



Service Policies & Guidelines

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Introduction

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

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

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

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

Sage Advocacy Service Delivery

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

1. **Independent advocacy**
Free from any conflict of interest, Sage Advocacy independent advocates act as a 'voice' for a person who may be vulnerable regarding a single issue or a range of related issues. By providing information to the person, ensuring that they understand the decisions they must make and helping them to express their will and preferences, the independent advocate works to keep the person at the centre of the decision-making process.
2. **Specialist support**
People with legal, financial, housing, clinical, mediation, policing and other areas of specialist expertise are available to provide support to Sage Advocacy staff and volunteers regarding complex issues.
3. **Systemic advocacy**
Sage Advocacy has as one of its strategic objectives to build an understanding and appreciation of the systemic inequalities and weaknesses that exist in Irish legislation, policies, and practices. To this end, it focuses on engagement with policy makers, public representatives, budget holders, decision-makers and the media regarding systemic issues of concern.

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

- A. Education and training
- B. Ongoing support and supervision
- C. A system of case management
- D. Quality monitoring, data collection and analysis
- E. Clearly stated policies and guidelines

Regional Advocates are deployed, each with responsibility for defined areas, taking into account emergent structures for Acute Hospital Groups and Regional Health Areas.

- Sage Advocacy has in place policies and guidelines covering all areas of its work which are reviewed on an ongoing basis by the Service Management Team.
- All Sage Representatives are expected to strictly adhere to and implement these policies and follow the related guidelines.

A Human Rights Approach

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

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

Promoting Choice and Self-empowerment

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

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

Quality Standards for Support and Advocacy Work

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

- Standard 1: Respect
Reflecting the right of every person to be treated with dignity and respect, including an individual's right to privacy, confidentiality and self-determination.
- Standard 2: Social Justice
Promoting equal treatment with other people in respect of access to basic goods, services and protections and a positive affirmation of social solidarity.
- Standard 3: Competence and Compassion

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

- **Standard 4: Accessibility**
Available in a manner that is convenient and easily accessible to people who require support.
- **Standard 5: Independence**
Structurally, operationally and psychologically independent from health and social care service providers and representing only the will and preferences of people receiving support.
- **Standard 6: Accountability**
Acting with integrity and responsibility and engaging with people who use the service and with other stakeholders in an honest and transparent manner.

Section One: Service Policies and Guidelines

Access and Eligibility Policy and Guidelines

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

The policy applies to all decisions on whether or not support and advocacy is provided, bearing in mind the fact that demand is most likely to always exceed supply. It complements and expands on other Sage Advocacy policies, including Referrals Policy, and Safeguarding Vulnerable Adults Policy.

- No individual or group is directly or indirectly excluded from Sage Advocacy services – in order to ensure that this happens, we take appropriate measures to promote access for people who may be unable to access the service independently.
- Access to our service is governed by six core principles – respect, social justice, competence and compassion, accessibility, independence and accountability, which are enshrined in the Quality Standards for Support and Advocacy Work with Older People.
- We have a particular remit to ensure that we reach those who may be most in need of the service, e.g., people whose ability to advocate on their own behalf or whose opportunity to seek support independently is limited due to factors such as:
 - Weak natural support networks
 - Living in residential care facilities without any meaningful support outside of the residential setting
 - Having reduced capacity because of intellectual disability, dementia or other
 - cognitive impairment
- We seek to achieve an appropriate balance in the deployment of our resources between services to people who are referred to us or self-refer and those who require support to have their rights safeguarded but who are not referred or who are unable to self-refer.
- As far as resources permit at any given time, we respond to referrals that come within our remit but do not take on referrals that are not within our remit and/or are more appropriately dealt with by other services;
- We work towards ensuring that all potential referring agencies have a clear understanding of what we provide and, therefore, do not seek to make inappropriate referrals to us;

- An individual's own assessment of their situation is given due cognisance when accepting a client who has self-referred;
- Assessment of eligibility for our service takes into account the following factors:
 - Whether or not a person is deemed to be at risk, e.g., abuse or breach of rights
 - The resources available in a particular geographical area
 - The nature of the support being sought
 - The referral options available if we cannot provide the service
 - Initiatives targeted at a particular group or catchment area at a specific point in
 - Time
- In deciding whether or not to take a referral, we will apply the following criteria individually and collectively:
 - Without support and advocacy, a person is unable to obtain (or has difficulty in obtaining) services and supports or negotiating the service pathways;
 - A person's basic human rights or legal rights are being infringed;
 - The person's quality of life is being impacted on negatively;
 - There is a risk of harm to the person's health, safety or wellbeing;
 - There is alleged or suspected abuse of any kind;
 - Whether or not benefits are likely to accrue from our intervention
 - Whether or not an individual is likely to be able to assert their will and preferences without independent support and advocacy;
 - The presence or otherwise of natural social support networks – relatives, friends, support groups;
 - The availability or not of other services/supports to the person (e.g., Social Worker support);
 - Whether or not there is evidence of due process having been observed in dealing with a particular issue and whether or not all potential avenues of redress have been already fully explored;
 - Any other matters deemed relevant to an individual or group;
- Where a decision is made, following consideration of the above criteria, not to provide a service to a person at a particular time, every effort is made to signpost and refer the person to another appropriate service

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

Work towards closing the case

1. Refer the person to a more appropriate service
2. Inform the client of the reasons for closing the case and why Sage Advocacy cannot be of
3. Further assistance, and same should be clearly documented in Sage records.

Referrals Policy and Guidelines

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

- A referral can be made by an individual on their own behalf (self-referral) or by an individual on another person's behalf (service provider staff, relatives, friends, other independent advocacy services, other professionals);
- All referrals are centralised to Sage Advocacy's Information and Support Service. Sage Representatives working in a particular service may be asked to take referrals that arise from informal conversations with people, observation or conversations with service provider staff. In this instance, the Sage Representative must refer the person who wishes to make a referral to Sage Advocacy's Information and Support Service.
- It will be the task of the Information and Support Team to obtain as much information as possible prior to assigning the case to an Advocate
- Sage Advocacy will ensure that there is fair and equal access for those who require support and advocacy;
- All referrals will be responded to within 10 working days, either to arrange first contact for assessment or to inform the referrer and/or the client of a date for an initial response; Where a case cannot be dealt with immediately and has to be placed on a waiting list, the referrer and the individual referred (where possible) will be informed of the likely time scale and of the basis on which priority is determined;
- While acknowledging the importance of keeping the referrer informed, all communication will be subject to:
 - A. Protecting the client's confidentiality and respect his/her wishes and;
 - B. Ensuring that vulnerable adults, older people and healthcare patients are fully protected and safeguarded;
- Our approach to taking on cases includes a witness/observer and rights safeguarding role – in such instances the Safeguarding Vulnerable Adults Policy should be followed.
- A Referral Form should be completed for all individual referrals to Sage Advocacy. A Referral Tracking System is in place;
- The referrer, with the client's consent, will be informed about which issues are being worked on and the likely time frame;

- Should the person referred decline the service or if the referral is deemed to be inappropriate, the referrer will be informed;
- The supports required by people referred to Sage Advocacy at any given time will be met as far as is reasonable and practicable within available resources;
- In cases of evidence of alleged or suspected abuse, neglect or misappropriation, the Sage Representative will, in accordance with our Safeguarding Vulnerable Adults Policy, always inform the Regional Managers who are the Sage Advocacy Designated Officers.

Wait List Policy and Guidelines

The purpose of Sage Advocacy Wait List Policy and Guidelines are to guide Sage Staff in dealing with and managing caseloads within Sage Advocacy. The use of wait lists has been deemed necessary in order to ensure that Sage Advocacy Staff have a manageable caseload and that Sage Advocacy clients will receive a service, at any given time, in so far as resources will permit. It will be the task of the Information and Support service to identify the manner in which people can get access to service provided by Sage Advocacy, in a timely and appropriate manner, taking into consideration the caseloads held by the Regional Advocates.

This policy applies to all referrals that are waitlisted and to all decisions on whether or not the support and advocacy service is provided to an individual, bearing in mind that demand is most likely to always exceed supply. No individual is directly or indirectly excluded from Sage Advocacy services. To ensure that this happens, the Information and Support service will take appropriate steps to ascertain at the first point of contact, the client's consent for service, the need for service, and the relevance of referral to Sage Advocacy.

- Sage Advocacy will endeavour to prioritise those who have weak natural supports, limited supports outside of their place of residence, or reduced capacity in need of support with decision-making. Waitlist decisions will reflect these factors accordingly.
- The indicative caseload for any Sage Advocacy staff member should not exceed 30 active cases at any given time. Referrals received for the Regional Advocates in excess of the total maximum amount of caseload agreed with their Regional Manager will be managed by the Information and Support team until such time Regional Advocates can reduce their caseload.
- As far as resources permit at any given time, the Information and Support team will respond to all referrals received in accordance with Sage Advocacy's Referrals policy. Cases / Referrals will be placed on a central waitlist in situations where the maximum caseload quota has been reached in a particular area. It is the task of the Information and Support team to monitor and manage these referrals.
- As per Sage Advocacy's Access and Eligibility Policy, specific criteria will be applied to determine whether or not to take a referral. Where a decision is made, not to provide advocacy to someone at a particular time, every effort will be made to signpost and refer the person to another appropriate service.
- All referrals will be responded to within 10 working days, as per Sage Advocacy Referral Guidelines. The waitlist length of time will depend on demand in a particular region.
- Where a case cannot be dealt with immediately and has to be placed on a waitlist, the referrer and the individual referred, where possible, will be informed of the likely time scale and of the basis on which priority is determined.

- The support required by people referred to Sage Advocacy at any given time will be met as far as is reasonable and practicable within available resources.
- General information regarding all cases on the wait list will be presented to the Case Management Group every two weeks.
- When waitlists are in operation in a particular region, the relevant Regional Manager will be consulted in assessing and allocating the incoming referrals deemed as having a high level of urgency.
- Sage Advocacy does not have any role in directly investigating alleged or suspected abuse. If an allegation of abuse is disclosed to a member of the Information and Support team, the Designated Officer (or delegate) will be contacted regarding the next steps.
- The Information and Support team manage all elements of Sage Advocacy's waitlist.
- When a referral is received by Sage Advocacy, a member of the Information and Support team contacts the referrer to review the details of the referral, to advise of the waitlist, and to suggest (where relevant) steps that can be taken to support the client while the client is on the waitlist. The Information and Support team may also redirect a referrer to a more appropriate service where relevant.
- The total number of cases on the wait list can be cumulated in a report which can be reviewed by the Regional Managers, Assistant CEO – Case Management & Support, and is continuously reviewed by the Service Manager - Information and Support. It is the task of the Information and Support team to follow up with cases/referrals after a period of four weeks.
- It is the task of all Regional Advocates to contact their designated Information, Support and Advocacy Coordinator periodically to review the cases on Sage Advocacy's wait list, and where possible, to take on cases from the wait list.
- Regional Advocates can contact the Information and Support team at any time to ask what referrals have come in, and if there are any active cases on the wait list in a certain area that Regional Advocates are planning to visit. The Information and Support team will advise of same, and if Regional Advocates confirmed they have the capacity to take the case on before visiting, the Information and Support team will transfer on such cases ahead of the planned visit.

Consent Policy and Guidelines

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

- Sage Advocacy works in accordance with the principles set out in the Assisted Decision Making (Capacity) Acts, we will regard every individual as having capacity until proven otherwise. Consent from an individual will always, therefore, be sought in the first instance where possible
- At all times, our involvement will be on the basis that such involvement is helpful to the client and that the client understands the nature and purpose of such involvement and gives his/her consent accordingly;
- Where possible we will seek the consent of the person being referred prior to taking the case, or we will seek consent from the person being referred when we first meet them where consent is not initially possible over the phone.
- Sage Advocacy operates on the basis of getting written consent from clients where this is possible and practicable. Where, for whatever reasons, it is not possible to get written consent, other means of verifying consent through means which suits the client, will be sought
- We will at all times respect a refusal of consent once the communications criteria set out above have been observed;
- Where a third party (e.g., a service provider or relative) withdraws consent for Sage Advocacy involvement, Sage Advocacy will at all times seek direction from the client. Where getting such direction is not possible, Sage Advocacy will make a balanced judgement on the merits or otherwise of our ongoing involvement. Safeguarding concerns will be central in this regard.
- Where expressed consent is difficult to obtain, either initially or on an ongoing basis, we will make a balanced and measured judgement regarding our involvement, or continuing involvement, based on the Sage Representative's perception of need and the potential impact of the advocacy intervention;
- In cases where consent cannot be obtained, our involvement or continued involvement will proceed using a rights safeguarding/ 'non-instructed' support and advocacy approach in accordance with Non-instructed (Rights Safeguarding) Support and Advocacy Policy
- The Sage Representative should consult as many relevant people as possible who know the person -- carers, family members, friends, GP or other health professionals;

- Where a person has appointed an Enduring Power of Attorney, or a patient-designated healthcare representative under an Advance Healthcare Directive, the Sage Representative should ascertain the authority of such attorney/healthcare representative to consent on behalf of the person;
- Where a person has expressed clear wishes and preferences in the past in circumstances which are relevant to the current situation, these should be given due consideration by the Sage Representative in determining the person's current will and preferences
- The Sage Representative should make a written record of the "evidence" supporting any interpretation of a person's wishes, will and preferences which should be stored securely in accordance with Sage Advocacy data protection guidelines. consent should be recorded and stored on the Sage Advocacy database with date and time. Personal records should be stored on Sage's database for secure storage. All paper files, when actively finished using them, should be scanned and shredded within seven days.
- A Consent Form is required by Sage Representatives when making written representations on behalf of a person or when contacting statutory agencies, financial institutions and medical professionals;
- Verbal consent for the Sage Representative to act is appropriate in the following circumstances:
 - When liaising with a third party in the presence of the person giving the consent
 - When the person is available to give verbal consent over the phone
 - When the person is available to give verbal consent in person

Non-instructed Advocacy Consent Guidelines

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

- The Sage Representative sends a notification to the Regional Manager through the Sage database and uploads a non-instructed advocacy consent form they, the Sage Representative, has signed, signalling that they have taken on a new non-instructed advocacy case – this is then reviewed at the next Case Management Group meeting, and signed off prior to any intervention occurring. The updated non-instructed advocacy form is then re-uploaded to the Database.
- It is expected that when these cases come to the Case Management Group, the Sage Representative has gathered sufficient information about the client's decision-making capacity to determine that their intervention will be non-instructed and that there is good reason for Sage Advocacy to become involved.

Non-instructed (Rights Safeguarding) Support and Advocacy Policy

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

- The Sage Advocacy Case Management Group provides additional oversight in all non-instructed advocacy cases. All advocates should discuss non-instructed advocacy cases with their Regional Manager and subsequently will be brought to the Case Management Group for final sign off.
- We apply the following criteria in establishing whether to intervene in a rights safeguarding (non-instructed) advocacy role:
 - A person's basic human rights or legal rights are being infringed;
 - The person's quality of life is being impacted on negatively;
 - There is a risk of harm to the person's health, safety or wellbeing;
 - There is alleged or suspected abuse of any kind;
 - Whether or not benefits are likely to accrue from our intervention;
- In all non-instructed advocacy cases, Sage Representatives will use an approach or combination of approaches considered appropriate from a rights safeguarding perspective and which are likely to be relevant in ascertaining a person's will and preference, including, for example,
 - Person-centred/biographical – life story work. For example, communication with family, friends, or relevant professionals to seek insight into clients previously expressed opinions
 - Observation of daily living routines
 - Watching brief in relation to the well-being of the person
- The provisions of the Assisted Decision Making (Capacity) Acts; the Mental Health Act 2001, safeguarding and deprivation of liberty legislation (once enacted), and Adult Safeguarding legislation (once enacted) will be followed.

Supported Decision Making Policy and Guidelines

The purpose of this policy is to ensure that Sage Advocacy adheres to the provisions of the Assisted Decision-Making (Capacity) Acts in respect of supported decision-making. The Acts require that it must be presumed that everyone has capacity to make their own decision unless proven otherwise and that all practical efforts must be made to support a person to make his/her own decisions. Supported decision making has applicability across a wide population including people with intellectual disability, people who experience mental health issues and people who experience cognitive impairment arising from ageing conditions such as dementia. A person's lack of decision-making capacity may be temporary, fluctuating or permanent and may relate to different areas of decision-making.

- Sage Advocacy acknowledges and commits to the core provisions of the Assisted Decision-Making (Capacity) Acts:
 - All adults, except in very limited circumstances, have some level of capacity to make their own decisions and, based on their individual circumstances, are entitled to varying levels of support to do so;
 - The level of support an individual requires will be based on their own particular circumstances and the nature of the decision to be made;
 - A person's capacity to make a specific decision should only be assessed when all efforts to support the person to make the decision have been tried but have not been successful;
 - There may be a point where, even with all supports available, a person may lack capacity to make the specific decision and, in such cases, an application to court may be necessary.
- Codes of Practice developed by the Decision Support Service in relation to the Assisted Decision-Making Acts will at all times be adhered to by Sage Representatives.
- In supporting people to make their own decisions, Sage Advocacy adheres to the provisions of international human rights standards and norms regarding deprivation of liberty, including the UN Convention on the Rights of Persons with Disabilities (2005) the UN Convention against Torture (1984) and the European Convention on Human Rights (1953).
- We will work towards having the provisions of the following pieces of legislation implemented once these are enacted:
 - Disability (Miscellaneous Provisions) Bill
 - Adult Safeguarding Bill 2017
 - Deprivation of Liberty Bill
- We will ensure that people who use our services have access to the appropriate level of support to enable them to make decisions, as follows:

Minimal support

- (i) A person may require some assistance obtaining information. When provided with the information, they are then able to make the necessary decision;
- (ii) A person may require support to communicate to a third party a decision they have made.

Low to medium support

- (i) A person may require support to obtain information and have the information and different options explained to them in a way that is appropriate for them.
- (ii) A person may also require clarification about the consequences of decisions they may make.

High support

- (i) A person may require support to obtain information and have the information and different options explained to them in an appropriate way.
- (ii) A person may also require help with clarifying the possible decisions they might make, communicating their decision, and following through to ensure their decision is given effect.

- Sage Advocacy supports people to make their own decisions as far as possible and, where an individual's capacity to make a decision is in question, we will provide all practicable support to empower people to make their own decisions and to facilitate their decision-making.
- Sage Advocacy personnel will be fully cognisant of the different types and levels of decision-making support provided for under the 2015 Act and will seek to ensure that the most appropriate and least restrictive support intervention is applied, as follows

Assisted Decision-Making Agreement

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

Co-Decision Making Agreement

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

Decision Making Representative Order

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

scope of a Decision-Making Representative's authority to make decisions depends on the conditions contained in the court order.

Advanced Healthcare Directive

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

Enduring Powers of Attorney

A person with capacity may create an enduring power of attorney, to come into effect when they lack capacity, appointing an attorney to make decisions on his or her behalf in relation to property and finance or personal welfare or a combination of both. The Act updates the Powers of Attorney Act 1996¹ but does not include either consent to or refusal of treatment.

- We will seek at all times to provide independent advocacy and support to people to ensure that their voice is heard throughout the decision-making process²
- Where people do not have the capacity to consent to advocacy services, we will follow best advocacy practice in acting as their voice and adhere to the spirit of the Act in ensuring that the rights of the person are fully respected (see Non-Instructed Advocacy).
- We will ensure that all clients understand what their rights are under the Assisted Decision-Making Capacity Acts, in particular their right to participate in decisions that affect them.
- We will at all times provide information to clients about the decision-support arrangements under the Assisted Decision-Making Capacity Acts and discuss with them the implications of putting such an arrangement in place or the consequences of not doing so.
- In any engagement with clients in which capacity is an issue, we will at all times act in accordance with the nine Guiding Principles set out in Section 8 of the 2015 Act.
- Where a person's capacity is in question, there will be a presumption of capacity and a functional approach to capacity will be taken in accordance with the provisions of the Act.

¹ EPAs made under the 1996 Act already registered or being registered post the commencement of the 2015 Act will still have effect.

² While the Assisted Decision-Making (Capacity) Act 2015 does not define an 'Independent Advocate', a Code of Practice for Independent Advocates has been published by the Decision Support Service.

- Where a person is deemed to have functional capacity to make a particular decision, Sage Advocacy will act in accordance with the nine Guiding principles of the Acts.
- The will and preferences and beliefs and values of the person must be central to all decision making.
- We will at all times seek to ensure that there are no restrictions on the person's rights and freedom of action.
- Sage Advocacy strongly supports the provision in the 2015 Act for a person with capacity to make an Advance Healthcare Directive³ and an Enduring Power of Attorney that will come into effect when they lack the capacity to make decisions for themselves.
- We will always seek to support a client to:
 1. Draw up an Enduring power of Attorney (EPA)
 2. Draw up an Advance Healthcare Directive
 3. Ensure that the provisions of an Advance Healthcare Directive are implemented in full
- We work towards developing high competencies among our advocates in the areas of implementing supported decision-making and understanding what the functional assessment of capacity entails and how it should be carried out.
- We work towards developing best practice in resources and approaches for use among our advocates in the areas of supported decision-making, capacity and the functional assessment of it.
- We actively collaborate with all agencies working towards the implementation of the ADMC Acts.

Supported Decision Making Guidelines

Sage Representatives should at all times adhere to the provisions of:

Consent Policy

Safeguarding Vulnerable Adults Policy

Client Confidentiality Policy;

- In cases where a rights safeguarding/non-instructed advocacy approach is being adopted, the guidelines for such engagement set out in the Sage Advocacy Consent Policy document should be followed;
- People should always be presumed to have capacity unless there is clear evidence to the contrary;

³ A person may also appoint a Designated Healthcare Representative to take healthcare decisions on his or her behalf.

- Sage Representatives should always apply the principle of assisted or supported decision-making in accordance with the provisions of the Assisted Decision-Making (Capacity) Act 2015;
- Sage Representatives should be aware of the different types of supported decision-making provided for in the Act (as outlined in the Supported Decision-Making Policy) and ensure that each client is provided with support at the appropriate level and in accordance with their decision-making capacity;
- Sage Representatives should always seek to maximise the capacity of each individual and in a manner that engages the person separately and specifically with each issue being dealt with;
- Where there is any indication that a person may have reduced decision-making capacity, the Sage Representatives should check whether there is in place an Enduring Power of Attorney (EPA) or Advanced Healthcare Directive (AHD) in respect of the person involved and that the attorney/healthcare representative has the authority to act in relation to the particular matter;
- Where either an EPA or an AHD, is in place or where such is in place but the Attorney/Healthcare Representative does not have the authority for the matter in question, the Sage Representative should instigate a process (in consultation with their Regional Coordinator) to involve those representatives in any decisions being made with or on behalf of the client;
- Where neither an EPA or AHD is in place, the Sage Representative should consult with other relevant people to see if the client had at any stage given any indication as to who s/he would wish to be consulted in the event of incapacity;
- Where the Sage Representative is unable to ascertain clearly through direct communication with a client what his/her precise wishes are, the Representative should attempt to form as complete and rounded a picture as is possible of the client's likely wishes and preferences based on consultation with others, the client's personal history and personality;
- When working on the basis of a rights safeguarding/non-instructed advocacy approach, Sage Representatives should as far as practicable work in pairs.

Supported decision making ALERT system

Below is the ALERT system to be used when assisting someone to make decisions.

A = ASK

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

L = LISTEN

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

E = EXPLAIN

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

R = REALITY

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

T = TELL ME

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

Client Confidentiality Policy and Guidelines

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

- Any information recorded by Sage Advocacy about a client will be limited to only what is necessary in order to provide the support required by that person;
- All information that Sage Advocacy receive from or about a client is confidential to us and will not be passed on to anyone (including relatives and service provider staff) without the client's consent. Any requests from third parties (e.g., relatives, service providers, health and social care professionals) for information held by Sage Advocacy about a client will be dealt with in accordance with this Client Confidentiality Policy, GDPR and Sage Advocacy data protection guidelines.
- Exceptions to this are:
 - If there is a legal obligation to provide information
 - If we believe there is a risk of serious harm to the client or to someone else if the information is not passed on
 - A 'duty of care' or rights safeguarding role requires a sharing of information with others
- Where a person is deemed to lack capacity to make a specific decision about whether to disclose information, a decision is made based on a duty of care or in order to safeguard an individual's rights;
- Sage Advocacy operates on the basis that An Garda Síochána must be informed if it is suspected that a concern or complaint of abuse may be criminal in nature;
- Sage Representatives will abide by the principles relating to the sharing of information that apply before and during intervention in respect of people with reduced capacity as set out in Section 8 of the Assisted Decision-making (Capacity) Acts, in particular 8(10):
- The intervener, in making an intervention in respect of a relevant person —
 - A. Shall not attempt to obtain relevant information that is not reasonably required for making a relevant decision,
 - B. Shall not use relevant information for a purpose other than in relation to a relevant decision, and
 - C. Shall take reasonable steps to ensure that relevant information—
 - (i) is kept secure from unauthorised access, use or disclosure, and
 - (ii) is safely disposed of when he or she believes it is no longer required.

- Sage Representatives should ensure that the names of clients are available only to those directly involved in dealing with and progressing the issue -- the Sage Representative involved, the relevant Regional Advocate, the relevant Regional Manager, and the Sage Advocacy Case Management Group (the latter where this is required for the monitoring of a case);
- Individual client case management records should include the following information:
 - The initial referral and date
 - Reason for requirement of an advocate (why is this a Sage case?)
 - Client consent and wishes
 - Advocacy Plan
 - Actions of advocacy journey (log of relevant observations and comments)
 - Resolution
 - Outcomes
 - Systemic issues
 - Consent form received and attached to file
- Each issue which requires any kind of action by Sage Advocacy with external parties (service providers, professionals, relatives) should be recorded

Notes and Record Taking

- Note-taking to accurately capture the facts about an issue is an essential aspect of the Sage Advocacy approach and should be included as an integral aspect of the role of the Sage Representative;
- Note-taking by Sage Representatives should be carried out in accordance with GDPR and Sage Advocacy data protection guidelines
- The reason for taking notes should always be explained to the client and his/her agreement sought – where such agreement is not forthcoming, notes should not be taken;
- Any notes taken should be short, factual and to the point and capable of being shown to the client and any other relevant third party if necessary and so agreed by the client; therefore you can approach recording notes by considering the questions:
 - ‘Are you happy for the person to read what you have written?’
 - ‘Would you be happy to read this if written about yourself?’
 - ‘Are the notes useful to another Sage Representative taking up the case/referral?’
- Notes should be easily legible and comprehensible;
- Notes should be completed as soon as practicable after a meeting with a client to ensure accuracy of information;

- Any notes taken should be used to complete documentation and reports to ensure that matters that have arisen are dealt with fully and appropriately;
- Any notes taken by Sage Representatives and related reports should be incorporated as soon as practicable into files stored on the Sage Advocacy Database;

Style of Records

When recording notes it is important to:

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

Information to a third party or another organisation

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

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

Case Management Policy and Guidelines

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

Case Management Policy

- The Sage Advocacy Case Management system is informed at all times by the need to ensure that a clients' will and preferences are heard, understood and are the primary consideration in all actions and engagements by us;
- The guiding principles of the Assisted Decision Making (Capacity) Acts in relation to supported decision-making informs how people with reduced capacity are to be involved in the management of their cases;
- Sage Advocacy adopts the following as the core principles of Case Management:
 - Engagement and relationship building with individuals and groups
 - Ongoing information collection
 - Ongoing assessment of need for support and advocacy
 - Planning and prioritisation of needs
 - Drawing up, implementing, and reviewing a support and advocacy plan
 - Case closure and referral if appropriate
 - Strategically vetting cases through Sage Advocacy's database for maximum systemic impact
- The Case Management process is interactive and continuous involving ongoing assessment, analysis, shared decision-making and record-keeping;
- Sage Advocacy has in place a Case Management Group⁴ which:
 1. Monitors the overall approach to Case Management;
 2. Considers specific cases brought to its attention by the Regional Manager;
 3. Pays particular attention to cases regarding matters in relation to:
 - Safeguarding
 - Assisted Decision Making
 - Non-Instructed Advocacy
 - Money handling
 - Places of concern
 - Systemic Issues
 4. Monitors specific cases brought to its attention by Regional Managers
 5. Reviews Case Management, objectives, strategies and recording systems to ensure their continued appropriateness

⁴ Current members of the Case Management Group are CEO, Asst CEO Case Management and Support, Service Manager Information and Support, Legal Adviser, Clinical Lead, Regional Managers. Individual Sage Advocacy team members can be invited to join a relevant part of a meeting as required.

6. A Case Management Group - Work Group is used from time to time for particularly complex cases that require specific attention and expertise
- The Case Management Group examines casework brought to its attention and may bring practice issues to the Sage Advocacy Planning, Policy & Performance Committee (a sub-committee of the Sage Advocacy clg Board) for guidance if required;
 - Cases with a legal component are flagged to the legal advisor and Regional Manager via Sage Database. Complex legal cases are brought to the Case Management Group through the Regional Manager or Legal advisor.
 - As a general practice, all new referrals are reviewed by the Information and Support Team to establish the role for advocacy and requirements of the advocate;
 - Trends and emerging systemic themes impacting on clients are reviewed by Information and Support Service Manager on a quarterly basis
 - Current active cases owned by Regional Advocates are reviewed with their Regional Manager during one-to-ones
 - All cases involving support with money management are flagged to the Regional Manager, and are then reviewed at the next Case Management Group meeting.
 - Sage Advocacy has a form which should be completed with the client when a client requires support with a financial transaction. It should only be used after the Sage Representative has determined that all other possible alternatives have been exhausted (client unable to perform transaction him/herself and no family, trusted friend or neighbour, or professional is available) and has sought guidance from their Regional Coordinator beforehand.
 - Sage Advocacy involvement in phone and online banking transactions should only be on an exceptional basis and where a cash or cheque transaction is not possible.
 - In order to protect Sage Advocacy and the client, copies of receipts of financial transactions should be kept by both the client (the original) and the Sage Representative (photo of receipt on phone/photo of relevant transaction). The Sage Representative must email the record of the transaction as an attachment to their Regional Coordinator using their Sage Advocacy email address. The photo is attached to the client's record on Salesforce and then deleted from the phone.

Case Management Guidelines

- While some issues may be dealt with during one meeting with a client, other issues may require further meetings, information gathering from the client, staff, other professionals involved with the client, relatives and relevant others;
- Where resolving an issue is ongoing, a Support and Advocacy Plan should be drawn up and periodically reviewed. The Advocacy plan identifies and documents realistic and achievable goals and objectives, with clearly identified responsibilities. The advocacy plan should ensure that the client's views and will and preference are included
- Unrealistic promises should not be made to people by Sage Representatives and/or unrealistic expectations created;
- Where a Sage Representative is engaging with a person on the basis of a rights safeguarding/non-instructed advocacy approach, this should be recorded in the plan, which will be reviewed by the Case Management Group
- Sage Representatives should review on an ongoing basis, active cases that they hold
- Where a need arises to draw in additional expertise or advice to resolve an issue, this should be discussed with the person involved and a plan put in place in consultation with the Regional Manager
- A case should be closed when all of the issues have been resolved or where no further progress can be made on the issues raised, and client involved is informed, where possible
- The outcomes of the support and advocacy intervention by Sage Advocacy should be clearly documented.
- The total estimated time involved in a case should be recorded (including meetings, conversations, letter-writing, phone calls);
- Essential and relevant details relating to meetings, letters/emails, face-to-face and telephone conversations should be included in the Record;
- The date the case was closed should be recorded.
- Paused cases should be clearly documented in the action plan. When cases become active again, the date should be recorded in the action plan.

Case Management Group - Work Group guidelines

The Case Management Group – Work Group is a structure of the Sage Case Management

Group (CMG), decision-making and oversight remain with the CMG. The Case Management Group – Work Group (CMG – Work Group) is a process to provide expertise, perspectives and reflection into the case management process for complex cases requiring additional input to progress.

- A CMG – Work Group is formed from:
 - Relevant members of the CMG – to be determined by CMG
 - A member of Sage Planning, Policy & Performance Committee
 - Sage Regional Coordinator responsible for the case
 - As required members of the Sage Team, Board of Trustees, Sage Committees with relevant expertise.
- The CMG – Work Group meets as required to progress a case
- The CMG – Work Group meetings are coordinated by the Asst. CEO Case Management & Support
- The CMG – Work Group may agree actions and related correspondence to progress the case
- Actions relating to the case agreed by the CMG – Work Group are reported back to CMG by the Asst. CEO Case Management & Support at the CMG regular meeting
- The formation of a CMG – Work Group is recorded on Salesforce ‘Work with Client’ record noting the date of CMG agreement to form a Work Group.
- A note of actions from CMG – Work Group meetings is saved to the ‘Work with Client’ record.

Safeguarding Vulnerable Adults Policy and Guidelines

The purpose of Safeguarding Vulnerable Adults Policy and Guidelines are to ensure the safety and well-being of both Sage Advocacy clients and Sage Representatives and to ensure that vulnerable adults are protected both generally and throughout any engagement with us.

Safeguarding Vulnerable Adults Policy

- Sage Advocacy adheres to the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (2014) and seeks to minimise the negative impacts of risk, while respecting and upholding the human rights and inherent dignity of all people involved with the Sage Advocacy service.
- Sage Advocacy works towards achieving the correct balance between safeguarding and independence, thus empowering all vulnerable adults in our society.
- We operate on the premise that no endeavour, activity, or interaction is entirely risk free. In some cases, living with risk can be outweighed by the benefit of having a quality of life that an individual values and freely chooses.

Designated Officers⁵

In compliance with the Safeguarding Vulnerable Persons Policy, Sage Advocacy has appointed Designated Officers who are responsible for:

- Receiving concerns or allegations of abuse regarding vulnerable persons;
- Ensuring the Sage Advocacy Assistant CEO – Case Management and Support is informed and collaboratively ensuring necessary actions are identified and implemented;
- Support team member in that moment in line with Safeguarding and Vulnerable Persons Policy
- Assistant CEO – Case Management and Support raises concerns to CEO as necessary
- Ensuring reporting obligations are met.
- Referrals made to HSE Safeguarding and Protection Teams are noted at Sage Advocacy Case Management Group

The overall role of Advocacy in Safeguarding Vulnerable Adults

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

- The continuum of support and advocacy provided by Sage Advocacy aims to offer the above to any vulnerable person. In addition, we believe the will and preference of the

⁵ Currently the Regional Managers are Designated Officers for their regions. Assistant CEO – Case Management and Support, and Service Manager Information and Support are also trained Designated Officers.

vulnerable adult in question should be central to this investigation at all times where possible.

- Sage Advocacy adheres to the Safeguarding plan as outlined in the HSE Safeguarding Vulnerable Adults Policy (p.34)⁶

Scope of Sage Advocacy

We are committed to safeguarding adults across all care settings and communities we engage with and in. In line with HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures (p.6)⁷, these include the following:

- All statutory and service providers (including for-profit organisations) with responsibility for the provision of health and social care services to vulnerable persons;
- Across all service settings, including domestic, alternative family placements, public funded non-statutory residential care, respite services, day care and independent living (associated support services such as transport are also included);
- All other relevant directly provided HSE services;
- Situations where formal health or social care services are not in place but where concerns have been raised by, for example, neighbours, family members and members of the public in relation to the safeguarding of an individual and a health and/or social service response is required.

Human Rights Approach

- A human rights approach informs all of Sage Advocacy's policies and ensures that the rights of vulnerable adults and older persons are fully protected and is at the forefront of our practice.
- We recognise that many of the people who require our services will be vulnerable because of physical, intellectual or cognitive disability; or because they may be experiencing issues related to self-neglect; or to protect themselves against harm or exploitation.
- We believe that it is each person's right to live in a safe environment, free from abuse and that society should ensure that each individual is afforded appropriate and adequate protection (where necessary) in this regard.
- Sage Advocacy recruits, trains and supports people to work with vulnerable adults, with particular reference to identifying signs of abuse and the procedures to adhere to when reporting alleged abuse.

⁶ <https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

⁷ <https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

- Sage Representatives are required to adhere to the HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (2014).

Defining Abuse

Sage Advocacy's definition of abuse is in accordance with Safeguarding Vulnerable Persons Policy (2014) – 'any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms' (p.10)⁸.

We acknowledge that adults who become vulnerable have the right:

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

Types of Abuse

- Physical abuse - includes hitting, slapping, pushing, kicking and misuse of medication, restraint or inappropriate sanctions.
- Sexual abuse - includes rape and sexual assault, or sexual acts to which the vulnerable person has not consented, or could not consent, or into which he or she was compelled to consent.
- Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

⁸ <https://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

- Financial or material abuse - includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Discriminatory abuse - includes ageism, racism, sexism, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- Neglect and acts of omission - includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
- Institutional abuse - may occur within residential care and acute settings including nursing homes, acute hospitals and any other in-patient settings, and may involve poor standards of care, rigid routines and inadequate responses to complex needs.

Responding to Allegations of Abuse

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

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

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

- Any person providing information about alleged abuse will, as deemed appropriate, be informed that disclosures of information to appropriate others can occur if:
 - A vulnerable person is the subject of abuse;
 - The risk of further abuse exists;
 - There is a risk of abuse to another vulnerable person(s);
 - There is reason to believe that the alleged person causing concern is a risk to themselves
 - A legal obligation to report exists.

All Sage Representatives operate on the basis that failure to record, disclose and share information about alleged abuse is a failure to discharge a duty of care and that it may be an offence under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012⁹ to withhold information in such instances.

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

⁹ <http://www.irishstatutebook.ie/eli/2012/act/24/enacted/en/print.html>

- If an allegation of abuse is made against a Sage Representative [including employees waged and unwaged, consultants and anyone acting in the name of Sage], we will follow guidelines and procedures as set out in the Safeguarding Vulnerable Adults Policy (2014).
- Sage Advocacy aims to comply with the timelines set out in the Safeguarding Vulnerable Persons Policy and notify the Safeguarding and Protection team of a concern, allegation or complaint within three working days.
- Sage Representatives are required to follow the guidelines and timelines set out in Stage 1 and 2 of the Guidelines Flowchart.
- We will consult with and refer to the relevant care setting where appropriate.

Disclosures of Historic Abuse

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

- All concerns or allegations of abuse will be assessed within Sage Advocacy, regardless of the source or date of the occurrence.
- The wishes and welfare of the person involved and the potential for ongoing risk will guide the intervention.
- Sage Advocacy's duty of care to report abuse or allegations of abuse will not be affected in any way by internal procedural differences regarding investigations between public and private care settings.

Consent

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

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

Safeguarding Vulnerable Adults Guidelines

- Sage Representatives should be fully aware that Sage Advocacy does not have any role in directly investigating alleged or suspected abuse;
- In any instances where abuse is either alleged or suspected, Sage Representatives should adhere to the Sage Advocacy Safeguarding Vulnerable Adults Policy.
- Where a client or someone on his/her behalf discloses an allegation of abuse to a Sage Representative, this should be reported immediately to the Regional Advocate, who will notify their Regional Manager/Designated Officer
- The Sage Representative receiving an allegation should ascertain if possible if the person against whom the allegation has been made is still alive and whether s/he has access to children;
- The person making the allegation should be informed that our policies and procedures require the Sage Representative receiving the allegation to report to the Sage Advocacy Designated Officer, who may consult with the HSE Children and Family Services (TUSLA) to consider any existing risk to children, or may consult the HSE Safeguarding and Protection Team to consider any existing risk to vulnerable adults and older people.
- Any abuse reported to a Sage Representative must be treated as alleged until it is proven by a formal investigation – this is necessary to protect the rights of all those involved;
- The Sage Representative, in consultation with his/her Regional Manager/Designated Officer, and the person making the allegation should deal with the matter fully and comprehensively, including:
 - Referring the allegation to the HSE Safeguarding and Protection Team where deemed necessary
 - Reporting the allegation to An Garda Síochána if it is alleged or suspected that a criminal offence has been committed
 - Reporting to the Assistant CEO – Case Management and Support, and for note to the Case Management Group
- Where a Sage Representative feels that matters being discussed with a client indicate an abusive situation, s/he should enable the client to talk about it freely whilst recognising the complex and potentially conflicting emotions often involved;
- The following points should be observed by Sage Representatives when dealing with alleged or suspected abuse:
 - Is the person making the allegation aware of the serious implication of what s/he is alleging?

- People who are being abused may not always identify themselves as having been abused – Sage Representatives should look out for any indications of abuse;
- Supporting the person to address the abuse identified should be at the core of the Sage Representative’s response to any alleged or suspected abuse;
- The Sage Representative has a duty of care to clients and all actions required to respond to alleged or suspected abuse should be taken;
- The Sage Representative should be clear about what the person making the abuse allegations is asking Sage Advocacy to do:
 - Does s/he want support and advocacy in approaching the appropriate people to address the situation?
 - Does s/he want Sage Advocacy to support a third party, for example, a relative or other service user in addressing the issue?
- Where an allegation of abuse is made anonymously to a Sage Representative, the referrer should be advised to contact the HSE Safeguarding and Protection Team and request anonymity;
- Where abuse by an individual staff member in a care setting is observed by or reported to the Sage Representative, this must be reported to the Regional Manager/Designated Officer and to the Person in Charge of the care setting before the Sage Representatives leaves the premises;
- Where there is an allegation of abuse by other service users (e.g., other nursing home residents), the person making the allegations should be supported to raise the issue with the person in charge or the Sage Representative can do so on their behalf, if the person so wishes and agrees. The allegation must be reported to the Regional Coordinator and the Sage Advocacy Designated Officer;
- Where there is an allegation of abuse against a Sage Representative, this should be reported to the Regional Manager/Designated Officer, and our Safeguarding Vulnerable Adults Policy should be followed.

Reporting Alleged Abuse

Reporting of alleged abuse follows a line management structure from Sage Representative, to local Regional Advocate, Regional Manager/Designated Officer, Assistant CEO Case Management and Support, and Case Management Group, and a referral to the HSE Safeguarding Vulnerable Persons Team in that area

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

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

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

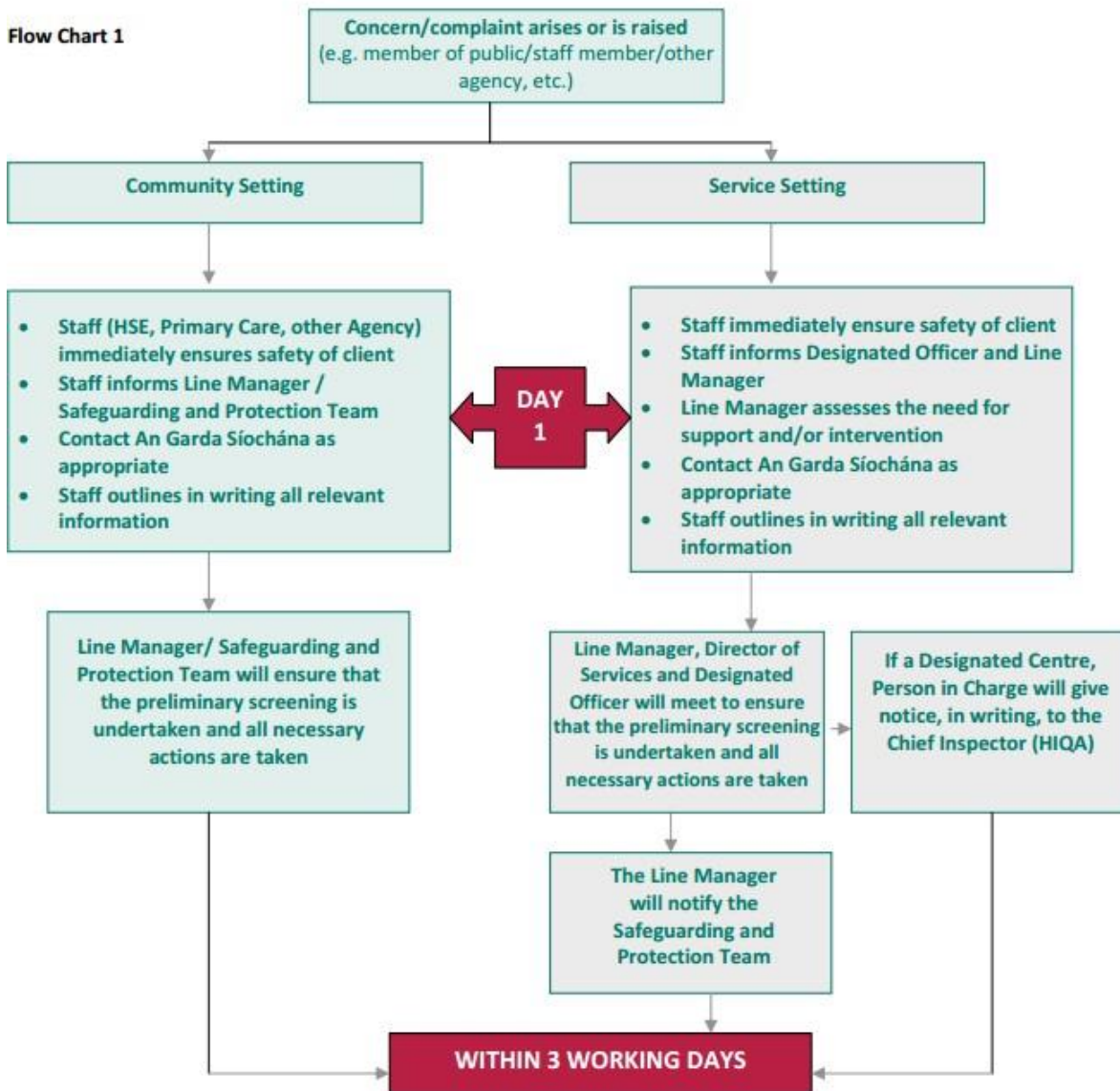
Where immediate harm or serious risk is evident, the safety of the person is paramount and should be ensured by reporting accordingly (to the service/care setting manager).

Flow Chart

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

Stage 1- Concern Arises.

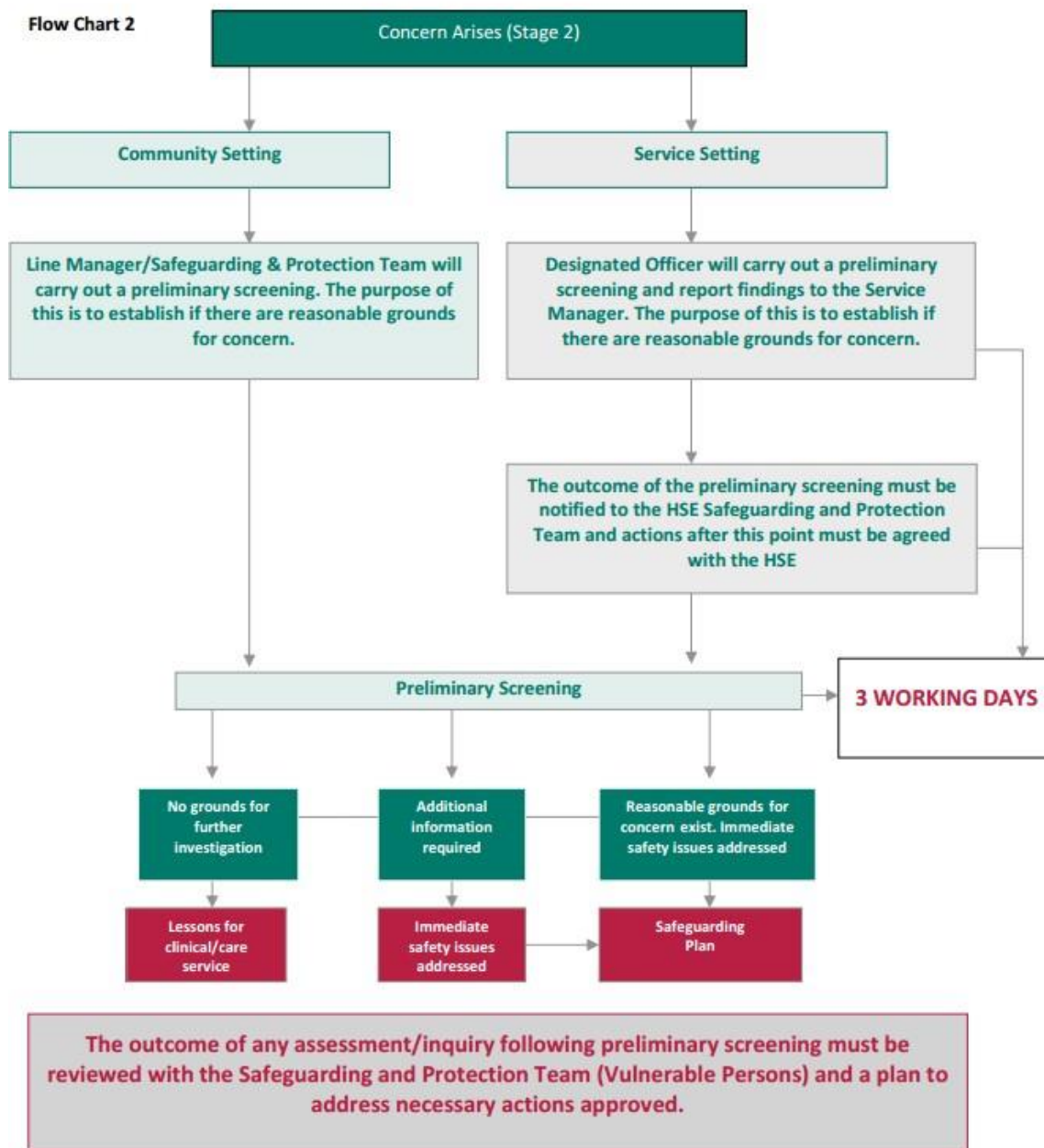
Flow Chart 1



Proceed to Stage 2 - Preliminary Screening - Section 11.0

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

Flow Chart 2



Responding to clients at risk of suicide

The nature of Sage Advocacy’s work in supporting vulnerable adults, older people and healthcare patients can result in Advocates having to support clients who are struggling with their mental health or those in crisis. This requires guidance when responding to clients at risk of suicide.

This guidance is firmly grounded in national policies, international evidence and best practice. Key documents in this regard are: ‘Connecting for Life’, Ireland’s National Strategy to Reduce Suicide 2015 – 2020, ‘Suicide Prevention in the Community, A Practical Guide’ (HSE) and ASIST (Applied Suicide Intervention Skills Training) which is coordinated by the HSE’s National Office of Suicide Prevention. The guidance also reflects evidence-based interventions regarding the importance of open and direct communication regarding suicide, supporting early identification, intervention, referral and treatment as outlined in ‘Connecting for Life’.

People who are at risk of suicide may display a range of behaviours and experience a range of emotions. Some of the most common risk factors that may put someone at risk of dying by suicide are listed below.

Individual	Socio-cultural	Situational
Previous suicide attempt	Stigma association with help-seeking behaviour	Job loss, financial loss or retirement
Mental health difficulties	Barriers to accessing health care, mental health services or substance abuse treatment	Low levels of social contact and or relationship losses or breakdown
Alcohol or drug misuse	Exposure to suicidal behaviour, e.g. through the media or influence / proximity to others who have died by suicide	Bereavement
History of trauma or abuse		Stressful life events, e.g. moving to long term care
Acute emotional distress (after a life event or incident)		Discharge from in-patient care or emergency dept, if the person attended due to suicidal thoughts or behaviours.
Terminal or chronic illness and or long-term pain		
Family history of suicide		

Warning signs to look for

The following lists some of the warning signs that indicate someone may be thinking about suicide. The more warning signs there are, the higher the risk. Some people might show none of these signs or only show them in very subtle ways, but still feel suicidal. It can be different for everybody; thus, it is important to treat each person and their circumstances as individual and unique.

Critical Signs:

Directly speaking about wanting to end their life, e.g. “I’m going to kill myself”.

Indirectly speaking about wanting to end their life in verbal statements, e.g. “I can’t bear to be alive anymore”, or “Life is not important and I want out”.

Evidence of preparing to end their life, e.g. stock piling medication.

Other signs to watch for

This may include changes in behaviour, physical signs, experiencing certain feelings and or negative thoughts. This is not a full list and signs can often be difficult to recognise.

Behaviour:

- Becoming isolated and withdrawn.
- Sudden changes in mood or personality.
- Disinterest in usual activities or social patterns.
- Abusing drugs or alcohol.
- A suicide attempt or self – harm.

Physical signs:

- Neglecting their appearance, personal hygiene and or clothing.
- Persistent physical complaints like chronic pain.
- Weight loss or weight gain due to appetite loss or gain.
- Paying off all debts and giving away possessions.

Feelings:

- Feelings of hopelessness, guilt, shame, or rage.
- Feeling life is meaningless.
- Low mood or depression.
- Sudden changes from distress to saying that they are ‘at peace’ or ‘okay’ (may indicate that they have decided to end their life).

Thoughts:

- Gloomy, negative thoughts.
- Unable to find solutions to problems.
- Very self-critical.

The following can act as protective factors against suicide and self-harm:

- A daily structure of routine.
- Increasing self-esteem and self-worth.
- Encouraging use of coping and problem-solving skills.
- Connecting with family, friends and wider community.
- Access to health care, social and emotional supports.
- Access to spiritual and or religious supports.

Confidentiality

Confidentiality and consent are at the core of the work of Sage Advocacy. Information provided by clients is kept confidential, **except in specific circumstances where there is a risk to self or others.** In a case where a client has a clear and immediate plan to end their life by suicide, Sage Advocacy Representatives do not need to seek consent before contacting the emergency services. If considered appropriate the client can be made aware that the emergency services will be contacted.

Responding to indirect and direct discussions of suicide by a client:

'Many people don't ask about suicide for two reasons: they're afraid of putting the idea into someone's head; or they are afraid that if the answer is yes, they won't know what to do next. Simply asking the question does not give someone the idea. Thoughts of suicide generally develop slowly over a long time and after a series of difficulties in life. By asking the question, you're acknowledging their distress and giving them an opportunity to talk about something that is probably very frightening for them. If the answer is yes, don't panic. Listen to them without judgement or blame'. HSE & NOSP, Understanding Suicide and its Prevention, p.15.

Start by asking questions

Be sensitive, but ask direct questions. The following suggestions may help you start the conversation.

Ask about changes you've noticed and or behaviours if you have just met / spoken to the person:

- *I noticed some changes in you lately and I am worried about you. Is there anything you would like to talk about?*
- *You don't seem yourself. Would it help to talk?*
- *How are you coping with what's been happening in your life?*
- *Some of what you have just said is worrying me. How are you feeling at the moment?*

Ask about suicide

- *Sometimes when people are feeling... (e.g. lonely or hopeless) they may think of ending it all.*
- *Are you thinking about ending your life?*
- *Are you having thoughts of suicide?*
- *Are you thinking about dying?*
- *Are you thinking about hurting yourself?*
- *Have you ever thought about suicide before, or tried to harm yourself before?*

Listen and understand

Give the person space to explain what is going on for them and how they feel about it.

Assessing & Responding to Immediate Risk:

Ask the person if they have an immediate plan to end their own life:

- *Do you have a plan to kill yourself?*
- *Have you decided when you would do it?*
- *Do you have access to weapons, medication or other things which could be used to kill yourself?*

If the person indicates a clear plan to take their own life in the immediate future, either during a phone conversation or a visit the following plan should be enacted:

- A. Acknowledge what the person has shared with you e.g. *'From what you have shared I am concerned that you have made a plan to end your life today, I now need to make a plan to keep you safe'.*
- B. Explain to the person that Sage Advocacy's protocol is now to contact the emergency services via 999 / 112.
- C. If you are on the phone to the person, seek to keep the person on the line. Contact the emergency services from another phone. If that is not possible, text the details to your Regional Manager / Assistant CEO Case Management & Support, as appropriate, for additional support.
- D. If you are physically with the person, ask them to remain in the room with you while you contact emergency services.
- E. Dial 999 / 112. Ask for the ambulance service and explain your emergency, who you are and whatever information you have.
- F. Stay with the person (or on the phone line) until the ambulance arrives.
- G. Contact your Regional Manager / Assistant CEO Case Management & Support to obtain additional support.

Assessing & Responding to 'Indirect Risk':

If the person has expressed feelings of 'wanting to die' but does NOT have an immediate plan to end their own life, the following plan should be enacted:

- A. Discuss ways to help them e.g. *'what can I do that would help you right now?'*
- B. Ask if there are certain items in the home which should be removed e.g. stock piled medication.
- C. Support them while they access professional help – contact their GP and or PHN / or encourage them to contact and to make an appointment, share the contact details for appropriate supports (see below) and ask them regarding other supports they may have used before.
- D. Encourage them to contact emergency services if they begin to feel worse.
- E. Encourage them to plan to talk to someone they trust.
- F. Identify the person's strengths that can be drawn on, e.g. how have they coped with feeling low in the past.
- G. Identify protective factors - things that are positive in the person's life, contribute to their wellbeing and give them hope.

- H. Contact your Regional Manager / Assistant CEO Case Management & Support to obtain additional supports.

Making a safety plan

A safety plan can be a written or verbal plan for next steps to keep the person safe. It can include a summary of the above steps to reassure the person that you are taking them seriously and highlighting their coping skills.

- A. If the person is living in a care setting or in an acute setting, inform the Director of Nursing or senior staff member before leaving the care setting.
- B. If the person is living in the community, summarise the plan to access professional help before you leave and follow up with the relevant professionals immediately.

Always remember to practice self-care after a crisis situation. These types of encounters won't be easy for you, but your confidence and support can make a huge difference in someone's life.

Please talk to your Regional Manager / Assistant CEO Case Management & Support as needed regarding additional supports and self-care practices.

Self-Neglect Policy

The purpose of this policy is to offer guidance to Sage Advocacy personnel when dealing with issues and concerns of self-neglect. This policy sets out an approach to working with adults who self-neglect and ensure they are protected both generally and throughout any engagement with Sage Advocacy.

Self-neglect can be a result of a conscious decision to live life in a way that may impact on a person's health, wellbeing or living conditions and/or may have a negative impact on other people's environments. In these circumstances people may be unwilling to acknowledge that there is a problem, they may not be open to receiving support to improve their circumstances. Understanding the unique circumstances of the person and avoiding assumptions is vital in working with people who are neglecting their own wellbeing.

"Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding" (Department of Health, 2017).

Guidance

Self-neglect covers a wide range of behaviours:

Neglecting to care for personal hygiene.

Neglecting to care for health.

Neglecting to care for surroundings.

Behaviours such as hoarding

Obsessive hoarding creating potential mobility and fire safety hazards.

Neglecting to safeguard and protect welfare of pets/ farm animals

General Principles

Sage Advocacy personnel, as with all safeguarding concerns, should underpin all work in situations of self-neglect with 6 key values and principles (Human Rights; Person-Centeredness; Advocacy; Confidentiality; Empowerment; Collaboration) outlined in the Safeguarding Vulnerable Adult Policy (HSE 2014).

Sage Advocacy Sage Advocacy adheres to HSE Safeguarding Vulnerable Persons at Risk of Abuse Policy and Procedures (2014) Section 3 where concern has arisen due to the person seriously self-neglecting his/her own care and welfare and putting him/herself and/or others at serious risk.

Sage Advocacy personnel work in accordance with the principles set out in the Assisted Decision Making (Capacity) Acts and will regard every individual as having capacity and operates a supported decision-making framework. Consent from an individual will always, therefore, be sought in the first instance.

Sage advocates adhere to adult safeguarding standards (Health Information & Quality Authority/Mental Health Commission 2019) which is to reduce risk of harm for of all people accessing health and social care services, and promote their rights, health, and wellbeing.

Responding to Concerns of Self-Neglect

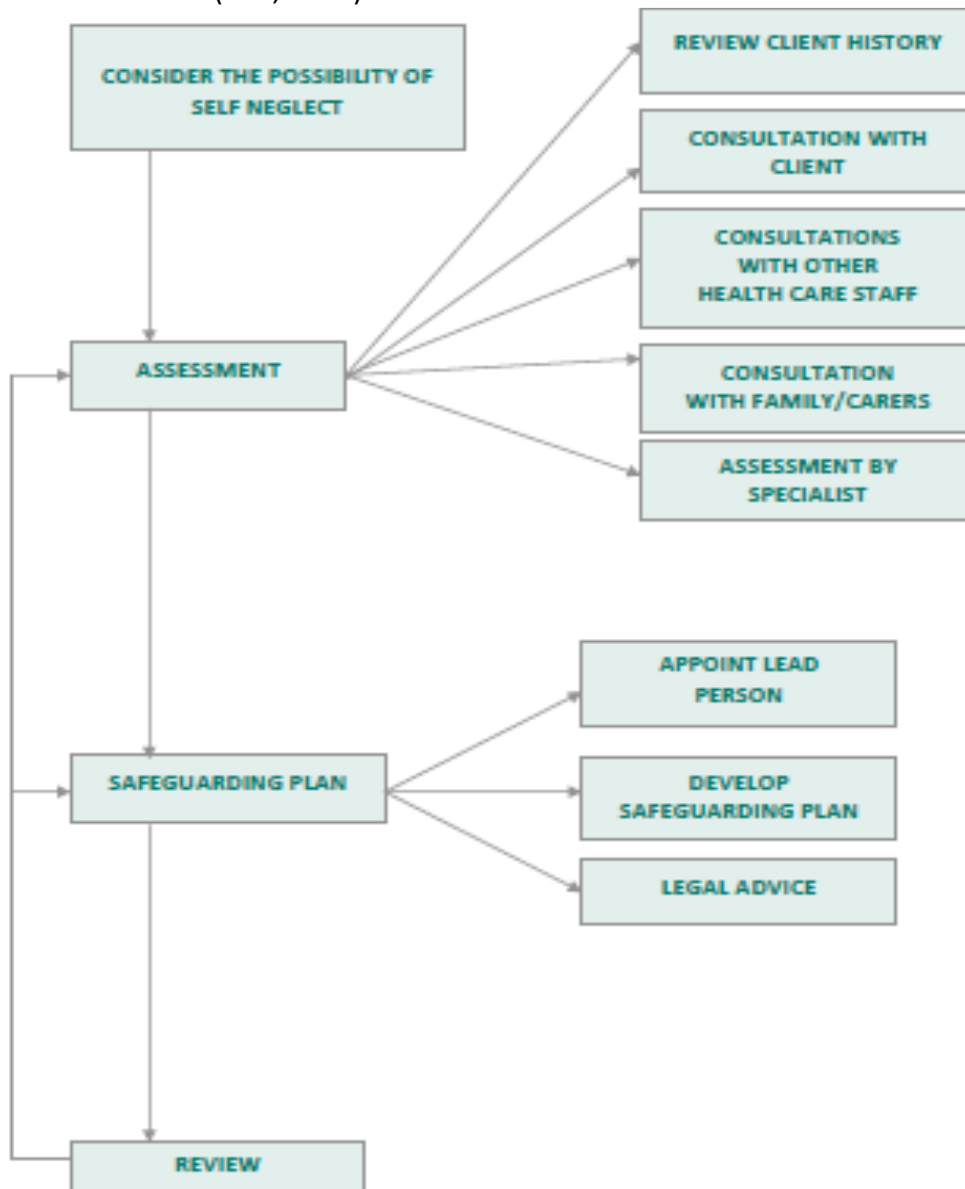
Responding to Concerns of Self-Neglect

1. The person will be facilitated and supported by Sage Advocacy personnel to enable them to give their story and perspectives of their unique circumstances; potential risks and knowledge of self-neglect concerns and issues that have been raised.
2. The needs of the person and situation must be assessed to establish the facts of the situation, the nature and extent of the concern, and what action, if any, should be taken.
3. Sage Advocacy personnel will ensure that the wishes, feelings, beliefs and values, will and preferences of the client are heard, and understood and must be central to all decision-making actions and engagements by Sage Advocacy.
4. Sage advocates will work towards building a trusting relationship with client and working at their pace.
5. Sage Advocacy personnel will enable the adult at risk of self-neglect to consider and develop their thoughts on their experience, what they want to change; what is important to them and how overall wellbeing can be maintained or improved.
6. Sage Advocacy strongly endorses HSE Policy (2014) which supports a multidisciplinary and multiagency response that supports working collaboratively; shared decision making; shared risk management to find solutions to support the person and assist them in reducing the impact on their wellbeing and on others.
7. Sensitive and comprehensive assessment is important in identifying the person's capabilities and risks and constant ongoing re-assessments will be required to ensure further concerns are embedded within assessment.
8. Sage Advocacy personnel operates on the basis that plan of care will be person-centred and outcome focused; clarifies how real and potential risks will be addressed, by whom, within what timeframe and by what date the plan will be reviewed
9. Sage Advocacy personnel operate on the basis that intervention will be proportionate to the risk involved and be the least restrictive alternative.
10. Sage Advocacy operate on the premise that no endeavour, activity, or interaction is entirely risk free. In some cases, living with risk can be outweighed by the benefit of having a quality of life that an individual value and freely chooses.
11. Responding to self-neglect cases requires professional judgement and complexity of cases and situations can present an exceptionally fine line in making decisions and judgments. Sage advocates can consult with Sage Advocacy Case Management Group who can provide additional oversight and support.
12. Consideration should be given in complex cases, and where there are significant risks, to convening a multi-agency meeting to share information and agree an approach to minimising the impact of specific risks and improving the person's wellbeing.
13. The Clutter Image Ratings (CIR) Scale (Frost, 2004) consists of three sets of 9 colour photographs (living room, bedroom, and kitchen) with varying amounts of clutter (1=least cluttered, 9=most cluttered) and can provide guidance to identify the level of hoarding, and courses of action for multidisciplinary/multiagency team involved. If there is a fire safety risk due to hoarding/ self-neglect multidisciplinary /multiagency group should seek advice from Fire Services.

14. In situations where there is animal hoarding consideration needs to be given to the impact of this behaviour on the adult's health and wellbeing, the animals' welfare, or the public health and safety hazards for others. The multidisciplinary team should collaborate with the ISPCA, local authority, public health officials, veterinary services, or environmental health.
15. Sage Advocacy operates on the basis that self-neglect cannot always be regarded as a private matter. When public health and personal safety and well-being of adults and others (community members, family neighbours, children, animals etc), are at stake, self-neglect and hoarding in its various forms may intersect with the human rights of other persons and the legal system.
16. However, if a person has capacity in relation to their care and support needs, or where issues of capacity are or have been difficult to assess, and the self-neglect is extreme and impacting on safety and well-being of others (Community members, family, neighbours) As far as possible and appropriate the Safeguarding and Protection Team (Vulnerable Persons) will support professionals and services in undertaking assessment and intervention.
17. Sage Representatives are required to follow the procedures and Flow chart (Consider the Possibility of Self-Neglect; Assessment; Safeguarding Plan and Review) (p.49) set out HSE Safeguarding Vulnerable Adults Policy.
18. Sage Representatives follow a supported decision-making framework regarding capacity building as outlined in the Assisted Decision-Making Acts.
 - Research has found that the key things that can make a difference are:
 - the importance of relationships;
 - finding' the person;
 - legal literacy;
 - creative interventions;
 - effective multi agency working (Braye et al 2015; Day, McCarthy, & Fitzpatrick, 2018; Day & McCarthy, 2018).

Sage Advocacy operates on the basis that all Sage Representatives act appropriately and play their part in reducing potential risks to person or others (fire risk, vermin, toxins, drugs, anti-social behaviour, animal at property etc) by following the advice contained in Sage Advocacy's Service Policies and Operational Guidelines.

Flowchart Procedures (HSE, 2014)



Conflict of Interest and Sage Advocacy Practice Policy

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

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

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

- It is the policy of Sage Advocacy clg that conflicts of interest are avoided and that any conflicts (where they do arise) do not interfere in any way with Sage Advocacy service delivery;
- Sage Advocacy Representatives (paid staff and voluntary) are expected to at all times act with personal and professional integrity and to maintain role boundaries;
- All Sage Representatives have a responsibility to act within the law and are required to comply with the Sage Advocacy Service Policies and Guidelines;
- Sage Advocacy Representatives can have no conflict of interest that might interfere or compete with their first duty, which is to clients;
- In working with clients, Sage Representatives are expected to set aside all personal interests whether these relate to themselves directly or indirectly or relate to another person;
- In keeping with best practice, Sage Advocacy will at all times be mindful of the need to identify and manage any conflicts of interest that could arise in in its casework with clients, including, in particular, the following situations:
 - A. The Sage Representative or any person associated with him/her is likely to make a financial or any other gain, or avoid a financial loss, at the expense of the client;
 - B. The Sage Representative or any person associated with him/her has an interest in the outcome of a service provided to the client which is distinct from the client's interest in that outcome;
 - C. The Sage Representative or any person associated with him/her has a financial or other incentive to favour the interest of one client over another;
 - D. The Sage Representative is offered an inducement by the client or a third party in the form of monies, goods or services.

- Sage Advocacy requires all Sage Representatives to identify and report any potential conflict of interest that arises or which could arise in their dealings with clients or any relevant professionals;
- Sage Advocacy Representatives should never use their position to form relationships of and exploitative nature with clients or with any person associated with the client;
- For the avoidance of doubt, Sage Advocacy Representatives should never accept any gifts or favours from any parties involved;
- If there is any possibility of a conflict of interest, it should be disclosed by the Sage Representative to both the client and to Sage Advocacy Regional Manager;
- Where the actual or potential conflict of interest refers to a Regional Advocate or other staff member, it should be disclosed to the Sage Advocacy Assistant CEO – Case Management and Support.

Compliance with Conflict of Interest and Sage Advocacy Practice Policy

1. All Sage Representatives are required to identify any actual or potential conflict of interest in relation to their work and to report this to the Regional Manager and to the Assistant CEO – Case Management and Support
2. Regional Advocates will regularly check adherence to this policy with their group of Sage Representatives and make it clear that they volunteers are responsible for informing their Regional Advocate whether supporting or advocating for a particular client will present a conflict of interest, in which case, the Regional Advocate will assign the client to a different volunteer
3. Where it is found that a Sage Representative has not disclosed a conflict of interest in relation to a client, immediate action will be taken to protect the client and an internal investigation will be conducted by relevant Sage staff, the outcome of which may result in a dismissal of the Sage Representative;
4. Where any person suspects that someone has failed to disclose a conflict of interest, they should notify the Sage Advocacy Assistant CEO – Case Management and Support who may bring the matter to the attention of the CEO who may raise the issue with Board
5. Where the Board of Sage Advocacy clg has reason to believe that a person subject to this policy has failed to comply with it, it will investigate the circumstances. If it is found that this person has failed to disclose a conflict of interest, the Board may take action against the person. This may include seeking the person's resignation from Sage or dismissal;
6. Sage Advocacy will, where necessary, obtain its own independent legal advice when making decisions relating to potential conflicts of interest.

Assessment of Need and Risk Management Policy and Guidelines

The purpose of the Assessment of Need and Risk Management Policy and Guidelines are to ensure that all users of Sage Advocacy services and all Sage Representatives are enabled and supported to identify the risks associated with a particular action or actions that may be required to meet clients' needs and to identify ways of eliminating or managing risk both generally and in specific circumstances. Risk assessment and management in the context of a rights approach is a matter of considerable importance and applies to both users of Sage Advocacy services and to Sage Representatives. This policy sets out our approach to managing personal risk to either clients or Sage Advocacy personnel.

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

General principles relating to risk management

- Sage Advocacy fully endorses people's right to self-determination and related responsible risk-taking as referenced in both the UN Convention on the Rights of Persons with Disabilities and the Council of Europe Statement on the Rights of Older Persons:
 - Being able to make a personal decision to do something or think a certain way without external compulsion
 - Being able to live independently, in a self-determined and autonomous manner
 - Being able to make decisions about healthcare, finances, relationships and where and with whom to live

- Quality of life considerations are at the heart of risk assessment and management, in particular:
 - The opportunity to perform activities of daily living (ADL)
 - The opportunity to engage in meaningful use of time
 - Engaging in social interactions
 - Achieving a favourable balance between positive emotion and the absence of negative emotion
- General support and advocacy principles – user participation, respect, self- determination and autonomy – are core considerations in preventing and managing risk;
- Sage Representatives will always have unconditional positive regard for clients in all engagements regardless of how a person may present;
- Sage Advocacy operates on the basis that all people have legal capacity irrespective of their decision-making capacity;
- We acknowledge that the dilemmas faced by practitioners and service managers in risk assessment, particularly for people with cognitive impairment and/or reduced decision-making capacity, are complex, and require careful management;
- We operate on the basis that people need to be fully informed and supported to make decisions that help them feel in control and thereby increase their competence, confidence and safety;
- Supporting people as much or as little as they wish is at the core of the Sage Advocacy support and advocacy engagement;
- Sage Advocacy supports people in the making of Advance Healthcare Directives and Enduring Power of Attorney (EPA) in respect of their will and preferences concerning property and affairs and in the implementation of these directives and wishes should they currently experience reduced capacity;
- We proactively promote and support responsible risk-taking by people irrespective of their state of health or the speed at which they can absorb information or execute decisions;
- The guiding principles of the Assisted Decision-Making (Capacity) Acts are central to the Sage Advocacy approach to risk-taking;

Sage Advocacy Personnel

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

- All Sage Advocacy personnel are required to adhere to the Sage Advocacy Working Alone Policy relating to risk assessment and management;
- All adverse incidents involving either Sage Advocacy personnel or Sage Advocacy clients are reported to the Assistant CEO – Case Management and Support
- Sage Advocacy personnel have the right to refuse to enter/withdraw from any engagement with clients and from any premises at any stage should they be compromised in any manner –physically or psychologically
- Sage Representatives are required to follow the guidance on working alone contained in the Working Alone Policy and in the related guidelines relating to Working Alone and Home Visits.

Working Alone Policy and Guidelines

The purpose of this policy is to ensure the safety and well-being of both Sage Advocacy clients and Sage Representatives in the event that a Sage Representative is working alone. The safety of any Sage Representative working alone in the office, conducting home visits, travelling by car or undertaking out-of-hours meetings on their own is of paramount importance

- Sage Advocacy is committed to taking the necessary measures to ensure the safety, health and protection of all Sage Advocacy personnel and the carrying out of risk assessments accordingly¹⁰;
- We have a duty of care to all Sage Representatives (paid and volunteer) and are committed to maintain, as far as is reasonably practicable, a safe working environment for all people working on their own;
- The safety of any Sage Representative working alone in the office, conducting home visits, travelling by car or undertaking out-of-hours meetings on their own is of paramount importance;
- Training on matters of Health and Safety is provided to ensure the safety, health and welfare of all Sage Advocacy personnel;
- Sage Advocacy personnel are not expected to enter situations where they may face potentially serious or unacceptable risks;
- We operate on the basis that all Sage Representatives act appropriately and play their part in reducing potential risks by following the advice contained within this policy and the related Assessment of Need and Risk Management Policy and the relevant Sage Advocacy Service guidelines;
- All Sage Advocacy personnel are expected to take reasonable care to protect their safety, health and welfare and that of any other person with whom they come in contact;
- All referrals involving a Sage Volunteers visiting a person's private residence are processed through their Regional Advocate
- Sage Representatives are empowered to take charge of working alone situations and to engage in risk assessment and to seek support and direction in deciding whether it is safe to continue;

¹⁰ The General Safety and Health Provisions and the General Applications Regulations 2007, require employers to take the necessary measures to protect health and safety – see

<http://www.hsa.ie/eng/Legislation/Acts/Safety Health and Welfare at Work/General Application Regulations 2007/General Application Regulations 2007 SI 2007 Unofficial Copy.pdf>

- Guidelines are in place for the reporting and investigation of any incident related to a Sage Representative working alone and the making of appropriate recommendations to prevent recurrence of such incidents.
- In any instance where a Regional Advocate (or Sage Representative) becomes concerned for the safety of a Sage Representative working alone the following line of escalation should be followed:
 - Sage Advocacy Assistant CEO – Case Management and Support
 - An Garda Síochána

Home Visits by Sage Representatives

- Sage Representatives visiting people in their own homes should adhere strictly to the Working Alone Policy and the Needs Assessment and Risk Management Policy;
- The Sage Representative should always inform the Regional Advocate of a plan to visit a person's home and the date/time/location of the visit;
- Sage Representatives should anticipate and manage potential risk relating to home visits by:
 - Obtaining as much background information as possible on clients before visiting them at home
 - Identifying any areas where there is any likelihood of a danger to the safety, health or welfare at work of the Sage Representative or that of any other person
 - Reporting any concerns, no matter how small, to their Regional Advocate
- In consultation with the Regional Advocate/Sage Advocacy colleague, Sage should complete an initial assessment, prioritise any concerns arising before a home visit takes place and decide to address any potential risks;
- The Sage Representative should consult with his/her Regional Advocate prior to arranging a home visit;
- The Sage Representative should consult with their Regional Advocate or Sage Advocacy colleague if they are unsure of details relating to the referral. Where possible, the Sage Representative should be accompanied by their Regional Advocate or another Sage Advocacy colleague on the initial visit to the client
- If at any stage during a home visit, the Sage Representative encounters aggression or violence they should reassess the situation and terminate the visit -- the Sage Representative should report this incident to their Regional Advocate
- Since home visits involve entering a person's private residence, the Sage Representative should always observe the following guidelines:
 - Knocking on the door

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

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

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

Considerations for initial risk assessment by Sage Representatives

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

- Are you happy to take on the referral and complete the visit?
- Have you been made aware of any issues surrounding the client?
- Do you have access to all relevant information relating to the referral and the client?
- Is the client known to the Sage Advocacy service?
- Are you happy to attend on your own?
- Have you given your Regional Coordinator/Sage Advocacy colleague all information relating to the visit?
- Have you checked the route to the location of the visit?
- Do you have access to adequate transport to complete the visit?

Considerations for onsite risk assessment by Sage Representatives

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

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

Complaints Policy and Guidelines

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

General

- All grievances and complaints are treated confidentially – this means that Sage Advocacy will only involve people who are directly involved in the complaint;
- When a complaint includes an allegation against Sage Advocacy, it will be dealt with in accordance with the policy for managing allegations of abuse against a Sage Agent and not under the Complaints Policy;
- Any complaint relating directly or indirectly to abuse will be dealt with in accordance with our [Safeguarding Vulnerable Adults Policy](#);
- All complaints relating to Sage Advocacy clients (whether directly from a client, on behalf of a client, or by a bona fides third party) are investigated and responded to and documented accordingly provided they are not deemed to be vexatious. Please see Appendix 1 for more information;
- We will initially try to resolve complaints and grievances in an informal way at a regional level and will only move onto a more formal approach if the complaint made cannot be resolved informally;
- Complaints by or on behalf of clients will in the first instance be dealt with by the Sage Advocacy Regional Advocate informally and the person making the complaint will be given an opportunity to talk about the issue to see if it can be resolved;
- Where a complainant is not satisfied with the outcome of this stage, they will be afforded an opportunity to engage in a more formal process that will involve the Regional Manager or Case Management & Support/Assistant CEO in:
 - Verifying all the details of the complaint
 - Carrying out an exhaustive formal investigation to ascertain all the facts of the complaint and proposing a resolution (this process will be completed within 28 days)
 - Referring the complaint to the CEO who may seek external guidance on the matter and/or an independent review of the complaint
- A complaint form can be downloaded from the [Sage Advocacy website](#).

Sage Advocacy clients

- Clients will be informed by the Sage Representative that they can complain if they feel that the service provided does not meet their expectations or if they are unhappy with any aspect of the service;
- Clients will be facilitated and supported by Sage Advocacy in making a complaint if they wish to do so;
- A client or somebody acting on their behalf may make a complaint by filling out our complaint form We will accept a complaint over the phone in exceptional circumstances.;
- We will accept a complaint made by someone else (e.g., family member) on behalf of a client provided that it is clear that the client has sought assistance from that person in making the complaint;
- We will accept a complaint made by another person on behalf of a client where there is clear evidence that the client does not him/herself have the capacity to make a complaint or to ask another person to assist.

Bona fides third parties

- Complaints about Sage Advocacy made by bona fide third parties (e.g., nominated representatives under the Assisted Decision-making (Capacity) Acts, relatives, social and health care providers) will be dealt with fully and appropriately, taking into account client confidentiality and the need to respect fully the will and preferences of clients;
- Where a complaint is made by a bona fide third party in relation to a person who lacks capacity, Sage Advocacy will apply a rights-based safeguarding approach and follow the guidelines set out in our [Safeguarding Vulnerable Adults Policy](#).

Family members, stakeholders and/or members of the public

- Sage Advocacy will accept complaints from family members, stakeholders and members of the public and these complaints will be dealt with following the process outlined in the information that accompanies our complaint form, and on our website.
- It is important to note that the Sage Advocacy Independent Complaints Review Panel (ICRP, see below) will only accept complaints from clients, or on behalf of clients. Family members, stakeholders and/or members of the public, when complaining about matters affecting them rather than a client, do not have recourse to the ICRP, but may refer a complaint to the [Ombudsman](#).

Sage Advocacy personnel

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

Independent Complaints Review Panel (ICRP)

Sage Advocacy has an external (Independent) Complaints Review Panel in place to which complaints (from clients, or on behalf of clients) that cannot be resolved internally by Sage Advocacy can be referred. Further information on the Independent Complaints Review Panel can be found on the [Sage Advocacy website](#).

Garda Vetting Policy

The purpose of this this this policy is to ensure that the requirement for Garda Vetting is fully carried out in the recruitment of new personnel in order to protect vulnerable adults who avail of Sage Advocacy services.

- Sage Advocacy will comply with and adhere to the requirements of the [National Vetting Bureau \(Children and Vulnerable Persons\) Acts 2012-2016](#) which states that a person may not be engaged to do relevant work or activities relating to vulnerable persons unless that person has been subject to the vetting procedures under the Act;
- In accordance with legislative requirements, Sage Advocacy will ensure that any persons working directly or indirectly in the provision of support services to vulnerable people are vetted and the Garda Vetting Application Process (see Sub-section below) will be followed;
- Sage Advocacy operates on the basis that Garda Vetting does not replace good practice such as face to face interviews, verbal reference checks, identity verification and our own professional standards criteria;
- Where possible, Garda Vetting will be completed prior to the commencement of a position with Sage Advocacy -- if this is not possible for reasons beyond the control of Sage Advocacy and/or the applicant, a Sage Representative may be appointed based on reference checks and completion of a declaration of good character but subject to satisfying Garda Vetting requirements;
- A Sage Representative's contract/agreement can be terminated if s/he does not satisfy Garda Vetting requirements;
- In accordance with legislative requirements to verify the identity of the person requiring Garda Vetting, Sage Advocacy will request to see original photo identification and original

identity documents and will retain a copy of the documents for each successful applicant -- these will be securely stored;

- Garda Vetting is provided to Sage Advocacy by the Garda Central Vetting Unit (GCVU) through the HSE Garda Vetting Liaison Office (an authorised signatory)¹¹;
- Sage Advocacy will comply with the HSE Garda Vetting Liaison Office procedures and guidelines for Garda Vetting;
- Sage Advocacy, in accordance with the Garda Vetting requirements, will identify a 'Designated Garda Vetting Officer'¹² who will act as a liaison with the HSE Garda Vetting Liaison Office and who will be responsible for ensuring the most up-to-date Garda Vetting procedures are used;
- The HSE Garda Vetting Liaison Office will pass on the results of the vetting process only to the Sage Advocacy Designated Vetting Officer;
- Sage Advocacy will provide a letter confirming a Sage Advocacy Representative has completed the Garda Vetting process if requested by a Care Setting in compliance with their policies and procedures;
- Where a vetting disclosure is received containing details of criminal records or specified information, Sage Advocacy will, in accordance with legal requirements, provide a copy of the disclosure to the person vetted;
- The Designated Vetting Officer will refer all matters of concern that emerge from the Garda Vetting process to the Sage Advocacy Management Group;
- The Sage Advocacy Management Group will deal in a secure and strictly confidential manner with the information disclosed through the Garda Vetting process;
- Where a disclosure needs to be discussed by the Sage Advocacy Management Group, the applicant will be advised in advance, and will be invited to attend in order to discuss the information;

Disputes arising from Garda Vetting Procedure

¹¹Garda Vetting forms may only be submitted to the GCVU by an Authorised Signatory and HSE Garda Vetting Liaison Office is an authorised signatory who have been trained by the CGVU to manage and process vetting applications and disclosures.

¹² The Sage Advocacy 'Designated Garda Vetting Officer' is for the time being the Information Systems Officer.

- In instances where a person disputes any detail contained on a Garda Vetting Disclosure, issued to the Authorised Signatory in respect of him/her, the following procedures will apply:
- The person vetted will be asked to outline the exact basis of his/her dispute and submit it in writing to the Authorised Signatory;
- The Authorised Signatory will submit the applicant's submission, with the original vetting form to the Garda Vetting Unit for further checks;
- If, following further checks, the applicant still disputes details of the disclosure, arrangements will be made for further validation procedures;
- At the conclusion of the dispute resolution process, decisions on the suitability of the applicant will be the responsibility of the Sage Advocacy Management Group.

Risk Assessment Guidelines

- A conviction, prosecution or case pending will not necessarily bar an applicant for consideration for engagement. The following criteria will be considered:
 - The nature and number of any convictions
 - The frequency of any convictions
 - The post for which the person is seeking engagement
 - The self-disclosure of the conviction/case pending by the applicant
 - The time lapse since the conviction

Information storage

- In accordance with the Data Protection Acts, the outcome of Garda Vetting will be recorded on the Sage Advocacy database.
- Any documentation submitted to verify an applicant's identity for the purposes of Garda Vetting will be retained in a secure manner for a period of 3 years;

Garda Vetting Application Process

- The Garda Vetting Application process follows E-Vetting Procedures as directed by the HSE GVLO.
- The Garda Vetting process (E-Vetting and Paper-based format) requires applicants to supply all addresses that they have been resident at from birth in chronological order. Where these include addresses outside of the island of Ireland, in general the requirement is for addresses that the applicant has been resident at for six months or longer to be provided.

- Applicants can expect to be [re-vetted every 3 years](#).
- Where a person has resided outside of the Republic of Ireland and Northern Ireland for more than 6 months, Sage Advocacy will request that the person provides a Police Clearance from each country the person resided.
- *In the event that the person is unable to provide a certificate from the country in which they were resident, it must be shown that efforts have been made to receive this.* Sage Advocacy is conscious of not initiating policies that prejudice needlessly against individuals who have resided outside of Ireland, and accepts that due to circumstances beyond a person's control it may not be possible to obtain a record from another country. Such cases will be objectively determined on a case by case basis by the Sage Advocacy Management Group.
- Applicants will be expected to provide relevant information of any pending cases against them, which will be taken into account when considering the application.
- Applicants are required to disclose all relevant information on the Garda Vetting Application Form. If this is not done, and if the conviction is such that would give cause for concern regarding the appointment of the applicant, he/she will be given an opportunity in a review meeting to explain the omission and Sage Advocacy will make a decision based on all the information available at the time.

Response Time

The time it takes for vetting forms to be processed by the GCVU can vary significantly.

Security Information

The results of the Garda Vetting process are kept by HSE Garda Vetting Liaison Office authorised signatory. However, details of any disclosures will be passed on to Sage Advocacy's Designated Garda Vetting Officer.

Suitability of Applicants

The Garda Vetting Unit does not provide 'clearance' for individuals. It merely provides a history of offences if any should exist. The function of the GCVU extends solely to the provision of disclosure or non-disclosure to an organisation.

Requesting personal data

Under the Data Protection Act 2018 an individual has the right to access personal data about him/her that is held by An Garda Síochána. This can be requested either in writing or by completing a Data Protection Access Request form.

The written request or completed form should be sent to the Garda Vetting Unit, Racecourse Road, Thurles, Tipperary, Ireland, [in accordance with their requirements](#).

- A **disclosure** in response to a data protection access request will be sent directly to the person making the request. Such a disclosure is different to Garda Vetting, a Police Certificate, a Garda Reference or proof of no convictions.

Soft information or “specified” information

- The [National Vetting Bureau \(Children and Vulnerable Persons\) Acts 2012-2016](#) provides for the exchange of specified information or ‘soft’ information within the context of the law for the protection of children and vulnerable adults. This is information held by the Garda Síochána (or an organisation specified in Schedule 2 of the Act) where such information reasonably gives rise to a *bona fide* concern that a person may harm a child or vulnerable person.
- The disclosure of specified information is tightly controlled and the Act seeks to balance the rights of vetting subjects to the protection of their good name and the rights of children and vulnerable adults to be protected from persons who are likely to cause them harm.
- Where a member of the Bureau staff considers that there is ‘specified information’ in regard to the vetting subject, it will be referred to the Chief Bureau Officer for assessment as to whether the information should be disclosed. The Chief Bureau Officer will notify the vetting subject of the referral, provide a summary of the information, and inform him or her of their right to make a written submission in relation to the information.
- A decision to disclose the specified information can be made only if the Chief Bureau Officer, on assessment, believes the information in question is of such a nature as to give rise to a bona fide concern that the vetting subject may harm, attempt to harm or put at risk of harm a child or vulnerable person. The Chief Bureau Officer must be satisfied that the disclosure is necessary, proportionate and reasonable in the circumstances in order to protect children or vulnerable persons. The vetting subject must be informed of the intention to disclose the information and informed that he or she may appeal the decision.

Systemic Advocacy Policy and Guidelines

The purpose of this policy is to implement Sage Advocacy's strategic objective of building an understanding and appreciation of the systemic inequalities and weaknesses that exist in Irish legislation, policies, and practices. It focuses on engagement with policy makers, public representatives, budget holders, decision-makers and the media regarding systemic issues of concern.

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

- Sage Advocacy works to develop research and information capabilities to enable the service to record and analyse issues of concern and to engage on a regular basis with stakeholders and the media, including, in particular:
 - The deployment of a highly skilled researcher with the ability to leverage research from contacts with professional groupings and academic institutions
 - Developing measures of impact and outcome including inter-agency working outcomes.
- Sage Advocacy will periodically organise invitation-only workshops based on Chatham House Rules on issues of concern to the service and of interest to stakeholders.
- High-profile events on selected thematic issues will be organised annually, based on the activities and outcomes of the previous year's work to which stakeholders and the media will be invited
- Sage Advocacy Regional Advocates will identify and strategically address issues facing vulnerable adults in their catchment area where change in the existing service delivery structure or resource allocation is required.
- Sage Advocacy will seek to engage service delivery organisations at senior management level to identify ways in which these systemic issues can be addressed in the short, medium and longer-term to the benefit of identified groups of vulnerable adults, older people and healthcare patients.

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

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

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

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

- Meeting with HSE Heads of Social Care for the CHO rather than the individual Health and Social Care Professionals working on the individual case (e.g., PHNs, social workers, etc.)
- After resolving a case for a nursing home resident experiencing an issue that many other residents are facing, meeting with the Director of Nursing and relevant nursing home staff to resolve the issue, focusing on how the staff themselves can implement the resolution for existing and future residents – rather than only resolving the individual nursing home resident’s issue.

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

Systemic Issues in the Public Interest Guidelines

- Sage Advocacy’s Memorandum of Association and Service Policies and Guidelines outline the organisations’ strategic objective to pursue systemic issues with potential for broader systemic impact and systemic change.
- Sage Advocacy will pursue systemic issues brought to the notice of the organisation which warrant attention in the public interest.
- Systemic issues pursued in the public interest may be identified by Sage Advocacy through a variety of interactions, including but not limited to: direct client work, engagement with a group of people impacted by a systemic issue, and engagement with a third party or family member connected to a person impacted by a systemic issue
- Sage Advocacy and Sage Representatives operate in adherence to the Client Confidentially Policy, Client Consent Policy and Data Protection Policies.
- Sage Representatives should make clients and other parties aware of Sage Advocacy’s systemic advocacy approach as systemic issues are identified in the case, and note it on the Sage Advocacy database
- The decision to pursue a systemic issue in the public interest is taken by Sage Advocacy through the structures of the Management Team and the Case Management Group. Matters can be brought to the attention of the Planning, Policy and Performance Committee and the Board of Trustees for guidance if required.

- Sage Advocacy's approach and management of a systemic issue pursued in the public interest will be directed by the Case Management Group with oversight from the Planning, Policy & Performance Committee.
- Sage Advocacy does not require the consent of an individual to pursue a systemic issue in the public interest, nor can an individual compel Sage Advocacy to pursue a systemic issue in the public interest.
- Sage Advocacy must not use personal data or identifying factors of a person when raising a systemic issue without the explicit consent of the person, the facts of the case without identifying information can be used.
- Sage Advocacy cannot advocate for the rights of a deceased person and should exercise caution if using the information of a deceased person when pursuing a systemic issue.
- The consent of a family member or other party related to a deceased person to use facts and information relating to the case would not be appropriate or a valid consent.
- Sage Advocacy's Guidance on the use of personal data in research and Sage Advocacy's Data Protection Policies are applied when pursuing a systemic issue in the public interest

Section Two: Key Documents and Templates

Referral form

Referral Source: Self Other

Is the client consenting to this referral being made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Non-instructed Advocacy* <input type="checkbox"/>
Is the client happy to be contacted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Non-instructed Advocacy* <input type="checkbox"/>

I, the Client, consent to Sage collecting, using and storing my personal information to provide me with the service I have requested	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Non-instructed advocacy* <input type="checkbox"/>
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*Please only tick non-instructed advocacy if the client has been supported to understand why a referral is being made and why their information needs to be recorded, but is unable to give his/her consent.

Date of referral: Click or tap to enter a date.

Client information (who is the person that requires an advocate?):

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

Reason for referral – Presenting Issue(s) (Please tick where applicable)

Access to Community Services	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Transition / Discharge	<input type="checkbox"/>
Acute Setting	<input type="checkbox"/>	Health/Clinical	<input type="checkbox"/>	Legal	<input type="checkbox"/>
Barriers to supported Decision Making	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Residential Care	<input type="checkbox"/>
Planning ahead	<input type="checkbox"/>	Safeguarding Concerns	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other (Please describe)					

Why do you (or the person you are referring) require an advocate:

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

--

Other People who are supporting you (or the person you are referring):

Name:	Contact details:	Role:

Details of person making referral (if not referring yourself):

Name:	
Organisation:	Address:
Relationship with Client:	Phone:
	Email:
Signed:	Date:
<p>I, the Referrer, consent to Sage collecting, using and storing my personal information to provide the service I have requested¹ Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Please complete this form and post to Sage Advocacy, 24 – 26 Ormond Quay Upper, Dublin D07DAV9. Alternatively, return it by email to Sage Advocacy at info@sageadvocacy.ie. Unfortunately, we cannot accept referral forms emailed directly from a scanner unless they have been verified by the sender and Sage Advocacy.

Personal data is processed by Sage Advocacy based on the individual's explicit consent. Where the individual is unable to give consent, personal data is processed by Sage Advocacy based on the vital interests of the individual. Sage Advocacy complies with the Data Protection Acts, 1988-2018 (including GDPR). All information provided is safeguarded securely, safely, and privately. Sound recordings of any meeting whether involving third parties or otherwise, without permission of all participants will be regarded as a data breach. The information may be retained for up to 10 years, and may be anonymised for systemic case research and statistical purposes. We do not share any service user information with third parties without explicit consent, unless we are required to do so by law or to protect the service user or another individual from serious harm. There are rights available to data subjects, including the right to withdraw consent. For further information see http://ec.europa.eu/justice/data-protection/reform/files/regulation_oj_en.pdf

Support and Advocacy

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

Finances Social / Personal Healthcare / Patient Advocacy

Specifically, the following issue(s):

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

Signed: _____

Witness: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Sage Representative providing support and advocacy:

Name: _____*

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

Information and Data Protection

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

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

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

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

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

Signed: _____

Witness: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

Non-Instructed Advocacy Form

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

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

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

Finances Social / Personal Healthcare / Patient Advocacy

Specifically, the following issue(s):

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

Signed: _____

Witness: _____

Print name: _____

Print name: _____

Date: _____

Date: _____

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

Information and Data Protection

Personal data is processed by Sage Advocacy based on the individual's explicit consent. Where the individual is unable to give consent, personal data is processed by Sage Advocacy based on the vital interests of the individual. Sage Advocacy complies with the Data Protection Acts, 1988-2018 (including GDPR).

All information provided is safeguarded securely, safely, and privately. Sound recordings of any meeting whether involving third parties or otherwise, without permission of all participants will be regarded as a data breach.

The information may be retained for up to 10 years, and may be anonymised for systemic case research and statistical purposes. We do not share any service user information with third parties without explicit consent, unless we are required to do so by law or to protect the service user or another individual from serious harm.

There are rights available to data subjects, including the right to withdraw consent. For further information see http://ec.europa.eu/justice/data-protection/reform/files/regulation_oj_en.pdf

For Sage Advocacy use only

Date received by Case Manager: _____

Date approved by Case Management Group: _____

Version: March 2023

Complaint form and guidelines for making a complaint

The guidelines below are intended to explain the process of making a complaint relating to services provided by Sage Advocacy and its representatives. All complaints are treated confidentially – this means that Sage Advocacy will only involve people who are directly involved in the complaint.

Our objective is to promote, protect and defend the rights and dignity of vulnerable adults, older people and healthcare patients. We take your complaints seriously and try to learn from any mistakes we have made, bearing in mind that our focus at all times will be on the client. Where there is a need for change, we will conduct an internal review setting out our shortcomings and learning to inform practice for the organisation. We will let you know when changes we have promised have been made.

We believe that all complainants have the right to be heard, understood and respected. However, we also consider that our staff have the same rights. We, therefore, expect you to be polite and courteous in your dealings with us. (We have a [separate guidance document](#) to manage situations where we find that someone's actions are unacceptable).

Sage Advocacy will seek to resolve all complaints as early as possible, at the first point of contact. If you are not satisfied with the outcome of this, you can progress your complaint to the investigation stage.

- If your complaint relates to an *Information or Subject Access Request* made to Sage Advocacy under the General Data Protection Regulations 2016 and you are dissatisfied with the outcome, you can appeal directly to the [Data Protection Commission](#). Sage Advocacy will not process a complaint related to a Subject Access Request.
- If your complaint relates to a case where the HSE Safeguarding & Protection Team/Garda Síochána and/or legal proceedings are involved, the matter will be dealt with under our Safeguarding Vulnerable Persons Policy.

Who can make a complaint?

Provided that the complaint relates to the work of Sage Advocacy, and not to another organisation, agency or service, and that the complaint is not frivolous or vexatious, a complaint can be made by:

- A client who uses Sage Advocacy services;
- Somebody acting on the client's behalf provided that it is clear that the client has sought assistance from that person in making the complaint;
- Somebody acting on the client's behalf where there is clear evidence that the client does not have the capacity to make a complaint or to ask another person to assist; or
- A *bona fide* third party, e.g. relative, social and health care provider or nominated representatives under the Assisted Decision-Making (Capacity) Act 2015. Where this is the case, Sage Advocacy will apply a rights safeguarding approach and follow the guidelines in our Safeguarding Vulnerable Adults Policy.
- Family members, stakeholders and members of the public.

What happens if I make a complaint?

All formal complaints received will be recorded on receipt, acknowledged within 5 working days, and the CEO and Case Management & Support/Assistant CEO will be made aware of them. Where appropriate, the CEO and Case Management & Support/Assistant CEO will first request the relevant Sage Advocacy Representative and/or Regional Coordinator to deal with complaints informally. If you are not satisfied with the outcome you may engage in a more formal process which will involve:

- Clarification of all the details of the complaint by a senior member of staff nominated by the CEO.
- A report of the investigation of the facts of the complaint and a proposed resolution will be forwarded to the CEO who will make a decision on the complaint. Sage Advocacy will endeavour to complete this process within 30 days. However, the complexity of some cases may require more time.

What are the full factors that the CEO considers in a complaint?

In examining a complaint, the CEO will be guided by the following criteria:

- The complaint cannot be considered frivolous or vexatious;
- The complaint cannot be anonymous;
- The complaint must relate to the work of Sage Advocacy and not to another organisation, agency or service;
- The complaint does/did not relate to HSE Safeguarding & Protection Team/Garda Síochána concerns which are dealt with under the Safeguarding Vulnerable Persons Policy of Sage Advocacy;
- The complaint was/is not the subject of legal proceedings;
- The complaint cannot be considered if it relates to an Information or Subject Access Request made to Sage Advocacy under the General Data Protection Regulations 2016, which may be appealed directly to the Data Protection Commission.

What happens if I am not satisfied?

If you are a client or are making complaint on behalf of a client, have availed of the internal complaints process within Sage Advocacy and are not satisfied, you may request a review of your complaint by the Independent Complaints Review Panel (ICRP) by email at complaints@sageadvocacy.ie or phone 01 536 7330. A request for a review should be made within 30 days of the decision on the complaint. In certain circumstances the Panel may agree to extend this time limit. You will need to set out the grounds on which the review is being sought and explain why you believe that the decision on the complaint was wrong.

It is important to note that the Sage Advocacy Independent Complaints Review Panel will only accept complaints from clients, or on behalf of clients. Family members, stakeholders and/or members of the public, when complaining about matters affecting them rather than a client, do not have recourse to the ICRP, but may refer a complaint to the [Ombudsman](#).

How will my request for a review be handled?

The Panel will decide if a review is necessary. If a review is not felt to be necessary, the Chair of the Panel will inform you in writing of the reasons for its decision. *The Panel's decision is normally final and conclusive. However, it may, in certain circumstances, be reviewable by the Ombudsman.*

Complaint Form

Please tick relevant box/boxes

Date:

1. Are you a client of Sage Advocacy?
2. Are you acting on behalf of a client of Sage Advocacy who has asked for your assistance in making a complaint?
3. Are you acting on behalf of a client who does not have the capacity to make a complaint themselves?
4. Are you a *bona fide* third party, e.g. relative, social and health care provider or nominated representative under the Assisted Decision-Making (Capacity) Act 2015?
5. Are you a family member, stakeholder or member of the public?

Your Name:

Phone:

Email:

(If making complaint on behalf of a client)

Client's Name:

Address:

Phone:

Email:

Relationship to client, please explain:

What do you think we did wrong, or failed to do? (use separate sheets if necessary):

Describe how you personally (if you are the client), or the person you are representing has been affected:

What do you think should be done to put things right?

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

In order to address this complaint, the data provided will be recorded by Sage Advocacy and retained for 7 years. All information gathered is kept safely, securely and privately, will be used solely for the purpose intended, and not shared without your consent. The only exception is if we are required to do so by law, to protect the client or someone else from serious harm. You can request to see your information at any time, or request to withdraw your information.

Supporting Clients with Financial Transactions

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

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

Name of client: _____
 Name of Sage Representative: _____
 Name of Regional Advocate: _____

Manner of financial support (please tick):

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

Date and Time of transaction: _____

Brief description of transaction and reason for Sage Advocacy involvement:

Signed and Agreed:

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

FOR SAGE ADVOCACY OFFICE USE ONLY:

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

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