

# National Advocacy Service

**Selina Doyle**  
**Regional Manager**  
**Region 3**  
**NAS**



# Why professional advocacy?

Everyone should be able to:



make choices



exercise their rights



be independent



be part of their community

**People who have disabilities often experience difficulties in asserting their views and/or securing their rights and entitlements. This can lead to people have limited choices and little control over their lives.**

**Professional Advocacy can help address this**

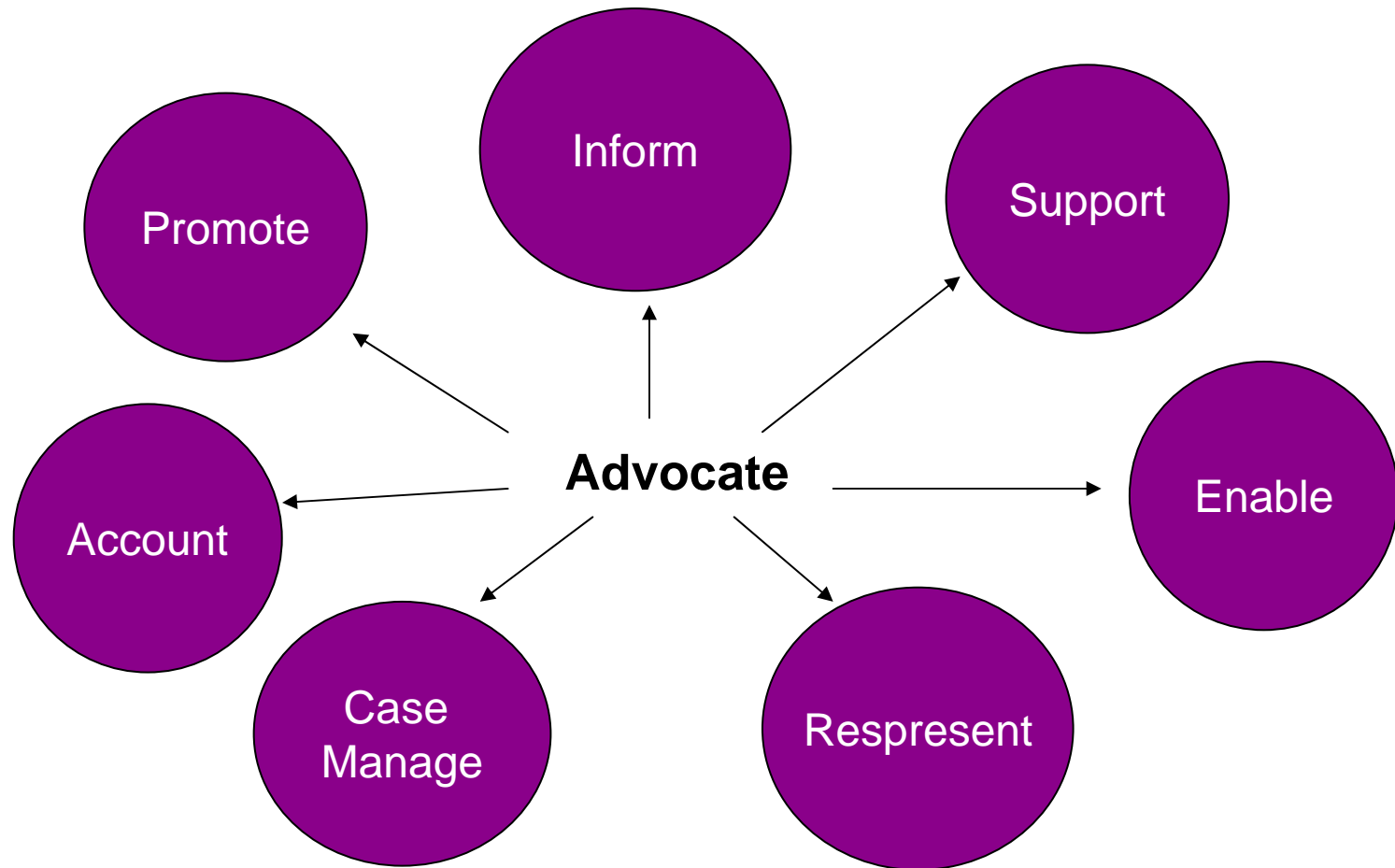
# The NAS advocate's role and responsibilities

The NAS Advocates are charged with providing a high standard, independent, representative advocacy service for people who have a disability. NAS remit will specifically aim the service at those who are most 'vulnerable' to having their rights/entitlements breached.

## The Advocates role is to implement and uphold the Advocacy Principles of:

- Empowerment
- Respect for the person and his/her wishes
- Clarity in Purpose
- Acting with diligence and competence
- Acting independently
- Maintain confidentiality

# What Advocates do.....



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**Promotes** - the service by raising awareness with all Stakeholders, clarifying the roles and responsibilities of advocates

**Enable** – Service Users to Speak Up and get their views and wishes heard

**Inform** – Gather relevant information in order to enable service users to make informed choices/decisions and access their rights and entitlements

**Support** – Service Users when making choices, explaining and clarifying consequences and responsibilities of choices

# What Advocates do.....

- **Represent** – Service Users when required – at meetings, via letters, by telephone, in person or accompanying the Service User.
- **Case Manage** – Uphold a comprehensive case management system that ensures accountability, clarity and safe practice.
- **Account** – The NAS Advocates practice is embedded within a comprehensive framework of policies and procedures. Advocates submit statistical, case studies and contribute to end of year reports/external evaluation process.

# What advocates do not do.....

- Offer advice
- Offer a crisis service
- Offer a permanent service
- Offer legal advice
- 'Fill in' the gaps of other professions i.e. social work, counselling, befriending, budding, support worker etc

# The advocacy process....

- A referral is made to the NAS – Eligibility criteria is applied, signposting may occur, confirmation on authority for referral sought
- The advocate will make contact the Service User and go through a service user guide, if the service user wishes to use the service they sign an authority to act and service agreement form.
- The advocate will support the service user to draw up an advocacy plan identifying what their issues are and their desired outcomes.
- The advocate will seek to empower the Service User to raise and address their issues.
- Once the advocacy plan has been followed through the case will be closed
- The advocate will map common issues, identify social policy issues and report these findings to the Regional Manager
- The Regional Manager and the NAS team will raise these findings/issues at the appropriate forums/levels.



# Advocacy Principles in practice and what that means for Service Providers.....

- Empowerment – The advocate will support the service user to be as empowered as possible throughout the process. The advocate will seek to secure the 'Least Restrictive Alternative' when a person's autonomy is in question.
- Respect for the person and his/her wishes – The advocate will presume capacity, when capacity is impaired/transient the advocate will seek to ascertain the person's wishes whenever and wherever possible. The advocate will seek to maximise upon times, venues and approaches that will support the person's ability to instruct them. The Advocate may take a 'watching brief' approach (Non-instructed advocacy)
- Clarity in Purpose -Acting on the side of the person at all times. The advocate will seek to ensure all stakeholders understand their role, responsibilities and boundaries.
- Acting with diligence and competence – The advocate must adhere to comprehensive policies and procedures which will ensure accountable safe practice
- Acting independently – The advocate is structurally independent and therefore will utilise this independence to raise issues and promote positive change.
- Maintaining confidentiality – The advocate will adhere to the confidentiality policy and will utilise the 'need to know' principle to guide their work.

# What an advocate expects from Service Providers.....

- Responses to be –  
Appropriate, Transparent, Proportionate,  
Confidential, Recorded
- Desired Outcome v Actual Outcome –  
Needs led or Resource led responses
- Duty of Care –  
Defensive practice v Risk assessment
- Policy based response –  
Systemic changes

**It is your Duty to respond to an advocacy situation appropriately**

# Outcomes - options for resolutions.....

Ultimately the PAS when enacted; will give the advocate a legal framework to operate within. However; advocates currently work with a 'expectation' that Stakeholders are also trying to promote the social and rights based model of disability and therefore will respond appropriately to representations made by an advocate on behalf of a service user

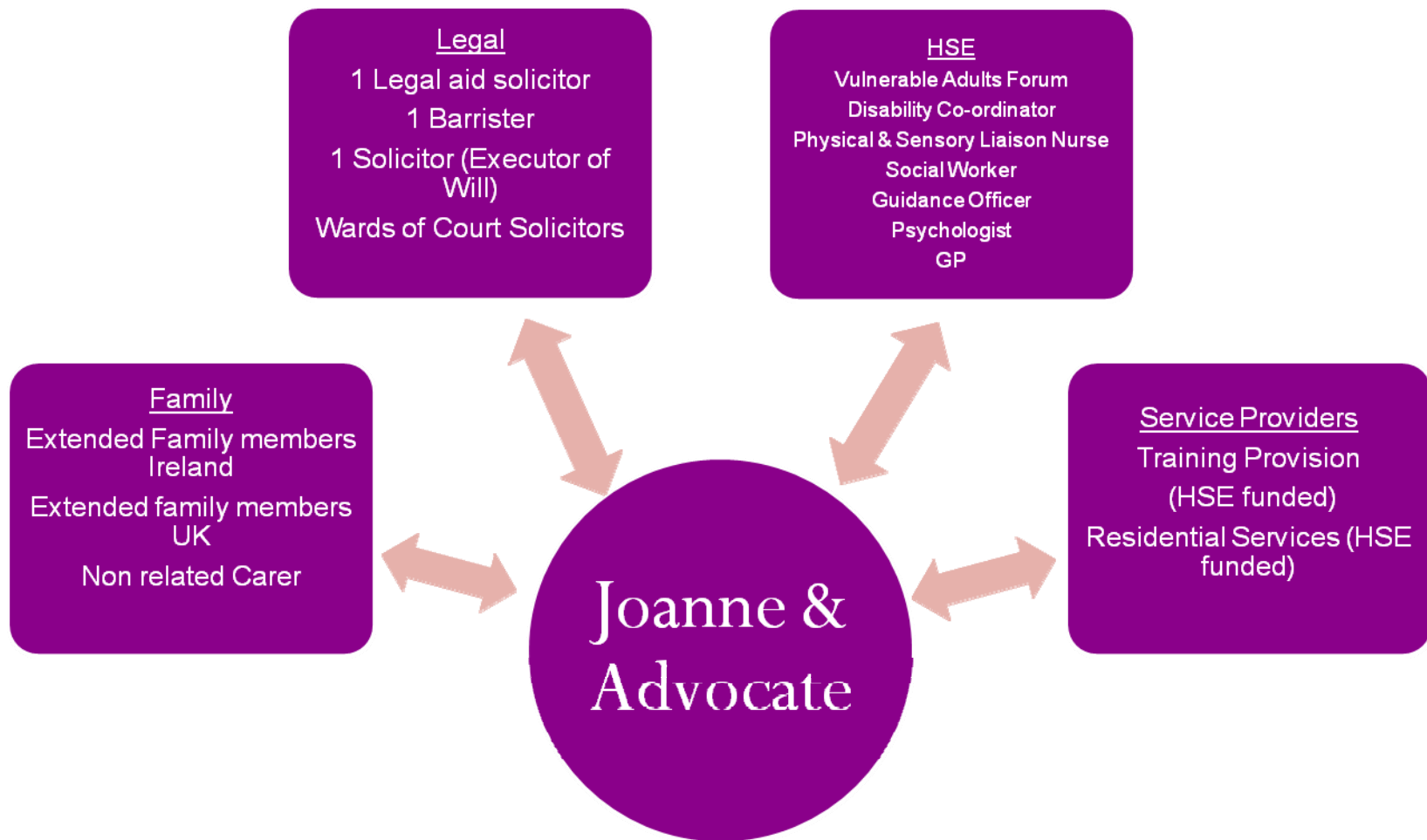
(Customer Charters/Charter of Rights/Standards of Care etc).

- Representations
- Negotiation
- Complaint
- Appeals
- Ombudsman
- HIQA
- Equality Authority
- Legal support

# Case Study - Joanna

- Joanna is in her early 40's, she lived in the community with her sister Laura until she unexpectedly passed away leaving no provision of care in place for Joanna.
- Joanna inherited a property and financial debts
- Joanna wished to continue to live in the community with a non relative.
- Joanna attended a training service provision which she wished to continue with.
- Joanna had links with her GP and training service provider only.
- Joanna likes make up, magazines, jewellery and having a can of lager when watching tv.

# Case Study - Joanna



# Case Study - Joanna

- The Executor of the Will made an application to the Wards of Court to make Joanna a Ward of the Courts
- Joanna was supported to access legal aid, make an objection to her Wardship and was supported by her advocate to attend all legal meetings.
- Joanna requested her advocate to attend multi-disciplinary meetings as her representative as she did not wish to attend herself.
- Joanna's living arrangements (including assessment of the non-related Carer) was assessed by the HSE Social Worker. This assessment found Joanna to be at risk of harm.
- Joanna was made a Ward of Court and a committee has been appointed to manage her financial affairs. Joanna was assisted by her advocate to assert her wishes and views throughout this process even though they were considered not to be in her best interests by others. The advocate kept Joanna informed of the processes taking place and additional information as it evolved.
- The Wards of court requested Joanna's input via the advocate.
- On Joanna's request the advocate negotiated between the HSE and the training provider to extend her placement during this transition period. This was extended for a year.
- Following Wardship Joanna was moved from her home into a temporary HSE Residential Service. Joanna is currently being supported to consider her future living options.
- Joanna attends a day service provision within the Residential Service and has re-ignited a friendship from her previous day service.
- Joanna has had access to money and has bought new clothes, make up and goes down to the local pub for her pint of lager on a Saturday night.

# Questions?

