on RTE’s ‘Morning Ireland’ programme was that many nursing home contracts may be illegally signed by family members without the informed consent of the

potential nursing home resident and without any system of oversight for contracts involving people lacking in capacity.

Throughout 2017 Sage Representatives made numerous presentations on the Assisted Decision Making (Capacity) Act 2015 and organised workshops for service providers and a wide range of professionals focusing on the functional assessment of capacity. The legislation which now seems unlikely to be fully commenced until 2019, provided for the establishment and the appointment of the Director of the Decision Support Service. Sage welcomed the appointment of Áine Flynn as Director of the Decision Support Service in October and was pleased to be able to contribute during the year to the development of codes to guide the various ‘interveners’ as spelt out in the legislation.

The need to fully implement the Assisted Decision Making (Capacity) Act 2015 was highlighted many times during 2017 by the work of Sage’s Regional Coordinators and volunteers around the country. Use of wardship as a default mechanism to address any out of the ordinary support and care challenges seems to have become even more frequent in recent years and Sage

notes the persistent failure to implement the HSE’S guidelines on consent and use of the functional assessment of capacity.

In 2016 Sage organised a Forum on Long-Term Care and Support of Older People. After much pressure from a broad alliance of NGOs and public representatives the Minister for Health, Simon Harris T.D., in July announced a public consultation on home care services and Sage made a major submission as part of this process. Regrettably, as the year ended it would seem that the Department already has its mind made up that a stand-alone statutory system of home care based on co-payments and operating separately from the existing statutory Nursing Home Support Scheme is the way forward. This failure to grasp the need for a continuum of support and care is the social policy equivalent of the failure in 2004 to join up the Red and Green Luas lines.

Throughout the year Sage Representatives, paid and volunteer alike, acted beyond the call of duty in line with the mission of Sage which is to promote and protect the rights and dignity of vulnerable adults and older people. The statistics only tell some of the story: from 725 cases in 2015 to 911 in 2017 of which 129 were hospital based, 299 nursing

home based and 251 home based; 56% of clients aged 76 and over; 44% of cases taking between 3 and 18 months to complete. The complexity of some of the cases is surprising, even to some seasoned professionals. During 2017 Sage staff made 57,286 phone calls and travelled 188,849 kilometres. They dealt with almost 500 call to the Information & Advice / Rapid Response Helpline and their work impacted on the lives and practice of over 20,000 people and professionals. I want to thank each and every one of them for their contribution, whether great or small. I also want, in particular to remember Colonel Martin Coughlan a Sage Representative in Galway who died all too early in February. He served his country as an officer in the Defence Forces and, in retirement, he served Sage.

Finally, I would like to thank all of my colleagues on the National Advisory Committee who guided the work of the service since 2014 and who helped plan the emergence of Sage Advocacy clg and to express our deep appreciation of the ongoing support and unfailing commitment of Greg Price of the HSE.

Oversight and Governance

National Advisory Committee



Chair: Patricia Rickard-Clarke



Aine Brady



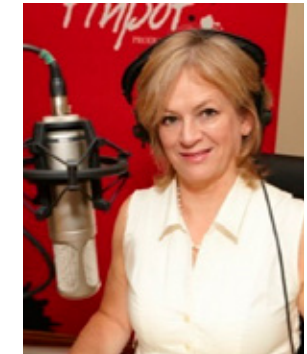
Dr Sabina Brennan



Tadhg Daly



Karen Erwin



Angela Mezzetti



Brendan Moran



Dr Brendan O'Shea



Dr Amanda Phelan



Greg Price



Prof Cillian Twomey

Meetings:

2nd February 2017
30th March 2017
29th June 2017
28th September 2017

* Brendan Moran and Karen Erwin stepped down from the NAC during 2017. Sage would like to record its considerable appreciation for the valuable insights they brought to the NAC particularly in the area of recruitment and training.

Practice and Guidance Work Group

Members:

Chair: Patricia Rickard-Clarke

Dr Michael Browne
Dr Ann Coyle
Tessa Digby
Anne Harris
Eileen O'Callaghan
Dr Amanda Phelan
Michelle Rooney
Renee Summers
Dr Anne O'Loughlin
Mervyn Taylor

Dr David Robinson was a member of the Practice and Guidance Work Group from its inception in late 2014 until August 2016.

Meetings:

25th January 2017
22nd March 2017
16th May 2017
19th July 2017
6th September 2017

Independent Complaints Panel

An Independent Complaints Panel was established in October 2017 to provide oversight for all complaints and deal directly with any complaints which could not be resolved satisfactorily within the service.



Pat Whelan (Chair)

Pat Whelan is a former Director General of the Office of the Ombudsman for Ireland. Since his retirement from that position in 2012, he has been engaged on a consultancy basis with a number of public and private sector agencies.



Kieran Coughlan

Kieran Coughlan was Clerk of the Dáil, Secretary-General of the Houses of the Oireachtas Service and Chief Executive to the Houses of the Oireachtas Commission. He served on various statutory commissions including Standards in Public Office. He was appointed Adjunct Professor within the College of Business and Law, University College Cork in March, 2017.



Caroline Lynch

Caroline Lynch worked as a journalist with the Irish Press Newspaper Group before working in the community and voluntary sector for over 20 years. She has held senior communications roles with the Irish Red Cross Society, Trócaire and the Irish Hospice Foundation.

Legal & Financial Group

In addition to the work of Sage Representatives who provided support and advocacy services on a voluntary basis during 2017 Sage acknowledges and expresses its appreciation of the contribution of the following to the work of the Legal & Financial Group during the year.

Patricia Rickard-Clarke
Denis Cremins
Susan O'Connell
Marian Ahern
Maeve O'Rourke
Paula Scully
Doreen Shivnen

Sage Advocacy clg

Sage Advocacy clg was registered on 1st September 2017 to prepare for the change of governance (CRO # 610824) and on 21st February 2018 it became a registered charity (RCN# 20162221).

On 1st March 2018 it assumed responsibility for the governance and future development of Sage – Support & Advocacy Service.

Main Objective:

To promote, protect and defend the rights and dignity of vulnerable adults and older people, 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 within the Republic of Ireland.

Secondary Objectives:

- Develop and provide support and independent advocacy services that address individual and systemic issues.
- Develop and disseminate information resources, promote awareness and provide education and training.

- Engage with policy makers, public representatives, budget holders, decision-makers and all forms of media regarding individual and systemic issues of concern.
- Promote, undertake and disseminate research. Promote measures and initiatives to enable people to live, and to die, in the place of their choice and to avoid unnecessary hospitalisation or care in congregated settings
- Promote awareness and understanding of policy and legislation which promotes personal autonomy, independence and interdependence.
- Contribute to the development of policies, strategies and initiatives related to the safeguarding of adults who may be vulnerable.
- Collaborate and partner with local, regional, national and international organisations with similar or related aims
- Develop the governance, organisational, operational capacity and systems of the service and the resources necessary to sustain the service

Directors:



Patricia Rickard-Clarke
Chair



Mary Laffoy



Denis Cremins

Sage Staff



Mervyn Taylor
Programme Manager



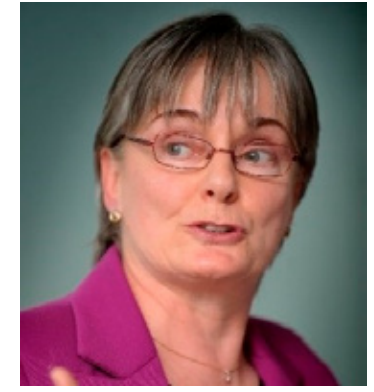
Aedamar Torpey
Administrator



Helen Fitzgerald
Recruitment Information
Compliance



Michelle Rooney
Legal & Financial Coordinator



Mary Condell
Legal Advisor



Eileen O'Callaghan
Development Coordinator
& Development Worker -
Dublin North



Renee Summers
Case Coordinator &
Development Worker -
Dublin SE & Wicklow



Bibiana Savin
Development Worker -
Dublin SW & Kildare



Brenda Quigley
Development Worker -
Support



Caroline Hanley
Development Worker -
South East

Sage Staff



Danielle Monahan
Development Worker -
North East



Trish Martyn
Development Worker - West



Maureen Finlay
Development Worker -
Louth & Meath



Ann Griffin
Development Worker -
North West



Michael Cahillane
Development Worker -
South West



Emer Meighan
Development Worker -
Citizens Advocacy Project



Padraig Ruane
Development Worker -
Greater Dublin



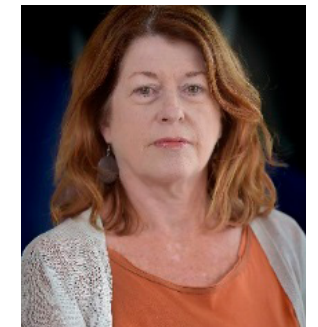
Anne Harris
Development Worker
- Special Projects /
Midlands



Sinead Hyland
Development Worker -
Midlands



Tessa Digby
Development Worker -
North



Fiona Whyte
Development Worker -
Mid West

Farewell & Thank You

Sage would like to express its appreciation of the work undertaken by Brenda Quigley, Sinead Hyland and Tessa Digby during their time with the organisation.

Brenda joined Age Action in 2010 to establish a project in North Dublin to provide residents of nursing homes with opportunities to have their voice heard in the day to day running of their homes. The project subsequently transferred to Sage in November 2014.

Sinéad joined Sage in April 2015 and worked in the roles of Research & Information Coordinator and subsequently as Development Coordinator for the Midlands region. She was one of the few members of Sage who was flúirseach sa gaeilge.

Tessa had originally worked with the Third Age National Advocacy Programme (TANAP) and 'held the pass' during the period in which Sage was being established as a professional support and advocacy service. She subsequently acted as a Development Coordinator in the North-East and provided support to colleagues in the border and north-western regions.

Sage Representatives active at the end of 2017

Eileen Beechinor	Katherine Dargan	Patrick Hogan	Patrick McCabe	Nic Giolla Choille	Brendan Rowley
Dolores Blowick	Mary Davoren	Eamon Hughes	Eilish McDonnell	Bridget Noone	Mary Russell
Carmel Brady	Caroline DeBurca	Marguerite Hurton	Rita McDonnell	Brenda Nugent	Nathalie Salgado
Lillian Buchanan	Denis Dennehy	Elizabeth Keigher	Therese McDonnell	Gearóid Ó Riain	Ann Sheehan
Melody Buckley	Ann Desmond	Anna Kelly	Gabrielle McGarrigle	Barry O'Brien	Kathryn Sheehan
Gerry Campbell	Deirdre Doherty	Carmel Kelly	Michael McKenna	Brigid O'Brien	Beatrix Sheehan
Liam Campbell	Vivienne Dooge	Gabrielle Kelly	Dympna McNulty	Catherine O'Brien	Brian Sheridan
Antoinette Carberry	Marion Dunne	Neil Kelly	Darina Merlehan	Kate O'Brien	Freda Smith
Marie Carberry	Bridget Ennis	Rebecca Kelly	Jim Milton	Martina O'Callaghan	Irina Spangenberg
John Casey	Vendi Fardova	Jennifer Kidd-Keating	Margaret Mlambo	Carmel O'Connor	Michelle Spellissy
Mary Casey	Christine Farrell	Brenda King	Johnboy Molloy	Tom O'Connor	Francis Spellman
Boun Chun	Mary Finan	Geraldine Kubernat	Kevin Montgomery	Síle O'Connor	Martin Sweeney
Deirdre Clancy	Pat Fullam	Livia Lavin	Brendan Moran	Eileen O'Donovan	Mary Thuillier
David Clarke	James Galvin	Mary Lawless	Margaret Moriarty	Anne O'Loughlin	Dan Tomas
Tom Clarke	Philip Gargan	Brid Leahy	John Morris	Bernadette O'Regan	Margaret Traynor
Susan Comerford	Emer Gillen	Anna Lloyd	Pauline Morrisroe	Ann O'Riordan	Patricia Tully
Kevin Connaughton	Helen Gorman	Bill Lloyd	Mary Muddiman	Catherine O'Shea	Kemi Tunmbi
Marie Connellan	Deirdre Grant	Rosie Lucero	Breda Murphy	Eileen O'Sullivan	Leo Van Dam
Teresa Connolly	Helen Griffin	Helen Mackessy	Brendan Murphy	Jacinta O'Sullivan	Richard Veale
Mairead Conroy	Mary Hall	Margaret MacMahon	Catherine Murphy	Ruchi Palan	Rachel Vermillion
Cristina Corbalan	Marian Hanrahan	Kara Madden	Deirdre Murphy	Evelyne Phelan	Tom Walsh
Tina Corcoran	Aileen Heaphy	Patricia Madden	Linda Murphy	Catherine Plunkett	Kathy Watts
Helen Cosgrave	Marianne Hennessy	Eileen Maher	Kathleen Murray	Willie Rattigan	Eilish Whillock and
Esther Cosgrove	Antoinette Hensey	Ann Marron	Nini Murray	Seamus Reidy	Margaret Williams
Kay Costello	Sarah Hofmayer Maude	Claire McCabe	Vidah Ngalinda Triona	Patricia Riordan	Gerard Woods
Mary Daly	Hogan			Denise Roche	



Martin Coughlan with Trish Martyn
Regional Coordinator – Galway & Mayo.

Martin Coughlan RIP

Sage was deeply saddened by the sudden passing of Martin Coughlan in February 2017. Martin was one of our longest serving volunteers and is sadly missed by all of us at Sage and in the wider Galway community.

Ar dheis Dé go raibh a anam dílis.



Brendan Moran

(centre) who received a Certificate of Appreciation for his years as an advocate and for his service on the National Advisory Committee of Sage with Greg Price Deputy-Director Quality Improvement Division HSE (left) and Patricia Rickard-Clarke, Chair of Sage (right)

Our Work



sage

Support & Advocacy Service

20,000



Estimated number of people who benefited from the work of Sage in 2017

Support & Advocacy

Advocacy Cases:

911



Case updates:

4,003



1850 Information & Rapid Response Service Calls:



484

General Information & Support calls:

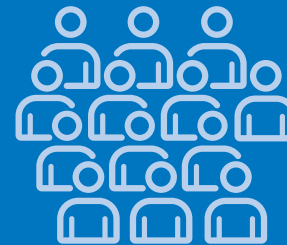
1,426



Education

Workshops:

75



Participation:

3,000

People

Volunteers:

153



Staff:

17



Organisation

Calls from National Office:

4,274



Mobile calls (all staff):

53,012



Distance travelled:

188,849 Kms

Safeguarding cases

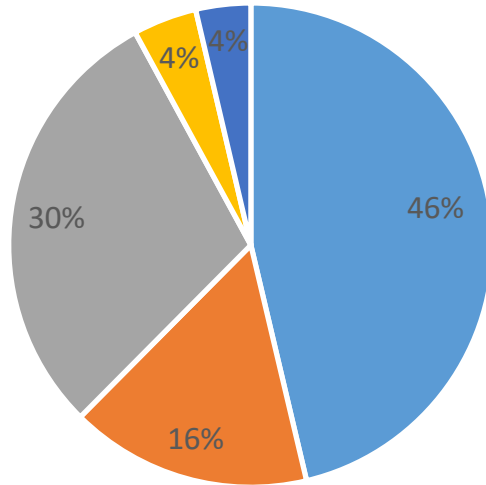
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**The contribution of volunteers is not included in the data provided*

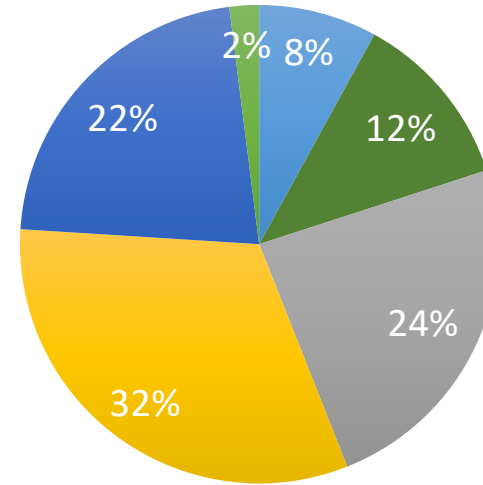
Our Work

Where Clients are based, 2017



- Hospital
- Nursing Home
- At Home
- Disability Service
- Other

Age Range of Clients

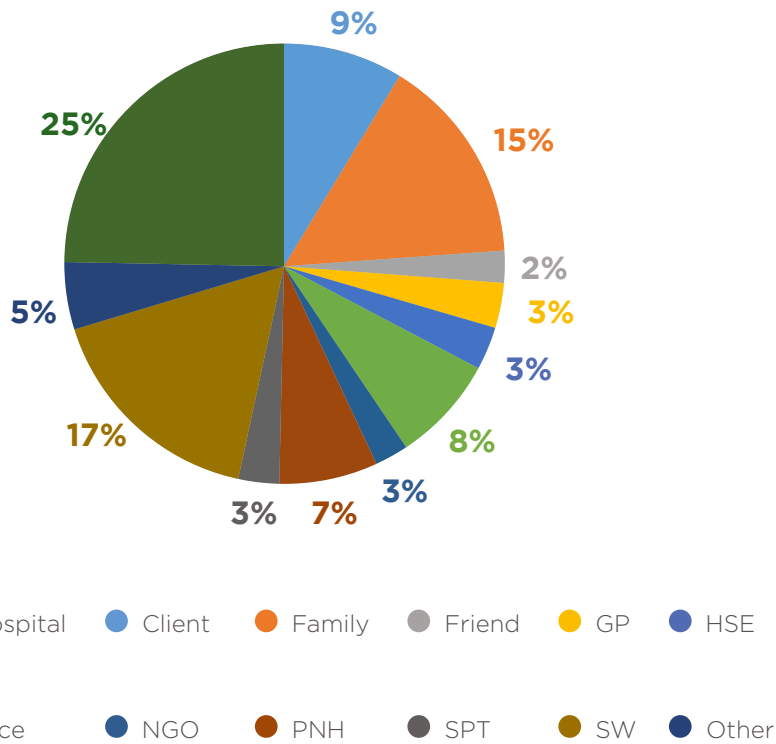


- -55
- 56-65
- 66-75
- 76-85
- 86-95
- 95+

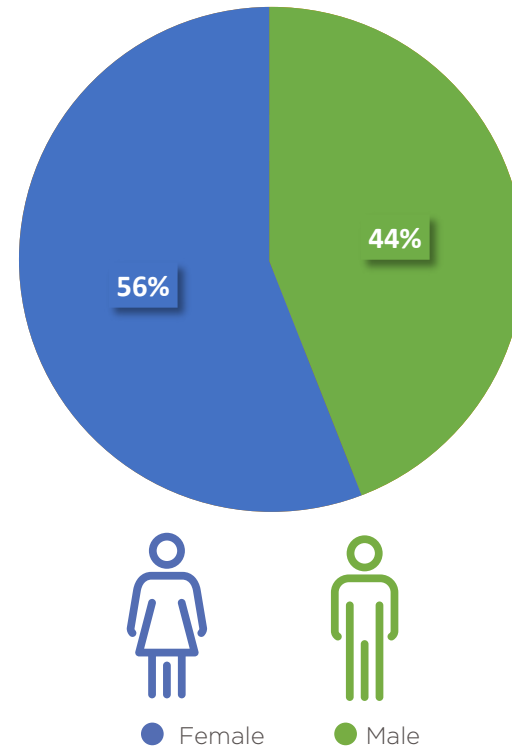
Our Work

Overview of Activities

Source of referrals

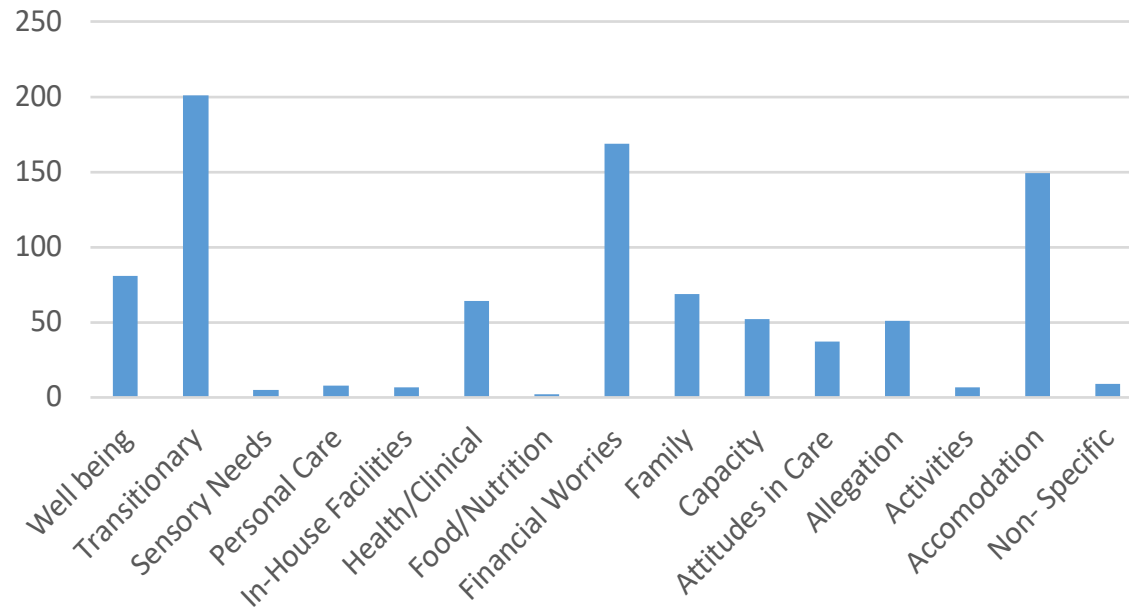


Gender of Clients



Range of issues

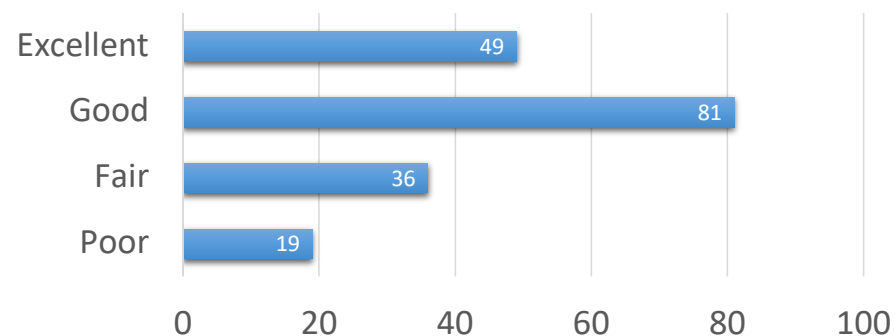
Range of issues



Outcomes

During 2017 Sage continued to grapple with the issue of establishing outcomes. It tried to assess them from three perspectives; client, family, service provider. While there is some merit in this approach it does not provide the necessary independence of perspective in the many cases where clients lack capacity to assess or communicate their experience. Further work, informed by international experience and literature review, is planned. The chart below and the examples of the ratings indicate the output of some pilot work.

Outcomes for the client - as perceived by Sage Representatives



Examples of the ratings

Poor

"Nothing changed in this case from our involvement. Family decided against Safeguarding referral and then the Clients health declined and he moved into a NH."

Fair

"Would have been preferable for client to remain in [NH] where he was settled. He had difficulties resettling into new environment."

Good

"Following MDT . there has been no further pressure on the family to move their mother from the service."

Excellent

"Client has now got access to his money held in accounts by An Post Savings and bank"

Complaints

During 2017 Sage recorded 20 cases where a complaint of some form was made in relation to our work. In the great majority of cases the complaint did not involve the client and was usually from a relative who was unhappy that Sage was involved as an advocate.

Information & Workshop Sessions on Assisted Decision-Making (Capacity) Act 2015

In 2017 Sage further developed its work in delivering information and workshop sessions on the Assisted Decision-Making (Capacity) Act 2015 around the country. We delivered sessions with health and social care disciplines, with legal professions, and to larger groups with broad attendance from different professions and people with an interest in the area. Through the Citizen Advocacy Project Sage delivered sessions on the legislation specifically for family members and support workers of people with disabilities. Throughout the year Sage continued to raise awareness of the legislation amongst groups who will most benefit when it is implemented. In total Sage delivered over 75 sessions to almost 3,000 people.

Our experience from these sessions is we are meeting people who are developing their awareness of this important legislation and the changes it will bring for themselves, for family members, and for practitioners. As we continue to provide this resource we are encountering more people who are actively engaged and preparing for implementation. There is recognition that although commencement has been slow there is a need for change, and that change is required now to give meaning to the law when commenced to ensure it has a real impact on people's daily lives.



SAFE: Systematic Approach to Improving Care for Frail Older Patients

The aim of this project is to ensure that “Knowledge users in St. Vincent’s University Hospital in partnership with UCD researchers are collaborating with patient representatives and advocacy groups to co-design and explore the process of implementing a model of excellence in the delivery of patient centred integrated care within the context of frail older persons acute admissions.”

Project collaborators include: UCD, St.Vincent’s Healthcare, HRB (Health Research Board), DFI (Disability Federation Ireland), Sage, Family Carers Ireland & OPEN

The project commenced in March 2017 and is funded by Health Research Board Applied Partnership Award. It will result in a set of guidelines and recommendations for the implementation of this model of care nationally.

Developing Support & Advocacy for Older People in Primary Care & Community Settings

This proposal, developed in March 2017 envisages the development of an important demonstration project linking acute medicine, nursing, general practice, safeguarding, law, advocacy and academia to serve older people in their own homes, day centres, nursing homes, convalescence / reablement facilities, respite centres and hospitals and in the process of transition between them.

The purpose of the project is to develop an integrated model of support and advocacy for older people living in their own homes through promoting access in primary care and community settings and developing a continuum of support into, within and out of acute hospitals, reablement services and congregated settings such as nursing homes.

The project has a strong action-research learning component, and will explore and refine approaches to meeting the needs of vulnerable older people both within and between the various healthcare settings and services. As well as generating its own research data it will draw on research outputs from partner projects.

In addition to delivering immediate benefits to older people, it will identify transition points that are especially problematic; pinpoint the particular issues that are likely to exist for older people as they transition between services; and will develop strategies and tools suited to addressing those issues and situations.

Citizens Advocacy Project in the South-East

Overview:

Following the initial scoping and planning exercise, from March 2016 until January 2017, Sage focused on offering support and advocacy under the five themes which had emerged within the collected data;

- 1) Personhood
- 2) Service challenges
- 3) Family experiences
- 4) Society's approach to people with intellectual disability
- 5) The need for the voice of a person with intellectual disability to be heard

1. Personhood

The shift from service provision supplied to people with intellectual disabilities, to what that person wants for themselves, was witnessed as gradually taking place within CHO5 throughout 2017. The implementation of the *New Directions* policy to a truly mainstream community based person centred approach, must occur and service providers need to be supported in its implementation. The request for advocates to attend annual review meetings alongside people with intellectual disabilities, in order to ensure their voice was heard and not unduly influenced by services providers or family members increased throughout 2017.

Client engagement:

75 individual clients along with a number of organisations were referred to Sage from the March to December 2017.

The majority of issues are related to;

- Transition / accommodation and decongregation from large residential services.
- Wellbeing - planning a person centred life based on a person's own will and preference.
- Family Issues - family members making decisions on behalf of their family member with a disability.
- Financial Worries - access to personal finances and personal bank accounts.

2. Service challenges

Rights of people with intellectual disabilities:

Education and training regarding The Assisted Decision Making (Capacity) Act 2015 was provided throughout 2017. Briefings were held for people with intellectual disabilities, their families and service providers. Ongoing education and training for service providers, family members and the wider community, regarding the implications of legislation such as the Assisted Decision Making (Capacity) Act 2015 and the emerging Disability (Miscellaneous Provisions) Bill 2016 needs to be provided on an ongoing basis, regularly addressed in order to support people with intellectual disabilities ensure their rights are met.

Planning for the future:

The rights of people with intellectual disabilities, to plan for their future and to be supported by competent staff has arisen as a regular concern by individuals with intellectual disabilities, family members and service providers themselves. A lack of awareness regarding the provision of services and the differing approaches to supporting people with intellectual disabilities is limiting some staff in their ability to know and meet the needs of the people with disabilities they are working with. Sage have supported staff as they work together with clients in planning ahead.

3. Family experiences

Services, including advocacy services need to provide support for families and to address issues of a wider societal nature. Throughout 2017 Sage continued to listen and support family members, both at individual case level and via family forums, to support them in supporting their family member with an intellectual disability and ensuring the person with the intellectual disability is at the heart of the focus of the concern.

4. Society's approach to people with intellectual disability

Broader engagement with the wider community and society needs to be addressed in order to fully support people with intellectual disabilities. Concerns regarding basic needs such as access to housing, education, finance and transportation and the impact of decisions being made on behalf of people with intellectual disabilities are arising. Ongoing engagement both at regional and national level need to be planned in order to address the rights of individuals with intellectual disabilities.

5. The need for the voice of a person with intellectual disability to be heard

In October 2017 Sage raised questions in the public interest on behalf of people with intellectual disabilities and their families regarding issues and concerns that were being expressed to the project. It was established that:

- There were 3,572 people registered in CHO5 on the National Intellectual Disability Database (NIDD). The funding allocated to all CHO5 Disability Services, which includes intellectual disabilities, in 2017 was €156.5m split between Direct Service Provision of €30.8m and Indirect Service Provision (Sections 38 & 39) of €125.7M
- There are a total number of 89 persons (children and adults) throughout CHO5 (South East) with intellectual and or physical disabilities living in their homes that are being PEG fed.
- HSE undertook two major pieces of work in respect of the South East foster care case, i.e. the Devine Report (2012) and the Resilience Ireland Inquiry Report (March 2015 and Addendum August 2015). The cost of work by Senior Counsel Mr Conor Dignam preparing the way for a Commission of Enquiry was €67,650. The costs of the Farrelly Commission of Investigation from May to September 2017 alone amounted to €415,442.
- Overall, the question that arises for the Citizens Advocacy Project in the South-East is not one of lack of resources but of how well those resources are being directly used for the wellbeing of people with intellectual disabilities given the large number of NGOs operating in the region, the related level of overheads and the lack of skills to assist people with disabilities develop a life that has meaning and purpose.

Engagement with the Alzheimer Society of Ireland

In 2017 Sage engaged with the Alzheimer Society of Ireland (ASI) to deliver an implementation workshop on facilitating client engagement with users of their Day Centres. Sage undertook to provide a two day programme with Day Centre Managers to develop skills to introduce and support approaches and systems to facilitate the voice, views and experiences of the service users of ASI. An initial workshop was delivered in 2017, and day two will be delivered in 2018. Sage recognises the vital supports provided by ASI Day Centres to people living with dementia in the community, and we look forward to continued engagement with this national network.

Engagement with the Irish Association of Social Workers



Sage Development Coordinator, Eileen O'Callaghan with Frank Browne & John Brennan of the IASW |

In February 2017, Mervyn Taylor (Executive Director, Sage) and Eileen O' Callaghan (Regional Operations Manager, Sage) met with Frank Browne and John Brennan in their capacity as Chair and Vice Chair respectively, of the Irish Association of Social Workers (IASW). The aim of this meeting was to discuss the similarities, in challenges and opportunities, faced by Sage and the IASW and to discuss opportunities of partnership and co-working in the future.

There was mutual agreement on the similarities and differences of the role of Social Workers and independent advocates. While Social Workers, like other professions, have an important advocacy role and function, Sage offers an independent advocacy service and our aim is to collaborate where possible and challenge where necessary, while never duplicating the role of social work.

One of the concerns shared by Sage was the lack of Social Work services in some parts of the country, in both medical and primary care social work posts, and the disservice done to older people and vulnerable adults in not having access to a social work service because of their geographical location. This issue is one that Sage hopes to raise and address jointly with the IASW in the future.

Both Sage and IASW value the role and contribution of the other and look forward to working together in the future.

German Study Visit to Sage

In May 2017 Sage hosted a study visit by leading members of BAGSO, an umbrella organization that currently includes over 110 nationally active member associations and represents more than 13 million older persons in Germany. Against the background of the new Report on Ageing in Germany (“Caring Communities” published in Nov.2016) and the European debate on dignity in old age this visit was to enable key members of BAGSO learn from innovative programmes in Europe focusing on new roles for volunteers to work with vulnerable older people in need of support and care.

The packed programme included a tour of Leinster House and meetings with members of the Oireachtas working on Safeguarding legislation and issues related to dying, death and bereavement including Senators Colette Kelleher and Marie-Louise O'Donnell.

The BAGSO delegates attended briefings on the work of Sage and presented ideas regarding how future collaboration might develop. Their insights into community support and care systems developments in the Netherlands and regarding housing with support in Germany were of particular interest to Sage.



United Nations Committee Against Torture, Cruel, Inhuman & Degrading Treatment



In July 2017 the UN Committee Against Torture (UNCAT) examined Ireland's implementation of the UN Convention Against Torture and other Cruel, Inhuman and Degrading Treatment. Ahead of Ireland's examination, Sage made a submission highlighting issues of concern which amount to inhuman and degrading treatment for consideration by the Committee. Sage's report highlighted the risks of deprivation of liberty in care settings, the use of chemical restraint to manage behaviours, the need for legislation to protect people from abuse, and to prevent deprivation of liberty. Sage raised issues on the unnecessary use of incontinence wear, and violations of dignity and privacy in unsuitable care settings. We also highlighted Ireland's failure to commence the Assisted Decision-Making (Capacity) Act which was signed into law in 2015 and recognises a person's capacity to make decisions for themselves.

In its Concluding Observations issued in August 2017 the UN Committee engaged with the issues raised by Sage, and criticised Ireland for the continued operation of the Victorian era Lunacy Regulations of 1871, and stated Ireland should prioritise the commencement of the Assisted Decision-Making (Capacity) Act 2015 and adequately resource its implementation to protect vulnerable adults and older people from involuntary confinement, and inhuman and degrading treatment including chemical restraint. The UN Committee also raised concerns "... that the authorities currently entrusted with monitoring residential care facilities are not sufficiently independent nor adequately resourced to perform this function".

In the course of the process Sage was put in the position of having to defend its right to engage with the UN Committee to a national newspaper, and the following letter was printed in the Irish Times on 3rd August 2018 .

<https://www.irishtimes.com/opinion/letters/what-constitutes-torture-1.3174796>

THE IRISH TIMES

What constitutes torture?

Sir, – Your Opinion piece ([John McManus, “Committee against Torture is being misused,” August 2nd](#)) raised a rather wry smile.

I wonder which newspaper it was that wrote the headline which Sage “garnered”.

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, commonly known as the United Nations Convention against Torture or UNCAT, is an international human rights treaty that aims to prevent torture and other acts of cruel, inhuman, or degrading treatment or punishment around the world.

It is important to note that it is not just about torture and that one purpose of UNCAT is to monitor implementation of the convention at a domestic level on a periodic basis. There is an established mechanism for civil society organisations to engage in this process and bring information to the expert members’ attention. It was with considerable reluctance that Sage, as a support and advocacy service for vulnerable adults and older people, brought a number of issues of concern to the attention of the UNCAT at recent hearings in Geneva.

The reluctance arose because of concern that issues which we have been encountering over the last three years, which related mainly to degrading treatment, would be seen as being overstated because of the association with torture. Nevertheless, we did so and in a balanced and responsible way.

The committee engaged with many of the issues we raised and the Government in turn responded respectfully to all the issues raised by all the groups making submissions. It would be helpful if The Irish Times were to respond with coverage of the committee’s questioning and the Government’s responses before trying to close down a debate with talk of waterboarding.

Like any organisation worth its salt Sage has an agenda. That agenda is shaped by the issues raised as we engage with people who are vulnerable in all care settings and in their own homes. One part of that agenda is deprivation of liberty. That it can happen in a care setting and not just a police station or a prison should not minimise the importance of the issue. Recent testimony to the Citizens’ Assembly touched on this very issue.

In June the National Safeguarding Committee started a public awareness campaign as part

of its work to promote the rights of adults who may be vulnerable. Its radio ads featured financial, emotional and medication abuse as well as deprivation of liberty. The campaign, which is publicly funded and is supported by a wide range of government and non-government organisations, did not imagine the issues which it is highlighting. Neither does the Government, which is actively engaging with the issues.

The commencement in full of the Assisted Decision Making (Capacity) Act 2015, the establishment of the Decision Support Service and the ending of the systems of wards of court will, when achieved, be indications of progress which the Government can show to UNCAT. Likewise the passage of the Disability (Miscellaneous Provisions) Bill 2016, if it addresses the issues of deprivation of liberty and chemical restraint. The establishment of a National Safeguarding Service, independent of all service providers, together with statutory recognition of the practice of independent advocacy, such as is envisaged in the Safeguarding Adults Bill 2017, would make for a hat-trick of national efforts. – Yours, etc,

MERVYN TAYLOR,

Consumer Protection Code and Digitalisation of Financial Services

In October 2017 Sage made a submission as part of the Central Bank of Ireland's consultation on the *Consumer Protection Code and the Digitalisation of Financial Services*. Sage's submission addressed specific measures to ensure risks for vulnerable customers are recognised and mitigated against. Sage recommended that the Consumer Protection Code should be in compliance with the Assisted Decision-Making (Capacity) Act 2015, and reflect the structures and roles that will be established under the legislation which will give authority to appointed Representatives and Attorneys. Sage also stated the Consumer Protection Code should reflect responsibilities of a financial service provider if they become aware of a consumer who is at risk of or has experienced financial abuse, and should ensure compliance with any Adult Safeguarding legislation introduced.

National Positive Ageing Strategy Stakeholder Group

The National Positive Ageing Strategy (NPAS) was published in April 2013. It provides a framework to enable better engagement to identify and to address [age related] issues that require co-operation among, in the first instance, a number of Government Departments. This will promote coherence and integration in policy making and planning and a better identification of crossover points with other relevant national priorities and strategies. It will also ensure that issues affecting older people are mainstreamed in policymaking at all levels and across all sectors.

NPAS recognised that a whole of Government approach is required to address the social, economic and environmental factors that affect the health and wellbeing of people as they age. The four National Goals of the NPAS are participation; health; security; and information provision.

As part of the implementation plan for the strategy a Stakeholder Forum was convened by the Department of Health in March 2017. Sage participated in this first Stakeholder Forum, and became involved in the Stakeholder Representative Group. From the initial Forum a number of priorities were identified under each of the four National Goals of the NPAS by the representative organisations. During 2017 the Stakeholder Representative Group met with the relevant Government Departments based on the identified priorities from the Forum, and this work continues into 2018. Sage welcomes the opportunity to be involved in this initiative for stakeholder involvement in progressing the strategy, but recognises that cooperation amongst Government Departments is a key factor to successful implementation.

Our Work

Statutory System for Home Care

In September 2017 Sage made a detailed submission to the Department of Health as part of their public consultation process on the development of a statutory home care scheme. Sage has always argued for a comprehensive approach to the development of a continuum of care and views the development of two separate statutory schemes – one for nursing homes and one for home care – as disjointed and contrary to public policy. Key points from the Sage submission included:

1. There should be a fully transparent national set of eligibility criteria for Home Care Packages;
2. In the short to medium term, additional resources for home care need to be increased significantly to cater for current demand.
3. In the longer-term, a funding system needs to be put in place which ring-fences the home care budget;
4. A regulatory framework should be put in place which includes appropriate standards in respect of home care provision provided by the public, private and NGO sectors
5. Statutory entitlement to home care must be introduced if the policy of maintaining people in the community, insofar as possible, is to be achieved. New legislation thus needs to be introduced to give people statutory entitlement to home care in accordance with assessed needs;
6. Provisions for individual integrated needs assessment need to be standardised and based on key factors,
 - Person-centred / consumer-directed care and support
 - A multi-disciplinary approach
 - Integrated with other supports, e.g., sheltered housing
 - Supporting family carers
 - A case management approach
7. Innovative models of delivery based on best practice internationally and the learning from Irish-based initiatives (e.g. Genio Dementia Projects and the HSE Integrated Programme for Older Persons) need to be further developed and expanded;
8. The rollout of the Single Assessment Tool (SAT) must be made an organisational priority within the HSE.
9. There needs to be more planning in respect of home care provision for an ageing population, with particular reference to the projected increases in the number of people with dementia;
10. The discrepancy in the Irish health care system between the way care for people with acute illnesses and those with a slow debilitating illness (such as dementia) is funded needs to be addressed by Government and by society generally.
11. There is a need to proactively plan for the financing of long-term care of an older population who are living longer and to make decisions about how this is to be funded.

Contracts of Care for Nursing Home Residents - Issues for Policy & Practice

Following a report on nursing home charges in December 2016 Sage published a major document on nursing home charges in October 2017. Launched by the Ombudsman, Peter Tyndall, the report was subsequently submitted to the Competition & Consumer Protection Authority who in turn decided to launch a public consultation on the issue.

Speaking at the launch the Ombudsman expressed his concern that “elderly people are being left financially impoverished because of the additional charges they are forced to pay in private nursing homes” and he expressed his concern “that there is clarity, transparency and fairness around any additional charges levied. All additional charges must be laid out clearly in the contract of care and agreed upon when signing the contract.”

The report *Contracts of Care for Nursing Home Residents – Issues for Policy & Practice* highlighted the casual approach that is often taken to nursing home contracts and pointed to substantial anecdotal evidence indicating that contracts are frequently signed by a relative on behalf of a nursing home resident, even when the resident clearly has the capacity to make decisions. It also pointed out that people in private nursing homes are treated less favourably than those in public nursing homes in respect of notice of termination of contract.

The report called for an overhaul of both the content of contracts of care and of the manner in which residents are expected to deal with the contracts. Poor and possibly illegal practices with regard to the signing of contracts; the lack of provision of support, advice and guidance to residents; and the pressure placed on residents to sign contracts without giving them adequate time to consider the implications were highlighted.

The paper also identified an imbalance in contracts favouring the nursing home’s interests over those of the resident.



Ombudsman Peter Tyndall and Patricia Rickard-Clarke, Chair of Sage, at the launch of the Sage Discussion Document on Contracts of Care for Nursing Home Residents.

Some perspective on the work of Sage

Sunday Independent

6 NURSING HOME SPECIAL

Epa

Nursing homes squeeze elderly with bundles of extra charges

Residents of private nursing homes are being charged thousands of euro for extra services, discovers Maeve Sheehan

WHEN Jane's elderly father was admitted to a private nursing home after suffering from ill health, her family believed they had all the costs covered. Jane had done her research. Her father had availed of the Fair Deal scheme, which meant he would pay a contribution towards the private nursing home, and the State would pay the rest. Shortly after he was admitted, Jane was told by the nursing home that there was an additional charge: a mandatory fee of €70 per week, imposed on the family every month, under the guise of "physiotherapy". Jane, who does not want to be named, pointed out that her father already had his own physiotherapist whom he continued to attend while he was in the nursing home. In a letter, she said: "I am not sure if it is just impose any additional fees apart from services such as hairdressing and newspapers and therapies that weren't covered by the medical card. Another nursing home in the group said the additional charge was €15 per week. TLC nursing home support scheme, launched in 2006, was intended to remove the financial worry and anxiety of elderly people who at that time often had to sell their homes in order to move into a nursing home. The scheme would provide financial support to people who needed long term nursing home care. Elderly people contribute 80pc of their income toward private nursing home costs, and up to 22.5pc of the value of their homes. The State would pay the balance and the pensioners would keep a fifth of their income for their own personal needs. It is not quite working out like that. Almost across the board, private nursing homes, under the pressure to reach their profit margins, are imposing additional charges, often amounting to thousands of euro on elderly residents who have already contributed their share under the Fair Deal scheme. Elderly people have already been required to pay for the so-called "luxuries" such as hairdressing and newspapers, but the vast majority of private nursing homes are now charging an additional flat rate fee – often billed as a "social charge" – even if the residents are too infirm to participate in the activities. Nursing home operators defend the charges, saying they are being squeezed by the

FAIR DEAL? Sunday Independent INVESTIGATION

Elderly residents are being billed for thousands in extra nursing home charges that are not covered under the State's Fair Deal scheme. Here is a sample of additional costs, for social programmes and activities that some nursing homes are passing on.

Rush Nursing Home, Dublin (Mowlem Health Care Group) Fair Deal fee: €1,070 Additional charge: €35 p/w

Ferndene Nursing Home, Blackrock, Dublin (Willis Care Group) Fair Deal fee: €1,150 Additional charge: €95 p/w

Orwell House, Rathgar, Dublin Fair Deal fee: €1,200 Additional charge: €70 p/w

Ashley Lodge Nursing Home, Kildare Fair Deal fee: €900 Additional charge: €35 p/w

TLC Nursing Home, City West, Dublin Fair Deal fee: €1,230 Additional charge: €25 p/w

Benavon Lodge, Glasnevin, Dublin (FirstCare Group) Fair Deal fee: €1,224 Additional charge: €80 p/w

Hamilton Park Care Facility, Balbriggan Fair Deal fee: €1,110 Additional charge: €50 p/w



State, claiming the fees they get under Fair Deal do not cover the cost of the care they provide, many services which are demanded by the regulator, the Health Information and Quality Authority (Higa). A few respondents, however, claim that vulnerable elderly residents are being charged for "social programmes" varies from €25 to €95, covering "board games, to religious services and pet therapy. One nursing home owned by Mowlem Health Care said it did not impose any additional fees apart from services such as hairdressing and newspapers and therapies that weren't covered by the medical card. Another nursing home in the group said the additional charge was €15 per week. TLC nursing home support scheme, launched in 2006, was intended to remove the financial worry and anxiety of elderly people who at that time often had to sell their homes in order to move into a nursing home. The scheme would provide financial support to people who needed long term nursing home care. Elderly people contribute 80pc of their income toward private nursing home costs, and up to 22.5pc of the value of their homes. The State would pay the balance and the pensioners would keep a fifth of their income for their own personal needs. It is not quite working out like that. Almost across the board, private nursing homes, under the pressure to reach their profit margins, are imposing additional charges, often amounting to thousands of euro on elderly residents who have already contributed their share under the Fair Deal scheme. Elderly people have already been required to pay for the so-called "luxuries" such as hairdressing and newspapers, but the vast majority of private nursing homes are now charging an additional flat rate fee – often billed as a "social charge" – even if the residents are too infirm to participate in the activities. Nursing home operators defend the charges, saying they are being squeezed by the

'The resident was unable to take part in any activities'

incontinence wear, €222 per month for "social activities". A €10 surcharge on each of the three chiropody visits per year she is entitled to under her medical card, and €300 per month for "doctor services" even though she is entitled to personal use. But the prevalence of mandatory "social charges" means that many care facilities are passing on the extra fees in some nursing homes as simply "restoration".

an elderly person applying to Fair Deal is €20, out of which €24 or 80pc of their income goes towards their nursing home fees, leaving €37 disposable income for themselves. A not-uncommon €70-a-week mandatory additional charge for "social programmes" would leave the average nursing home resident not only broke, but in debt. Advocacy group Age Action Ireland highlights the case of an elderly woman who is being billed a grand total of €4,484 a year for additional charges, €50 per month for

Another "principle" of the Fair Deal scheme is that "no body will pay more than the actual cost of care." But it looks like this principle may also have been undermined. One nursing home informed residents in December 2010 that they would have to pay an extra €40 a week towards their nursing home fees not because of the actual cost of their care, but because of the "financial pressures" on the company, citing inadequate Fair Deal fees and rising staff wages.

Nursing home operators say Fair Deal is not contributing enough to cover the cost of a resident's care. The industry group, Nursing Homes Ireland, has been lobbying for years to overhaul a fee system that economists have called "ad hoc and fragmented".

The fees with private nursing homes are negotiated with the National Treatment Purchase Fund, itself a mysterious process that operators describe as a behind-closed-doors horse-trading session that lacks any transparency or accountability.

Under its narrow terms, the State stumps up for "bed and board" for full-time care. It has pretty much abdicated responsibility for paying for a "quality of life", leaving that bit to private nursing homes, who must deliver it

or face sanction by Higa. They perceive a further unfairness in the fact that HSE-operated public nursing homes get a higher fee than their private counterparts and don't have to impose extra charges. Hamilton Care, a nursing home in Balbriggan – one of the few nursing homes to reply to our emails – said Fair Deal fees don't take into account how much care a resident needs, plus all of the extra services Higa demands but the State does not pay for.

This is bad for business as well as for elderly residents. The majority of nursing homes in Dublin are cherry picking their residents based on their dependency level," a spokesperson said. "The reason we know this is because we take in residents that have been declined by other nursing homes." Hamilton Care is "phasing in" a social programme to subsidise all the additional costs of its activities: gardening, horse-riding, home quizzes and charges on a website.

Age Action Ireland is to launch a briefing paper later this month in which will call on the Minister for Health to require private nursing homes to take part in any of the activities. The Ombudsman decided the resident shouldn't have to pay the €200 if they couldn't take part in the social programme, and should pay a nominal fee instead. Furthermore, those who did pay the increase should have a say in the type of social programme they are paying for, or should "receive a breakdown of the activities" before signing up for them.

The nursing home was not identified – to protect the elderly person concerned who is still resident there. The briefings are being held out so that there are willing to fund the ticking time bomb that is care for the elderly. Kathleen Lynch, the previous

Minister of State for Health, says elderly people are not paying enough. The notion that a service costing anything up to €1,000 is unaffordable, she told the Ombudsman health committee in 2010.

Another review is under way in the Department of Health about the pricing and value for money of the Fair Deal scheme. As ever, it is the elderly resident whose family complained when the nursing home doubled the fee for the social programme to just under €200 a month. The resident was unable to take part in any of the activities. The Ombudsman decided the resident shouldn't have to pay the €200 if they couldn't take part in the social programme, and should pay a nominal fee instead. Furthermore, those who did pay the increase should have a say in the type of social programme they are paying for, or should "receive a breakdown of the activities" before signing up for them.

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sage

Support & Advocacy Service

CONTRACTS OF CARE FOR NURSING HOME RESIDENTS ISSUES FOR POLICY AND PRACTICE

www.sageadvocacy.ie

A DISCUSSION DOCUMENT

Safeguarding

National Safeguarding Committee



Promoting the rights of adults who may be vulnerable

Sage played a leading role in the ongoing development of the inter-sectoral National Safeguarding Committee (NSC) during 2017. As a member of the Strategy & Resources Group it sought to create a framework for the development of advocacy and the creation of a National Council for Advocacy. It also supported the development of a public awareness campaign to develop awareness of the various types of abuse experienced by adults who may be vulnerable and the related need for safeguarding. Sage welcomed and supported the work of Independent Senator Colette Kelleher who introduced a Safeguarding Adults Bill 2017 in the Seanad which subsequently won all-party support and a government commitment to develop a broader safeguarding response for the health sector.

Sage facilitated three focus groups as part of our contribution to the HSE review of the Safeguarding Vulnerable Adults at Risk of Abuse: national policy and procedures 2015. Sage explored this topic with the groups under three themes: understanding safeguarding, what would be helpful for a person who had experienced abuse, and thirdly what would be a hindrance for a person who had experienced abuse.

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One of the NSC posters that appeared in the national newspapers supported by related radio ads.

A report on the process and analysis of the themes was submitted to the HSE National Safeguarding Office. Sage would like to acknowledge the participants who kindly and generously contributed to the focus groups, and the organisations who facilitated participants' engagement and enabled Sage carry out this work.



As part of it's work with the National Safeguarding Committee (NSC) Sage was invited to make a submission to the Oireachtas Joint Committee on Health chaired by Dr Michael Harty T.D. and to appear before the committee in October. In a detailed submission Sage made the following recommendations:

1. Immediate extension of the powers of HSE Safeguarding Protection Teams so that they can operate to the fullest degree possible within private care settings.
2. Recognition of the role and practice of independent advocacy.
3. Recognition of the right of vulnerable or potentially vulnerable adults to access and be represented by an independent advocate in all care settings, including domestic homes, and of the necessity for their voice to be heard in multi-disciplinary and inter-sectoral working arrangements which relate to them.
4. Inclusion of advocacy services in any mandatory system of inter-agency collaboration, review and planning.
5. Establishment of a National Council for Support and Advocacy to coordinate and strengthen the systems and practices of all providers of support and advocacy services to vulnerable persons and ensure equity in resource provision.
6. Development of a National Safeguarding Service independent of all other service providers and statutory agencies and resourcing it to the level required to meet minimum nationally applicable standards and to undertake historic investigations of alleged abuse.
7. Enactment of Safeguarding Adults legislation which addresses all of the above issues

Designated Safeguarding Officer

Eileen O'Callaghan continued to act as Designated Safeguarding Officer for Sage during 2017. In that role she engaged informally on many occasions with members of Safeguarding Protection Teams (SPTs) in the HSE regions. A total of 98 cases involving suspected, alleged or substantiated abuse were dealt with by Sage and 22 of these 98 cases were referred to Sage by SPTs.

Analysis of safeguarding figures:

Issues:

Accommodation: 6
Allegation: 25
Attitudes in Care: 4
Capacity: 8
Family Issues: 11
Financial Worries: 15
Health / Clinical Issues: 1
Personal Care: 1
Transitional Issues: 12
Wellbeing: 5

Area:

Cork & Kerry: 4
Dublin North: 4
Dublin SE & Wicklow: 6
Dublin SW & Kildare: 6
Galway & Mayo: 8
Midlands: 1
Mid-West: 16
North East: 10
North West: 5
South East: 38

Where was the client based at time of referral?

At Home: 23
In Hospital: 16
In a Nursing Home: 38
Other: 5

The Citizens' Assembly



In June and July of 2017 the Citizens Assembly discussed 'How We Best Respond to the Challenges and Opportunities of an Ageing Population'. The Assembly, Chaired by then Supreme Court Judge Mary Laffoy, included an important presentation by Dr Michael Browne, research consultant to Sage, on 'Long-Term Support and Care: Facilitating Independent Living'.

Sage made a significant submission to the Citizens Assembly in which it repeated the question which emerged from the Forum on Long-Term Care for Older People in 2016: "Why, despite decades of policy reports and recommendations to government, is there still a systemic bias towards care in congregated settings and no formal legislative basis for support and care in the community?" Sage also supported the work of the Citizens Assembly by ensuring that a woman 'Rosy' could tell her story of how she had entered a nursing home for a period of recuperation and then, after a period of many months, found it difficult to leave. The core issue was of her 'will and preference' to return to live in her own home versus the view of some family members and nursing home staff that it was in her 'best interests' that she stay in the nursing home. 'Rosy' now lives happily at home.



Recommendations

The recommendations were reached by ballot paper voting and followed two weekends of deliberation which focussed on long term care and independent living, income, pension provision and creating opportunities in retirement.

A total of 16 questions appeared on the ballot:

1. 100% of the members recommended that the Government urgently prioritise and implement existing policies and strategies in relation to older people (for e.g. National Positive Ageing Strategy).
2. 60% of the members voted that it is the family/older person which should be responsible for providing required care for older people, but the State should have at least some responsibility.
3. 87% of the members recommended an increase in public resources allocated for the care of older people.
4. In this question members were asked to rank in order of preference where additional funding for care of older people should primarily be spent. Home care services and support received the most first preferences.
5. In this question members were asked to rank in order of preference where they believed overall funding for care of older people should come from. A compulsory social insurance payment received the most first preferences.
6. 99% of the members recommended that the Government expedite the current commitment to place home care for older persons on a statutory footing.

7. 99% of the members voted that regulation, such as that currently in place for residential centres, should be extended to afford better protection to older people in receipt of all health and care services.
8. The members made recommendations on the extension of regulation to the following health and care services for older people: Respite services; Day Care Services; Care & support services delivered by service providers in a person's own home; Care and support services provided through a supported housing scheme.
9. 87% of the members recommended that the Government should introduce some form of mandatory pension scheme to supplement the State pension.
10. 96% of the members recommended the removal of the anomaly, which arises when a person who must retire at 65 is not entitled to the State pension until 66.
11. 86% of the members recommended abolishing mandatory retirement based on age.
12. 88% of the members recommended benchmarking the State pension by reference to average earnings.
13. 100% of the members recommended that the Government should take steps to rationalise private pension schemes to include greater transparency in relation to fees.
14. 87% of the members recommended that the Government backdate Homemakers Scheme to 1973

15. 99% of the members recommended that the State support for carers, including access to education, retraining and pension arrangements should be enhanced.

Part C, question 16 of the Ballot paper offered members the opportunity to make recommendations on further issues which emerged during consideration of the topic and which were not directly related to the topic of long term care, pensions, income and retirement. Members were asked to express in order of preference, which of these issues they consider to be the most important. The members made the following additional recommendations:

- The responsibility for older people should be formally delegated to a dedicated Minister of State for Older People (92%)
- A dedicated point of contact for older people to access information about services, supports and entitlements, supported with a national awareness campaign (91%)
- Take steps to ensure that older people have a stronger voice in determining their own care needs (88%)
- Ensure stronger governmental leadership in relation to the prioritisation of the health and social care needs of older people (83%)
- The State should promote, encourage and organise non-financial intergenerational transfers, for example between younger and older people (73%)
- The State should urgently commence the remaining provisions of the Assisted Decision Making (Capacity) Act 2015 and urgently enact legislation in relation to the safeguarding of adults who may be vulnerable (92%)

Some Perspectives on the work of Sage

Institute of Public Administration Review of the work of The Atlantic Philanthropies

Atlantic Philanthropies provided independence that allowed Sage to carry out its advocacy services and promote issues in a way which may have been difficult without nongovernmental funding.

“The Sage advocacy service has established itself as a key player in promoting and protecting the rights, freedoms, and dignity of older people. Sage is involved in and exercises leadership with regard to the Assisted Decision Making (Capacity) Act 2015, the Disability (Miscellaneous Provisions) Bill 2016 and the Safeguarding Adults Bill 2017. It plays a prominent role in the inter-sectoral National Safeguarding Committee, and leads on its public awareness campaign and on promoting understanding of advocacy at state level, and practical collaboration at ground level between advocacy service providers.”



Some Perspectives on the work of Sage

A University Hospital

At a recent meeting a senior member of the Medical Social Work Team praised Sage for the support your organisation has afforded our Medical Social Work team throughout the year. As you are well aware advocating for elderly and vulnerable patients is often presented with challenges when what are required are solutions. I understand that Sage has pointed members of the Medical Social Work team in the direction of potential solutions which have ultimately benefited our patients.

I wish to offer my deepest thanks to you and your colleagues in Sage for the work you do which clearly not only assists the elderly and vulnerable but also your fellow professionals concerned with the best outcome for the older and more vulnerable members of society. I wish Sage continued success in 2018 and the years ahead.



Kay Connolly, Chief Operations Officer, St Vincent's University Hospital

A Client



I started off life in an orphanage, was wrongly placed in a Mental Hospital at the age of 12 years, and from there I was sent to St. Mary's Training School in Stanhope St. It was 'Hell on Earth' and the last thing I want is to end up in another institution, such as a Nursing Home.

I had never heard of Sage before and while I was slightly sceptical of letting another person into a 'closed' section of my life, meeting a Sage Representative was a positive bombshell that brought back HOPE - irrespective of the final outcome. HOPE regenerates the spirit. This HOPE, generated through Sage, has left me, which I can assure you is unusual, STUCK FOR WORDS The energy, enthusiasm, dedication to detail, unstinting time committed to my case has obtained for me the support of a Human Rights Lawyer. For the assistance of your whole dynamic team I sincerely thank you all.

Support and Advocacy - Some Case Examples

Support and Advocacy - Some Case Examples

These selected Case Examples are based on detailed case notes and related file documentation collected by Sage as part of its Case Management system. The case examples provide a snapshot of Sage advocacy and support work. While it is difficult to be totally definitive about the impact of Sage in individual cases, what is clear is that, broadly speaking, the Sage involvement made a crucial difference in people's lives.

The Case Examples show that where people had a significant difficulty in asserting their rights and having their will and preferences implemented or in getting or retaining the supports that they required to live their lives as they wished, Sage played an important advocacy role and acted as a significant intermediary between individuals and the State as well as between individuals and relatives. In many of the case examples, access to a particular service or support was achieved as a result of sustained support for and representation on behalf of individuals.

The case examples provided are as follows:

¹ These case examples are based on case notes recorded by Sage for case management purposes. The names and identifying features of the case have been changed to facilitate anonymity. Clients were not asked specifically to give their consent to sharing the information.

1. Negotiating supports to enable a person to live at home in accordance with his wishes (Case Example 1)
2. Supporting a person to have access to all of her adult children (Case Example 2)
3. Enabling a person with dementia to return to Ireland from abroad (Case Example 3)
4. Assisting a person to live at home and ensuring that adequate safeguarding protocols are in place (Case Example 4)
5. Enabling a person with intellectual disability to live in her own home in accordance with her wishes (Case Example 5)
6. Supporting a person with intellectual disability to move to a more suitable living environment (Case Example 6)
7. Assisting a person to access the Nursing Home Support Scheme (Case Example 7)
8. Assisting a person with mental health difficulties to find suitable accommodation (Case Example 8)
9. Helping a person with multiple support needs to get a comprehensive Home Care Package (Case Example 9)
10. Difficulty in accessing home help support in an isolated rural area (Case Example 10)

Negotiating supports to enable a person to live at home in accordance with his wishes

Client personal information

Tom is in his sixties, has epilepsy and is known to Sage since 2016 when he was discharged from hospital to a nursing home far away from his own home. Over a period of 12 months, he had been transferred from hospital to two different nursing homes from where he had discharged himself back to his Local Authority accommodation. He had consented to going to nursing homes from hospital on a temporary basis only, so each time, after a few months, he decided to go back home even without having the necessary supports in place.

How the referral to Sage was made

The referral to Sage originally came from hospital staff requesting assistance with transitioning from hospital.

Issue/s to be addressed

Tom needed assistance with sorting out a number of financial, personal and social issues. While in the nursing home, Tom could not adapt to the new environment, was keen to keep his Local Authority tenancy and chose to pay for both nursing home and Local Authority accommodation. While at home and without all the necessary supports which had been requested on numerous occasions from the community services, Tom was found in situations which clearly indicated that he was in a very vulnerable position – he ended up in hospital due to injury after seizure-related falls, where he was kept for a long time against his wishes.

What Sage did

Sage worked to build circles of support around Tom living at home, by linking in with the available contacts in his life (estranged family members, neighbours, friends and local volunteers) and by continuously liaising with relevant services in requesting the necessary supports for Tom to live safely at home.

Key Outcomes



While in the hospital, Tom continued to be supported by Sage, who attended Multi-Disciplinary Team meetings (MDTs) and advocated for him at various levels within the health service and beyond. Currently, efforts are concentrated around ensuring that Tom will receive fair and transparent access to all necessary community services in the hope of avoiding another discharge to a nursing home against his wishes. This case example points to the significant and sustained efforts required to trigger a continuum of supports across a variety of care settings to enable this person to continue to live independently at home.

Supporting a person trying to have contact with all of her adult children

Client personal information

Sally is a woman in her eighties. She had been living with one of her children and was in respite care at the time of referral to Sage. Other family members had discovered that their mother was in respite care and after contacting many nursing homes eventually tracked her down.

How the referral to Sage was made

The referral to Sage came from some of this woman's family members.

Issue/s addressed

When Sage met Sally initially she was very distressed and said that she would like to be able to see all of her family but that this was not permitted by the person she lived with.

She was also concerned that she would have to return home after respite care and asked for help in moving to long-term care. Sally did not have access to her own pension or bank account and did not have any savings.

What Sage did

Sage called a family meeting to ensure that everybody was aware of Sally's wishes. It was clear from the outset that the family member living with Sally did not think it was a good idea for her to move to long-term care.

Sage also became aware of some possible underlying elements of emotional and financial abuse in the home situation where Sally had been living. However, this could not be verified.

Key Outcomes



A Nursing Home Support Scheme (NHSS) application had to be hurriedly made and a new care location was identified for Sally. The NHSS application had problems because Sally did not have access to her own finances.

Enabling a person with dementia to return to Ireland from abroad

Client personal information

Alice was an undocumented Irish citizen living in the USA who had been hospitalised with a diagnosis of dementia and who needed long-term care

How the referral to Sage was made

The referral to Sage originally came from the Irish Immigration Service who contacted Sage because a USA hospital had alerted them to Alice's case.

Issue/s addressed

The medical team in the USA were unwilling to discharge Alice because she was vulnerable, alone, and homeless.

What Sage did

Sage investigated what services and

accommodation would be available for Alice in order to get her back safely to Ireland, provide for her care needs, and hopefully re-establish family relationships.

The US medical team agreed not to discharge Alice until a full assessment of her medical needs was undertaken and care appropriate to her needs could be arranged.

Sage approached the local hospital and the geriatrician who reviewed Alice's file. They agreed that that long term care was needed but that, firstly, Alice would have to be admitted through the hospital's Emergency Department.

The US medical team in co-operation with the Irish Immigration Service liaised with Sage in putting a strategy in place for Alice once she was discharged. Transportation home was arranged and her family travelled to the US to accompany her home.

Sage worked alongside the hospital team to

ensure that once Alice was repatriated the relevant care plan for her was put in place. On arriving home, Alice was admitted to the hospital through the Emergency Department where she remained until long-term care was secured.

Key Outcomes



Alice is very content in her new home. NHSS funding has been put in place and she is in receipt of a small welfare payment. She has family visits and they are beginning to build new relationships.

Assisting a person to live at home and ensuring that adequate safeguarding protocols are in place

Client personal information

Teresa was in respite care at the time of referral to Sage. Teresa had expressed a wish to return home but a relative, who had been her main carer, had indicated that she was no longer willing to provide this care.

How the referral to Sage was made

The referral to Sage came from a HSE respite care facility.

Issue/s addressed

Teresa wished to return home but a number of difficulties around this emerged: reluctance of agencies to provide a Home Care Package (HCP), safeguarding concerns at home, concern from all involved relating to possible allegations against them making joint visits necessary, issues regarding access to the house and a perception of Teresa having a difficult personality.

Teresa's relative who had been her carer refused to engage with Sage or other care professionals and sent a solicitor's letter to both Sage and the Safeguarding Team.

What Sage did

Sage secured a HCP for Teresa and she returned home but then refused to allow carers into the house. Sage contacted the Gardaí to ensure that Teresa was safe and to secure entry into the house. Subsequently, Teresa requested an ambulance to hospital complaining of pain. Sage met with the ambulance staff and advocated for Teresa to be directly admitted in order to avoid a lengthy stay in the Emergency Department.

Teresa remained in hospital for some time becoming very unwell. Sage met Teresa with the Safeguarding Protection Team social worker to ensure that she was protected while an inpatient and that hospital staff were aware of safeguarding concerns.

Concerns about Teresa's pet left in the house were communicated to neighbours to ensure the pet was cared for. However, a relative

removed a lock box from the house so there was no access for neighbours. Sage contacted the ISPCA and the Gardaí in relation to the well-being of the pet.

Teresa agreed to go to into a nursing home and Sage supported her with an NHSS application which proved difficult to access as she had no information about her financial circumstances and her relative would not provide any. Sage supported her with choosing and transitioning to a nursing home. Teresa refused to engage further with Sage and on last visit stated she wanted to return home. She was admitted to hospital again and died there.

Key Outcomes



As no relative was in contact with Teresa, Sage effectively became her key contact. This necessitated a lot of contact with the hospital, nursing home and home care coordinators. A key issue for Sage was the difficulty in ensuring that this woman's wishes were respected as she had a tendency to change her mind and to disengage from Sage at times.

Enabling a person with intellectual disability to live in her own home in accordance with her wishes

Client personal information

Maureen is a woman in her mid-50s with a mild intellectual disability. Maureen grew up in her family home with supportive parents and siblings. She worked on the family farm in her youth and was well connected into her wider community. As she grew from childhood into adulthood her family wished her to have a life of her own, with a home and a sense of belonging to a community. Her parents and family, along with other families in her rural community established a disability service with the aim of providing Maureen (as well as others) with a home for her lifetime, where she would be a valued member of the community and offered the opportunity to live a life of her choosing.

Maureen has also suffered from mental health

difficulties throughout her life and has been supported by the mental health services and the community she has lived in. As she has aged, her health has deteriorated but she focuses on maintaining her physical health by walking daily and ensuring her mental health is looked after by taking her medication.

How the referral to Sage was made

The referral to Sage came from a disability service provider.

Issue/s addressed

Maureen was referred to Sage for support and advocacy due to her deteriorating physical health and due to a diagnosis of dementia. Because of these changes, the service supporting Maureen felt they could no longer offer her support to live in her current home and her community. Maureen continues to state that she wishes to stay in her home in the community for the duration of her life.

What Sage did

Sage worked with Maureen and disability service providers in the area to explore how she could be enabled to continue to live in her own home in accordance with her wishes. Sage

also sought to engage a key service provider in a more general discussion about how services should deal with the natural ageing process so as to enable a person to age with dignity and respect in the home of their choosing.

Key Outcomes



Maureen's case is ongoing and raises a number of issues which Sage is trying to address:

- **An inability on the part of the support service to respond to her changing needs arising from the ageing process**
- **Inadequate engagement of Maureen in planning her own life and a failure to accommodate her will and preferences**
- **How to ensure that a person with a disability is not "aged out" of their own home**
- **Lack of access to appropriate supports based on her needs since she is under 65**

Supporting a person with intellectual disability to move to a more suitable living environment

Client personal information

Mary is a 70-year old woman with an intellectual disability who had been living in a community hospital setting for over 60 years.

How the referral to Sage was made

The referral to Sage came from a Medical Social Worker with a view to exploring a possible move for Mary to a more suitable home like setting.

Issue/s addressed

Mary had been living in an inappropriate environment for over 60 years, living in a shared room with 6 others, with little personal space and little opportunity for personal development and recreation. The environment was, however, a caring one and it was all that Mary had known for most of her life.

Mary has fluctuating capacity and insight into her current situation, as she had limited experience in making decisions and had never been exposed to decision-making on this scale before and thus needed time and support around decisions and how to make them. Mary was not able to fully engage in the process around the move but could engage in discussions about where she would like to live.

Mary had a complex family situation which included conflict and previous allegations of safeguarding issues.

What Sage did

Mary has speech and communication difficulties and Sage had to spend considerable time getting to know her.

Over a 6-month period, Sage worked closely with the MDT and Mary to have her views heard, support her in visiting other suitable types of accommodation and eventually move to a new care setting.

Together with Mary and the wider MDT (including nursing, social work and Occupation Therapy) Sage developed an advocacy plan. The core of this plan was that Mary needed support to move to a home which would meet all of her needs and support her personal development.

Key Outcomes



Throughout the process and since, Mary's voice and views became clearer and were always the paramount view, even when she could not directly articulate them for herself.

Mary has completed the move and is very happy as she continues to live a more fulfilling life.

The concept of supported decision-making was facilitated by Sage throughout this case which resulted in Mary's voice being clearly heard.

Assisting a person to access the Nursing Home Support Scheme

Client personal information

Claire is a 92- year old woman seeking a nursing home place through the NHSS. After a number of falls she felt she was unable to look after herself at home. She originally entered a nursing home for one week in late 2016.

How the referral to Sage was made

The referral to Sage originally came from the person's relatives.

Issue/s addressed

Claire was refused NHSS support on the grounds that she could live at home if necessary supports were put in place. However, the family agreed with her that she was unable to look after herself and appealed the decision to refuse the application for NHSS support. Shortly afterwards Sage became involved.

What Sage did

Sage approached the NHSS office on the woman's behalf to request a review of the decision to refuse the application. However, this review was not carried out despite repeated requests from Sage.

Key Outcomes



Claire's family advised the NHSS office that they were going to go public on the radio about the situation and soon afterwards she was granted NHSS support and Claire got a place in a nursing home near her family home.

Sage's experience of engaging with the NHSS office was frustrating and it was felt that neither the woman's will and preference or the precariousness of her situation was taken seriously. While reference was made to the potential of a Home Care Package in meeting Claire's needs, no protocol for accessing such a package was put in place.

Helping a person with mental health difficulties to find suitable accommodation

Client personal information

Bertie is 53 years old and had been admitted to a nursing home after spending three months in the psychiatric wing of his local hospital. He had a chronic alcohol problem and was diagnosed with Korsakoff's syndrome (a dementia-like condition). He also has a back problem and uses a wheelchair.

How the referral to Sage was made

The referral to Sage originally came from a Nursing Home Nurse Manager who indicated that Bertie wanted to move nursing homes and he had some financial issues.

Issue/s addressed

Bertie informed Sage that he wanted to go home to a family house which he said had been willed to him. However, Sage established, through contacting a solicitor, that the house had been left solely to Bertie's brother and that he (Bertie) had no claim on it.

Sage requested to see a copy of the Will which confirmed that Bertie had no claim on the family home but that he had been left a considerable amount of money. However, Bertie had no recollection of this money or where it might be. He did not have any bank statements. There was an issue accessing his bank account as he had lost all his bank cards and his I.D.

What Sage did

Sage referred the case to a social worker who informed Sage that they had dealt with Bertie previously and that a number of other agencies had also been previously involved in his case. However, following ongoing requests from Sage, the social worker called to see Bertie. Following this, Sage requested an MDT meeting. The nurse manager arranged for an appointment to get a new I.D. and Sage organised with the bank for statements to be sent directly to Bertie in the nursing home. The nurse manager purchased a mobile phone for Bertie.

Key Outcomes



A referral was sent to the Local Authority in relation to Bertie's housing need and the GP made a referral for a functional assessment of his capacity regarding his ability to live independently. This case is ongoing.

Helping a person with multiple support needs to get a comprehensive Home Care Package

Client personal information

Carol is 42, single, and had been admitted to her local hospital as a result of mobility problems and falls related to a progressive form of multiple sclerosis. She has found it very hard to accept her diagnosis and become engaged with Disability Services. She had previously had a very good job but had to retire because of her increasing mobility problems. She had lived with her Dad who had been a great support to her but he had died earlier in the year and since then she had struggled to live alone.

Carol had been clinically discharged from hospital but was still living there while awaiting a Home Care Package from Disability Services. She was constantly told that due to limited resources it was unlikely that she would be able to return home with the package of care which she needed to support

her. She was getting increasingly distressed and both her mental and physical wellbeing was suffering greatly. It did not help that she was in a hospital ward with very ill older people awaiting transfer to nursing home care and she dreaded the thought that she would end up having to go into care in a congregated setting. She felt she had little support from family members who seemed to be of the opinion that her best option was nursing home care.

How the referral to Sage was made

The referral to Sage came from a staff member of a local hospital who felt that Carol needed the support of an independent advocate.

Issue/s addressed

Carol indicated clearly that her wish was to go back to her own home and try and live as independently as she could but she fully understood that this could only be done if she got the appropriate package of care.

What Sage did

Over the following weeks, there were several MDT meetings which included Disability Services but their response remained the same- no funding. They had no hours returned

to recycle and neither had their budget been increased despite a proposal forwarded to accommodate Carol's hours. Carol's house also needed to be adapted so that she could live downstairs and she was advised that even if a package was sanctioned it could not be implemented as staff could not care for her needs until this was done. There was a 16 months waiting time for House Adaptation Grants. All statutory services promised that they would continue to monitor the situation but could give no guarantees.

Sage discussed options with Carol and came up with the plan that she would pay for these renovations from her own savings and convert her garage to meet her needs. This gave Carol a new incentive and, with Sage's help, a builder was sourced and a short completion date agreed. The change in Carol was remarkable as she now had something meaningful to occupy her time and she used her laptop to keep in touch with the builder. Sage met with Disability Services and explained the plan to them and asked if they could now work with Sage to put a package in place within the building completion timeframe..

In the meantime, it was suggested that Carol should apply for NHSS funding as a means of leaving the hospital whilst waiting for Home Support Funding. She felt under pressure and reluctantly applied and was rather surprised when 2 weeks later she was advised that funding had come through and that a bed was available in a Nursing Home some 50 km from her home. She was devastated and was convinced that she had no option but to go there and feared that even if she went in on a temporary basis it would end up becoming a permanent situation and she would then be 'out of the system'. Sage organised another meeting with Disability Services to inform them that she was not accepting this placement as it was inappropriate for someone of her age and that her package of care needed to be sanctioned urgently. It was also made clear that Carol wished to remain in hospital until her package was sanctioned.

Three weeks later, Carol's home renovations were completed and a further meeting with Disability Services was organised as no funding had come through despite Sage's constant reminders of the necessity to have it sanctioned.

At the outset of this meeting, it was stated that funding had come through the previous evening and that within a week her care package would be sanctioned – 2 Carers x 3 times daily over 7 days. Carol was overjoyed and a week later she moved back to her own home and has been living as independently as she can and is really happy with her carers. Carol believes she would have ended up in a nursing home as she did not have the strength to fight the system on her own. Hospital staff were pleased to see Carol return home as they fully appreciated that being in hospital for such a long period of time was having a very serious impact on her wellbeing.

Key Outcomes



Carol's case, while eventually resulting in a satisfactory outcome highlights a number of key systemic issues.

- 1. The high cost of keeping someone in an acute hospital bed for long periods following clinical discharge as against providing a package of care at home.**
- 2. That nursing home care funding gets priority if there is a need for bed management irrespective of the age of the person.**
- 3. The lack of funding for Disability Services Home Care Packages.**

Accessing home help support in an isolated rural area

Client personal information

Kathleen lives alone in an isolated rural location and has no relatives in the area. She has advanced Parkinson's disease and has multiple support needs arising from poor dexterity, difficulty walking and requires help with activities of daily living – getting into and out of bed, showering, etc. She is unable to prepare food, shop, do housework or take her medication due to poor dexterity and mobility.

How the referral to Sage was made

The referral to Sage came from the Public Health Nurse.

Issue/s addressed

Kathleen's medication needed to be administered morning and evening. There is approval for a nurse to call to administer

medication but there is no nurse available in the area to do this. There is a Public Health nurse who visits a few times a week. Home Help is provided, a half-hour in the morning and again at night.

Kathleen's nearest neighbour is 3 miles away. The nearest day care service is some 20 miles away and a bus collects people one day per week to bring to them to day care.

What Sage did

Kathleen had considered moving to a more accessible area but because of the location of the current house it is unlikely to sell and, even if a sale was agreed the value of the house will not be near the value of a house in a town where she would need to move to.

Kathleen does not want to go into a nursing home. At the moment a friend is administering the medication but says that she cannot continue to do this as she has just been offered a job which requires her to move to another part of the country.

The Home Help service stated that they cannot administer the medication because they are not insured to do so. The HSE said that Home Helps can administer medication if they receive training. The Public Health Nurse indicated that there is a nurse that will provide the training.

Sage has approached the management of the Home Help Service to try to get them to agree to train someone to administer the medication.

Key Outcomes



A major issue in this case is the sparse population in the area. There is only one person in the area who works as a Home Help and if that person does not wish to train to administer the medication, there appears to be little further that Sage can do at this stage.

Independence

“The state of wanting or being able to do things for yourself and make your own decisions, without help or influence from other people”

Sage has been jointly funded by the HSE and The Atlantic Philanthropies. This balance of state and philanthropic funding helps ensure that while we deliver on service level agreements with the HSE we are also free to develop our capabilities and to pursue wider issues that are in keeping with our constitution.

YOU CAN HELP SAGE MAINTAIN IT'S
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