

Statement of Strategy  
2025 – 2027



**The Next Stage**



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## Introduction

The purpose of this statement of strategy is to chart a course for Sage Advocacy from 2025 - 2027; a period in which unprecedented levels of demographic, legal, policy and cultural changes will occur, and public provision will struggle to keep up. In a context of continuing increase in demand for Sage Advocacy's services, a coordinated approach across relevant stakeholders is essential. This proactive stance has the potential to be transformative and can significantly enhance the support provided to individuals and the quality of care they receive, ensuring their rights are upheld and their experiences are valued. It is what every person at risk of exclusion deserves and it is what every Sage Representative wants to deliver.

Successful independent advocacy is delivered by highly skilled professionals continuously expanding their level of knowledge to address emerging systemic issues. Successful independent advocacy is person-led advocacy and support interaction for as long as it takes, based on collaboration and building trusting relationships over time. Successful independent advocacy can never be allowed to become a tokenising interaction in the health and social care system and therefore it requires considerable investment, a clearer relationship with government and a reliable single source of funding with associated oversight and governance responsibilities.

The pace of ageing of our society and economy is increasing rapidly and demands are growing for initiatives, interventions and services which will support healthier ageing, prevent or mitigate harm and support those who are especially vulnerable. Since it was established in 2014 Sage has not just developed as the National Advocacy Service for Older People; it has evolved as a flexible and responsive platform to engage with the support and advocacy needs of people in the health and social care systems, survivors of institutional abuse and people whose decision-making capacity is in question. Sage has established itself as the 'go to' service for complex casework which other services find challenging and, since April 2023, it has played a vital role in the work of our Courts in relation to the Assisted Decision Making (Capacity) legislation. It is destined to play a similarly important role in relation to planned legislation with regard to adult safeguarding and the protection of liberty in places of care; primarily because through its work with individuals it is able to identify systemic issues which need to be addressed through policy and legislative changes.

What has been uncovered in recent decades concerning the indefensible abuse suffered by thousands in institutional and educational settings has caused widespread shock and revulsion and has drawn commitment at the

## “Strategy is a pattern in a stream of decisions”

Henry Mintzberg

highest political levels to address the deep and long lasting wounds which that abuse has caused. These wounds are leaving their mark not just on generations but across the generations. The everyday on the ground working experience of Sage indicates that the abuse of basic rights and the disregard of dignity in our society is much more extensive than is generally realised. Older and vulnerable adults, some residing in congregated settings and many in their own homes, are regularly the victims of abuse which can take a variety of forms. Abuse, whether psychological, physical, financial or sexual is very often hidden and is sometimes extremely subtle. Sometimes the perpetrators of the abuse do not realise that what they are doing amounts to abuse. In worst case scenarios those being abused are not able to communicate what they are experiencing and those caring for them may not be willing to believe concerns communicated to them by others.

Sage has demonstrated that a clear continuum of information, support, advocacy and safeguarding is central to meeting the needs of those who are at risk and those who have been hurt by the policies of preceding generations and the practices of public and religious institutions. In its practice it is demonstrating that it can make a difference in the lives of individuals while also promoting culture and systems change by helping service providers to focus on resolving problems rather than escalating them to others at added expense to the taxpayer. In order to meet the ever-increasing demands for our service and adequately support our staff in providing a high quality independent advocacy service, our funding will have to rise from €3.48 M to €8.89m with staffing from 45 to circa 100. In any study of social return on investment, we are confident that we will be seen as providing

not just 'value for money' but as urgently requiring further investment in order to avoid the far greater costs involved in formal legal and overly bureaucratic approaches.

Without full funding, advocates find themselves squeezed into a box that ill-fits their instinct for person-led, empowering, forensic and persistent advocacy. The need to service specific, time-bound processes- amid rapidly escalating demand - leaves advocates feeling limited as to the actions they can take to support the person and the time they can spend with the person. They are left without space to build trust with the person and to form the fullest picture of their wishes, values and motivations.

To progress further Sage needs to retain its operational independence and to be funded from a single government department or agency rather than from multiple sources. Such a move will assist in bringing coherence to state efforts to respond to the current and future needs of vulnerable groups of people and to challenge the siloed thinking and uncoordinated responses which so frequently blight the lives of citizens.

We commend this Statement of Strategy to all our funders, to our stakeholders and to wider civil society. The Board and Management Team of Sage will now work together to ensure that a strategic pattern is observable in all our future decisions and that all our work will be guided by our motto 'Nothing about you / without you'.

Mark Mellett.  
Chair

Bibiana Savin.  
CEO

<sup>1</sup> The background to the establishment and development of Sage can be accessed at: [Here](#)





## About Sage Advocacy

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Sage Advocacy was established in 2014 with the support of The Atlantic Philanthropies and the Health Service Executive (HSE). In 2018 Sage Advocacy clg was established.

CRO #610824 | RCN #20162221 | CHY #22308

Auditors: Whelan Dowling & Associates. [www.wda.ie](http://www.wda.ie)

Solicitors: Hayes Solicitors. [www.hayes-solicitors.ie](http://www.hayes-solicitors.ie)

Data Protection Advisers: PrivacyEngine, [www.privacyengine.ie](http://www.privacyengine.ie)

Full details of the Board and Management Team are available at [www.sageadvocacy.ie](http://www.sageadvocacy.ie)

Sage is currently publicly funded by the HSE in respect of its work with older people (€2,487,175) and by the Dept of Education (€996,990) in respect of its work with survivors of institutional abuse; a total of €3,484m in 2024. Funding regarding legal support for our advocates arising from our work linked to the Courts and complex case issues is being discussed with the Department of Justice.

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### ***Sage is the National Advocacy Service for Older People.***

*It also supports vulnerable adults and healthcare patients in certain situations where no other service is available. It responds according to a person's needs with Information – Support – Advocacy – Safeguarding and often a combination of all these approaches.*

*It also identifies, analyses and highlights issues which require systems changes through Systemic Advocacy.*

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As of Q4 of 2024 there were 45 staff and 20 volunteers. When first established in 2014 there was an expectation that Sage would consist of a relatively small core of paid staff supported by a national network of trained volunteers. However, due to the complex and time-consuming work involved full-time paid staff with a wide range of skills and life experiences were required. The contribution of specialist volunteers continues, however, and their work is essential and greatly appreciated.

# Case Example Tom's Story



The advocate supported Tom for just over a year, at the end of which he was in a stable position with regard to his housing and wellbeing – a great relief following a chain of crises that began with him being made homeless during

a time of extreme ill-health when his landlord evicted him in order to sell the property.

Tom's public health nurse made the referral to Sage Advocacy as he was facing great risk and vulnerability. He had been in and out of hospital due to a severe medical condition, exacerbated by self-neglect. Tom could not and would not have dealt with the issues alone; it was too much for friends to manage for him; and each of the professionals involved with him had their own challenging roles to play in caring for his health. Things looked to be on a downward spiral. Tom had been put out of his private rented accommodation and placed in a homeless hostel many miles away from his medical team, without transport and without necessary supports for his condition. The advocate met Tom and he consented to Sage support to secure suitable accommodation and to liaise with relevant health and social care service providers and with a friend who was trying to support him. The advocate sought letters of support from Tom's medical team, outlining his condition and his housing need; then made contact with homeless services and with the local authority's housing services.

At this point, Tom suffered another medical emergency and was admitted to an acute hospital. While he was there, the advocate supported him to make the case that he could not be discharged to a homeless hostel that didn't offer supports with his medical condition. A hostel with supports was found

and Tom was discharged there, with the offer of own-room accommodation and staff to prompt him to take his medication. The local authority was still seeking an appropriate home for Tom; and the advocate was continuing to pursue other options.

After a time, Tom was in touch to tell the advocate that he was being transferred to a hostel with no support worker. The advocate sought an explanation from the council and insisted that the supports that had been in place were vital to him. With the council arguing that he wasn't meeting what was required of him, Tom and his friend sought the help of a local politician. The advocate joined a meeting with Tom and the TD, which had positive results but ultimately the accommodation sourced and offered by the politician was not wheelchair accessible as required. A short time later, Tom found himself in A&E and it was the advocate who collected his belongings from the hostel and paid him a visit in hospital. This time, discharge was to another hospital since there was no hostel placement with own room as required. From here, Tom bounced back and forth from acute to community hospital – sick, and stuck. The advocate sought medical letters to underline his pressing housing need. After things had stabilised for Tom medically, with a month recovering in a community hospital on the heels of a two-month acute stay, a one-bedroom ground-floor flat was found for him to move in to. In terms of location and proximity to friends, it wasn't completely ideal, but with few options to be found in the present crisis, Tom accepted.

The advocate supported Tom with the move and with making links to the primary care team in the new area and to the local housing officer. The advocate assisted Tom to apply for financial support from the Community Welfare Officer, in order to buy household appliances; helped to source these; and helped him to the point of being able to get his name on the dotted line – home at last, his tenancy secured.

The advocate's work has stopped Tom from falling through the system's cracks and helped him to regain control of his life and situation. It might only take for one misfortune, injustice, or medical emergency to befall a person for everything to fast fall apart – any one of us can suffer a slide in control and it is hard to battle systems, figure out forms and handle complex many-pronged processes when you are at your most vulnerable. For many people, independent advocacy represents the last line of defence when they face risk, when they aren't being heard, when life is overwhelming or fraught with conflict or abuse. Every person in Ireland deserves the right to access advocacy in good time and for as long as needed. And every advocate deserves to be valued and protected in the strenuous work of lifting up the voice and the agency of the individual citizen.



## Case Example Joe's Story



To date, the advocate has been supporting Joe for more than two years. Joe lives alone in a remote area where local supports are lacking; and at the time Joe first met the advocate, issues with memory loss were

already causing him significant difficulty. It was Joe's wish to remain living at home and he needed intensive support to make this work.

The advocate and Joe began meeting at his home and they made a plan. The advocate supported in liaising with Joe's GP, Geriatrician and Advanced Nurse Practitioner in relation to his dementia diagnosis; and linked in with Joe's spouse who was in long-term care so that the couple could stay in step with what each was experiencing – at a time when information and life events could otherwise have been lost and missed. The advocate established and continues to keep phone contact with Joe's family circle; and attends review meetings regarding Joe's situation with his medical team and family. The advocate supported Joe with financial management of bills and with setting up recurring deliveries; and set up a network teleconference to kick off and coordinate community supports.

As time passed, Joe's dementia progressed and his capacity diminished. There came a point in the relationship where it was necessary for the advocate to seek approval from Sage's Case Management Group for support to continue on a 'Non-Instructed Advocacy' basis. Approval was given and this enabled the advocate to advance an application to the Legal Aid Board on Joe's behalf to seek to appoint a Decision-Making Representative under

Part 5 of the Assisted Decision-Making (Capacity) Act 2015. The advocate was able to bring Joe's voice to the court, ensuring that his human rights were respected and his views and preferences considered throughout the process. The application was granted, and the advocate has been in contact with the appointed Decision-Making Representative ever since in relation to orders made by the court. As matters have progressed in relation to Joe's treatment and care, with extended periods of hospitalisation, the advocate has been called on to take Joe's part in writing a report for the High Court in relation to its "inherent jurisdiction", outlining all the steps that have been taken to ensure the least restriction on his rights and freedom of action.

(Under Inherent Jurisdiction, the High Court may make orders vindicating individuals' fundamental rights (eg to life or welfare), including detention orders where necessary.)

Decision-making may have become more and more difficult for Joe, but the presence of advocacy in his life as he has gone through these changes, has been key in ensuring that his wishes are known and respected, and his voice remains central.

The work done by the advocate in support of Joe offers a great illustration of holistic, person-led independent advocacy – the type of advocacy that addresses the person's long-term wellbeing; that gives time for the development of an empowering relationship. This is the work that is at the heart of Sage – it is gradual, delicate and powerful in taking the side of the person and promoting their rights and voice through times of fluctuating capacity and social and medical vulnerability. In a society that seeks to embed a culture of human rights, this is work that needs to be properly resourced.

## Case Example Mary's Story



At the time that the advocate became involved in Mary's situation, she had been in hospital for more than 23 months and staff were driving forward with her discharge. Having been assessed by two consultants as

lacking capacity, Mary was moved to a nursing home with a HSE application in the pipeline for a court-appointed Decision-Making Representative (DMR) to take control of her affairs. Mary was firmly against this application – it was her strong wish to keep hold of her own decision-making powers.

The advocate met Mary and it was clear that she was capable of consenting to Sage's support; and of understanding her position and how she could be assisted in dealing with her affairs without them being taken out of her hands via the DMR process.

Support was extended to Mary to deal with a range of complex issues relating to her personal affairs. The advocate helped her to access financial statements; to proceed with a valuation of her home and property and then to make an application for Fair Deal to fund her nursing home care. The Fair Deal settlement was put in place and an allowance calculated from Mary's savings to transfer to her weekly. The advocate also helped set up initial nursing home bill payments via Mary's bank's vulnerable customer unit – with follow-up support to put in place a standing order to cover future costs of care.

Since Mary had ongoing financial affairs based in another country, the advocate has provided continuing support in dealing with the foreign financial institutions involved. This has been about support with communication – Mary is

hard of hearing but the services require direct dealings with their client, so the advocate has been involved as an interpreter/intermediary on these banking calls.

Mary remains active, engaged and in the driving seat of her own life – and it has been possible for the HSE application for a Decision-Making Representative to be set aside. She is content with where she lives and that she is secure and comfortable with her finances coming into good order.

The advocate's work has helped Mary keep her dignity, power and decisions in a situation where there was a danger she might be bounced into a restrictive court process amid the hospital's hunt for empty beds. The hospital achieved the discharge that was needed, without there being the loss to Mary that a DMR application would have entailed. The advocacy intervention also meant there were no lost legal costs to the State; and no court time wasted on an application on the part of someone who did not want or need a DMR. The support with complex financial processes was of great value to Mary's peace of mind – and no doubt saved the nursing home administration who didn't have to deal with any debt recovery since costs weren't left to mount in the wait for a DMR to resolve finances. In situations such as Mary's, which balance legislation and finances with the safeguarding of human rights, independent advocacy provides the glue that is missing when multiple systems responsible for the welfare of vulnerable people intersect but don't interact.

## Example of Survivor of Institutional Abuse (SIA) receiving ongoing support from Sage Advocacy



### AREAS OF SUPPORT TO DATE

- Inputs have included calls in support of SIA, correspondence issued on her behalf, legal adviser inputs, documentation & case management
- SIA has been helped with completing a number of forms with a view to accessing practical & financial supports
- In pursuit of a Medical Card, the advocate is liaising with HSE & making representations on SIA's behalf
- Advocate support with letter writing, including cover letter drafted to strengthen case for Medical Card
- Sage has provided a listening ear, understanding and safety for SIA to discuss in depth her pain and difficulty
- The advocate has supported SIA to get organised with key tasks, giving clear instructions, advice & prompts
- The advocate has informed & advised SIA on processes for accessing entitlements
- SIA was assisted to make a referral for support of her elderly uncle
- Applications commenced for pension, Medical Card and Carer's Allowance
- Research carried out on eligibility for grants to enable house renovations

Sage has provided a listening ear, understanding and a safe space for the SIA to discuss in depth their pain and difficulty. This support is guided by a trauma informed practice that underpins all psychosocial support provided to the client.

### COMPLICATING FACTORS / BARRIERS TO SUPPORT

- SIA has huge fears & concerns about privacy. Progress has been slow, as trust in people & systems is low
- SIA wants support but has difficulties and distrust with the way that support is designed to operate
- It has not yet been possible to meet in person, due to privacy anxiety. Completing tasks is slower by phone
- SIA remains opposed to divulging financial details required on applications for entitlements
- SIA's enduring trauma casts a long shadow on her outlook, decision-making & ability to act
- SIA is experiencing extreme stress and this is affecting her ability to complete tasks fully, well and in good time

### DEVELOPING SUCCESSES

- A key aim is to secure funding to carry out housing repairs; and to support SIA to get the work scheduled
- Another goal is for SIA to apply for & secure her pension entitlements, to ease long-term financial worries
- It will be important to ensure that SIA gets her Medical Card and that she has a lifelong guarantee of it
- Supports to SIA's uncle, an important person in her life, will ease things for her
- Another aim is for SIA to secure her entitlement to Carer's Allowance
- Empowering SIA to raise voice - with lawyers & others, and by recording her testimony
- If a relationship of trust can be built, the advocate and SIA can achieve a lot

## Example of client 'Ted' (T) supported by Sage Advocacy



Inputs in support of T have included calls, letters issued on his behalf, 14 visits, meetings with bank, gardai and public health nurse, plus travel, documentation & case management



### AREAS OF NEED

- At the root of most of T's difficulties was lack of access to his finances. No other service had been able to resolve this
- T's living conditions had deteriorated. His house was full of rubbish, clutter, dirt and dog mess. Waste bags amassed outside
- T's living conditions were unsafe - with a broken window & other repairs needed. He was vulnerable and living alone in rural area
- T was isolated. Phone line was cut; mobile not working. Children estranged. Friends/neighbours not engaging
- T's home was cold. He'd no oil and was using an open fire, but didn't always have fuel. He had an unsafe space heater
- T was missing out on medical prescriptions since his bank card was not working to pay the pharmacy
- T at risk of hunger. He got meals at local a pub, where a tab had been set up for him and he'd pay on his card when it worked
- T had cognitive impairment & was having problems with short-term memory. Recalling details was difficult
- T was not able to manage basics of day-to-day living: cooking, cleaning, shopping, refuse collection, banking, health, travel

### COMPLICATING FACTORS

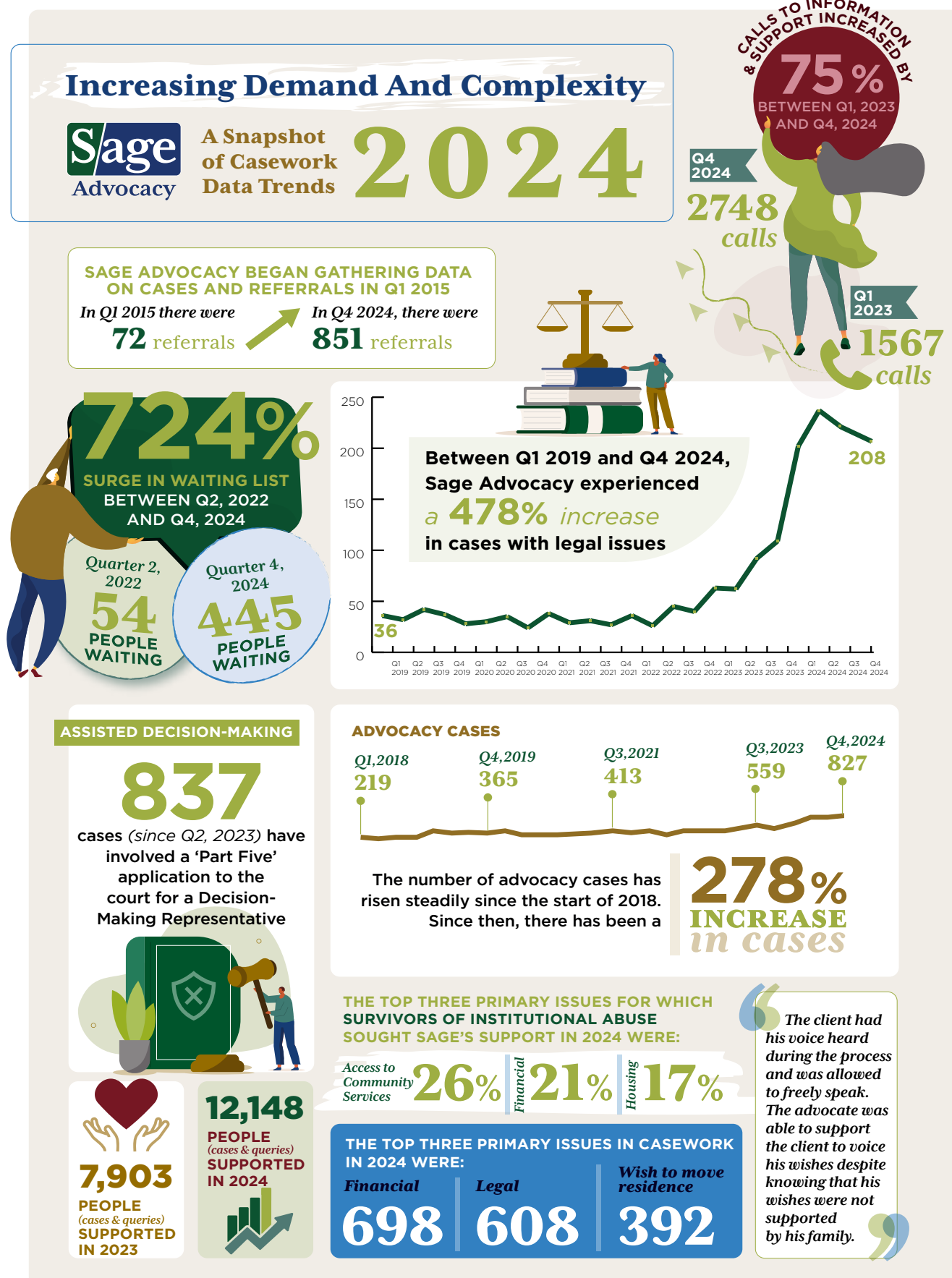
- Unable to find PPS number in paperwork, or an ID. So, M10 form request was denied
- Private pension details obscure since firm had been taken over many times
- Help needed with orders, determining service level need, financial transactions
- Work to get expired services reinstated - new phone, electricity contracts etc

### SUCCESSES

- Advocate liaised with Care & Repair and coordinated with neighbours, who rallied to help fix window, TV, heater, order oil
- Advocate supported client to get bank statements, review unopened mail to discover that pension had stopped coming in
- Issue with stopped pension, which had created chaos, was resolved. Advocate applied for new birth cert, new ID & PPS card and got pension reinstated
- Cleaning & waste removal arranged. Private cleaner /carer weekly visit & payments arranged
- Grocery delivery service arranged, relationship with driver restored, payment system set up
- Relationship established with taxi service. Re-referral made for befriending
- Advocate engaged with Eir to get new phone line set up; & with electricity firm
- Rubbish collection set up. Cleaner will come on same day bins go out, since T needs help to know when they go
- Support to arrange payment of T's investment fund; secure DSP entitlements & apply for fuel & living alone allowances
- Case closed to a new man, with clean clothes & warm, tidy, repaired house with full fridge, carers calling, well supported



## Increasing Demand And Complexity



## Values and Culture

In 2015 Sage published Quality Standards for Support & Advocacy Work with Older People. These six standards guide the work of Sage staff, volunteers and Board members and express our values.

### Our Six Quality Standards

<p><b>1</b></p> <p><b>Respect</b></p> <p>Reflecting the right of every person to be treated with dignity and respect, including each individual's right to privacy, confidentiality and self-determination.</p>	<p><b>2</b></p> <p><b>Social Justice</b></p> <p>Promoting equal treatment with other people in respect of access to basic goods, services and protections and a positive affirmation of social solidarity.</p>	<p><b>3</b></p> <p><b>Competence and Compassion</b></p> <p>Demonstrating high levels of skill, competency, compassion and consistency on the part of advocates.</p>
<p><b>4</b></p> <p><b>Accessibility</b></p> <p>Available in a manner that is convenient and easily accessible to people who require support.</p>	<p><b>5</b></p> <p><b>Independence</b></p> <p>Structurally, operationally and psychologically independent from health and social care service providers and representing only the will and preferences of people receiving support.</p>	<p><b>6</b></p> <p><b>Accountability</b></p> <p>Acting with integrity and responsibility and engaging with people who use the service and with other stakeholders in an honest and transparent manner.</p>

### Our Culture

Culture has been described as 'the way we do things around here'. Here are some elements of the Sage culture

- Collaborate where possible .... challenge where necessary
- Preventive as well as responsive
- Going beyond the call of duty when necessary
- Take a lean approach to organisational and systems development - 'less is more'
- Question unnecessary bureaucracy & regulation
- Work with us for as long as you are able - no mandatory retirement age
- The ratio between the highest and the lowest salaries is never more than 3:1
- 'Keep it simple' - make complex things easier to understand
- Ensure that our values and standards are reflected in all areas of our work
- How we do things is as important as what we do
- Take a multi-perspective as well as a multi-disciplinary approach
- Recognise that perfection can be the enemy of the good.



## Factors relevant to the Sage Advocacy Statement of Strategy 2025-2027

### Supportive Factors

#### Internal

A 10-year track record in providing independent advocacy to a high standard

A clear understanding of the role and importance of independent advocacy in ensuring that the rights of at-risk adults are fully protected

A strongly committed team

A strong and widely representative Board

A comprehensive and transparent case management system

A strong and informed awareness about people's human and legal rights, in particular their right to be safeguarded from all forms of abuse and exploitation and their right to have their voice heard in all matters affecting them

In-depth knowledge and understanding of relevant regulatory provisions, in particular, the assisted decision-making acts; the Nursing Home Support Scheme (NHSS); mental health legislation, and domestic violence legislation

Quality Standards for advocacy and support work and evidence-based policies and operational guidelines

A proven ability to recognize and provide comprehensive reports on systemic policy issues.

#### External

A growing awareness among service providers and health, social care and legal professionals of the role of independent advocacy

The provisions for supported decision-making and ensuring that people's voice is heard in the assisted decision-making legislation

Effective and purposeful liaison with a range of public bodies - the HSE, the Decision Support Service; the Department of Education, the Department of Justice the Courts Service and Safeguarding Ireland

Strong linkages with a range of organizations at local and regional levels

An acknowledgement by many service providers and professionals of the central role played by Sage since its establishment

An openness by public bodies to fund Sage Advocacy to the greatest extent possible within the context of competition for resources

The publication of the LRC Report on a Regulatory Framework for Adult Safeguarding and the anticipated engagement by Government with same; The current work of the Commission on Care for Older People.

### Challenging Factors

#### Internal

Difficulty in recruiting and maintaining staff in a difficult and challenging work environment

Lack of multi-annual guaranteed funding streams

Ensuring that policies and operational guidelines remain fit-for-purpose in an ever-changing service delivery and legal environment

The need to keep pace with data protection requirements, especially in the context of people with reduced decision-making capacity, and to develop appropriate data management systems

Rolling out the advocacy service for Survivors of Institutional Abuse due to difficulties in identifying and engaging the target group (individually and collectively)

The need for Sage (after 10 years of operation) to move out of development mode and embed itself structurally into the independent advocacy landscape

The need to maintain strong governance and accountability

The need to continuously evaluate performance and outcomes for clients.

#### External

Absence of legislative provision for adult safeguarding, protection of liberty and independent advocacy

Lack of formal recognition of independent advocacy as a discipline in its own right

The relatively slow growth of awareness among health, social care and legal professionals and the public generally about the requirements of the Assisted Decision Making Acts legislation

The lack of a clearly articulated overarching policy on care across the life-cycle

Different funding sources for national independent advocacy groups -

- Sage Advocacy (HSE, Dep. of Education, Dep. of Justice)
- National Advocacy Service for People With Disabilities (Department of Social Protection)
- Patient Advocacy Service (Dep. of Health)

The ad hoc development of independent advocacy over the years resulting in fragmented provision.

# Our Mission

## Reflecting the key principle of democracy



The right to have your voice heard and to participate in making decisions that affect you is a fundamental principle in a democratic society. It is a principle simply stated as "Nothing about you / without you". It is a principle which must apply to all and most especially to those whose voice is disregarded by family, service provider and systems interests.

Many of the people Sage serves were once strong individuals who were well able to speak up for themselves. But circumstances in early life, and events in later life, can change us and render us more vulnerable to control by those close to us or by professionals.

- *It was someone else yesterday.*
- *it is someone you know today.*
- *it may well be you tomorrow.*

Sage Advocacy's mission for the years ahead is therefore simply stated as:

*To promote, protect and safeguard the rights and dignity of older people, vulnerable adults, and healthcare patients through individual and systemic advocacy.*

# Our Vision



*Legal recognition of the value and practice of independent advocacy as a means of promoting and safeguarding the rights, dignity and welfare of citizens.*

*Strong institutional support for independent advocacy through a single source of funding from a key government department, through regulation of advocacy service provision and effective oversight by an independent agency.*

**Sage Advocacy** to be publicly and institutionally recognised as a provider of high-quality independent advocacy services to vulnerable adults, older people and healthcare patients and as a source of effective analysis of the systemic issues which arise from this work.

**Sage Advocacy** to be a nimble, operationally robust and scalable organisation capable of responding to emerging and unforeseen needs across the health, social care and justice sectors.

**Sage Advocacy** to be a catalyst for change in the social care, legal and human rights areas and an effective Irish voice at UN and European forums addressing the challenges and opportunities of ageing in our society and economy.

**Sage Advocacy** to play an effective role in promoting collaboration and innovation across the public, private, community and philanthropic sectors in order to address the challenges of an ageing society and economy.



# Resource Requirements

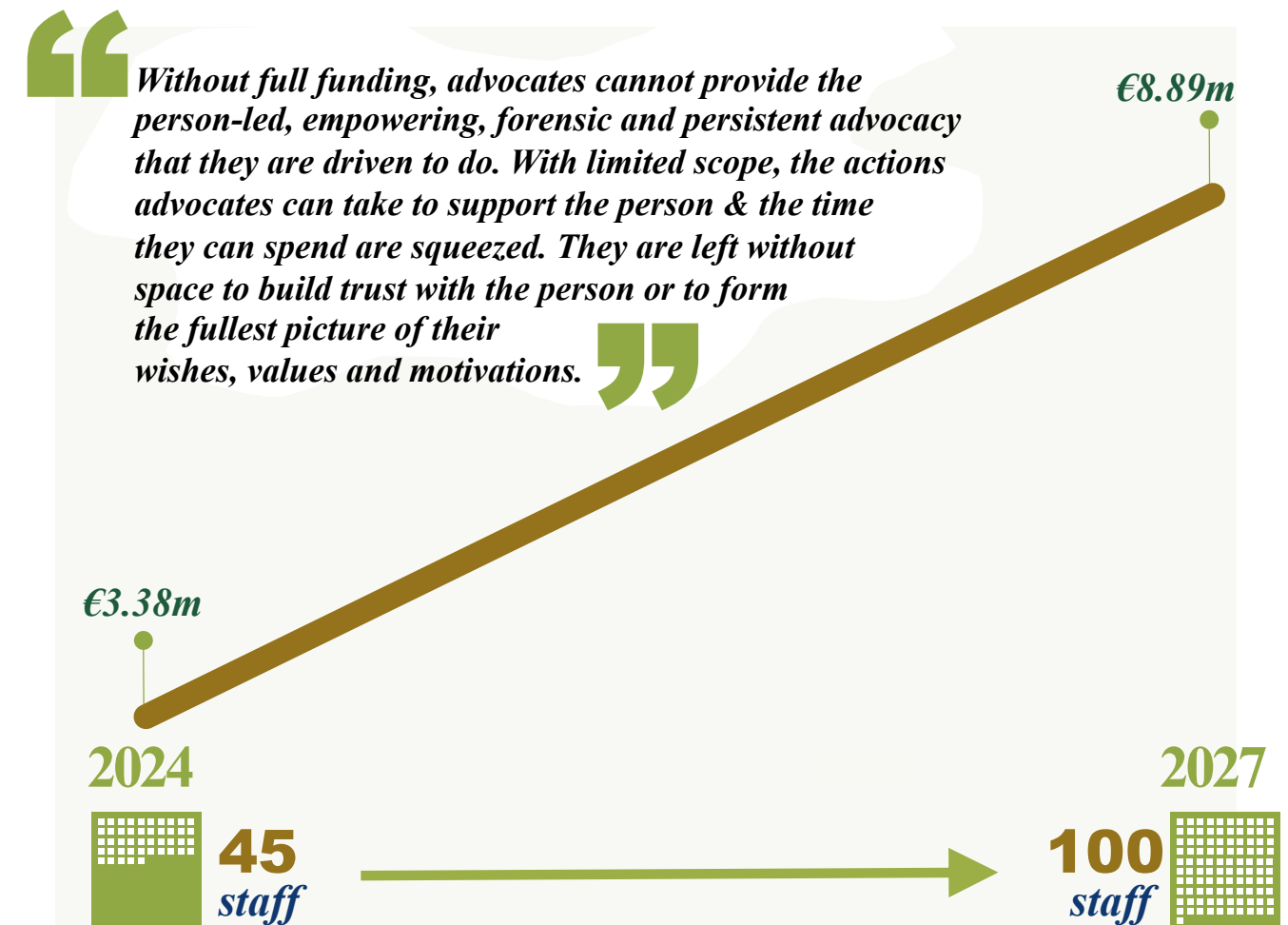
The following additional funding levels are required over the course of this strategy period to allow the organisation to continue to scale to meet the projected demands.

Year	2024	2027
Funding	€3.38M	€8.89M
Staff	45	100

## Assumptions

- Information & Support Calls will continue to rise by 40% a year.
- Independent Advocacy Cases will continue to rise by 30% a year.
- Sage Advocacy will move from being funded by multiple public sources to being funded by a single, sustainable source

## Independent Advocacy - a practice whose time has come



# Goals & Actions

**1. To consolidate our role and significantly develop our capabilities as a social institution providing support and advocacy for older people, vulnerable adults and healthcare patients in increasingly complex situations.**

The intended outcome is that the continuum of information, support, advocacy and safeguarding which we offer will be accepted and funded as an integral part of public provision.

**2. To promote awareness and understanding of the role of independent advocacy.**

The intended outcome is that only those cases requiring advocacy will be dealt with by Sage and service providers will have learned how to better support people in participating in decisions which affect them.

**3. To contribute to the development of an integrated health and social care system by promoting greater collaboration across the voluntary, community and statutory sectors.**

The intended outcome is that those who need services do not fall through the cracks of public provision or have their needs disregarded because of institutional or professional considerations.

**4. To expand our services to survivors of institutional abuse**

The intended outcome is that survivors of all forms of institutional abuse, historic and current, will receive all necessary supports and that the inter-generational impact of abuse will also be addressed.

## Goals & Actions

**In pursuit of these goals we will focus on the following actions.**

**1. To consolidate our role and significantly develop our capabilities as a social institution providing support and advocacy for older people, vulnerable adults and healthcare patients in increasingly complex situations.**

- Engage with central government to ensure that the need for a well resourced Sage service is understood in the context of increasing demands arising from government policies and legislation and as a necessary social investment in institution building.
- Develop our recruitment, performance review, support, mentoring and education capabilities.
- Maintain a balanced approach to recruitment based on professional qualifications and life experiences.
- Review working arrangements, pay and conditions and training opportunities taking into account likely resource implications.
- Develop specialist support units to address needs of staff and volunteers for support with legal, safeguarding, research and policy and related information resources.
- Promote team learning based on complex casework and related systems issues and share this with stakeholder organisations and funders.
- Prepare for the regulation of advocacy service providing organisations and a requirement for a formal qualification in independent advocacy.
- Focus on the quality of our relationships with clients and their support networks based on a recognition that it is not just what we do but how we do it that matters in getting results.
- Review The Six Quality Standards in the context of a changed independent advocacy landscape over the past 10 years.
- Continuously review Sage Advocacy Policies and Operational Guidelines.
- Develop a cybersecurity and data processing unit to ensure the integrity of information systems.
- Explore the potential to use technology, including artificial intelligence, in support of casework and reporting.



## Goals & Actions

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### 2. To promote awareness and understanding of the role of independent advocacy including systemic advocacy.

- Develop a focused media engagement strategy which highlights the value of Sage's work for individuals and for the wider system of public provision.
- Demonstrate the added value of our systemic work with health and social care professionals, NGOs and families which is not measurable in casework with individuals.
- Regularly review demands on services to ensure that other service providers are living up to their responsibilities, are accountable and that unnecessary referrals are avoided.
- Promote self-advocacy and planning ahead through briefings and resources which prepare people to meet challenges related to later life events, decision-making, care and safeguarding situations.
- Engage with families, carer organisations and stakeholder organisations to address concerns and misunderstandings about the role of independent advocates.
- Organise thematic workshops on systemic and emerging issues relevant to our work and the work of stakeholder organisations.
- Respond to the report of the Law Reform Commission on Adult Safeguarding by preparing a discussion document on the role of independent advocacy in adult safeguarding.
- Develop an online media resource 'The Spirit of Sage', which explains the importance of the Sage approach of collaborating where possible and challenging where necessary and highlights the wide range of complex issues where independent advocacy makes a difference for individuals and adds value to public service provision.

## Goals & Actions

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### 3. To contribute to the development of an integrated health and social care system by promoting greater collaboration across the voluntary, community and statutory sectors.

- Engage with key organisations of and for older persons to assess the potential for a more strategic approach to the provision of basic information and supports.
- Progress the proposal for the development of an Observatory on Long-Term Care for Older People in collaboration with relevant organisations.
- Promote a confederal approach among the relevant stakeholders to key areas, such as procurement, governance, regulation and compliance.
- Develop a new and accessible operational base for all our services and staff to include provision of training, educational and meeting facilities in collaboration with an NGO with compatible aims.
- Promote the development of an ADM Stakeholder Forum to address issues arising from the operationalizing of the Assisted Decision Making (Capacity) Acts 2015 & 2022.
- Contribute to the work of Safeguarding Ireland and support it in its efforts to create an independent National Adult Safeguarding Agency.
- Promote the development of innovation projects around the country in collaboration with the HSE, local authorities and other statutory, community and private sector interests which have the potential for establishing an outcomes based national social care trust.

## Goals & Actions

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### 4. To expand our services to survivors of institutional abuse.

- Develop national and local strategies for promoting awareness of the availability of Sage to support survivors
- Focus on financial, healthcare and housing needs in collaboration with the Money Advice and Budgeting Service (MABS), healthcare providers and health research bodies, local authorities and the Special Advocate appointed by the Dept of Children, Equality, Disability, Integration and Youth (CEDIY).
- Develop the legal support unit as a resource to address issues specific to survivors of institutional abuse.
- Address the inter-generational aspects of institutional abuse by supporting family members.
- Ensure necessary skills development among staff and a trauma informed approach to relevant casework.
- Evaluate work with survivors of institutional abuse and develop a long-term plan to ensure that the needs of survivors with regard to information, support, advocacy and safeguarding continue to be met in the event of withdrawal of funding by the Dept of Education.

*An Implementation Plan based on this Statement of Strategy is being developed by the Management Team and progress in implementing it will be overseen by the Planning, Policy and Performance Committee on behalf of the Board.*

## Links to Appendices

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### Appendix 1

Timeline of legislative, policy and institutional developments



SCAN ME

### Appendix 2

Background to the establishment of Sage Advocacy.



SCAN ME





# Information & Support Service

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